

Ethical Responsibilities in Patient Education

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Dear Editor,

The educational strategy for promoting good health is based on the notion that increasing knowledge on people's health knowledge will lead to healthier behaviour (1). When implementing this strategy, several ethical responsibilities must be carefully considered. This brief commentary encourages healthcare professionals to reflect on their ethical approach to patient education in the context of their profession. The first responsibility is to evaluate the patient's health literacy. This responsibility should not be taken lightly, as healthcare professionals must insistently identify patients' educational needs and encourage them to ask questions. For example, SaeidiFard et al. (2) observed that those with adequate health and nutritional literacy were more likely to experience daily sunlight exposure. This indicates that patients with low levels of health literacy may be unable to grasp vital health information fully, impairing their ability to apply the technical information provided in health education. Occasionally, patients may only partially comprehend the given explanations, resulting in a lack of commitment to the recommended treatment plan. According to Armstrong and Harries (3), healthcare professionals can improve their patient's health literacy by assessing resources that the patient has access to, identifying how much information the patient can grasp, minimising the use of medical lingo, and developing engaging tools such as checklists and online materials.

The second duty is to motivate the patient in a manner deemed appropriate. Given this commitment, healthcare professionals must acknowledge that one way to motivate

patients is to arm them with the knowledge and information necessary to make informed decisions regarding their healthcare. It is not always easy to provide patient education, especially when a person's medical history includes several hospitalisations followed by hospital discharges. Does this imply we should give up on our patient education approach? The simple answer is no. It is fair to say that we have an even greater obligation and commitment to motivate and empower them to make informed decisions and choices. In the meantime, we must be cautious of how our efforts to motivate the patients may lead to information manipulation and, ultimately, coercion. This is particularly important to keep in mind when we hear accounts of healthcare professionals employing such strategies to intensify patient anxiety and guilt. Furthermore, patient education should never be intrusive because it can induce feelings of guilt, humiliation, and embarrassment. Additionally, suppose patients' values are not compromised, and they are treated with respect, compassion, and dignity. In that case, they are more likely to express their emotions and accept ownership of their healthcare decisions (4). This is because patients feel less threatened when their values are respected.

Professional accountability is the final responsibility for delivering patient education. Due to this requirement, healthcare professionals are expected to be accountable for their actions and decisions made during the patient education activity. When it comes to giving patient education, healthcare professionals must be able to recognise any inappropriate or unreasonable expectations that healthcare professionals or patients

themselves may have. For instance, Loghmani et al. (5) suggested that nurses may not always communicate effectively with their patients. Given that it is commonly believed that the communication strategy places a greater emphasis on the nurse than on the patient, the patient education approach is frequently perceived as being nurse-driven as opposed to patient-driven by an informed patient. Therefore, the ethical practice standard is to communicate clearly and effectively with patients from the outset about what is expected of them in the context of their patient education without making any assumptions or judgements. In addition, it is necessary to tailor a patient's patient education approach to avoid providing patients with a torrent of information whenever possible. This is because when patients are presented with a mountain of information, they recall only a few important details and recommendations, if any.

In conclusion, this letter supports calls for greater and careful consideration of the healthcare professional's ethical obligations to recognise the patient's health literacy from the outset, followed by the responsibility to motivate the patient and the commitment to observe one's professional accountability throughout the patient education process. At the very least, we hope that the healthcare professionals who read this perspective will be encouraged to consistently engage in ethical conduct and responsible decision-making in their professional approaches related to patient education.

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