



Chapter 2

Top Priority: The Patient

We ourselves feel that what we are doing is just a drop in the ocean. But the ocean would be less because of that missing drop.

—Mother Teresa

IN THIS CHAPTER, YOU WILL LEARN ABOUT:

- The healthcare professional, both as a professional and as a healthcare consumer
- RED: respect, empathy, and dignity
- The Patient's Bill of Rights
- The healthcare provider–patient relationship (including contracts and consent)
- Handling transference (boundaries)
- The healthcare consumer
- Reasons a patient could be released from care

KEY TERMS

Consent	Informed consent
Contract for care	(or express consent)
Countertransference	Noncompliance
Dignity	Patient Care Partnership
Empathy	Patient's Bill of Rights (PBOR)
Good Samaritan law	Respect
Healthcare consumer	Standard of care
Implied consent	Transference

ESTABLISHING ETHICAL STANDARDS

Dr. William Mayo, founder of the Mayo Clinic, knew how to properly put the patient front and center stage, saying, “The best interest of the patient is the only interest to be considered” (Mayo, 1910). He also believed a patient is “not like a wagon, to be taken apart and repaired in pieces, but should be examined thoroughly and treated as a whole” (Kansas Department of Health and Environment, 2010). Seeing the patient as an individual is essential in performing healthcare services to the highest of standards. After all, no patient, no health care.

A foundation of trust should exist in every healthcare provider–patient relationship. If you do not know the answer to a patient’s question, for example, do not just throw an answer out there. You could say something like, “I want to be sure I give you the correct information, so let me research that just to be sure and I will let you know soon.” Then follow through with your promise of getting back with an answer soon.

In seeking trust from your patient, you need to hold yourself to the highest of ethical standards. Can you think of gaps where a healthcare professional might fail in doing so? Two examples of high ethical standards follow. Can you think of more?

1. Never let a company’s influence or your personal relationships or greed prevent you from putting the patient’s best interest first. For example, if a drug representative comes to the clinic where you work often and has forged a close relationship with you and others in the clinic, it should not make you any more likely to prefer that representative’s product over another representative’s product. The right treatment for the patient should be based solely on what will bring about the best results for that patient.
2. Resources should not be wasted due to professional shortcomings. In other words, do not overuse supplies or use unnecessary supplies in caring for a patient; doing so will contribute to higher medical bills. On the other hand, do not withhold needed items and put your patient at risk.

SEEING RED: RESPECT, EMPATHY, AND DIGNITY IN HEALTH CARE

Though your personal life and your professional life should be kept separate, certainly your values heavily influence your thoughts, words, and actions. The wise healthcare professional knows the worth of putting the patient first and giving every patient, regardless of that patient’s appearance, economics, or beliefs, the best of care. Not only is it professionally wise, it is ethically sound. As a college student, you likely know the definition of respect, empathy, and dignity, but it is good to keep their definitions in the forefront of your mind in order to be the most ethical professional possible.

Remembering how you would want to be treated as a patient and understanding patient needs will enhance how you serve patients. This trait is known as **empathy** and is the mark of a top-notch health-care professional.

Respect is another attribute necessary in quality health care. To respect someone is to show that person attention and regard the person's feelings.

Dignity is a bit different from empathy and respect in that it is a result of one or both of the two. In other words, you can show empathy and respect, but not dignity. **Dignity** is a result of another person showing you regard. Specifically, if you show a patient respect, you can empower that person to feel dignity. Dignity varies depending on the receiver, but it certainly is an issue in certain populations, such as with vulnerable populations like the elderly.

Remember that when a patient goes to a healthcare provider for help, he or she probably will not be at a personal best. When you are ill, let's face it, you are probably not at your most personable. Remember that patients may be irritable or withdrawn, or may otherwise behave differently than normal. You, the healthcare professional, will then be called upon to present your highest standard of professionalism by maintaining a spirit of helpfulness, knowledge, and regard for the other person's condition. Professionalism at this level takes practice and determination.

Case Study: Robert Sidakis

You are a medical assistant in the ABC Medical Clinic, where you have served for the past 15 years. Today, you enter the examination room and find Mr. Robert Sidakis waiting. Mr. Sidakis has been a patient of this clinic for more than 20 years. You greet him: "Good morning, Mr. Sidakis. How are we doing today?"

"How am I doing today? I'll tell you how I'm doing! I'm sicker than I've ever been and I've been waiting in that waiting room

full of coughs, sneezes, and viruses for over two hours and then in this exam room for another hour. I should be treated better than this, and this may be my last visit!”

