



## **Ethics and the Healthcare Professional**

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## **Purpose**

The purpose of *Ethics and the Healthcare Professional* is to explore ethical situations that healthcare professionals commonly encounter and to provide information to help healthcare professions recognize and manage ethical issues. Healthcare professionals include: physicians, nurses, case managers, social workers, and respiratory therapists, among others.

## Learning Objectives

After completing this course, the course participant will be able to:

1. Contrast ethics and morality
2. Delineate the four classic ethical principles: autonomy, beneficence, nonmaleficence, and justice as they pertain to healthcare.
3. Discuss the American Nursing Association's Code of Ethics and how it effects healthcare professionals practice
4. Discuss the Commission for Case Manager Certification's Code of Professional Conduct for Case Managers with Standards, Rules, Procedures, and Penalties and how it effects case manager's practice.
5. Identify common ethical issues that healthcare professionals may encounter
6. Discuss moral distress and moral resilience

## Introduction

Ethics and morality have been used interchangeably since the origin of the words.

Ethics: Referred to customs or moral philosophies

- Old French (*etique*)
- Late Latin (*ethica*)
- Greek (*ethos*): character

Morality: Referred to appropriate behavior and manners in society

- Late Latin (*moralis*)
- Latin (*mos*): custom

These words and meanings were synonymous in the 1600s. However, today, it is important to understand that ethics and morality are not the same thing; even though they are commonly used interchangeably. While both words relate to right and wrong conduct, ethics refer to rules provided by an external source such as the ANA Code of Ethics, religious principles, and workplace codes of conduct. Morals are the individual's own concepts/principles regarding right or wrong.

For example:

A healthcare provider may not assist in a patient's death, despite the family and patient's request, as per the ethical standards of the healthcare profession. However, the healthcare provider may personally believe that the patient has a right to die, as per the healthcare professional's own morality.

[www.diffen.com/difference/ethics\\_vs\\_morals](http://www.diffen.com/difference/ethics_vs_morals)

In this module, we will concentrate on the ethics.

## Ethical Challenges

Nurses face ethical dilemmas daily, regardless of where they practice. The American Nurses Association (ANA) has developed a Code of Ethics for Nurses, which serves as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession (Winland-Brown, Lachman, Swanson, 2015 & 2015a)).

Yet, ethical considerations are impacted by so many factors, such as culture, religion, upbringing, individual values and beliefs (morals). These moral factors shape our ethical views and impact ethical decisions that affect healthcare workers and patients.

There are many ethical issues nurses can encounter in the workplace. These include quality versus quantity of life, pro-choice versus pro-life, freedom versus control, truth telling versus deception, distribution of resources, and empirical knowledge versus personal beliefs.

### Ethical Challenge:

The ventilator dependent patient is refusing a tracheostomy that will prolong his life and he believes a tracheostomy and the care involved will decrease the quality of his life.

The family is insisting that the tracheostomy be done because it will prolong his life; which, is the most important thing to them.

So, which decision is right, which one is wrong?

For the healthcare professional, this is a common scenario, the need for a longer life versus the need for quality of life in the time left in life.

The real question is, how do we as healthcare providers support the patient and family, and help them close the gap between quantity and quality?

Healthcare providers must function within the boundaries of the ethical code of conduct for our profession, while balancing our own moral beliefs. Often, this balancing act produces moral distress for the healthcare professional.

## Test Your Knowledge

It is important to understand the definitions of ethics and morals because:

- A. They are often used interchangeably; however, they are different
- B. They are often used interchangeably and are synonymous
- C. Ethics represents an individual's feelings regarding a situation
- D. Morals represents an external influence on a situation

Rationale: These words and meanings were synonymous in the 1600s. However, today, it is important to understand that ethics and morality are not the same thing; even though they are commonly used interchangeably. While both words relate to right and wrong conduct, ethics

refer to rules provided by an external source such as the ANA Code of Ethics, religious principles, and workplace codes of conduct. Morals are the individual's own concepts/principles regarding right or wrong.

## Ethical Principles

The principles of ethics provide criteria for the healthcare profession to base judgments and practice on. These principles are found in most ethical theories.

