ETHICAL PRINCIPLE DIMENSIONS OF DOCTORS AND NURSES TOWARD PATIENT'S SATISFACTION

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Abstrak: *Ethical principles are basic and obvious moral truths that guide deliberation and action. Doctors in their daily work activities need to know the ethical principles and implement them in the delivery of service to assure patient satisfaction and to maintain a good relationship between doctors and patients or their relatives, so that public is assured of safe quality patient care.*

Doctors deal with issues and situations that have elements of ethical or moral uncertainty. They need to recognize situations with ethical and moral implications, and make coherent and logical ethical decisions based upon recognized ethical principles and theories. They need to recognize ethical components of practice and to engage in a structured ethical decision-making process.

It is vital for doctors to understand ethical principles and be adept at applying them in a meaningful and consistent manner. Ethical principles consist of respect for persons, autonomy, beneficence, nonmaleficence, veracity, confidentiality, justice, and fidelity (Burkhardt and Nathaniel: 2002). All the principles presuppose that doctors have respect for the value and uniqueness of persons. Certainly, genuine regard and respect for others serves as cornerstone of any caring profession.

Key Words: Ethical principles, ethical components, doctors, and value

Introduction

Today's health care system presents many ethical and legal dilemmas for doctors. Advanced technology, escalating health costs, a growing elderly population, and social economic pressures are just a few of the factors posing ethical dilemmas. As the role of the professional doctor expands to include increased expertise, specialization, autonomy, and accountability, so does the number of ethical and legal issues involving doctors.

Professional doctors use them as standards to build an effective communication between the Doctors, patient and their relatives. Moreover, ethics governs professional groups and provides a framework for determining the right course of action in a particular situation. For doctors, the actions they take in practice are primarily governed by the ethical principles of the profession. These principles influence practice, conduct, and relationships that doctors are held accountable for in the delivery of care (Heidenthal, 2003).

Ethical Principles and Related Concepts

Ethical principles and related concepts that bear some relevance to patient's satisfaction are basic and obvious moral truths that guide deliberation and action (Burkhardt and Nathaniel: 2003). It is vital for doctors to understand ethical principles and be adept at applying them in a

meaningful and consistent manner to build effective communication with patient and maintain good relationship.

Jameton (1984 in Burkhardt, 2003) said that service is morally worthy work since "caring for and treating the sick, and comforting and protecting the suffering, are basic benefits of human culture." As the modern health care technology extends the boundaries of what is possible, all of society is challenged to examine emerging ethical issues.

The ethical principle was originally influenced by a universal principle, which is biblical in nature called the Golden rule. Doctoral profession is helping or assistive in nature, yet the helps should have the origin, purpose, and meaning within the context of culturally accepted moral norms, individual values, and perceived social need. All of these ethical principle concepts are well accepted in Indonesian cultures.

Ethical principles are applied in rendering care services to their patient, it can help them in problem solving, analyzing dilemmas, and justifying their resolution. As Delaune & Ladner (2002) stated, "By applying ethical principles, nurses become more systematic in solving ethical conflicts. Ethical principles can be used as guidelines in analyzing dilemmas; they can also serve as justification (rationale) for the resolution of ethical problems."

Furthermore, as health practitioners they could use the ethical principles in making their decision, as Potter and Perry (2007) stated that practitioners in health care delivery agree to a set of ethical principles that guide professional practice and decision-making. These principles are common to all professions in health care.

Ethical Principles Dimension

According to Burkhart and Nathaniel (2002) Ethical principle consist of respect for person, autonomy, beneficence, nonmaleficence, veracity, confidentiality, justice and fidelity.

Respect for Persons. Respect for persons implies that one considers others to be worthy of high regard (Burkhardt: 2003). Certainly, genuine and respect for others serves as cornerstone of any caring profession particularly for nursing. Respect for persons may be reflected by giving them freedom to choose their own decision and acknowledge it as the highest principle. As stated by Tomey (2004). "'Respect for others is considered the highest principle that incorporates all of the principles. Respect for others acknowledges the rights of people to make their own decision and to live by their decision. It transcends cultural, gender, and racial issues".

Doctors in rendering their care must recognize the patient's ability to determine their choices. As Roussel and Swansburg (2006) stated, the principle of respect for person describes

individuals' ability to take rational action and make moral choices. In addition, respect for person means recognizing that an individual has a uniqueness and dignity. As quoted in Arquiza (1997), "Respect for persons is the principle adhered to by the individual, unique in himself, deserving the respect on his own work and dignity".