Knowing that this is not this patient’s usual attitude, how would you approach the situation?

In some cases, the patient is noticeably agitated and certainly not in the mood for small talk. Whether or not this is the patient’s usual behavior, you are called on through professionalism to put your feelings aside and attend to his or her needs. Your first response should be one of empathy and concern. In the Robert Sidakis case study, you might say, “Mr. Sidakis, I am so sorry. You are a valued patient and we want to make sure you are well taken care of! Let me go ahead and get your vitals so we can start taking care of you right away, then I will check to see what the holdup was.”

It may be difficult for you to not become angry when a patient lashes out at you, but as a professional, you will learn that the patient feels bad and not to take it personally. Your top priority every day in your professional life should be the patient’s best interest. You are a vital part of the healthcare team, and your knowledge and actions may make either a positive impression or a poor impression on the patient. Which would you prefer? Of course, you would prefer a positive impression.

THE HEALTHCARE CONSUMER

For Your Consideration

The familiar saying goes, “Doctors make the worst patients.” Can you think why this could be true and how it can be applied to all healthcare professionals, not just doctors? How can your answer to this question be turned into a positive? How could being a healthcare professional make you a better patient? List your thoughts before reading this section.

As a healthcare professional, you will experience two specific roles: that of the provider and, at some point, that of the healthcare consumer. Anyone seeking professional care or treatment for health is considered a **healthcare consumer**. It is good to be an informed patient; everyone should be. When you do find yourself in the patient role, be sure to ask questions and stay informed; however, do not hinder your healthcare providers from serving you. Remember how it feels to be a patient so that when you are serving patients in a professional role, you will be more likely to deliver the highest standard of care. After all, healthcare facilities deal with two sensitive issues: a patient's health and his or her money.

Health care is one of the most expensive purchases you can make. Consider this: The average daily cost of a hospital stay in the United States is a minimum (on average) of \$5,000. In the western United States, that cost averages more than \$7,000, the cost of staying in a very luxurious hotel with various amenities. Now, compare that to a day at Disney World with an overnight stay on the property plus meals, which totals \$700 (and that includes the price of an airline ticket). Patients with health insurance might have to pay only 20% of that \$7,000, which comes out to \$1,400, still twice the amount of a day and accommodations at Disney World. Why all this talk about pricing? It is to drive home the point that patient care is expensive, so the healthcare consumer expects, rightfully so, to get the highest standard of care.

Table 2-1 shows the average lengths of stay by U.S. region, the average charges to the patient, and the costs of care (Becker's Hospital

Table 2-1 Hospital Average Length of Stay, Charges, and Costs by Region

U.S. Region	Length of Stay (days)	Average Charges	Average Costs
Northeast	5.1	\$27,734	\$9,917
Midwest	4.3	\$21,522	\$8,292
South	4.6	\$23,695	\$7,888
West	4.3	\$35,721	\$9,604
Overall	4.6	\$26,120	\$8,692

Courtesy of: Becker's Hospital Review.

Review, 2009). Remember, a charge may dramatically differ from what is actually collected from the patient and/or insurance company.

ETHICAL CONSIDERATIONS IN HEALTHCARE PROVIDER–PATIENT RELATIONSHIPS

The relationship you have with patients is a fragile one. You want to provide the highest standard of care, but what does that mean? In the healthcare industry, **standard of care** refers to the attention given to a task (with a patient) that would reasonably be expected to be given by anyone in a similar situation. This term is more a legal term than a medical one, and how it is judged is the foundation of many legal actions against medical professionals.

When a person goes to a hospital, clinic, or any type of healthcare service facility, that person is seeking out help for some type of problem or concern. In seeking help, the patient should come to trust the healthcare team. In a professional relationship, special attention is given to the patient as an individual, and lines are clearly drawn about what is and what is not appropriate behavior in this healthcare provider–patient relationship. The following are some guidelines of which you should be aware in maintaining a professional relationship with your patients:

1. Remember, care is built on trust, and when you fail to deliver high-quality care, you violate that trust.
2. Leave the room when a patient is undressing for an examination unless the patient needs assistance. If this is the case, have at least one other healthcare professional present to assist the patient.
3. Do not use inappropriate language, such as telling jokes with sexual content, and never use racial slurs.
4. When a physician is conducting an intimate examination (such as a Pap smear), there should be at least one other healthcare professional present. Conversations should be limited to informing the patient of what is being done during these types of examinations or treatments.

