The Status of Whistle-blowing in Bio-Medical/Nursing Ethics

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ABSTRACT

The paper is a commentary based on the ethical argumentations of the status of whistle-blowing practising in biomedical and nursing health care services. Whistle-blowing is a disclosure from a member of organization about some practice usually considers misconduct, harmful, unethical or illegal in that organization. In nursing, the suggestion is made in favour of internal type of whistle-blowing, which is reporting inside the channel to correct an obnoxious situation, common examples are incident reports, verbal and written reporting to channel of commands or line managers etc. The paper also highlighted the aftermath of reporting whistle-blowing with examples of developed countries which already exists protection law for the whistle-blowers. In Pakistan, only the Khyber Pakhtunkhwa province has the distinction of passing the whistle-blowing act in 2016.

Keywords: Whistle-blowing, Bio-medical/nursing ethics, Law, Pakistan.

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INTRODUCTION

Nurses not have only moral and societal but professional obligations of serving the humanity. Being bounded by the professional codes and conducts, the profession has the cardinal feature of altruism. Biomedical ethics exists and remains in health care disciplines from a distant time. Carper's classical fundamental "patterns of knowing" paper urged profoundly on incorporating ethics as a source of knowing in nursing.¹ Ethical knowledge has a broad scope for nursing theory, practice, and research. Nurses often confront ethical dilemmas by practising nursing and interacting humans. Decision making in practice is a complex process and is often based on some ethical framework, model, theory, principle, code, or any other recommended standard guidelines in health care practice. Nurses have the responsibility of safeguarding the clients' rights and advocacy on their behalf. In this instance, nurses face the dilemma of either to report the misconduct of others or not, to what degree, to whom, with what proof, with what owns' safety level? etc are the questions come to mind which needs satisfactory clarification to protect one's own-self as well as others. Whistle-blowing is a disclosure from a member of organization about Some practice usually considers misconduct, harmful, unethical or illegal in that organization.² The two types are external and internal whistle-blowing. External whistle-blowing deals with

reporting outside entities of the organization like government officials, media and general public interest groups etc, while internal whistle-blowing means disclosure within the organization to higher authority.³ In nursing profession, whistle-blowing is reporting inside the channel to correct a dangerous situation, common examples are incident reports, verbal and written reporting to channel of commands or line managers etc.⁴

Arguments on Whistle-blowing:

To tell or not to tell is the moral and ethical dilemma arises for nurses to report.⁵ First of all, it depends on the willingness, assigned responsibility and level of autonomy of the individual nurse that defines a boundary whether freely make a decision to report or not, to whom, and to what extent. Research showed that most of the time nurses like other health care professionals remain silent and passive due to the negative connotations, complexity of the health care system, cultural barriers, and ramification of retaliation.⁶ Although, whistleblowers have a law of protection, even in United States only two out of hundreds of whistle-blowers who thought they were protected have been able to return to their jobs.⁷ Other negative consequences include, broken promises to fix the problem, disillusionment, isolation, humiliation, formation of an "anti-you" group, questioning of the whistleblower's mental health, vindictive tactics, firing from the job, assassination of character, formal reprimand, difficult court proceedings and might have other life threatening impacts.^{3, 8, 9} Most of the national nursing codes of ethics for nurses are based on and derived from the international council of nurses (ICN) codes.¹⁰ The first code and prime preamble is about health promotion, disease protection, alleviation of sufferings and

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prolongation the life of patients for nurses and safeguarding patients rights and protection.¹¹ So, in that instance, the nurse moral obligation and duty towards patient and profession is above all loyalty (fidelity), beneficence, non-maleficence, respect, dignity, and justice. A nurse will heed and take a step to report in case of obtruding ethical principles because of not only on the basis of conscience but also fulfilling moral and legal duty (deontology). Wrongdoing has been revealed and reported quite often in the forms of mistreatment, misbehaviour, fraud, abuse and negligence,¹² in response as a turning blind eye one's should have enough courageous to report through whistle-blowing policies and seek guidance from professional and regulatory bodies.¹³

