Healthcare associated infections (HCAI), which develop as a result of exposure to healthcare facilities or procedures, result in 8,500-12,000 deaths annually in Canada (CUPE). The single most important factor in the prevention of HCAI is proper hand hygiene (Pratt, 2007). Since infection control practices commenced 180 years ago hand hygiene has been emphasized in medical and nursing training programs. In recent years, more convenient and less abrasive hand washing products have been introduced, coupled with published guidelines to encourage hand hygiene compliance.

However, despite the emphasis placed on hand hygiene, research studies have demonstrated that healthcare professionals regularly fail to use proper hand hygiene in day to day practice (Gould 2008).

The failure of healthcare professionals to comply with organizational hand hygiene guidelines is an important ethical issue, deemed by authors as the ‘theory-practice-ethics gap’ (Mortell et al 2013). Despite evidence that HCAI result in significant mortality, and could easily be prevented by the inexpensive and straightforward practice of proper hand hygiene, audits show that staff frequently do not meet targets. This stems from low prioritization, insufficient time, inconvenience of hand wash equipment placement, intolerance to antiseptics, and lack of leadership (Mortell et al 2013).

**Ethical Principles**

**Non-Maleficence**: Healthcare professionals have a duty to avoid harm to patients, which in the case of HCAI can be avoided through proper hand hygiene practices. This can conflict with the time it takes to complete hand hygiene, reducing the time staff is available to attend a patient. Constant application of cleansing products can result in dry skin and discomfort.

**Respect for Professional Autonomy**: Like most activities in the provision of health care, hand hygiene does involve some elements of professional judgment. It may be reasonable, under some circumstances, to *not* perform hand hygiene. Care must be taken to ensure that justifications continue to prioritize the patient’s safety, and that they do not “creep”, or begin to be applied to situations where hand hygiene is appropriate and essential.

**Beneficence**: The expectation of a healthcare professional is to focus on the well-being of the patient. Each time a healthcare professional fails to comply with proper hand hygiene practices, he or she is putting the patient’s health at risk.
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Ethical Theories

**Virtue Ethics:** Proper hand hygiene can be emphasized for the reason that it is a morally correct choice, consistent with the virtues necessary to be a good healthcare practitioner.

**Deontology:** Among the health care provider’s primary obligations is the provision of safe and effective care. The importance of the practice of hand hygiene is directly related to patient safety and therefore falls within the parameters of safe practice.

**Relational Ethics:** The choice to practice proper hand hygiene shows respect and care for a patient.

**Consequentialism:** The consequences of washing one’s hands or failing to comply with proper hand hygiene can be weighed. The consequences of not washing one’s hands may result in an HCAI. However, in some cases the requirement for rapid treatment may outweigh the risk of infection.

Questions for Exploring the Issue

1. What steps can be taken to ensure health care practitioners use proper hand hygiene?
2. How can we make proper hand hygiene products more accessible and convenient for health care practitioners to use?
3. How can we ensure health care practitioners are aware of the ethical implications of failure to comply with proper hand hygiene procedures?
4. What are the ramifications in a given situation of not practicing proper hand hygiene?

Consider the balance of risks and benefits—there may be tradeoffs between speed of response and frequency/thoroughness of hand washing. What is the acceptable limit?

For more information, see the reference list on page 4.
References


