

February 17, 2007

Nursing Research Editor
School of Nursing
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Dear Editor:

The article "Ethical Conflict in Nurse Practitioners and Physician Assistants in Managed Care" in the November/December 2006 issue was very interesting. The authors' study pointed out that nurse practitioners and physician assistants have many concerns and conflicts in regards to managed care when delivering primary care to patients. I join the authors in their concerns that ethical values within the healthcare system must be prioritized.

The attached Letter to the Editor describes a potential opportunity for improving upon this study by incorporating the patient's viewpoints.

I would welcome the opportunity to discuss this further and would be grateful for consideration of publication of this letter.

Sincerely,

Rhonda Adams RN, BSN

I am a first-year graduate student at the University of Missouri at Columbia. This letter is in reference to the article “Ethical Conflict in Nurse Practitioners and Physician Assistants in Managed Care,” by Ulrich et al. (2006). The authors used a self-administered mailed questionnaire to identify ethical concerns and conflicts that nurse practitioners (NPs) and physician assistants (PAs) may experience in regards to managed care when delivering primary care to patients. I believe this article could be improved by incorporating viewpoints of patients and their families about their expectations regarding their healthcare experiences. The authors should be commended for establishing and reporting the ethical concerns that these professional NPs and PAs view as a problem in providing quality care to their patients. The professional obligation of the NP and PA is patient care, which is the cornerstone of professional ethics and, in all reality, should outweigh any obligations these professionals have to third-party payers (Brennan et al., 2002; Emanuel et al., 1998; Pearson et al., 2003; & Sulmasy et al., 2000). At times, professionals find that controlling costs does fragment their obligations to patients, thus causing stress and ethical conflict for providers in prioritizing these claims. Often providers are seeing that obligations to their patients and cost control measures in managed care are competing for moral claims (Ulrich et al., 2006).

Based on my personal experience as a veteran clinic nurse, I am profoundly aware of third-party payers insisting that their healthcare providers control the cost of the service to the patient. This request, in turn, does fragment the care the patient receives. For example, in the clinic where I am employed, patients often come to appointments requesting to be prescribed bupropion (Wellbutrin) instead of bupropion (Zyban) to stop smoking. The patients are asking the provider to mislead third-party payers by writing the

Wellbutrin script instead so their insurance will pay for the medication. The patient's request, then, puts the provider in a situation of whether to help cut cost for third-party payers, or to jeopardize an obligation to the patient. This situation often creates ethical tensions for NPs and PAs who are trying to balance rising costs and insurance constraints with their responsibilities to their patients.

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