

Theory - Practice - Ethics: Is there a Gap? A Unique Concept to Reflect on

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Editorial

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ABSTRACT

This editorial introduces a new paradigm called the “theory-practice-ethics gap”. It also informs the reader of the current healthcare dilemmas related to medical errors which place a patient’s safety at risk. The dilemma is essentially one of non-compliance or unethical practices by healthcare professionals. Typically, the healthcare academics declare that when clinical practice is inadequate, a “theory-practice gap” is usually responsible. Within this model there is often a gap between theoretical knowledge and its application in practice. Most of the evidence relating to the non-integration of theory and practice makes the assumption that environmental factors are responsible and will affect learning and practice outcomes, hence the “gap”. However, it is the author’s belief, that to “bridge the gap” between theory and practice an additional component must be considered, called “Ethics”. This introduces a new concept which the author refers to as the “theory-practice-ethics gap” and must be considered when reviewing some of the unacceptable outcomes as a result of medical errors in healthcare practice.

EDITORIAL

Ethics is knowing the difference between what you have a right to do and what is right to do [1].

Do healthcare professionals really care about their patient’s well-being? As a critical care nurse with countless years of nursing experience, I just cannot comprehend or rationalize why healthcare professionals place their patients in harms-way? Patient safety and high quality of care are fundamental facets of all healthcare practices. When people are admitted to hospital, they expect to receive safe, high quality care. The Institute of Medicine’s (IOM) report ‘To Err Is Human: Building a Safer Health System’ declared that 98,000 deaths occurred annually in the United States of America (USA) as a result of medical errors [2]. A subsequent study from the USA stated that 210,000 deaths were related to preventable harm in hospitals. Makary et al.[3], concurred that the medical errors endured as the third leading cause of death in the USA, after heart disease and cancer. European nations also have continuing medical errors [4]. In the United Kingdom as many as 10% of hospitalized patients experience medical errors [5]. A more recent study estimated that medical errors in England were a contributory factor to approximately 22,000 deaths a year [6]. The foremost healthcare offenders include, failure to identify the correct patient; which results in medication errors; wrong site surgery; and incorrect blood/blood product transfusions. In addition to healthcare associated infections; which could be associated with hand hygiene compliance issues [7].

The IOM report [2] generated questions about patient safety and an obligation for healthcare providers to deliver high quality, safe healthcare. However, despite the knowledge which was provided by the IOM report and the implementation of strategies by organizations such as JCI; patients continue to experience preventable harm and substandard care [8]. In

the context of medical errors, the theory-practice gap is often cited as an offending perpetrator^[9]. Within this paradigm there is often a gap between theoretical knowledge and its application in clinical practice. However, it is the author's conviction, that to "bridge the gap" between "Theory and Practice" an additional factor called "Ethics" must be considered. Ethics is a moral duty and obligation, and in order to effectively implement new practices, must be considered when reviewing some of the unacceptable outcomes in health care.

Whatever you call them, medical errors, faults, or slips, this paradigm, acknowledges that all healthcare professionals are provided with theoretical knowledge and practical skills to practice competently and safely, yet continue to be ethically non-compliant which creates an ethical dilemma. Ultimately the goal of all professional healthcare providers is to provide safe, evidence-based quality care. Since all patients, regardless of their religion, race, culture, age or gender are entitled to receive safe, quality care. Undertakings must be made to encourage healthcare professionals to reflect on their moral duty, and hope to decrease this proposed 'theory-practice-ethics gap'. If we don't care who will?

Do unto others as you would have them do unto you; Jesus Christ (Matthew 7:12).

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