Four basic principles form the basis of ethical thought in healthcare:

- Autonomy
  - Respect the uniqueness and dignity of each person, self, and others
  - Agreement to respect another's right to self-determine a course of action; support of independent decision making (Commission for Case Manager Certification (CCMC), 2015)
- Nonmaleficence
  - Prevent harm and removal of harmful conditions
- Beneficence
  - Act to remove harm or promote benefit
  - Compassion; taking positive actions to help others; desire to do good; core principle of client advocacy (CCMC, 2015)
- Justice
  - Treat individuals equally
  - The ethical principle that involves the idea of fairness and equality in terms of access to resources and treatment by others (CCMC, 2015)

Examples of ethical principles in action:

**Autonomy:** In clinical situations healthcare professionals respect a patient's autonomy, where the patient is allowed the freedom of choice regarding treatment, such as in deciding whether he/she wishes to be intubated during an exacerbation of COPD, or deciding when he/she wishes to forgo further dialysis. If a patient lacks capacity for such a decision and has an advance directive, the person who has the durable power of attorney can make the decision.

**Nonmaleficence:** When an elderly person receives pain medication there are complications that could arise. Practitioners recognize that using a narcotic may cause confusion. When obtaining the consent for her hip surgery, we want to make certain that the patient is alert enough to understand the risks and benefits of the procedure. We must balance the beneficence of providing the medication quickly with the possible maleficence of obtaining a consent when patient does not have the capacity to make the decision for surgery.

**Beneficence:** An elderly patient falls at home and has a fractured hip. In the emergency room, the nurse acts to provide pain medication as soon as possible in an act of beneficence.

**Justice:** A hospital organization wishes to donate low or no-cost pediatric dental services to the community. There are openings for 45 children per month. Justice requires a fair method, that is free from bias, to determine who will receive these services.

## **Did You Know?**

Ethical decisions are rarely black and white and the healthcare team often need to discuss and balance the issues to reach a decision about the best option in individual situations. This includes supporting the patient's decision-making in a professional partnership where the patient/family views, wishes, and values are respected and acknowledged.

## **Implementing Ethical Principles**

In many professional situations, it may be very clear how to take the action related to each basic ethical principle stated in the previous section. A few examples include:

- **Autonomy:** Respect the uniqueness and dignity of each person, self and others
  - Protect patient privacy
  - Treat all you encounter with respect – patients, their family members and significant others, co-workers
  - Preserve your own self-respect and dignity
  - Respect another's right to self-determine a course of action
  - Support independent decision making
- **Non-maleficence:** Prevent harm and removal of harmful conditions
  - Core of medical oath and nursing ethics
  - Intervene whenever a patient's safety is at risk
  - Promote a safe environment, both physically and psychologically
  - Monitor the environment for safety hazards
- **Beneficence:** Act to remove harm or promote benefit
  - Core principle of patient advocacy
  - Compassion
  - Improve unsafe conditions
  - Confront and report unsafe practices and errors
  - Promote benefit by encouraging and assisting measures that promote healing such as post-surgical ambulation and deep breathing, and measures that prevent harm such as regular repositioning of patients at risk for pressure sores. These measures may be specifically ordered to be performed at specific intervals, or it may be the healthcare professional's responsibility to recognize the importance of these measures and carry them out.
- **Justice:** Treat individuals equally
  - Extend equal respect and courtesy to all individuals you encounter. Even when treated discourteously, respond in a manner that effectively addresses the behavior without disrespecting the other person.
  - Equal and fair distribution of resources based on an analysis of benefits and burdens of the decision

(ANA, ND)

## Test Your Knowledge

Extending equal respect and courtesy to all individuals you encounter represents which ethical principle?

- A. Autonomy
- B. Nonmaleficence
- C. Beneficence
- D. Justice**

Rationale: Autonomy: Respect the uniqueness and dignity of each person, self and others

Non- maleficence: Prevent harm and removal of harmful conditions

Beneficence: Act to remove harm or promote benefit

Justice: Treat individuals equally

- Extend equal respect and courtesy to all individuals you encounter. Even when treated discourteously, respond in a manner that effectively addresses the behavior without disrespecting the other person.
- Equal and fair distribution of resources based on an analysis of benefits and burdens of the decision

## Code of Ethics for Nurses

A code of ethics identifies what colleagues should expect of each other within a profession and what the public should expect from the professional.

### ***A code of ethics is hallmark of a profession***

The history of the *Code of Ethics for Nurses* dates to the 1893 Nightingale Pledge.

