Beneficence and Non-maleficence: Collaborative Practice and Harm Mitigation

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Abstract.

This article is the third in a series of three, discussing and applying four ethical principles as identified by Beauchamp and Childress (2019). This final article examines the two interrelated principles of beneficence and non-maleficence. Firstly, we will present definitions identifying the differences between the two. Then we will identify relevant and pertinent parts of the Nursing Midwifery Council (NMC, 2018) code will be identified, followed by a discussion on how beneficence and non-maleficence can be demonstrated and practised within the clinical environment to patients, patients' families, your colleagues, and yourself.

Key Words: Beneficence, Ethical Principles, Non-maleficence, Nursing Associates, Support Workers.

Introduction

Beneficence and non-maleficence, when added to autonomy and justice, make up the four ethical principles that will assist healthcare professionals in dealing with and answering any moral dilemma that may arise within the clinical practice, as stated by Griffith and Tengnah (2020). A moral dilemma is when a decision needs to be made with several options available, and the right choice(s) may not be clear. Gillon (1994) recognised the importance of considering the principles of beneficence and non-maleficence together when committed to helping others. Beneficence is defined as 'the principle of doing good and providing care to others' (Berglund, 2007:12). Edwards (2009) also states that beneficence is about promoting the well-being of those with whom we interact. Non-maleficence is defined by Beauchamp and Childress (2019:155) as the obligation 'to abstain from causing harm to others.' These principles underpin the ethos healthcare professionals are expected to strive to achieve always. Therefore, as support workers and nursing associates, you should be able to relate closely to the principles of beneficence and non-maleficence.

NMC (2018) Code.

While we could argue that following and adhering to the NMC (2018) code means that you will be meeting all four ethical principles, which is true regarding beneficence and non-maleficence, it is important to highlight some outstanding key areas. Concerning beneficence, the entire first section, 'prioritise people', is relevant to doing good to patients. Suppose you 'treat people as individuals and uphold their dignity', 'listen to people, and respond to their preferences and concerns', 'meet people's holistic needs', 'act in their best interest', and 'respect their privacy and confidentiality.' In that case, you will be doing good. Section 13.1 states the need to accurately observe, identify and assess for normal or worsening health signs within

‘preserve safety.’ Clearly, by doing this, you would be doing good. The focus on leadership to maintain and improve the quality of care that is received by patients can be found towards the end in section 25.1. Through effectively managing the time, resources, staff, identifying priorities and dealing with risk, care quality can be improved. All these skills demonstrate the ethical principle of beneficence.

Regarding non-maleficence, several areas of the code deal with preventing harm and maintaining safety. Within ‘practice effectively,’ section 8.5 states you must “work with colleagues to preserve the safety of those receiving care.” In ‘preserve safety,’ section 14.1 implores you to “act immediately to put right the situation if someone has suffered actual harm for any reason or an incident has happened which had the potential for harm.” Section 17.1 states for you to “take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse.” The final part of ‘preserve safety’ stresses the need to “be aware of, and reduce as far as possible, any potential for harm associated with your practice.” To do this, it states you must be up to date with all current knowledge, evidence and developments to reduce mistakes. Also, adhere to the recommended practice to prevent and control infection, and finally to “take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.”

Beneficence

The “principle of doing good and providing care to others” (Berglund, 2007: 12) is a central component of support workers and nursing associates’ daily roles. Through providing high quality care and support, we aim to benefit the individual to the best of our abilities. This quality is achieved through delivering evidence-based, person-

centred care and with the patient at the centre of all decision-making processes. Quality care can only be delivered when the person delivering it has been fully trained and is competent in their clinical duties, closely following the NMC (2018) code and all policies and procedures. Therefore, you need to be confident that you are the correct person delivering the care and that someone else might not be more appropriate. This awareness does not mean you cannot deliver the care but may need closer supervision and support to enable you to meet quality standards of care. As Gillon (1994) states, there needs to be rigorous and effective training and education.

Non-maleficence

Non-maleficence, the virtue for practice that expects health and social care workers not to inflict harm on others, co-exists with beneficence (Gallagher, 2013). It would seem that on the first examination, this principle should be an easy one to achieve. However, often the clinical procedures we perform on patients do just that. For example, consider the discomfort in passing an NG tube or the pain caused by inserting a cannula. There may be very good clinical reasons why these two procedures need to be performed. However, we are causing harm to the patient by carrying them out in the short-term. This harm must be offset with the perceived and planned long-term good, which these procedures should achieve. Therefore, short-term harm is permissible if longer-term good is achieved. The harm caused can be minimised as far as possible by having competent staff perform the procedures, ensuring the patient is as comfortable as possible and supported, before, during and after. As Gillon (1994: 310) states, the aim is to produce “net benefit over harm.”

