

The role of ethics in the wound care setting

KEY WORDS

- ▶ Code of conduct
- ▶ Ethical behaviour
- ▶ Principles of nursing

Ethical behaviour must be inherent within the behaviour of any healthcare professional. This assures other professionals, industry and, most importantly, the public, who must be able to trust implicitly those professionals within the health system on which they are reliant.

The principles of treating others with dignity, honesty and fairness, and of respecting the diversity and rights of individuals, are the cornerstones of modern societies. These principles enable individuals to have successful personal and professional relationships (Butts, 2013) and the adoption of these principles is fundamental to the role of all healthcare professionals (HCPs). Nurses will be aware they must follow an ethical code of behaviour — the Nursing and Midwifery Council code (NMC, 2008) — which requires all registered nurses and midwives to adopt basic moral principles to guide their behaviour or conduct.

Abiding by the NMC code provides assurances to employers and the public that nurses will provide a recognised moral standard of care. A similar ethical code exists for people working in the wound care industry, produced by the Surgical Dressings Manufacturers Association (SDMA, 2011), which encourages the adoption of ethical standards of practice in the advertising and promoting of wound dressings.

Within wound care, there are multiple professional relationships that must be fostered in an environment of trust and openness; these include NHS partners, the wound care industry and private healthcare partners. It is essential that all partners ensure their professional behaviour is beyond reproach. For example, the HCP must demonstrate that companies have not influenced their use of wound care products, and the NMC code (2008) requires members to 'refuse any gifts, favours or hospitality that might be interpreted as an attempt to gain preferential treatment'.

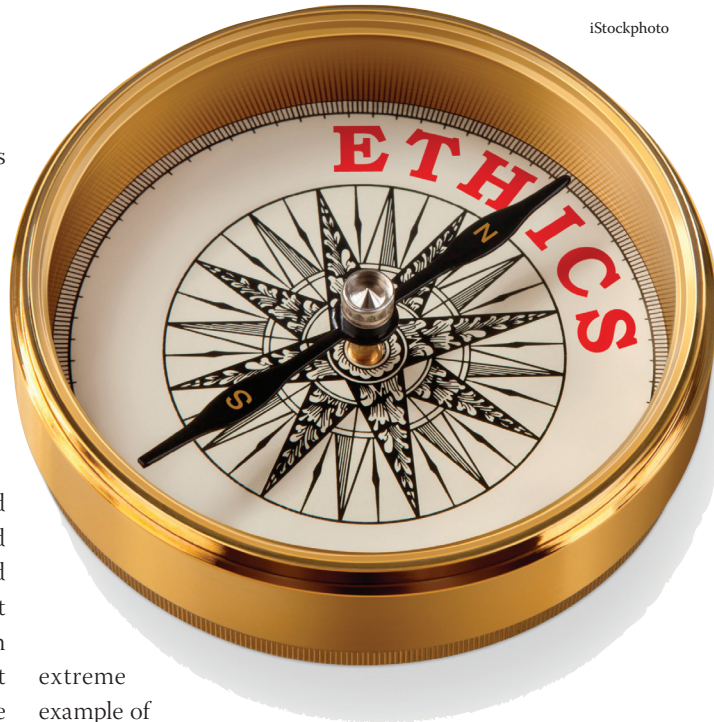
Similarly, the industry partner must be beyond speculation of undue influence. Previously, wound care industry representatives may have exerted a subtle influence on HCPs by providing lunchtime meetings and giving out free samples of wound dressings, for example, which led to products being used inappropriately. Thankfully, tissue viability nurses and pharmacy departments now monitor this practice, and subtle marketing is not employed by wound care companies adhering to the SDMA Code (2011).

THE ROLE OF THE HEALTHCARE PROVIDERS

When considering the ethics of patient care, it is important to explore the role of the healthcare provider, as well as the nurse's role. The NHS constitution was published by the Department of Health (DH, 2013) and exists to outline to the public as a whole, including patients and staff, the rights of the individual to receive treatment and ensure the NHS operates fairly and effectively. Care Commissioning Groups (CCGs) were established in April 2013, replacing primary care trusts (PCTs), and there are now 211 CCGs in England overseeing the care of the public and ensuring appropriate services are available and accessible. CCGs must follow key principles, which ensure that commissioning is collaborative, community focussed and clinically led.

