



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

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### Abstract

This article will discuss a unique concept which the author calls the “theory-practice-ethics gap”. It advises the reader of the existing healthcare dilemmas related to medical errors which endangers a patient’s safety. The predicament is one of non-compliance or unethical practices by healthcare professionals. Predictably, the healthcare academics declare that when clinical practice is lacking, a “theory-practice gap” is typically to blame. Within this paradigm there is a gap between theoretical knowledge and its appliance in practice. Testimony relating to the non-integration of theory and practice makes the conjecture that environmental dynamics are accountable and will affect learning and practice results, hence the “gap”. Nevertheless, it is the author's credence, that to “bridge the gap” relating to theory and practice an additional factor must be taken into account. The factor is called “Ethics” and introduces a unique concept which the author has labelled the “theory-practice-ethics gap”. This unique concept must be considered when appraising the undesirable consequences of medical errors in healthcare practice.

**Keywords:** Ethics; Theory- Practice Gap; Medical Errors; Non-compliance

### Is patient safety without patient advocacy a Myth? Consider a Theory - Practice - Ethics gap?

Ethics is knowing the difference between what you have a right to do and what is right to do [Potter Stewart, American Supreme Court Justice; 2013].

Is patient safety without patient advocacy really feasible? The purpose of this potentially controversial article is to have healthcare providers reflect on their moral values as human beings in respect to their clinical practices which they provide for their patients. My question is, do healthcare professionals truly care about their patient’s safety and wellbeing? As a healthcare professional, academic and nurse clinician, I am unable to understand or explain why healthcare providers and professionals continue to put their patients into at risk situations.

The concept and practice of patient advocacy and patient safety are fundamental elements for all healthcare practitioners and practices to ensure high-level quality, safe care. When individuals

require healthcare, they presume that they will receive high quality, safe care. ‘To Err Is Human: Building a Safer Health System’ a report from the Institute of Medicine’s [IOM] stated that 98,000 deaths transpired every year in the United States of America [USA] as a consequence of health care related errors [1]. A succeeding report also from the USA declared that 210,000 mortalities were associated with preventable harm in hospitals. Makary and Daniel [2], assented that the health care associated errors persisted as the 3rd major cause of death in the USA, after cardiovascular disease and cancer. Other western nations also reported to have continuing health care related medical errors [3]. Nations such as the United Kingdom (UK) indicated that 10% of patients in health care organizations experienced health care related errors [4]. Wise [5] estimated that medical errors in the UK was an instrumental consideration which contributed to almost 22,000 deaths per year. The primary healthcare mishaps included, incorrect patient identification; which resulted in medication errors; wrong site procedures and surgeries; as well as administration of the wrong blood product transfusions. Other problematic health care issues includ-

ed healthcare associated infections; which were linked to hand hygiene non-compliance by health care providers [6].

Questions about patient safety and an obligation for healthcare providers to deliver high quality, safe healthcare were identified by the IOM report in the year 2000. Yet, in spite of the transparency generated by the IOM report and the execution of strategies by health care groups; patients continue to encounter preventable harm and unacceptable care [7]. In the context of health care related errors, the theory-practice gap is frequently named as the felonious culprit [8]. Contained within this paradigm is a gap involving theoretic knowledge and its relevance in practice. Conversely, it is the author's belief, that to effectively analyze the alleged gap between theory and practice, the concept of ethics must be deemed an important consideration. Ethics is a moral responsibility and must be reflected on when evaluating some of the intolerable patient associated aftermaths in the current health care practices.

Health care miscalculations, medical errors, blunders, oversights, boobos, faults, or slip-ups, whatever label is attached to these patient safety consequences. The concept of a "theory-practice-ethics gap", recognizes that healthcare professionals are prepared with theoretical knowledge and realistic skills to practice competently and safely. However, healthcare professionals continue to be non-compliant towards patient safety issues which generates an ethical predicament. An obligatory objective for healthcare professionals is to deliver safe, evidence based high quality care. Why? Because all patients, no matter what their race, culture, religion, gender, or age are eligible to obtain safe, high quality care. Actions must be taken to inspire and urge healthcare professionals to reflect on their ethical duty, and to eliminate this proposed 'theory-practice-ethics gap'. If we as health care professionals and patient advocates don't care or act ethically, who will?.

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

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