In 1950 the American Nurses Association established the Code of Ethics for Nurses, in addition, this Code is revised to reflect the ever-changing healthcare environment.

## Provisions of the Code of Ethics for Nurses-2015

1. The nurse practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

4. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
5. The nurse owes the same duty to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.  
The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain integrity of the profession, and integrate principles of social justice into nursing and health policy.

(Winland-Brown, Lachman, & Swanson, 2015 & 2015a)

To learn more about the 2015 Code of Ethics for Nurses and read the interpretive statements to help improve your practice, follow this link to <http://www.nursingworld.org/codeofethics>.

### **CCMC Code of Professional Conduct for Case Managers**

In addition to the Provisions of the Code of Ethics for Nurses-2015, Case Managers must know and follow the CCMC Code of Professional Conduct for Case Managers. The objective of the Code is to protect the public interest.

CCMC Rules of Conduct:

Violation of any of these rules may result in disciplinary action by the Commission up to and including revocation of the individual's certification.

Rule 1: A Board-Certified Case Manager (CCM) will not intentionally falsify an application or other documents.

Rule 2: A CCM will not be convicted of a felony

Rule 3: ACCM will not violate the code of ethics governing the profession upon which the individual's eligibility for the CCM designation is based

Rule 4: A CCM will not lose the primary professional credential upon which eligibility for the CCM designation is based

Rule 5: A CCM will not violate or breach the Standards for Professional Conduct

Rule 6: A CCM will not violate the rules and regulations governing the taking of the certification examination and maintenance of CCM Certification

(CCMC, 2015)



To learn more about the CCMC Code of Professional Conduct for Case Managers and read the Standards for Board-Certified Case Manager (CCM) Conduct to help improve your practice, follow this link to [https://ccmcertification.org/sites/default/files/docs/2017/code\\_of\\_professional\\_conduct.pdf](https://ccmcertification.org/sites/default/files/docs/2017/code_of_professional_conduct.pdf).

## Nursing Challenges

Ethical challenges are commonplace in healthcare settings. Questions regarding the boundaries of ethically permissible treatment, assessment of decision-making capacity, determining who is responsible for the ultimate treatment plan, or potentially medically inappropriate treatment are part of everyday practice.

Lack of consensus between patients and family members, within interprofessional teams, or among patients, patients' families, and critical care teams may lead to ethical discord. Ethical discord may be influenced by each person's central moral values, obligations, and commitments.

Clinicians may experience moral distress in response to ethical discord and their responsibility to respond to them; especially when they are unable to translate their moral choices into ethically grounded action that preserves integrity. (Rushton, 2016)

## Not Always a Right Answer

In some situations, there may be more than one ethical course of action. However, the patient's rights to choose, dignity, privacy, and safe care are ALWAYS priority.

Your professional role is to face, not ignore ethical challenges, to raise questions, and to identify resources that can facilitate ethical outcomes.

## The Doctrine of Double Effect

The doctrine of double effect describes a situation in which an action has more than one effect, one of which is harmful. The harmful effect may be unanticipated, or may be known in advance. Examples include:

Situation	Beneficial Effect	Harmful Effect
High-dose opioids administered to terminally ill patients	Relief of pain, relief of dyspnea	Likelihood of hastening death

Saving the life of pregnant woman when fetal death will result	Saving woman's life	Sacrificing fetus
Chemotherapy	Possible increase in quantity of life	Decreased quality of life/death
Removing life support	Relief of suffering or poor quality of life	Death
Research studies	Increased quantity of life	Possible decreased quality of life/death

(Adapted from British Broadcasting Corporation (BBC), n.d.)

Some believe that the intention of the person's decision determines whether the action is an ethical one. Legal systems certainly consider intention when judging the seriousness of a crime. Others believe that one is morally responsible for all consequences of his action – predicted and unpredicted, intended, and unintended (BBC, n.d.).

Have you been in situations to which the doctrine of double effect applies, such as the patient choosing between further chemo and hospice care?

In that situation, the choice may not be mutually exclusive because chemo and radiation may proceed in hospice care if the intent is palliative and not curative. For example, if reducing the size of a tumor will relieve symptoms. Nevertheless, whatever the intent, the adverse effects of chemo are well-known.