On the other hand, Heidenthal (2003) defined respect for others as the right of people to make their own decision. Example is to provide all persons with information for decision-making, and avoid making paternalistic decisions for others.

Furthermore, in doctoral practice, respect for the person may be manifested by exhibiting the behaviors such as respecting patient who are in pain, respecting him or her whether rich or poor, showing through words and deeds, asking patient's consent before doing a procedure, and allowing patients to participate in their care. While in the nursing organization perspective, it could mean following the rules and regulations of the institution, respecting other's belief and practices, and obeying persons in authority/superior.

Autonomy. The word autonomy literally means self-governing. Autonomy involves personal freedom, freedom of choice, and responsibility for one's choices. Informed consent and progressive discipline recognize the principles of autonomy (Tomey: 2004). Doctors are expected to understand the concept and advocate it to ensure the maintenance of autonomy for all patients. Moreover, it means that the doctor must avoid coercion and restraint.

According to Delaune and Ladner (2002), the principle of autonomy refers to the individual's right to choose and the ability to act on that choice. The individuality of each person is respected when autonomy is maintained. Doctors must respect client's right to decide and protect those clients who are unable to decide for themselves. The ethical principle of autonomy reflects the belief that every competent person has the right to determine his or her own course of action.

From the basic principle of autonomy, the health team has derived the rules in "informed consent" which generally contains elements of disclosure, understanding, voluntariness, competence, and permission giving. It is obvious that the patient is not free to select an appropriate path if not given adequate information, stated in a manner that allows understanding (Edge and Groves, 2006).

Besok and Savage (2007) stated that autonomy remains a central concern of clinical ethics activity, and respect for autonomy is the principle most often invoked in patient care, tempered only by considerations of justice or the avoidance of harm to others. In medicine, respect for autonomy requires nurses to accept the free and informed choices of competent patients or their designated decision-makers.

Dworkin (2007) wrote that there are three alternative models of autonomy. Firstly, autonomy as exercising a choice could be interpreted simply as being free to choose between different available options without external constraint. Secondly, autonomy as moral decision-making emphasizes on a responsibility on the decision-maker to make choices within specified moral framework in order to be truly autonomous. Lastly, autonomy is viewing as protecting and encouraging people's capacity to live (http://ce.rsmjournals.com/cgi).

Autonomy denotes having the freedom to make choices about issues that affect one's life. It is closely linked to the notion of respect for persons, and is an important principle in cultures where all individuals are considered unique and valuable members of society. Implied in the concept of autonomy are four basic elements (Burkhardt: 2002). First, the autonomous person is respected; second, the autonomous person must be able to determine personal goals; third, the autonomous person has the capacity to decide on a plan of action; and fourth, the autonomous person has the freedom to act upon the choices.

Potter and Perry (2007) described autonomy as referring to a person's independence. In Bioethics, autonomy represents an agreement to respect the patient right to determine a course of action. For example, the purpose of preoperative consent is to assure in writing that the health café team respects the patient's independence by obtaining permission to proceed. The consent process implies that if a patient refuses treatment, in most cases the health care team will agree to abide by the patient refusal.

In addition, Heidenthal (2003) gave the definition of autonomy as respect for an individual's right to self-determination; respect for individual liberty. Examples are making sure that the patients have consented to all treatments and procedures; become familiar with state laws and facility policies dealing with advance directives; never release patient information of any kind unless there is

a signed release; do not discuss patients with anyone who is not professionally involved in their care; protect the physical privacy of patients.

Furthermore, Tappen (2004) stated the meaning of autonomy as the freedom to make decision for oneself. It requires that the nurse respect the client's right to make his or her own choices about treatment. Informed consent before treatment, surgery, or participation in research is an example. To be able to make autonomous choice, individual need to be informed of the purpose, benefits, and risks of the procedures to which they are agreeing. Nurses accomplish this by providing information and supporting the clients' choices.

Beneficence. According to Heidenthal (2003), beneficence is the duty to do good to others and to maintain a balance between benefits and harms. Providing all patients including

the terminally ill caring attention; being familiar with your state laws regarding organ donations; treating every patient with respect and courtesy are some examples of this ethical principle.

Beneficence indicates that the actions one takes should be in an effort to promote good. This principle can support providing extensive, painful treatments to increase quantity and quality of life or allowing a person to die without life support. It can be used to promote employees positive attributes instead of their shortcomings (Tomey ; 2004)

Doctors consider the welfare of clients and any possibility of harm in future care situations when they suspect unethical conduct or incompetent or unsafe care. As an advocate for the patient, the nurse must be alert to and take appropriate action regarding any instances of incompetent, illegal or impaired practice by any member of the health care team or the health care system or any action on the part of others that places the rights or best interests of the patient in jeopardy.'

