Recognising compliance and ethics in patient-centred care

W
ith the many remarkable advances in medical technology comes a need for progression on a legal and ethical basis (Mason and Laurie, 2013). Humans are more aware of their rights and it is necessary that the obligations of the healthcare professional (HCP) properly reflect this ever-changing issue, ensuring that the relationship between patient and HCP remains a partnership.

Complying with rules and regulations and ethical principles ensures that HCPs are upholding standards and increases the chance that there will be an improved patient outcome. This gives rise to the development of policies and codes of practice across all areas of the healthcare sector, from doctors, nurses and midwives to those working in the healthcare industry. The ultimate objective for all those involved is to deliver the best quality outcome for the patient and avoid the risk of legal intervention in the process of doing so.

In this article, the author has reviewed current codes of practice from many different areas. Despite the vast quantities of guidance available, there is a common purpose to keep care as patient-centric as possible.

KEY WORDS
- Compliance
- Clinicians
- Ethics
- Industry
- Patient-centred care

Patient ethics can be defined as part of the system of medical ethical principles that focuses attention on the best interests of the patient. It is important to recognise the right of patient autonomy, where self-determination exists. This ensures that the healthcare professional is treating the patient or acting to prevent complications in a way that will provide the best result for that individual. This is often termed patient-centred care, which is discussed in further detail. This article aims to explain the need for ethics in a clinical setting, not only for the benefit of the patient but for the benefit of the healthcare professional and wider healthcare industry. Furthermore, it is through compliance and regulatory measures aimed at healthcare professionals — specifically nurses in the context of this article — that these ethical values can be upheld and standards adhered to. In turn this promotes a safe and effective method of care, ultimately providing the highest quality outcome for the patient.

PATIENT-CENTRED CARE
The National Institute for Health and Care Excellence (NICE) has discussed the treatment and care of patients, highlighting that individual needs and preferences must be taken into account (NICE, 2014). By ensuring that this is a priority for HCPs, the patient’s best interests are the core concern and the partnership model of decision-making between patient and HCP remains intact. This is set out in guidance by the General Medical Council when dealing with consent to treatment and ensures that the HCP and patient reach a decision based on openness, trust and good communication (Jackson, 2013).

The Department of Health (DH) published a consultation paper that resulted in changes to fundamental standard regulations that are focussed on providing patient-centred care (DH, 2014). The DH outlined that meeting the specific needs and preferences of the individual was important, and that care delivered had to be appropriate. Emphasis was also placed on the need to work in collaboration with the patient, as well as providing care in accordance with patient consent (DH,....)
Without the patient’s willingness to consent and proceed with treatment, the HCP can find themselves facing legal and ethical disputes that will often be decided in the patient’s favour. This is conditional on the patient having the capacity to make such decisions. When this capacity is not present, there are more strict consent guidelines in place, provided by the General Medical Council (GMC, 2015) or by pieces of legislation such as the Adults with Incapacity (Scotland) Act 2000 or the Mental Capacity Act 2005 governing England and Wales. These regulations must be followed to ensure that the patient’s dignity is preserved when he or she is unable to make decisions about his or her course of treatment. By keeping this patient-centred approach at the forefront of their mind, however, the HCP will be more likely to make a decision that is right for that particular patient.

Within the current NHS environment, certain practitioners deal directly with patients with wounds. Involved in the maintenance of skin integrity, a tissue viability nurse (TVN) will care for those patients who have acute and chronic wounds or pressure damage. In this sense, the role is different to that of nurses who practise in a more general care setting, removing the specifics of wound care. There remains a lack of clear definition, however, regarding the exact attributes of such a role (Ousey et al, 2015). In a recent article where the role was discussed, it emerged that there is more to the position than is initially considered (Ousey et al, 2015). Key functions identified included:

- Staff education and training
- Specialist review
- Policy making
- Contributing to research
- Expert advice
- Working with industry partners.

With this in mind, it is essential that such a role complies with regulatory measures to ensure that the TVN works in a legal and ethical manner, in order that the patient outcome is the priority. There is an abundance of policy, such as the 2015 Nursing and Midwifery Council (NMC) code, compliance measures outlined by the Health and Care Professions Council (HCPC, 2012a) as well as guidelines developed with the support of the Royal College of Nursing (RCN, 2015). Such policies support the HCP in maintaining and upholding the correct standards, thus ensuring the correct support for the patient.

**Box 1. Ethical compliance in the healthcare industries**

When talking about the industry side of healthcare, it is often easy to overlook the role of industry in working towards the best outcome for the patient. Industry works behind the scenes, providing the necessary equipment and devices that healthcare professionals (HCPs) can use to treat patients successfully. Without this, there would be no means of meeting the ever-changing needs of the patient and there would be no advances in medical research and technology.

The Association of British Healthcare Industries (ABHI) has stated in its 2013 code of business practice that as well as developing new technologies, the provision of safe and effective methods of learning and training are necessary to advance medical technology and thus improve patient care.

The Surgical Dressing Manufacturer’s Association is dedicated to ensuring the safe and effective use of wound care products while working with HCPs to develop the use of products in an appropriate way. It published a code of practice in 2014.

Eucomed recognises that interacting with HCPs is key in the development of medical devices. It believes that the highest ethical and professional standards are essential in order for technology to be delivered safely and effectively to safeguard patient wellbeing (Eucomed, 2008).

