



CONDUCT COUNTS!

Documentation

SCENARIO

In a community hospital Anne has exposure to a wide variety of patients and healthcare concerns. It's one of the main reasons that she enjoys her role as a Staff Respiratory Therapist; she gets to work in the ER, ICU and Wards but her favourite has always been L&D.

Anne just recently attended a high risk delivery. The child was the third for the couple, but both previous deliveries had occurred at home with a Midwife. For this birth the Midwife would not support a home delivery because she was concerned about the Mother's gestational diabetes. The Mother, however, had made it known that she was very unhappy that this birth would take place in such a "cold, impersonal environment."

During delivery the fetal heart rate began to drop and meconium stained amniotic fluid was noted. When the infant was delivered, Anne and the RN who was present took the child aside to suction her and complete their assessment. During this time the Mother could be heard yelling, "don't hurt my baby!" at Anne and the RN, although the OB was assuring her and her husband that they were not. Fortunately, the baby girl's APGAR score was good and she was in no distress. The nurse wrapped the infant in a receiving blanket and laid her in her Mother's arms, while Anne cleared the used equipment off the overbed warmer and completed her documentation.

The next week Anne was contacted by the Human Resources Department at the hospital and informed that the Mother had submitted a complaint to the facility and indicated that she would also be complaining to the CRTO. Within a few days Anne received a call from the CRTO saying that a complaint had been sent in by the Mother, and that she alleged that Anne had breached the College's ethical standards. Specifically, the Mother alleged that:

- 1) her respect for autonomy had been breached because she hadn't given consent for Anne to assess the infant;
- 2) Anne had not upheld the principle of beneficence (to do good) because her daughter had been denied the opportunity to bond with her Mother immediately following her birth although she had been born healthy; and
- 3) the principle of non-maleficance (to do no harm) had also been breached because the infant had been traumatized by their assessment.



PROFESSIONALISM

"Professionalism" or professional conduct is a term often used to describe the behaviours that are expected of individuals who hold a certain role in society. A "professional" is typically someone who has obtained skills that are recognized as requiring specific, intensive training and who applies those skills in a position impacting others (e.g., engineer, lawyer, RT, PT, MD, etc.). Professionals are often held to moral, ethical and legal standards because of this potential impact.



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RESULTS

The CRTO was legally obliged to investigate the complaint. In addition to gathering the medical charts of the Mother and baby from the hospital, Anne, the RN, OB and Midwife were all interviewed. Anne and the complainant (the Mother) were sent copies of everything that the Inquiries, Complaints and Reports Committee had obtained through the investigation process and given the opportunity to provide any comments in response to the material.

Anne submitted excerpts from obstetrical risk guidelines, hospital policies and textbooks as part of her explanations supporting the clinical decisions she made that day. The Mother submitted a letter stating that she thought Anne and all of the other healthcare professionals who were interviewed had lied to protect one another and that as the Mother “she just knew” that her baby girl was going to be fine.

The panel of the Inquiries, Complaints and Reports Committee decided to take no action as there was no evidence to suggest that Anne did anything but act in the best interest of her patient, the infant girl.

EXPECTATION

RTs sometimes assume that it matters whether or not the patient or client suffers actual “harm”. However, during pregnancy and childbirth there may be emotionally charged expectations that influence the decisions of parents. The panel ultimately determined that the parents’ agreement to have the delivery at the hospital was, in part, consent to treatment for the infant. The conversations with the parents were well documented which was key to the panel being able to refer to evidence that they were aware of what to expect. As in any investigation, documentation is often the piece on which decisions hinge.

In addition, it was important that Anne provided a professional and thorough response to the allegations. Rather than commenting on the emotional tone of the complaint, she chose to provide sound reasoning for the clinical decisions that she made and offered evidence-based references as support for her actions.

BOTTOM LINE

Document, document, document! And respect others’ points of view, even if you don’t agree with them.

RESOURCES

[A Commitment to Ethical Practice](#)