One of the CCGs' principles is: 'Improving outcomes for patients and communities, prioritising demand over supply and encouraging innovation' (Royal College of General

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Practitioners, 2014). The ethical considerations that relate to upholding this principle in wound care are important, because occasions may arise when a patient cannot receive appropriate wound care owing to decisions made by a CCG not to fund certain treatments. For example, negative pressure wound therapy (NPWT) is widely used in hospitals and in many community settings. However, a patient may commence NPWT in hospital and receive significant benefits from it, but be informed on discharge that NPWT cannot be continued because the area in which they live does not fund this type of therapy. Appeals policies do exist within all CCGs, however, and the nurse can appeal directly for special funding for treatment that the CCG would not otherwise support. The circumstances of the individual patient and their proposed treatment will then be considered, and clearly the HCP must work closely with the patient and ensure their explicit consent is given to share any information that could uphold their appeal (NHS Commissioning Board, 2013).

This 'postcode lottery' in terms of the availability of certain wound care treatments seems unethical when a therapy is clinically and economically advantageous to both the individual patient and healthcare provider. One reason for this problem may lie in the hierarchy of evidence used to evaluate research, with randomised controlled trials (RCTs) being regarded the gold standard, while other forms of research are less demonstrative of their efficacy. However, it could also be argued that RCTs, with their strict exclusion criteria, can exclude the very subjects who might benefit most from the treatment (Cutting et al, 2007) and they also do not take into account a social science approach, which includes patient experience (Page and Meerbabeu, 2004). Nonetheless, if CCGs only consider guidance from the National Institute for Health and Care Excellence (NICE) or sources such as the Cochrane Database, it is likely that certain treatments, such as NPWT or specialised garments that relieve sheer/friction, such as Parafriacta® (H&R Healthcare), may not be considered owing to the lack of RCTs.

ETHICAL BEHAVIOUR WITHIN AN ORGANISATION

Attitudes may exist within an organisation that, if closely examined, reveal unethical behaviours. An

extreme

example of

this can be seen

in the Mid Staffordshire Trust enquiry (Francis, 2013), in which it was revealed that vulnerable adults — frail older persons or those with learning difficulties — had received substandard care. These vulnerable groups rely on HCPs to protect them from neglect and poor care. However, the enquiry revealed that the organisation had failed patients and staff by providing insufficient numbers of staff to deliver care and a lack of monitoring of the service via robust audits which, in turn, led to substandard care. This was seemingly tolerated by senior management, which called into serious question their ethical conduct since the vulnerable adults in their care failed to receive the most basic of rights: sufficient food and fluids, as well as basic hygiene (Francis, 2013).

This was clearly a unique situation not replicated elsewhere in the NHS, and it is hoped that on reading the Francis report (2013) all senior NHS staff took steps to ensure their organisations were delivering robust, safe and ethical practice. However, it is the responsibility of all HCPs to ensure the delivery of safe practice within their organisation. The NHS policy for whistle blowing (Powell, 2013) states that HCPs should first raise their concerns within their organisation, reporting in the first instance to their line manager, and completing incident forms and risk assessments to clearly identify the issues. If this does not elicit a response and it appears that lead staff members are ignoring concerns, the HCP should address their concerns

to the chief executive. Should the HCP consider whistle blowing, there is help and advice via the National Whistle Blowing helpline.

APPROPRIATE KNOWLEDGE AND TRAINING

In all healthcare settings, it is imperative that nurses have the knowledge and competency to treat individuals appropriately. If they proceed to treat patients without the required knowledge or training, they are working outside their professional code and are guilty, at least, of professional arrogance.

Wound care of open acute or chronic wounds is considered a speciality. Consequently, it is vital that nurses receive appropriate education to underpin their practice, in addition to specific training required to manage particular wounds, such as compression therapy bandaging for the management of venous leg ulceration. By doing so, nurses fulfil registration requirements for safe accountable practice (Benbow, 2006). Failure to ensure this training contravenes the part of the NMC code (2008) that states: 'You must have the knowledge and skills to provide safe and effective practice and take part in learning and practice activities that maintain and develop competence and performance.'

As well as appropriate training, nurses must also maintain their knowledge, in order to practice ethically. A pertinent example of this in wound care is the understanding by nurses that it is necessary to perform regular pain assessments to ensure that individuals can tolerate their wound management regimen. Individuals with painful wounds require an appropriate analgesic regimen and may also need specific analgesia before wound dressing procedures; this is accepted good practice (The World Union of Wound Healing Societies, 2004). If nurses do not have or do not implement this knowledge, it can lead to protracted poor wound care and insufficient pain relief, impacting on the patient's quality of life (Green and Jester, 2009).