5. Listen to the patient without judging. If it is a problem to the patient, then it is a problem, regardless of your personal opinions. Listening closely may give you information that will help in the diagnosis and successful treatment of the patient.
6. Be careful not to overstep personal boundaries. You want your patient to feel respected and cared for, but you should do so on a professional level. Questions about marital status, sexual orientation, religion, and other highly sensitive areas should be avoided unless they directly relate to the medical concern. Be sure to make it clear that you are there to give the best health care possible on a professional basis.
7. Sexual contact (even flirting) is unprofessional and unethical, and should be completely avoided. Even outside of the healthcare setting you are a healthcare provider, so any such conduct with patients is forbidden. (This subject is further discussed in the Transference section that follows.)
8. It is highly unethical to visit with a patient outside of the healthcare setting, including the patient coming to your home or you going to the patient's home. Of course, there is the rare occasion when the physician makes a house call, but this is a professional call and is not the same as a personal visit.
9. Never make promises to a patient. This is not only unethical but illegal. For example, a patient has just been diagnosed with cancer. You say to the patient, "Don't worry, we are going to fix this." Whether or not you realize it, you have just made a promise, and if you do not keep that promise, you can be sued for not delivering on your promise.

TRANSFERENCE

The healthcare provider–patient relationship comes in different forms, which are as unique as the people involved. A patient may even retain feelings or attitudes associated with childhood, which may surface during treatment and may be transferred onto the healthcare provider. This phenomenon is known as **transference**.

Case Study: Susan Walters and Dr. Henson

Susan Walters has been extremely fatigued lately and cannot understand why. She has not changed anything in her usual diet, exercise, or stress level. She schedules an appointment with family physician Dr. George Henson. Dr. Henson notices during the physical examination that Susan is overly tense; also, she is irritable during the consultation portion of the office visit. Dr. Henson, a kind and patient physician, takes the time to talk with the patient and learns that as a child, she was raped by two uncles. Thus, Dr. Henson realizes that Susan's behavior toward him is due to transference of her childhood tragedy. Dr. Henson uses this information to come to some stunning conclusions about Susan's health, namely that she has been suppressing her reaction from the rape incidents and they have taken a toll on her health some 25 years later. Transference, though unfortunate, can help the healthcare provider in addressing patient needs.

How often do you think transference occurs with patients? What are some strategies healthcare professionals should use in working with these cases?

Though transference is usually associated with the patient developing feelings of love or sexual attraction to the professional, it can involve other feelings, such as those exhibited in Susan's case study.

Transference does not always originate with the patient. When the provider experiences feelings for the patient that are out of the norm, such as love, anger, or any other emotion, this is known as **counter-transference**. It is obvious that a healthcare provider should never engage in a personal relationship with a patient. The primary responsibility for honoring healthcare provider-patient boundaries is in the hands of the healthcare provider. What can you do to be sure these boundaries are never crossed?

CONTRACTS AND CONSENT

The healthcare provider–patient relationship is a type of contract. For purposes of this discussion, we will define a **contract for care** as an agreement that creates a relationship where the healthcare provider is to provide care to the patient.

Consent is a patient’s agreement to treatment. Unlike the contract, consent is for specific health care, such as a consultation or an injection. Consent comes in two forms: (1) informed and (2) implied.

Informed consent occurs when the physician explains the treatment or procedure(s) and the patient or patient representative agrees to have them performed. The consent can be verbal, but it is usually written. This type of consent is most protective of the physician’s liability. Another term for informed consent is express consent. An example of informed consent would be when a physician tells a patient she has thyroid cancer and consults with her about treatment options, possible side effects, and other important information. The informed consent could be in the form of a written statement signed by the patient (and sometimes the physician as well) declaring understanding.

Implied consent occurs when a patient’s behavior suggests compliance. For example, a nurse comes into the examination room and says, “The doctor has ordered a shot of antibiotic for your sinus infection.” If the patient rolls up his or her sleeve to accept the shot, then the patient has given implied consent. This type of consent is more passive, while informed is more active. In emergency situations, such as a car wreck, consent by accident victims is considered implied.

