

The Ethics and evaluating infection control

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Background:

Infection control, especially of healthcare associated infections, presents major challenges to not only the costs and effectiveness of healthcare in IRAN; but also the management of hospitals and health care institutions; the professional responsibilities of health care professions; and the welfare of patients. The challenge is the subject of national guidelines and standards issued by the National Health and Medical Research by the Iranian Commission on Safety and Quality in Health Care. There is no lack of practical advice on preventing infection from guidelines to standard signage to online instruction modules and toolkits. The ethical basis for such programs and guidelines merits consideration. Insofar as the guidelines set out conduct to be followed by healthcare professionals, the ethical basis sits squarely on the conventional ground of non-maleficence and the prevention of harm to patients. A similar basis could be found in the protection of healthcare professionals from harm that adhering to the guidelines will achieve. This is an understandable expression of the individual focus that has dominated the modern development of medical ethics with its focus on the dyadic relationships between patients and healthcare professionals. In this focus, the importance of acting for the benefit of individual patients, respecting their autonomy by providing information that will inform their decisions about treatment and care and minimising harm are now familiar to modern healthcare professionals. Fulfilment of these obligations is central to establishing the trust of healthcare professionals by patients that it is essential to the effective functioning of a healthcare system. Infection control is an example of the recognition of both ethical obligations. It is important because it addresses the risk to treatment of individual patients but also because it addresses the risk of infection to others in the immediate community of a hospital or a wider community beyond. Fulfilling responsibilities to achieve infection control is also important in building trust communities need to have in their healthcare institutions. These two ethical frames come into sharp relief in studies or assessments of the

effectiveness of infection control measure and procedures. Evaluations of the effectiveness of infection control measures do raise a tension between, on the one hand, the conventional individualistic ethical principles of human research ethics and, on the other, the ethical foundations of infection control and possibly even the emerging ethics of the practice of public health.

Conclusions:

As research projects, these evaluations would normally involve carefully assessing the value and validity of the proposed assessment, the risks and benefits to participants, whether health professionals or patients establishing appropriate procedures to seek the voluntary consent of those participants based on information about their involvement. On the other hand, the community importance of identifying effective infection control measures may have more ethical weight and may justify at least waiving the requirement for the conventional voluntary and informed consent to participation, if not the need for formal ethical review and approval by a human research ethics committee. Alternatively, these evaluations and assessments could be regarded as quality improvement or even as public health surveillance, emphasising the wider community and public health ethical values and follow established institutional approval processes for these activities. Frameworks for the ethics of infection control resemble those of public health more than those of clinical medicine but embrace elements of both. The optimum framework, we suggest, takes into account a virtue-based communitarianism. The virtue ethics movement stresses the need to consider not only rules and outcomes but also the character of the individual(s) involved. Communitarianism emphasizes the well-being and values of local communities, best determined by shared, democratic decision making among stakeholders. Brief discussions of 15 consecutive cases illustrate the extent to which the daily practice of infection control poses problems heavily freighted with ethical overtones.

Key word: Ethics ,evaluating, infection control, healthcare, Frameworks