In addition, Potter and Perry (2007) stated that the principle of beneficence promotes taking positive, active steps to help others. It encourages the nurses to do good for the patient. It helps to guide decision in which the benefits of a treatment pose a risk to the patient's well being or dignity. The agreement to act with beneficence requires that the best interest of the patient remains more important than sell-interest. It is not nurses simply practicing to obedience to medical orders but also acting thoughtfully to understand patient needs and then work actively to help meet those needs.

Moreover, the principle of beneficence demands that good be done for the benefit of others. For nurses, this means helping clients meet all their needs, whether physical, social, or emotional more than delivering competent physical or technical care. Benner & Wrubel, 1989 (in Tappen, 2004) gave the meaning of beneficence as caring in the truest sense, and caring fuses thought, feeling and action.

Furthermore, Woitas and Robinson (2002), in a study entitled "Ethical Health Care Policy: Nursing's Voice in Allocation" describe that the ethical principles of beneficence, nonmaleficence, autonomy, and distributive justice are central to nursing practice. These principles are evident in the American Nurses Association (2001) Code of Ethics for Nurses. Beneficence may be classified into two types: (1) societal beneficence, or duty to do good for society as a whole; and (2) individual beneficence, or the duty to do good for individuals.

Nonmaleficence. This principle requires one to act in such manner as to avoid causing harm to patients. Included in these principles is deliberate harm, risk of harm, and harm that occurs during the performance of beneficial acts (Burkhardt: 2002). Nonmaleficence also means avoiding harm as a consequence of doing good. For example, sticking a child with a needle for

causing pain is always bad- there is no benefit. On the other hand, giving an immunization while causing similar pain, results in the benefit of protecting the child from serious disease.

According to Tomey (2004), nonmaleficence means if one cannot do good at least do not do harm. Nurses may need to remember that even pain and suffering can bring about good for the patient when they are performing painful procedures for the patient benefit.

In addition, Tappen 2004, emphasized the principle of nonmaleficence requires that nurses protect from danger individuals who are unable to protect themselves because of their physical or mental condition. The examples of the individual who are not able to protect themselves are infant, a person under anesthesia, person with Alzheimer's disease. Doctors are ethically obligated to protect clients when they are unable to protect themselves.

Moreover, Heidenthal (2003) gave the definition of nonmaleficence as the principle of doing no harm. Example of this ethical principles are as follows: always work within scope of practice; never give information or perform duties one is not qualified to do; observe all safety rules and precautions; keep areas safe from hazards; perform procedures according to facility protocols; never take shortcuts; ask an appropriate person about anything you are unsure of; keep your skills up to date.

According to Potter and Perry (2007), nonmaleficence refers to the fundamental agreement to do no harm. It promotes a continuing effort to consider the potential for harm even when it is necessary to promote health. It is important to note that, while nonmaleficence refers to doing no harm, nonmalevolence refers to not intending or willing harm. It may be helpful to think of nonmaleficence not simply as "doing no harm," but as "doing no evil," which is closer to its etymological roots (http://www.ascensionhealth.org/ethics).

Furthermore, Besok and Savage (2007) emphasized the principle of nonmaleficence as a fundamental consideration in every conception of moral and ethical life. It is asserts an obligation to not inflict harm on others and is the basis for injunction in medical ethics codes to do no harm. From objective standpoint, anything that reduces an individuals' chances of survival or compromises someone abilities seem to be a harm.

Veracity. Veracity indicates that people should tell the truth. It applies to telling patients and staff the truth so they can make well-informed decision (Tomey: 2004).

According to Marquis (2003), the principle of veracity is used to explain how people feel about the need for truth telling or the acceptability of deception. A manager who believes deception is morally acceptable if it is done with the objective of beneficence may tell all rejected job applicants that they were highly considered, whether they had been or not.

Heidenthal (2003) defined veracity as the obligation to tell the truth. The best example of this is admitting mistakes promptly. Offering to do whatever is necessary to correct them; refusing to participate in any form of fraud; giving an "honest days work" every day are other examples of this principle.

In addition, veracity requires being truthful. Truth is fundamental to building a trusting relationship. Intentionally deceiving or misleading a client is violation of this principle. Deliberately omitting a part of the truth is deception and violates the principle of veracity (Tappen, 2004).