Failure to take into consideration the discomfort of an individual and deliver appropriate analgesia constitutes unethical behaviour (i.e. the nurse has failed to acknowledge the individual's rights to appropriate care). The ethical principle of non-maleficence refers to a professional obligation that all nurses owe their patients, which is not to cause or inflict any harm, including deliberate harm, risk of harm and harm that may occur during an act of doing good (Edge and Groves, 2006).

ETHICS AND PRESSURE ULCER PREVENTION

Organisations, as well as individual practitioners, have an ethical responsibility to prevent pressure damage to an individual. The NMC code states that nurses and midwives must collaborate with those in their care to ensure individuals are able to work with HCPs towards their health and wellbeing (NMC, 2008). In addition, nurses must identify and manage any health risks to the individual, which includes the prevention of pressure ulcers (PUs).

Healthcare organisations have a responsibility to ensure there are appropriate numbers of staff of a variety of skill sets to ensure patients are safe in that environment and that their needs can be safely and appropriately met. If there are low numbers of staff in a care setting, patients may not receive regular skin care, change of position and other basic aspects of care (Ball et al, 2013).

The NMC code supports nurses and midwives by stating: 'You must report your concerns in writing if problems in the environment of care are putting people at risk' (NMC, 2008). It takes courage to stand up to senior members of staff, but failure to report a poor environment of care can be seen as colluding with others and may put that person's professional registration at risk. Similarly, the healthcare organisation has a responsibility to provide appropriate pressure relieving and moving/handling equipment to ensure the safety of both patients and staff.

ACTING FOR THE BENEFIT OF OTHERS

Beneficence refers to the ethical principle of acting for the benefit of others (Edge and Groves, 2006). Within wound care management, this may be interpreted as respecting the individual patient's right to make decisions regarding his/her own wound care guided by appropriate information and choices provided by the nurse. This involves ensuring that wound management practice has a positive effect on healing and that the most appropriate treatment options are outlined for each patient. In short, for the nurse involved in wound management, beneficence means the duty to promote the health and welfare of the patient.

CONFIDENTIALITY AND SEEKING WRITTEN CONSENT

Nurses are in possession of confidential knowledge

about their client and the sharing of this information must only be done with the person's explicit and preferably written consent. The use of photography in wound care documentation is prevalent and extremely useful to nurses when charting the progress of a wound. However, nurses should obtain explicit, written consent pertaining to the use of such photographs for other purposes, such as in teaching or conference presentations; failing to do so is a serious ethical breach of confidentiality.

Furthermore, confidential information should only be shared with other HCPs who are involved in the patient's care and who require such information to treat the patient. Use of legal documentation is confidential, and when using the internet, HCPs must be confident they are using a secure server when sending emails. Not all NHS Trust servers are secure, so HCPs should use www.NHS.net to share information and, as far as possible, anonymise the patient (NHS, 2014).

ACTING IN THE BEST INTERESTS OF THE PERSON

Ethical issues may arise in wound care practice when a patient lacks capacity to understand the aetiology of their wound or the recommended treatment. It falls to the HCP to ensure that the vulnerable adult/carer receives adequate explanations, using terms they can understand and continually reiterate these explanations if necessary. A vulnerable adult is defined as 'a person who is or may be in need of community care services by reason of mental or other disability, age or illness and is unable to take care of themselves or unable to protect themselves from significant harm or exploitation' (Lord Chancellor's Department, 1997). The nurse must test the mental capacity — the ability to make a decision (Department for Constitutional Affairs, 2005) — of the vulnerable adult at regular intervals as his/her capacity may fluctuate. There may be instances when a nurse must act in the best interests of a vulnerable adult who does not understand a wound problem or treatment. It is imperative that the nurse works closely with the family/carers to ensure the vulnerable adult receives appropriate care. To do less is to discriminate against the vulnerable adult and act in an unprofessional, unethical manner.

CONCLUSION

Nurses have a moral and ethical responsibility towards the patients in their care. Wound care practice must take into consideration the obligation to work with other agencies, both within the NHS and the wound care industry, all of which have their own ethical codes of behaviour. Where all partners adhere to these ethical codes, patients will remain safe and receive best care. **WUK**

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