How do you act on your obligation to place the patient first, honor the patient's dignity and right to choose, and at the same time provide necessary information for informed decisions without persuading to your own point of view or disrespecting the patient's cultural values?

How do you reconcile your moral values when the decision of the patient/ family goes against what you believe?

Can you refuse to care for the patient when your moral values are at odds with the situation?

What resources have helped you in these situations?

What resources does your organization have in place to assist healthcare professionals in these situations?

What resources might your organization create or formalize to assist?

## **Asking Ethical Questions**

Policies and procedures are essential to guiding patient care practices in healthcare. Knowing and following the policies of your organization protect you and the patient. However, there are times when policy is not enough; ethics begins when policy leaves off.

Not all ethical situations develop around patients; can you identify other situations that might bring about ethical questions?

- Impaired colleagues
- Staffing
- Colleague practices
- Patient privacy

Can you think of others?

## **Impaired Colleagues**

Have you ever suspected or known that a colleague was practicing under the influence of drugs or alcohol while on the job? Have you ever suspected or known that a colleague was diverting medications?

The ethical obligation is clear:

Almost every state nursing practice act includes statutory or regulatory language related to reporting nursing impairment. You should familiarize yourself with the nurse practice act of the state you are working in. Some states require mandatory reporting.

Most states have eliminated punishment for being impaired in the workplace; replacing discipline with treatment programs.

Learn about your state's alternative disciplinary process for professionals who have substance abuse problems or mental illness. These programs are voluntary, confidential, rehabilitation programs for healthcare professionals whose practice may be impaired due to chemical dependency or mental illness.

The Code of Nursing Ethics-2015 indicates that reporting impaired colleagues is essential. As evidenced by:

- Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
- Provision 8: The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain integrity of the profession, and integrate principles of social justice into nursing and health policy.

To learn more about impaired colleagues, refer to RN.com course: *Recognizing Impairment in the Workplace*.

## Staffing

Sometimes ethical challenges arise in staffing situations.

Consider this situation:

You are a floor nurse and it is your turn to float. You have completed the required competencies to float to any medical/surgical floor. Your charge nurse informs you that you are floating to the progressive care unit (PCU).

What are your options?

- Can you refuse to float?
- Do you have to float to PCU?
- Can you opt to go home?

Your option depends on the policy on floating (if your institution has one) and the patient care assignment in the PCU.

Ethically, you can refuse to float to any unit that you have not been trained for, e.g. have you completed PCU competencies? However, this is tempered with: is the assignment you will be assigned a “floor assignment” for which you have completed the competencies.

These decisions are never black and white. One concept that many facilities utilize is: if you are floating to a lower level of care from a higher level of care (an intensive care nurse floating to PCU), then you are competent to care for any PCU patient. However, floating from PCU to the intensive care unit (ICU), requires extra competency and training so you may not be competent to care for an ICU patient; however, if there was a PCU assignment, you would be competent to care for those patients in the ICU.

If you are concerned about your ability to care for the patient assignment, it is your responsibility to follow the nursing chain of command and policy to assure that the patients are protected.

The Code of Ethics for Nurses-2015 clearly indicates that the healthcare professional’s primary responsibility is to the patient. As evidenced by:

- Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

- Provision 4: The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
- Provision 5: The nurse owes the same duty to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

For further information and suggestions about floating situations, see the RN.com course, *Critical Thinking: Mastering the Art of Floating*.

## Colleague Practices

In the interest of patient safety and placing the patient first, you have a duty to report what you observed. Most institutions maintain a “Chain of Command” to assist the healthcare worker report patient safety issues. Following this policy will help the healthcare worker ensure that the issue is addressed.

All healthcare professionals observe their peers in action in the practice setting. Occasionally you have probably observed lapses in standards of care and practice, or worse outright illegal behavior such as diverting narcotics.