Discussion

As explicitly expressed in the two preceding articles, doing patients' justice, and respecting individual agency is cogent for care delivery. In areas of nursing such as mental health, using seclusion, restraints and a high level of observations could impede the practicalities of developing a therapeutic relationship with patients. Patients must be supported well, particularly when detained under the Mental Health Act 1983 (Legislation.gov.uk, 1983) and deemed a risk to themselves or others. However, the absence of less coercive options (Hawsawi et al., 2020), rigorous clinical supervision (Bifarin and Stonehouse, 2017) and compassionate leadership makes defensive practices inevitable (Wand, 2017; Bifarin, Felton and Prince, 2021).

Ethical complexities co-exist with clinical procedures in mental health nursing. Therapeutic risks in mental health nursing take cognisance that the complexity of supporting patients on their recovery journey (Felton, Wright, and Stacey, 2017) is essential. Yet, interventions can sometimes lead to iatrogenic harm, especially when legislation designed to protect vulnerable people is used to justify neglect (Beale, 2021). When services designed to empower people equally discriminates and excludes people (Beale, 2021), frontline workers might struggle to comprehend the management team's decision-making (Bifarin and Stonehouse, 2016). The decision-making process is exacerbated, resulting in moral distress. Consequently, patients are often left with a sense of alienation and often re-traumatised.

High-profile national reports such as Francis (2013) focussed on a lack of person-centred care, practices devoid of empathy and compassion, lack of professionalism within healthcare systems, and the lack of flexibility concerning practitioners. In response to this, Health Education England (2015) commissioned an independent review, "Shape of Caring Review." This report's core is the need to enhance rigour within pre-registration nursing courses, which was perceived as a rigid system. A

more recent report, the ‘Liverpool Community Health Independent Review,’ showed how poor leadership in healthcare could proliferate and create hostile clinical environments, causing unnecessary harm to patients, stress to staff and punitive services (Kirkup, 2018). In response to the need to support patients better and work with them as stipulated by NMC (2018) code, it is a collective responsibility to ensure that services provided to patients are sensitive, recovery-focused, and defeasible. For instance, rather than labelling patients that repeatedly visit A&E for mental health support as “manipulative”, “PD-personality disorder patients”, and a “complex patient” irrespective of their diagnosis, it is a call for reflection on your part around service provision and design. Some important questions for healthcare professionals to reflect on are:

- Do you have the right service to support these patients?
- Do you have adequate skills and knowledge to listen compassionately?
- Do you know where to refer these patients for adequate attention?
- Do you know how mental health conditions, family, social care are perceived within some communities?
- Do you know how to raise concerns professionally?
- Can you articulate and summon courage to advocate for your patients?

Healthcare workers are in a privileged position to make a difference for the population being served. These questions are intentionally geared to increase awareness around capacity, strengths and zeal to work with patients. In the absence of awareness and capacity to ask self-reflective questions, patients could be predisposed to harm, even if the harm is unconscious on the part of health and social care workers.

The Support Worker and Nursing Associate Role

It is not uncommon for a 72-hours review of incidents within the NHS to show that some nursing members of staff are not competent with regards to their knowledge and understanding. Negligence associated with recording, charting, and interpreting NEWS2 score to address the physiological needs of patients could potentially exacerbate harm caused to patients. Therefore, as support workers and nursing associates, you are ideally placed to advocate for those receiving care.

Is care evidence-based and person-centred?

Are individuals truly at the centre of decision-making process?

Is their voice being heard?

When procedures are being performed on patients, it will often fall on the support worker to assist the member of staff carrying it out. You will also be the one who is there to support the patient. Therefore, you need to continuously question whether the principle of non-maleficence and beneficence is being demonstrated and achieved.

Conclusion.

This article has examined the important ethical principles of beneficence and non-maleficence. Support workers and nursing associates are the one group of clinical staff most able to ensure that these ethical principles are being demonstrated to and experienced by patients, their families, as well as to your colleagues and yourself.

Key Points:

1. Beneficence means to do good and provide care to others.
2. Non-maleficence means to do no harm to others.

3. Sometimes patients experience short-term harm to achieve long-term benefits.
4. These principles underpin the ethos of healthcare and as professionals you are expected to strive to achieve these.
5. Healthcare workers are in a privileged position to make a difference for the population they serve.

Reflective Activities for Your Continuing Professional Development

At the end of your next shift, take time out from your busy schedule to reflect upon the care you have delivered today in relation to beneficence and non-maleficence. Have you been able to do good for your patients and clients? Where there has had to be short-term harm, has this been minimised and the rationale for performing that procedure been justified?

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