Healthcare industries must therefore also comply with the applicable laws and adhere to ethical standards to ensure that they can continue to collaborate effectively with healthcare professionals (ABHI, 2013). If this relationship works in the desired way, the patient will hopefully receive the best possible course of treatment.
professionals would fail to meet the needs of the patient. Furthermore, they would fail to provide the best care possible in order to ensure a successful and quick recovery. Measures for the healthcare industries are put in place by organisations such as the ABHI (2013), Eucomed (2015) and the Surgical Dressing Manufacturers Association (2014).

Through placing this information side-by-side, it is hoped that a better understanding will be gained of why such information is available and how it can be helpful to both the HCP and patient, in providing and receiving the best quality care.

NURSING AND MIDWIFERY COUNCIL CODE
The 2015 NMC code lays out the professional standards that nurses and midwives must uphold in order to be eligible to practice in the UK. Structured around four key areas, the application of the code covers both direct and indirect care; that is to say that nurses are bound to practice in such a way when dealing with patients as well as in the context of leadership, education and research. The standards are those expected from members of the public – standards that should be shown in all types of care from every registered nurse working in the UK. The breakdown of the code is as follows:

- Prioritise people
- Practise effectively
- Preserve safety
- Promote professionalism.

Compliance with the code is essential and failure to do so can result in the nurse’s professionalism and practise being brought into question. Since there are no separate guidelines specifically created for the TVN, they too must work towards and uphold the same standards so that the patient’s health and wellbeing are not jeopardised. The mechanisms offer direction to nurses but protect the patient first and foremost. The best interest of the patient is of paramount consideration and must be given the respect it deserves.

Within these four key areas mentioned above, some main concepts have been identified regarding compliance. These should be the most essential considerations for any HCP. These considerations (NMC, 2015) are to:

- Act in the best interest of the patient
- Gain consent to treatment
- Respect confidentiality
- Have the competency and qualifications to provide treatment
- Work in cooperation.

Compliance in an ethical manner is not simply about having the competency and ability to treat a patient in the way that was learned and practised. Cooperation with the patient will assist the HCP in understanding the individual’s needs. Gaining consent to treatment will prevent legal repercussions, as will respecting the patient’s confidentiality. It is about safeguarding the patient’s integrity while abiding by the law and fulfilling moral and ethical obligations. Doing all of the above will ensure that the HCP is acting in the patient’s best interest.

ROYAL COLLEGE OF NURSING
The RCN’s mission is to represent nurses and nursing, promote excellence in practice, and shape health policies (RCN, 2015). Although the organisation no longer develops policies, it remains involved in supporting the development of clinical guidelines through organisations such as NICE. Funded by NICE, the National Clinical Guideline Centre produces evidence-based clinical practice guidelines that are focussed on improving the quality of patient care within the NHS (National Clinical Guideline Centre, 2010).

One such guideline is for the prevention and management of pressure ulcers (NICE, 2014). It has been put in place with the ultimate aim of reducing the number of pressure ulcers nationally. This guideline was published in April 2014 and replaced the existing NICE guideline on pressure ulcer prevention. The information provided is extremely informative and thorough for both HCP and patient and advocates patient-centred care. It is the duty of the HCP to use this readily-available information, whether for his or her own support and learning or for the education and training of others.

Furthermore, when delivering expert advice or writing policies, methods of treatment, prevention and management are fundamental pieces of knowledge. Of equal importance are ethical duties. Caring for an individual in a way that is respectful of their human rights
and appropriate for that individual’s needs is ultimately how the patient will be supported.

HEALTH AND CARE PROFESSIONS COUNCIL
The HCPC published a document in 2008, which was updated in 2012, entitled *Standards of conduct, performance and ethics* based on professional and public expectations of behaviour within the healthcare field (HCPC, 2012a). The first standard mentioned in the document involves acting in the best interest of the service user. The service user is anyone who uses the service provided by the HCP and can be taken to mean patient in this context (HCPC, 2012b). Further standards include respecting confidentiality, keeping knowledge and skills up to date, communicating effectively and gaining informed consent to provide treatment.

If these standards are taken alongside those set out by the NMC, it is clear that they mirror each other. Compliance and regulatory measures are not in place to catch people out, despite the fact it may seem this way when faced with a multitude of policies. As mentioned earlier in this article, there is one common purpose — the best outcome for the patient.

DISCUSSION AND CONCLUSION
Councils such as the HCPC and the NMC are recognised UK statutory or regulatory bodies and each is governed by independent pieces of UK legislation. Many of the orders that govern these bodies have been made under section 60 of the Health Act 1999 (DH, 2015).

It is therefore clear that there is a very strong legal basis for the policies to be in place and a stable rationale from which each is developed. Language around compliance may differ slightly depending on the body or institution, as each body is responsible for different groups of HCPs. The one consistent message, however, is that the patient’s needs are of the highest importance and everything is done for the benefit of the patient.

Compliance policies are available to guide HCPs through ethically challenging situations, to provide quality information about how to act within their role and to offer support to them. The HCP can discover who they are accountable to from a compliance perspective as well as ensuring that they make use of the information at their disposal, acting in a manner that is patient-centric. Consequently, by ensuring that these regulations are adhered to and keeping the patient as the priority, the HCP will be accountable for nothing other than the best quality outcome for their patient.

REFERENCES


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