The Code of Ethics for Nurses-2015 provides guidance to the healthcare worker to deal with breaches in care. As evidenced by:

- Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual.
- Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
- Provision 4: The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

The Code of Professional Conduct for Case Managers indicates that reporting misconduct by a CCM is essential. As evidenced by:

- Standard 7: Anyone possessing knowledge not protected as confidential that a CCM may have committed a violation as to the provisions of this Code is required to promptly report such knowledge to CCMC.
- Standard 20: Unprofessional Behavior: it is unprofessional behavior if the CCM:
  - Commits a criminal act
  - Engages in conduct involving dishonesty, fraud, deceit, or misrepresentation
  - Engages in conduct involving discrimination against a client because of race, ethnicity, religion, age, gender, sexual orientation, national origin, marital status, or disability/handicap

- Fails to maintain appropriate professional boundaries with the client
- Engages in sexual intimate behavior with a client; or accepts as a client an individual with whom a CCM has been sexually intimate
- Inappropriately discloses information about a client via social media or other means  
(CCMC, 2015)

The first step in the chain of command is to share your perception with the team member. *“I saw you doing... Did you realize that you were placing the patient in danger of...?”* The team member will respond in some fashion. *“You’re right, I was in a hurry and got careless,”* or *“Thanks, I really didn’t know that,”* or *“Thanks for helping me out,”* or *“I had everything under control. Mind your own business.”*

Does the response influence your next steps?

It does, if the team member is receptive to your concerns, you may have solved the issue! However, if you meet resistance or hostility, you must continue up the chain of command, because patient safety is your priority.

## **Patient Privacy**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects patient privacy. HIPAA requires a patient’s permission for release of information and imposes significant fines for violations of its provisions.

Suppose that your patient has been recovering from injuries sustained in a devastating accident and has progressed with intense physical therapy to be able to walk unassisted for the first time in months. You feel tempted to take a photo and video with your Smartphone and share it on social media to show the world that people do get better with great nursing care.

What do you need to consider?

- What does the organizational policies indicate is acceptable for obtaining photographs?
  - Do you need permission in writing?
    - To take the picture?
    - To post the picture/video on social media?
  - Do you need to use a hospital owned camera?
  - Does the terms of the admission form with the generic photograph sentence cover what you are thinking of doing?
  - If you publish the picture, with the patient’s permission, could you cause harm to the patient?

Ethically, can you post your photos or videos in social media? Or post the video on YouTube?

Professional ethics direct that you not take the photos or video. Autonomy, one of the four ethical principle states: protect patient privacy. Taking pictures and/or videos for your personal use violates this principle.

What if the patient asked you to take photos or video to show to his family? Ethically, you would direct him to another resource for a photo.

## **Resolving Ethical Issues**

Healthcare workers may experience moral distress related to unresolved ethical issues. Moral distress occurs in part because the healthcare worker feels that the situation is outside of their control, the situation challenges their moral beliefs and integrity.

Most healthcare facilities have processes in place to help resolve difficult ethical issues. It is imperative to know what these processes are in the facility where you work.

## **Ethics Committees**

Most healthcare facilities will have access to an Ethics Committee. Ethics committee members are individuals from diverse backgrounds who support health care institutions with three major functions: providing clinical ethics consultation, developing and/or revising policies pertaining to clinical ethics and hospital policy (e.g., advance directives, withholding and withdrawing life-sustaining treatments, informed consent, organ procurement), and facilitating education about topical issues in clinical ethics.

The underlying goals of traditional ethics committees are:

- to promote the rights of patients
- to promote shared decision making between patients (or their surrogates if incapacitated) and their clinicians
- to promote fair policies and procedures that maximize the likelihood of achieving good, patient-centered outcomes
- to enhance the ethical environment for health care professionals in health care institutions

Ethics committees or select members often help resolve ethical conflicts and answer ethical questions through the provision of consultations.

(Pearlman, 2016)

## **When to Call the Ethics Committee**

You should consider asking for a case consultation when:

1. The following two patient conditions are met:
  - You perceive that there is an ethical problem in the care of patients, and
  - Health care providers have not been able to establish a resolution that is agreed upon by the patient/surrogate and the clinicians caring for the patient

2. You have ethical questions and would like educational materials or a presentation about:
  - Professionalism
  - Patient privacy or confidentiality
  - Ethical practices in the workplace, human resources, resource allocation, or the business practices of the institution
  - Other similar questions

(Pearlman, 2016)

In most facilities, anyone who has an issue may call for an ethical consult.

### **Preventing Moral Distress**

Moral distress ensues when clinicians recognize ethical conflicts and their responsibility to respond to them but are unable to translate their moral choices into morally grounded action that preserves integrity. Moral distress is responsible for spiraling rates of burnout, turnover, and shortages of critical care clinicians and diminished employee engagement threaten the quality and safety of patient care and the overall stability of the health care system. Moral distress is not likely to be extinguished, and given the complexities of the health care system, will continue to escalate in the future (Rushton, 2016).

