Health Care Ethics and Social Responsibilities

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Introduction

Being a healthcare manager with the Ethical Committee at a major University Hospital Center, I came across a difficult ethical problem that needs to be fixed, it involves a newborn baby, a Baby Bundle that has been diagnosed with anencephaly. This situation denies the individual the opportunity to have consciousness and to live a conscious life. The analysis takes into account the ethical dilemma within the spectrum of differing parental opinions and medical recommendations.

Identification of Major Stakeholders

Table 1 Major Stakeholders in Baby Bundle's Ethical Case

Stakeholder	Description
Baby Bundle	The infant patient was diagnosed with anencephaly, a severe congenital condition leading to major disabilities.
Parents (Mr. and Mrs. Bundle)	Have conflicting views regarding the continuation of Baby Bundle's medical treatment. Mr. Bundle favors terminating medical interventions, while Mrs. Bundle wishes to continue treatment.
Medical Team	Includes NICU doctors and nurses who are directly involved in the patient's care, providing medical assessments and interventions.
Ethics Committee	An advisory body that plays a crucial role in guiding the ethical framework for handling complex cases within the hospital. They help mediate differing opinions and align decisions with ethical standards.

Ultimate Decision-Makers

In regards to Baby Bundle, the final decision-makers are his parents because of his incompetence from being a child and having a severe illness. The designation of the parents as the primary decision makers who must make choices that are in the best interests of their child is present in both ethical and legal frameworks concerning pediatric care. Even though their choice must be properly advised and guided by the informed, supported, and compassionate advice of the medical team and the Ethics Committee. The healthcare team's responsibility covers explaining the medical picture and the potential outcomes of the treatment in case of its continuation or its cessation, to ensure that this decision is made with a full understanding of the consequences (Tarzian et al., 2006).

Also, the Ethics Committee serves as an integral aspect, constituting a broader view that incorporates ethical principles such as beneficence, non-maleficence, and justice. This body as it is can help to handle complex situations where parents' views diverge, which happened in this case. Through the organization of discussions covering all aspects such as medical, ethical, and emotional, the committee guarantees that the decision respects the dignity of the patient as well as family values and cultural beliefs. The Ethics Committee could also act as the mediator in such cases, suggesting possible solutions that would be by ethical practices and the welfare of the child.

Baby Bundle's Rights

In the field of medical ethics, Baby Bundle's rights rely upon his intrinsic value as a human being and the prevention of unwarranted suffering. Being a newborn with anencephaly, Baby Bundle has no means of being conscious, but he still needs to be treated like any other human being as his inherent dignity requires a medical intervention that respects his intrinsic value. The right to be treated with dignity is a fundamental right and is the basis for all his care components. It requires medical care providers to keep the human value and the interventions must not only extend physiological functions but also not unnecessarily prolong the suffering without improving his quality of life (Shultz et al., 2020).

The intervention of machines like a ventilator may support Baby Bundle's life but may be painful for him. The ethical principle of non-maleficence, which obligates the providers to abstain from causing harm, becomes paramount. It challenges the continuation of the life-sustaining methods that do not augment his intellectual or sensory faculties. Given that Baby Bundle is incapable of explaining or having already made wishes, decisions are made based on what will be in his/her best interests. It aims at finding a balance between gains and harms and highlights such measures that will promote well-being and lessen pain. It implies a complex conversation among healthcare practitioners, parents, and ethics committees to match behaviors with human and ethical principles.

Ethical Theories and Principles Applied to Baby Bundle's Case

In addressing Baby Bundle's situation, several ethical theories and principles provide guidance on the course of action that should be taken which are shown in Table 2.

Table 2: Ethical Theories and Principles Applied to Baby Bundle's Case

Ethical Theory	Description	References
Utilitarianism	Focuses on maximizing overall well-being and minimizing suffering. Supports discontinuing treatment that prolongs suffering without beneficial outcomes.	Ranju & Serice, 2021
Deontology	Emphasizes adherence to moral duties and rights, advocating for respect of Baby Bundle's intrinsic dignity and rights irrespective of treatment outcomes.	Rabelais & Walker, 2021
Non-maleficence	Advises against causing harm, particularly when treatments offer no benefit and potentially increase suffering.	Ramathuba & Ndou, 2020
Beneficence	Requires actions to be in the patient's best interests, suggesting the prioritization of comfort and palliative care over futile interventions.	Shultz et al., 2020

Role of Healthcare Manager in Ethics Committee

The role of the healthcare manager within the ethics committee cannot be underestimated as it is one of the key factors in achieve that everything passes through the ethical god eye and that there is effective communication among all those involved in the decision-making process (Tarzian et al., 2006). The healthcare manager is vital in this exercise as he leads discussions and ensures the committee's recommendations are in line with the existing ethical standards.

Recommendations

Considering Baby Bundle's situation where parents are not aligned with the medical advisors' opinion

about continued futile medical interventions, the healthcare manager would recommend towards withdrawal of life-sustaining treatment and moving towards palliative care. This therapeutic option is based on the doctrine of benevolence and non-maleficence to reduce Baby Bundle's suffering while the distress for the parents is considered as well. Through concentrating on palliative care, the healthcare supervisor will make the comfort and quality of life of the Baby Bundle a priority and will do so by ethical principles that value the patient's welfare above all.

Conclusion

Finally, through the priority of Baby Bundle's well-being, respect for his rights, and considering basic ethical principles, the proposed palliative care recommendation is the most reasonable and ethical choice in this difficult situation. It stresses the necessity of maintaining ethical principles when making a choice and thinking about what is in the best interests of the patient.

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