On the other hand, Besok and Savage (2007) stated that veracity refers sometimes to honesty or truth- telling. Even bad news, which one might be tempted to withhold out of considerations of nonmaleficence, informs patients about their life choices and helps them to pursue the best path available. The patient himself determines what is and is not good for him or herself. For a dying patient it becomes clear that there is a lot of work to be done, to spare them this suffering, make peace with others, themselves, and their Gods instead to withhold their fatal prognosis as past customary.

Confidentiality. Confidentiality is the ethical principle that requires nondisclosure of private or secret information with which one is entrusted (Burkhardt: 2002). The obligation to observe the privacy of another and to hold certain information in strict confidence is a basic ethical principle and is a foundation of both medical and nursing ethics. However, as in deception, there are times when the presumption against disclosing information must be overridden. For example, health care managers are required by law to report certain cases, such as drug abuse in employees, elder abuse, and child abuse.

In today's electronic environment, the principle of confidentiality has become a major concern. Many health care institutions, insurances companies, and businesses use electronic media to transfer information. The databases need to have security safeguards to prevent unauthorized access. Health care institutions have addressed the situation through the use of limited access, authorization passwords, and security tracking systems (Tappen, 2004).

Potter and Perry (2007) described that the concept of confidentiality in health care requires that those with access to personal health information not to disclose the information to a third party without patient consent. Someone cannot copy or forward medical records without a patient consent. Health care workers are not allowed to share health care information with others without specific patient consent. These include laboratory results, diagnosis and prognosis.

The doctor holds in confidence personal information and uses judgment in sharing this information. Confidentiality is the only facet of patient care mentioned in the Nightingale

Pledge. Graduating nurses have recited this oath for decades: "I will do in my power to elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my profession." As Vivaldelli (2007) said, a nurse disclosure of personal information to a patient can be beneficial, but as a technique therapeutic reciprocity is difficult to perform and teach, requiring more than compassion.

In addition, Edge and Groves (2006) said confidentiality is a critical principle, and regardless of the specialty, the "good practitioner" cannot be viewed as cavalier concerned with protecting patients' confidence and privacy. While it is obvious that confidential information must be shared among practitioners in order to provide the best care for the patient or to extend the body of knowledge within health care, its is equally obvious that this does not take the form of conversation in elevators, in cafeterias, or with friends at a party.

Moreover, Burkhardt (2002) stated there are at least two basic ethical arguments in favor of maintaining confidentiality. The first is the individual's right to control personal information and protect privacy. The second argument is of utility. On one level, patients have the right to expect that personal and private information will not be shared unnecessarily among health care providers. On another level, doctors must keep in mind the number of people who have legitimate access to patient records. Care must be taken in choosing information to be recorded in patients' charts. Special care should be observed to avoid inadvertent breaches of confidentiality.

Confidentiality is particularly important when revelation of intimate and sensitive information has the potential to harm the patient. Harm can take various forms such embarrassment, ridicule, discrimination, deprivation of rights, physical or emotional harm, and loss of roles or relationship.

Furthermore, Grace (2004) in her study on "Ethical Issue Patient Safety and the Limits of Confidentiality" found that there are at least two types of problems nurses may encounter trying to maintain patient privacy and confidentiality. First, it is becoming increasing difficult to maintain privacy and confidentiality because of the number of health professionals involved in a patient's care, insurance company demands, the accessibility of patient chart information, and the advent of electronic record sharing. Second, nurses sometimes have to make complex decision about whether to maintain the confidentiality of information a patient has divulged when that information has the potential for seriously harming the patient or poses a serious threat to others.

Justice. Justice is the principle of fairness that is served when an individual is given that which he or she is due, owed, deserves, or can legitimately claim (Heidenthal, 2003). Examples of this is treating all patients equally, regardless of economic or social background; learning the state laws and the facility's policies and procedures for handling and reporting suspected abuse.

According to Tomey (2004), justice means treating people equally and fairly. Equals should be treated equally, and unequal should be treated according to their differences. The principle is frequently applied when there are scarcities or competition for resources or benefits. Likewise, Ellis & Hartley (2000) described that justice relates to the obligation one has to be fair to all people. This implies that all individuals are treated fairly regardless of age, condition, race, religion, or sexual preference.

Edge and Groves, (1994 in Tappen, 2004) stressed the principles of justice obliges nurses and other health care professionals to treat every person equally regardless of gender, sexual orientation, religion, ethnicity, disease, or social standing. Doctors should not make any discrimination or favoritism in treating their patient.