In these emergency situations, the **Good Samaritan law** protects the healthcare provider from being sued when performing medical care in good faith (New York State Department of Health, 2009). The Good Samaritan law protects healthcare providers and even, in some cases, other providers, such as those who provide free medical services at clinics. The law got its name from a story in the Bible (Luke 10:25–37), where a passerby helped a robbery victim even though he did not know the victim. It turned out that the two men were actually enemies because of their differing religious beliefs. However, while

others passed by and did not help the victim, the Good Samaritan tended to his needs without bias or fear of repercussions.

According to Robert L. Payton, “Every state in the U.S. now has some version of a ‘Good Samaritan Law’ providing immunity from liability to those who try to help (some state laws only protect doctors).” Payton also reports that some of these laws include a “duty to assist” statute, making it a crime (misdemeanor) for a healthcare professional to see an accident and not stop to offer assistance (Payton, n.d.).

CAN A PHYSICIAN “FIRE” A PATIENT?

The wise healthcare consumer knows that he or she may seek other treatment if the physician is not meeting standards or producing results. However, a physician, in certain situations, also has the legal and moral right to “fire” (release) a patient.

In June 1996, the American Medical Association (AMA) issued *Opinion 8.115—Termination of the Physician–Patient Relationship*:

Physicians have an obligation to support continuity of care for their patients. While physicians have the option of withdrawing from a case, they cannot do so without giving notice to the patient, the relatives, or responsible friends sufficiently long in advance of withdrawal to permit another medical attendant to be secured. (AMA, 1996)

Contracts that are violated may be terminated. Patients may be dismissed from a certain physician’s care due to:

- **Noncompliance:** Noncompliance is when a patient does not follow a doctor’s advice. For example, if a patient seeks care for diabetes but clearly is not following the treatment plan set forth and continues to decline in health, the physician has the legal right to release the patient from care.
- **Insurance plan participation:** Physicians often must decide which insurance plans to accept and which ones not to accept. In such cases, the physician may with due cause dismiss a patient. Other times, a physician may be restricted from

participating in an insurance plan (such as Medicare) due to not following plan directions properly or due to fraud.

- **Patient's failure to keep appointments:** When a patient consistently shows up late for an appointment or does not show up at all, he or she may be released from care.
- **Nonpayment:** If a patient does not pay for service, he or she may be released.

Trivia Quest

The American Hospital Association developed the **Patient's Bill of Rights (PBOR)** in 1973, with a revision in 1992. In 2003, the PBOR was replaced with the Patient Care Partnership.

THE PATIENT CARE PARTNERSHIP

The American Hospital Association developed the **Patient Care Partnership** as a guide for patients to better understand their rights and responsibilities when receiving medical care during a hospital stay. The document also addresses financial aspects of patient care, confidentiality, and the fact that patients have choices in their own medical care.

PUTTING IT ALL TOGETHER

As stated at the beginning of this chapter, no patient, no health care. Though the healthcare professional may bring a personal approach to caring for a patient, it is always the patient's best interest that should prevail. There will likely be plenty of times when you will provide care for a patient who is different from you in appearance and/or beliefs, but that should not prevent you from giving that patient the very best of healthcare services.

The patient has certain rights, including respect, empathy, and dignity (RED). Other rights can be reviewed in the U.S. Government Bill of Rights under the Affordable Care Act. Here, you will find information

that will empower the consumer to receive the highest standard of care—something for which you should always strive. Included under ethical and legal considerations are the issues of consent and contract. To fully understand one's obligation to the patient, the healthcare provider should have a working understanding of the Good Samaritan law and reasons a physician can release a patient from care.

The main idea in this chapter is that the best care of the patient is, and should *always* be, the first concern of the healthcare professional. If you find yourself not placing the patient first, you need to immediately check yourself and change your actions to do so.

CHAPTER CHECKUP

Fill-in-the-Blank

1. An agreement that creates a relationship where the healthcare provider is to provide care to the patient is a _____.
2. When a patient grants an expression of agreement to treatment, it is called _____.
3. Another word for informed consent is _____ consent.
4. No patient, no _____.

In Your Own Words

1. Discuss the similarities and differences between respect, empathy, and dignity.
2. How should you treat a patient who is being rude and/or impatient?

Multiple Choice

1. The Patient's Bill of Rights was developed by U.S. government officials in 2010 as part of the:
 - A. American Medical Association.
 - B. Patient's Rights Constitution.
 - C. Affordable Care Act.

2. The phenomenon in which a patient retains feelings or attitudes associated with childhood that may surface during treatment and may be transferred to the healthcare provider is:
 - A. transference.
 - B. transmitted emotion.
 - C. transmission.

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