OBJECTIVES
- Define the role of the patient advocate
- List 2 duties of a patient advocate
- Describe resources to help you become a stronger patient advocate

WHAT IS A PATIENT ADVOCATE?
- Someone you trust who acts on your behalf to work well with members of your healthcare team
- Can be a family member, a close friend or a professional
- Hospitals usually have a role called Patient Representative or Patient Advocate

WHAT DOES AN ADVOCATE DO
- Support
- Believe
- Sponsor
- Promote
- Campaign
- Back
- Spokesperson

PATIENT ADVOCATE
- Nurse
- Physician
- Social Worker
- Dietician
- Family Members
- Healthcare Personnel
- Clergy

NURSE ADVOCATE
- Time spent with patient
- Time spent with family
- Develop therapeutic relationship
- Professional knowledge and skill
- California Nurse Practice Act
- ANA Code of Ethics
CHARACTERISTICS OF NURSE ADVOCATE
- Positive perception of self-concept
- A sense of confidence
- Values the ethical treatment of patients
- Emphatic
- Assertive
- Persistent

SKILL SET
- Assessment
- Problem solving
- Decision making
- Empathy
- Listening
- Confidentiality
- Cultural Competency
- Collaboration

ADVOCACY ACTIONS
- Acting on behalf of a patient
- Protecting the patient and ensuring safety
- Acting as a liaison in the healthcare system
- Bridging communication gap between patient and other professions and the healthcare system
- Educating and informing the patient

CHALLENGES FOR NURSE ADVOCATE
- Expressing differing view than administration and/or physician
- Can risk termination
- Isolation of peers
- In the middle of family member conflicts
- Labeled as disruptive
- Does work setting support advocacy
  - MD and leadership support collaboration
  - Ritualized RN MD relationship

HOW TO OVERCOME CHALLENGES
- Be knowledgeable about current issue
- Know your practice guidelines
- Education-school curriculum
- Be involved in professional organizations
- Collaborate with supervisors and administrators
- Function as facilitator
- Have good communication skills
- Patient autonomy is goal

IMPROVING YOUR ADVOCACY SKILLS
- Assess patient’s needs in a non-paternalistic manner
- Be a risk-taker
- Be ethical
- Seek mentors to improve your skills
- Seek out role models and observe
- Communicate effectively
- Be respectful
**PRINCIPLES OF ETHICS**
- Autonomy - self governing
- Beneficence - promote good, prevent harm
- Nonmaleficence - avoid causing harm
- Veracity - practice of telling the truth
- Confidentiality - non-disclosure, HIPPA
- Justice - fair, equitable and appropriate
- Fidelity - keeping promises

**NURSES CODE OF ETHICS**
- American Nursing Association 2001
- Guidelines in making ethical decisions in the care of their patients
- Basic principles
  - Doing no harm
  - Performing beneficial services
  - Remaining loyal to the profession
  - Honesty to oneself and the care receivers

**MORAL DISTRESS**
- Occurs when
  - You know the ethically appropriate action to take, but you are unable to act upon it
  - You act in a manner contrary to your personal and professional values, which undermines your integrity and authenticity

**WHAT DOES MORAL DISTRESS FEEL LIKE**
- Anger
- Powerlessness
- Frustration
- Cynicism
- Distrust
- Burnout
- No collaboration
- High turnover rates

**END OF LIFE - EOL**
- Death is managed as a disease
- Sophisticated technology rescues the patient from death
- Withholding care or life support
- Withdrawing care or life support

**EOL AND CULTURAL DIVERSITY**
- Communication of “bad news”
- Locus of decision making
- Attitudes towards
  - Advance directives
  - End-of-life care
COMPONENTS OF PATIENT ADVOCACY
- Autonomy in Decision Making
- Informed Consent
- Advance Directives
- Ethical Issues
- Patient Bill of Rights
- Code of Ethics for Registered Nurses
- Confidentiality
- Care and Compassion

AUTONOMY- FREE TO CHOSE
- Thinking thru all the facts
- Deciding on basis of an independent thinking process
- Acting based on a personal decision
- Undertaking a decision voluntarily without pressure
- It does NOT mean free to do anything you want, but respect the rights of others

THREATS TO AUTONOMY
- Paternalistic attitude = “fatherly attitude”
- Patient viewed as being dependent
- Assumptions patient values are same as healthcare providers
- Focus on technology versus caring
- Having time to discuss

INFORMED CONSENT
- Must be competent
- Relevant facts must be disclosed
- Must understand what is disclosed
- Medical literacy
- Decision must be voluntary not forced or coerced
- Person must give consent

PATIENT SELF DETERMINATION ACT (PSDA)
- Congress passed 1990, implemented 1991
- Patient has right to
  - Make decisions about type & extent of medical care
  - Can accept or refuse medical care
  - Identify legal representative for decisions
  - Advance directive
  - Facilities receive federal monies
    - Check for advance directive on admission
    - Policy and procedures for advance direction

ADVANCE DIRECTIVES
- Your instructions to initiate or withhold health care interventions
- Or you designate someone to make those decision if you lose decision-making capacity
How many people in the US have an advance directive?

How many of you have an Advance Directive?

Complex process and document
Does not just address DNR
Don’t need lawyer to complete
Only for the elderly
Fear care will be limited
Denial of morbidity and mortality
Spiritual and cultural values and beliefs
Usually considered legal in another state

Positive aspects
- Opens lines of communication
- Provides direction of care
- Decisional control
- Relieves family stress

Limitations
- Use of broad language
- Failure to incorporate values and beliefs
- Terminology misunderstood by patients and advocates
- Not addressing complex, array of treatment choices and scenarios
- Not being physically available when needed

Adopted by many health plans
3 major goals
- Health care system fair & meets patient’s needs
- Way to address problems
- Active role in staying/getting healthy

Information Disclosure
- Your health insurance contract
- What’s covered and not-exclusions, limitations
Choice of Providers and Plans
Access to Emergency Services
- Without prior authorization
- No financial penalty
Participation in Treatment Decisions
- Respect and Nondiscrimination
Confidentiality of Health Information
- Read and copy medical records
- MD change in not correct
Complaints and Appeals
- Process
- Response time
BIBLIOGRAPHY