Do No Harm and child home injuries: An ethical exploration of implementing a home-visitation program in a hospital setting in Israel

Ligat Shalev[1,2] & Miriam E Bentwich[1]

[1]Azrieli Faculty of Medicine, Bar-Ilan University, Safed, Israel; [2]Hebrew University School of Public Health, Jerusalem, Israel

Introduction: Non-maleficence and beneficence are key principles in medical and nursing practice. Those principles are related to the avoidance the causation of harm, and the maximization of patients benefit.

Unintentional childhood injury is a worldwide concern, with high rates of preventable injury in the home environment. Although extensive epidemiological and effectiveness analyses have been conducted on child injury, the ethical perspective is less frequently examined empirically despite child injury prevention itself logically resonating with non-maleficence and beneficence principles

Aim

To explore the main ethical justifications for compliance with (or lack thereof) of parents and the hospital's management

Set-Up: SHABI Program (Keeping our Children Safe, a Hebrew acronym for SHomrim Al BetIchut Yeladenu)

- Included 135 families participating in a two-home visit program
- 50% of families were ultra-Orthodox Jews, 11% Arab, and 28% had ≥3 preschool children

Evaluation was guided by the theoretical framework of the Principlism model (Beauchamp & Childress, 2019)

The four bioethics principles according to the Principlism model are:

1. Privacy/autonomy
2. Non-maleficence
3. Beneficence
4. Social justice

Methods

- This is a secondary analysis of qualitative data
- Data collection involved questionnaires, semi-structured interviews, and short phone interviews with hospital management, nurses, home visitors, and families
- A deductive thematic analysis approach was used, matching extracted themes guided by the theoretical framework of the Principlism model stressing 4 main bioethics principles
- An inductive approach using the grounded theory method was used to identify repeated themes related to the hospital's role in child injury prevention
- Two researchers validated the analysis to ensure the trustworthiness of the results

Results

- 120 utterances pertaining to bioethical principles were uncovered, and two main contrasting meta-themes were found:

Theme 1: The centrality of non-maleficence\ beneficence principles

- 115 expressions found related to non-maleficence\ Beneficence in staff and family accounts, with respect to families' reluctance to participate in home-visitation:

"I ranked SHABI low…because I am a mother of five children and graduated from an early childhood program." (Mother of 3 preschoolers from a low socio-economic status city)

- Privacy played a minor role in such reasoning and was only mentioned by staff members, not families

Theme 2: Lack of reference to non-maleficence among hospital managerial staff

- Hospital management did not see their role related to preventive medicine, which contradicts the principle of Non-maleficence:

"I see it [SHABI] unfortunately as more of an extra activity, and an activity often at the level of 'nice to have'" (Hospital director)

- Lack of reference to preventive medicine and non-maleficence principle was found in the managerial staff's interviews, except for a single non-managerial nurse's excerpt:

"I say [there is a need to] expand it [SHABI], because in general in medicine, in my opinion, the most important thing is prevention."

Conclusions

- When developing policies for implementing child-injury prevention programs at their homes, it is important to pay particular attention to issues related to non-maleficence and beneficence from the parents' perspective
- Implementing such prevention program in cooperation with hospitals' managerial staff may benefit from stressing the program's linkage to the principles of Non-maleficence and Beneficence