Volume : 1 | Issue : 12 | September 2012 ISSN - 2249-555X

Research Paper Management

Medical ethics and decision making in health care management Systems

*Mehta Sunilkumar Jagdishchandra

*P.hd Research Scholar, Singhaniya Universty (Management Faculty), Pacheri Bari, Rajesthan, India

ABSTRACT

This research paper shows themedical ethics/NABH for health care management systems and reviews of health care managers and administrators/physicians integrate these systems in their medical health care managements. The decision-making process is analyzed with a focus on how automated systems attempt to capture and reflect this human process in technology applications in health care with medical ethics/ NABH for health care management systems are described with an emphasis on the varieties of systems actually organize and process information and create outcome estimations based on patient management indicators and prognosis logarithms. Demographic characteristics of administrators and the implications of those demographics for patterns of decision system use, based on the job profile of health care professional's research, are reviewed.

Keywords : Medical ethics, ethical decision in health care system, Predicting, Forecasting

A review of healthcare managers' strategic initiatives indicates that implementing an automated management decision system within a facility or across a system of care is done to provide healthcare professionals with an additional source of information for making decisions on patient care. However, the use of automated systems in Management decision-making as per NABH processes is still considered to be an optional practice parameter in most facilities. Each administration/physician is free to choose whether or not to use a system to augment individual decision-making. Thus, the definitive utility of these systems may rest with each healthcare professional's decision to use or not use these computer systems. How do administrators make those important decisions on whether to augment their practices with automation? Despite the fact that many INDIAN HOSPITAL Shave implemented computer-based decision systems, relatively little is known about physicians' and managers actual patterns of use of these medical ethics base systems. This is particularly true when these professionals are making life-and-death patient-care decisions that are made daily in health care practice settings.

Decision-Making Theories

The decision-making literature was explored to aid in establishing response categories, their relationships and the core perspectives to develop the grounded theory within this study. The large job profile as per NABH of literature reviewed addressed decision theory and the formal technique of decision analysis. The literature reviewed for this study focused on those theories most relevant to management decision making as well as those theories that related to categories that emerged from the data analysis.

Because most management ethical decision in health care system on job profile and performance of duty, the decision maker can access more information from the database than could possibly be stored in the human brain by default near to medical ethics. The decision maker can use this data to create representations of action situations that enable the user to project the likely outcome of a potential decision.

Types of Decisions

Several authors have categorized decisions into three general types. This categorization of decision types has been useful in identifying which management decision system model most effectively supports individuals with specific decision problems. The first type of decision is the structured decision. Management ethical decision in health care system can easily support structured decisions. However, the decision maker may not need system support because each phase of the decision is well understood, resulting in little if any decision uncertainty. The second type of decisions is unstructured, where all three decision phases are unknown or unstructured.

These investigators contend that most patient care decisions in health care settings are primarily semi-structured and unstructured decisions. They emphasized that few, if any, patient care decisions in health care settings have a structured nature where all aspects of the decision process are known .The job description and job profiles as per World Medical Association International Code of Medical Ethics and of knowledge related to decision making in health care settings has been narrowed for this discussion to focus on three contextual variables—complex decision making under uncertainty; risk associated with decision making; and decision making under time pressure. These contextual variables of health care decision making strongly emerge from the data in this study and may serve as important variables from which to compare and contrast findings. Interrelation ships between the decision maker, the decisional situation or task and the links to human decision making are critical variables for researchers who study management decision making. The two factors inherent to decision making in health care settings that have received the most study are the elements of uncertainty and risk.

The Study to Understand interventions are highly regarded for curbing high technology mortality in Health Care as per NABH standard – All care, service, training, research, etc, to evaluate, diagnose, treat and follow up on maintenance of required health, prevent illness as well as improve health care settings. The specific objective of the investigators was to improve end-of-life decision making and reduce the frequency of a mechanically supported, painful and prolonged process of dying. Patients need objective information related to their predicted outcomes to make informed choices, especially when related to end of life decisions.

Ethical decision in health care system Characteristics

A variety of decision support system definitions exist; no one definition is universally accepted within the discipline. but medical ethics and international code of medical ethics and standards of NABH is basic tools for decision making .accord-

ing to bhagavat gita religious ethos job profile and duties are related work performance .medical duties base on medical ethics base job profiles and use of automation for collecting data as per guide line of NABH.

