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Professor Kirk, Biomedical Ethics Paper

A patient presents to the hospital with a fractured arm and then informs the nurse confidentially that her fractured arm was not due to a fall, which was her original statement, but rather because she is the victim of intimate partner violence. The patient asks the nurse not to document or inform the attending physician of the true cause of her injury. By doing so, she will not be examined or treated for any other injuries that may have been caused by the incident (Kirk, 2015).

The ethical question here is should the nurse document her findings and disclose the true cause of the patient's injury to the attending physician or should she honor the patient's request for nondisclosure?

Autonomy and beneficence are the two major ethical principles that are most relevant to addressing this ethical question. Autonomy means "the right to make independent decisions concerning one's own life and well-being" (Yeo et al, 2010). Beneficence is "promoting someone else's good or welfare." It is advocating for the orientation towards the good of the patient. Along with beneficence, nonmaleficence is a principle that ensures that all preventable harm is prevented (Yeo et al, 2010).

We believe the nurse should disclose the true cause of the injury to a supervising physician based on the ethical principles of autonomy and beneficence. (Kirk, 2015)

We decided that the nurse should tell the supervising physician that the patient is a victim of partner violence because of the ethical principles of beneficence and non-maleficence. Firstly, an important aspect of making decisions is the ethical principle of autonomy. Autonomy allows a patient to have control over their healthcare decisions. Free action, an aspect of autonomy, is the ability to choose between what you do and do not want for yourself. Autonomy is diminished when someone or something presents itself as an obstacle in your way. While, it is hard to prove that the patient's decision to not share the information can be understood through the ethical principle of autonomy we can share that we believe the patient's seemingly autonomous decision is slightly altered. The patient's autonomy is hindered in this regard by having another person's physical abuse dictate her health decisions. In this case, the patient states that she does not want the nurse to tell her supervising physician and wants the information to stay between them. However, it is clear that her free action is diminished by the fact that she is being abused. She clearly wants to get medical care and obviously wants to be treated properly, hence why she had informed the nurse. The case makes it sound that the patient does

have decision making capacity. She seems to be alert and oriented and aware of the decision that she wants to make. However, the fear of the violence of her partner could act as an obstacle in preventing her from seeking true and accurate care. So we would not be able to say that the patient exhibits the true definition of free action (Yeo et al, 2010).

Second principle within autonomy is effective deliberation. Effective deliberation is ensuring the person is able to gather all of the relevant information regarding their case and make a decision that is rational. In regards to this principle we don't feel that she was provided with the relevant information about the consequences with each option. It does not seem that the nurse sat down with her and discussed the issues and the benefits and harms of each side. Both of these autonomous principles are diminished, which provide the nurse with a very complicated process of deciding if this impairment in the patient's autonomy should cause her to document this incident truthfully. (Yeo et al, 2010).

The first major principle guiding our decision to document the information is beneficence. Beneficence is promoting the good/well being of the patient. Benefits are defined by trying to work towards the patient's goal, while harms are defined by anything that moves away from the patient's goal of care. Here the patient admits that her goal is to not have the supervising physician know that she is a victim of partner violence. However, through this goal she is subjecting herself to not get the proper care and treatment for her broken arm. By telling the supervising physician we also may be able to provide the patient with the proper resources and guidance for her now and in the future. At the moment, her decision prioritizes her privacy, however, it limits the benefits of the health care treatment that she will be able to receive. Through accurately documenting the course of injury her care in the future will significantly improve her care. Firstly, it is important to have the documentation for many different reasons. The documentation could prove to be helpful in the future if she decides to proceed to court and relay the details of her abusive relationship. Having the proof will help her to validate the story and will demonstrate the actions that were taken by her husband (Yeo et al, 2010).

Secondly, via non-maleficence, which means inflicting the least amount of preventable harm to reach a desired outcome, documentation of the information is also incredibly important. By keeping the information from the supervising physician and not documenting her findings, the nurse is unintentionally inflicting preventable harm on the patient. The patient will not receive the proper care that she needs which can cause her current condition to worsen. The patient will not be examined or treated for other injuries that she may have sustained from this incident that we may not be aware of. If the nurse were to abide to the patient's wishes, she will not be preventing the harm that would possibly arise. Proper documentation can be quite beneficial in this case because it also allows other clinicians to see the whole picture/story of the patient and allow them to

provide the appropriate treatment whether it is later on that day or in the near future if there were to be another incident similar to this one. It is because of both autonomy and beneficence that we believe the supervising physician should be told (Yeo et al, 2010).

We do acknowledge that there is a strong counter-argument for not telling the supervising physician. The patient has confided in the nurse and created a very intimate and personal relationship with the nurse. She is trusting in the nurse to provide her with a certain level of security. By telling the supervising physician, the patient may begin to no longer trust the nurse and even the healthcare system. By losing this trust we may then be violating beneficence as the patient will not come to seek further care in the future and benefit from treatment.

Even though we may distance the relationship between the nurse and the patient, we believe that the patient will benefit more from having the supervising physician aware of the situation because of beneficence and nonmaleficence, as stated above, the supervising physician should be told. While the patient may have decision making capacity she does not have the proper elements for autonomy. Secondly, through weighing out the benefits and harms we found that the patient was subjected to greater harm by not telling the physician of this violence.

As such, we believe that her diminished autonomy provides the nurse, because of the ethical principles of beneficence and non-maleficence, with the responsibility to document and disclose the nature of the incident.

References:

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