Justice is the ethical principle that relates to fair, equitable, and appropriate treatment in light of what is due to persons, recognizing that giving to some will deny receipt to others who might otherwise have received these things (Burkhardt, 2002). Within the context of health care ethics, the relevant application of the principle focuses on distribution of goods and services that is called distributive justice.

Jameton (1984 in Burkhardt, 2002) stated that there are three basic areas of heath care which are relevant to questions of distributive justice. First, the total percentages of resources that can be reasonable spend on health care. Second, deciding aspect of health care should receive the most resources recognizing that health care resources are limited. Third, determining the patients who should have access to the limited health care staff, equipment and so forth. The following are tenets or ways that people have historically made decisions: to each equally, according to need, merit, social contribution, the person rights, individual effort as one would be done, and according to the greatest good to the greatest number.

In addition, Potter and Perry (2007) stated that justice refers to the principle of fairness. Someone will often refer to this principle when discussing issues of health care resources. In the United States, a national multidisciplinary committee strives for fairness by ranking recipients according to the need, rather than resorting to selling organs for profit or distributing them by lottery is one of the examples of justice.

Furthermore, Besok and Savage (2007) described justice as the primary principle that allows someone to step back from the patient's perspective and take a more encompassing view of a situation. Decision-making based on justice consider both the public and the individual. In public level that will affect a group or groups of people and at the individual level that ensure that all people have the same rights and that these rights are respected.

Fidelity. Fidelity is the principle of promise keeping; the duty to keep one's promise or word (Heidenthal: 2003). Providing all persons with information for decision- making; avoiding to make paternalistic decisions for others are two examples of who this principles is manifested.

According to Ellis (2000), fidelity refers to the obligation to carry out the agreements and responsibilities one has undertaken. Fulfilling the responsibilities is critical to assuring that the standards of good nursing are met.

The ethical principle of fidelity is often related to the concept of faithfulness and the practice of keeping promise. Society has granted nurses the right to practice nursing through the processes of licensure and certification. "The authority for the practice of nursing is based on a social contract that acknowledges professional rights and responsibilities as well as mechanisms for public accountability" ANA (1995 in Burkhardt, 2002).

Delaune and Ladner (2002) described the concept of fidelity to mean faithfulness and keeping promises. Clients have an ethical right to expect nurses to act in their best interest. Fidelity is demonstrated when nurses represent the client's viewpoint to other members of the health care team, avoid letting their own personal values influence their advocacy for clients, and support the client's decision even when it conflicts with the nurse's preferences or choices.

In addition, Tomey (2004) said, fidelity is keeping one's commitments and promises. One should not make a promise to a patient or worker that cannot be kept. Nurse are called to be faithful to the society that grants the right to practice to keep the promise of upholding the profession's code of ethics, to practice within the established scope of practice and definition of nursing, to remain competent in practice, to abide by the policies of employing institutions, and to keep promises to individual patients.

Potter and Perry (2007), stated fidelity refers to the agreement to keep promises. The principle of fidelity also promotes one's obligation as a nurse to follow through with the care offered to patient. For instance, if someone assesses a patient for pain, the principle of fidelity encourages him to do the best to keep the promise to improve the patient's comfort.

The principle of role fidelity requires that the nurses remain within their scope of legitimate practice. In most cases, the scope of practice is clear, and one does not cross the line without willful intention (Edge and Groves, 2006).

Conclusion

Doctors and Nurses in their daily work activities need to know the ethical principles and implement them in the delivery of service to assure patient satisfaction and to maintain a good relationship between doctors and patients or their relatives, so that public is assured of safe quality patient care. They need to recognize situations with ethical and moral implications, and make coherent and logical ethical decisions based upon recognized ethical principles and theories.

There are several ethical components that need to be considered as human obligation or duties one uses as guides to actions, a principal of getting patients satisfaction such as autonomy, beneficence, nonmaleficence, veracity, confidentiality, justice and fidelity.

Autonomy refers to nurses' perception or feedback regarding the freedoms, which are given to the patients to make choices about issues that affect their life. Beneficence refers to nurses' opinion regarding the duty to do good to others and to maintain a balance between benefits and harms. Nonmaleficence indicates nurses feeling on activities avoiding harm as a consequence of doing good. Veracity refers to nurses' perception to the practice of telling the truth, give an honest day's work every day. Confidentiality reflects to nurses' opinion regarding ethical principles that requires nondisclosure of private or secret information with which one is entrusted. Justice indicates to nurses' perception to the principles of fairness that is served when individual is given, that which he or she is due, owed, deserves, or can legitimately. Fidelity refers to nurses' opinion to the principles of promise keeping; the duty to keep one's promise or word.

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