The multivariate equation is based on an individual patient's major disease condition, the severity of the disease and the chronic health problems. Through multivariate analyses, one can determine which predictor variables provide independent information about the likelihood of an outcome—patient survival, functional status and disposition. Systems that use mathematical models perform two types of multivariate statistical analyses: logistic regression analysis and discriminate function analysis. 1n(R/1-R)=A+Bx, where R is the risk of death, (R/1-R) is the odds ratio, A is the estimated intercept and B is the estimated coefficient for each independent variable such as physiologic derangement, age group, severe chronic health impairment and diagnostic category .In discriminate function analysis, the outcome variable is categorical. The patient is classified as belonging to a category or stratified into a group of similar patients. Patients are successively divided into subpopulations that include only patients with a particular outcome. Design of Automated Systems for Audit - Systematic, independent and documented process for obtaining evidence and evaluating it objectively to determine the extent to which audit criteria of NABH are fulfilled. Computer-based ethical decision in health care system consist of two parts—a daily score of acuity and mortality and a series of predictive equations linked to a reference patient database. Both the score and predictions are based on three general patients factors—disease condition, severity of disease and chronic health problems which are used to provide probabilities related to patient outcomes Occurrence of patient outcomes at a particular time is strongly associated with the specific predictor variables The system score may be used along within a single disease category or with any other independently defined patient group to perform stratification based on an array of variables determined by the health care professionals.

Research study have conducted several studies in which system-predicted patient outcomes were compared With actual observed patient outcomes Their results showed a strong positive correlation r .95 ($p < 0.05$) between system-predicted and actual observed patient outcomes. They concluded that outcome prediction by the decision support system was on a par with human management judgment. Nurses manually enter only the variables of chronic health evaluation, Glasgow coma score, acute myocardial infarction/open heart surgery history and operative diagnosis, if appropriate. Nurses enter this data once in every 24-hour period of time throughout patients' hospital stays. What Studies Have Examined for Quality Management System of NABH - Management system to direct and control an organization with regards to quality. Several studies have investigated the reliability and validity of the architectural and mathematical design of representational and mathematical systems In general, the overall reliability and validity of decision systems was such that 95 percent of health care patient admissions across a variety of medical facilities could be given a probability for hospital mortality, acuity, critical care length of stay and need for active treatment within three percent of what was actually observed. These studies were conducted prospectively using large samples ranging from 1512 to 2034 patients from gujrat state. Investigators analyzed the relationships between the patient's likelihood of surviving to

Hospital discharge, acuity, health care length of stay and need for active treatment, as well as the following Variables—diagnosis, acute physiologic abnormalities, age, pre-existing functional limitations and major co-morbidities. Demographic characteristics of users, including age, gender and education, have been examined to identify Potential relationships that may influence decision system implementation success, especially with regard to system .Use, decision performance and decision-making time these studies demonstrate that age is the demographic Characteristic that has the strongest positive correlation with system use. Investigators conclude that knowledge .And understanding of a computer-based decision system may increase user commitment, which in turn may Increase user involvement. These studies address both the normative model of organizational change and the diffusion of innovation mode of NABH implementation. Both models emphasize the importance of user involvement and training as a means the applicant should have successfully completed the NABH Assessor Training Course/ Programmed on Implementation of NABH Standards.

Summary

The total number of studies found in the literature related to administrators' practice choices and experiences with management ethical decision in health care system in healthcare is still small. Even anecdotal writings are scarce. This is probably because computerized decision assistance is still a relatively new phenomenon in healthcare, and not all healthcare facilities actually use system applications in their management settings. Some confusion even still exists as to the definition of a computer decision support system. Many authors loosely apply the term to include any computer technology in a decision making process, regardless of the degree of dependence on the computer or the relative contributions of the human.(human resource policy on base of medical ethics and NABH) versus the computer to the final decision product .

REFERENCES

1 Alesch, D. and Petak,W., (1986), The Politics and Economics of Earthquake Hazard Mitigation, Monograph #43, University of Colorado, Institute of Behavioral Science, Boulder, CO. | 2. Spencer et al. Organization ethics in health care, NY: Oxford University Press; 2000: 92-117. | 3. Joint Commission for Accreditation of Health Care Organizations.2004. | 4. Williams K, and Donnelly P. Medical care quality and public trust. Chicago: Pluribus Press; 1982. | 5 Mullin, R. Utilization Review. Based on Practitioner Profiles. Journal of Medical Systems. 1982; 7(5): 409-412. | 6 Deniza Masevska ET al. Comparison of 3M International Refined (IR)-DRG and Australian Refined (AR)-DRG. Proceedings and Proceedings –WHO Family of International Classifications Meeting. Tokyo, 2005 | 7. Beauchamp TL, Childress JF. Principles of Biomedical Ethics. 5th ed. New York, NY: Oxford University Press;2001. | 8. Fleming DA. Ethical implications in the use of telehealth and teledermatology. In: Pak H, Edison K, Whited J, eds. Teledermatology: A User's Guide. Cambridge, England: Cambridge University Press; 2008:97-108. | 9. Yadav H, Lin WY. Patient confidentiality, ethics and licensing in telemedicine. Asia Pac J Public Health. 2001;13 Suppl:S36-38. | 10. Hersh W. Health care information technology: progress and barriers. JAMA. Nov 10 2004;292(18):2273-2274. | 11. Gostin L. Health care information and the protection of personal privacy: ethical and legal considerations. Ann Intern Med. Oct 15 1997;127(8 Pt 2):683-690.