

# THE ETHICS OF HAND WASHING

An exploration of some ethical theories

# SCENARIO

Megan is the manager of a busy medical unit. A C. Difficile outbreak on the ward has everyone working overtime. Tensions are high. All staff have taken the mandatory Routine Precautions training in the last month, and have demonstrated understanding of the importance of good hand washing. Still, audits show that front line staff are only washing their hands about 50% of the time.

# SCENARIO

Megan is struggling with this statistic. She has had long discussions with the staff about the barriers to proper hand hygiene, and fixed as many as possible. Staff now tell her that there simply isn't time to wash their hands as often as they should. "Besides," says one nurse. "Missing one here and there isn't going to make a difference anyway."

# SCENARIO

Megan is frustrated. She doesn't want to make hand washing a performance issue. She wants her staff to do the right thing because it is the right thing to do, not because they are forced to.

# WHAT SHOULD MEGAN DO?

- What should Megan do?
- Why?

# WHAT TO DO?

- There are many different reasons to do the right thing.
  - Rules
  - Consequences
  - It's the right thing to do
  - It's part of a caring relationship
- The following slides will look at each of these ideas, and direct you to consider what Megan should do, and what the staff should do.

# “WHAT IF NO ONE WASHED?”

- Some people will wash their hands because there is a rule that says it must be done.
- They value professional obligations and think of them as important goals, no matter what the result might be
- The study of rules and obligations is called *deontology*

# RULES AND OBLIGATIONS

- What is a health care provider's duty or obligation to the patient?
- Is this reason enough to take the time to wash hands?
- What are Megan's obligations to her staff? To the hospital? To patients?
- Should Megan enforce the rules?



# “WHAT IF I DON’T?”

- Some decisions are based on outcome – what will happen if action is or is not taken.
- Short and long-term consequences of the decision are weighed. The right course of action is the one which results in the most good and least harm.

# CONSEQUENCES

- Does the good of infection prevention outweigh the harm of a delay in care?
- Does a quicker response to a call bell outweigh the harm of a hospital-acquired infection?
- What are the consequences of forcing staff to wash hands? Of allowing the current practices to continue?

# “GOOD PEOPLE WASH THEIR HANDS!”

- Some decisions are made for no other reason than that they are the right thing to do.
- Morally excellent choices are *virtuous*, they are consistent with good character.

# VIRTUES

- What are the influences on Megan's staff?
- What virtues do they need to “do the right thing?”
- What would a good manager do?

# “IF YOU CARED ABOUT ME, YOU’D WASH YOUR HANDS!”

- Choices are also influenced by our relationships, by caring and showing respect
- We value our connections with others
- Choices that preserve our caring relationships come from an *ethic of care*, or *relational ethics*
- This approach includes consideration of rules, consequences, and virtues in the context of a caring relationship

# RELATIONSHIPS

- How are Megan's staff demonstrating their caring?
- How can Megan maintain and enhance her relationships with her staff, while improving their hand washing practices?

# ETHICAL THEORIES

- Ethical theories guide how we think about right and wrong
- Deontology, consequentialism, virtues and relational ethics are ethical theories
- You may favour one theory or method over another, but most of the time, we make decisions using a combination

# QUESTIONS FOR REFLECTION AND DISCUSSION

- How do you make decisions? Did any of these approaches make more sense to you more than the others?
- Why?
- What are some advantages and disadvantages of each of the ethical theories presented here?



# QUESTIONS FOR REFLECTION AND DISCUSSION

What should Megan do?

# RESOURCES

Please go to the MB-PHEN website for additional resources and discussion points.

[www.MB-PHEN.ca](http://www.MB-PHEN.ca)

# REFERENCES

- Sokol, D. & Bergson, G. (2006). Ethics made easy. *Student British Medical Journal* (12). Accessed from <http://www.pennine-gp-training.co.uk/Ethics-discussion.pdf>
- Bergum, V., Dosseter, J. (2005) *Relational Ethics: The full meaning of respect*. University Publishing Group: Hagerston, Maryland.