Second, whistle-blowing is a form of unauthorised disclosure so no inform consent status implement which means threat of invasion of privacy and breaking the confidentiality jeopardise a nurse in reporting so and creates a dilemma in ethical decision making. Fidelity with a patient contrast to the employers or colleagues or on those persons to whom reporting is made is a great source of clashes of values, unpleasant interpersonal relationships, and disruption of the working environment. Moreover, whistle-blowers most of the times and an events reporting wrongdoing make their status anonymous which might violate the principle of veracity in some cases. Getting solid evidence requires for whistle-blowers to proof what they say and this most often leads breaking confidentiality of others. If, the harms of the wrongdoing or illegal and unethical conducts are little to be justified and the consequences of reporting can cause further damage, so it is considered wise to avoid reporting in that situation. On the other hand, what ethical scholars suggest in the favour of whistle-blowing is not reporting can cause more harm than good.¹⁴ Just imagine, what if the nurses do not report medication errors of self or others? Let see under the umbrella of normative ethics which contains the theories of consequentialism, deontology, and virtue-ethics theory.¹⁵ Consequentialists see and focus on the consequences has two contrast philosophies of egoism and utilitarianism. Egoism is viewed as a self-interest which promotes the organisational policies and seldom goes for deciding reporting harms and the egoistic environment postulate the hypothesis that the

internal auditors will be less likely to whistle-blow. Utilitarianism, deontology, and virtue ethics all support whistle blowing because they are based on altruism and grounded on considering what is just and people rights.¹⁶

Hence, most of the ethical theories set the ground for whistle-blowing and in good faith with the true intentions to report harm for the deed of rectification sets a tone for law in most of the developed countries and the legislations passed in such countries which makes whistle-blowing obligatory in the light of ethical codes and the statutory law also offers protection against retaliation under the law. The third point will lead the arguments that unlike developed countries like United States and United Kingdom, Asian countries have not such robust legislation and repertoire. Considered it, as a westernized thing and policy, most of the Muslim countries even lack that law of whistle-blowing, even some of the countries which possess such law are not benefiting of it because of cultural and ethical values and destitute motivation.¹⁶ Likewise, Pakistan goes without whistle-blowing legislation at the federal level, on contrary the provincial assembly of Khyber Pakhtunkhwa passed "The Khyber Pakhtunkhwa Whistleblower Protection and Vigilance Commission Act, 2016" on Sep 19, 2016.¹⁷ Prior to that, the province passed their bill of "Right to information Act" in 2013, which aimed to restraining malpractices and ensuring transparencies in the government department. The whistle-blowing law under section 30 says, *"No one may be subject to any legal, administrative or employment related sanction, regardless of any breach of a legal or employment obligation, for releasing information on wrongdoing, or which would disclose a serious threat to health, safety or the environment, as long as they acted in good faith and in the reasonable belief that the information was substantially true and disclosed evidence of wrongdoing or a serious threat to health, safety or the environment"*.¹⁷ Despite, the presence of this law, there seems to be lack of willingness to report harm in good faith which put questions on the sincerity of the professionals, their patriotism and lacking spirit in greater public good or interest. A survey conducted on employees whistle-blowing in working public sector organisations of Pakistan showed, findings of incompliant whistle-blowing

practices owing to cultural, and organizational retaliation factors etc.¹⁸ Nurses have a job of services to the humanity and in this regard hold the privilege for voicing the public and advocating them but the Council somehow lacks the clarity upon whistle-blowing in explicit manners which created a bit uncertainty in reporting harm and preserving the professional integrity.

The final thought what Islam says about whistle-blowing is in quotes of prophet Muhammad (S.A.W.W), "Discussions are confidential except in three places: shedding unlawful blood, unlawful cohabitation, and unlawful accumulation of wealth" Abu Dawud.¹⁹ Another place directs, "He who says wrongdoing (Munkar) amongst you should prevent it with his hand, if unable to, then with his mouth (whistle-blowing), if unable to, then dislike it in his heart and that is the least of faith" Abu Said al khudri.¹⁹ In the holy scripture Quran, Allah (SWT) mentioned, "*You are the best nation brought forth for the people of the world; you enjoin right and you forbid wrong, and you believe in Allah*" (al-Imran:110) and "*Believing men and believing women are the protecting friends of each other: they enjoin right and they forbid wrong*" (at-Tauba:71).²⁰

CONCLUSION

Regardless such teachings and strong arguments in favour of reporting harm, sadly, Muslim societies are going towards the loose ends of lawlessness, injustice, fraud, corruption, misuse of power and public property which not only stake the countries of economic and stability collapse but also damage the Islamic roots of norms, values and tradition. It is concluded that despite the complexity of whistle-blowing, prospective nurses and other health care professionals should go more often reporting with completion of all legal obligations like documentation, clear indication and evidence of serious harms before going information and exhaust all internal resources of reporting to maintain the professional integrity, standard and prestige of their professions. Encouragement, motivation and legislation is needed from the government officials in the subject matter but morality is above all in reporting situations of violating ethical laws and abiding people basic rights.

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AUTHOR'S CONTRIBUTION

Following authors have made substantial contributions to the manuscript as under

Jan MA, Khan S: Concept and design of study, Collection of data, statistical analysis

Iqbal M, Khan A: Writing of manuscript, critical review of manuscript

Fawad SZ: Analysis and interpretation of data, statistical analysis

Ahmad S: Data collection, bibliography

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.