Some healthcare workers can navigate ethical dilemmas and moral distress without the hopelessness and despair that others feel. How is this possible? What makes them different? How can healthcare facilities manage moral distress?

Rushton, 2016, suggests that moral resilience can be cultivated through self-efficacy, hope, and coping.

### **Moral Resilience**

Moral resilience is defined as the capacity of an individual to sustain or restore their integrity in response to moral complexity, confusion, distress, or setbacks.

Moral resilience focuses on the:

- Moral aspects of human experience
- Moral complexity of the decisions, obligations and relationships
- Inevitable moral challenges that ignite conscience, confusion and moral distress

Healthcare facilities can support moral resilience by encouraging staff to:

- Know who you are and what you stand for in life
- Have a commitment to ongoing exploration, refinement, or in some cases revision of one's values, ideals, and point of view (moral conscientiousness)
- Cultivate self-regulatory capacities, knowing appropriate boundaries
- Be responsive and flexible in complex ethical situations



- Have the capability to discern the boundaries of integrity, including the exercise of conscientious objections
- Be resolute and courageous in one's moral action despite resistance or obstacles
- Be able to discern when one has exerted sufficient effort to fulfill one's ethical obligations and to be realistic about one's limitations and the constraints and pressures of the situation
- Seek meaning amid situations that threaten integrity or cause dissonance with one's moral sensitivity and reasoning

(Rushton, 2016).

The Code of Ethics-2015 specifically states

- Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

It is insufficient to expect that morally resilient individuals will thrive without a supportive culture surrounding them to enable them to be their best amid moral confusion, uncertainty, or dilemmas.

Creating a culture of ethical practice will require a multipronged approach that leverages the contributions of morally resilient clinicians and leaders in health care organizations to design structures that enable ethical practice within the complexity of human relationships, systems, and society.

(Rushton, 2016)

## **Components of Ethical Decision Making**

For the healthcare professional, demonstrating personal integrity plays an important role in ethical practice. Policies address some aspects of integrity, but there is sometimes room for personal interpretations.

### **Establishing personal boundaries**

Some healthcare professionals push the professional boundaries by sharing large amounts of personal information and experiences with colleagues and patients. Establishing rapport with co-workers and patients facilitates quality care. However, maintaining one's professional role by limiting personal sharing helps to build the confidence of patients and co-workers in one's competence and professional purpose.

### **Documenting scrupulously**

#### **Truth-telling in disclosing errors and near misses**

Patients and their families have the right to know about errors in patient care. Such disclosures are not only ethically important, but also discourage allegations of malpractice.

## Case Study 1

A 49-year-old business woman, well-known in the community, was hospitalized and in a coma due to head trauma. Her family set up a journal on the hospital's sponsored website, like carepages.com, caringbridge.org, or mylifeline.org. Posts, including posts by celebrities, flooded the journal. The patient's sister gave a nurse permission to share information about the patient's status in the journal.

The nurse shared specific details about the patient's status, identified herself as the patient's nurse, and invited questions about the patient and her condition. Some of the information the nurse revealed led to an investor withdrawing from a business venture because of uncertainty about the patient's prognosis. Though the patient later recovered fully and resumed her career, the information that the nurse shared had an adverse effect on a significant business opportunity.

What ethical principle(s) were violated by the nurse's and sister's actions?

- A. Autonomy
- B. Nonmaleficence
- C. Beneficence
- D. Justice

If you answered all of them, you are correct.

Let's explore the reasons:

Autonomy: Respect the uniqueness and dignity of each person, self and others

- Protect patient privacy
- Treat all you encounter with respect – patients, their family members and significant others, co-workers
- Preserve your own self-respect and dignity
- Respect another's right to self-determine a course of action
- Support independent decision making

Did the nurse protect the right of the patient to privacy? Did the patient have a chance to self-determine a course of action?

If you answered no, you would be correct. The hospital could also be at risk for HIPPA violations, the sister may not have had the right to give the nurse permission to disclose this information.

Non- maleficence: Prevent harm and removal of harmful conditions

- Core of medical oath and nursing ethics
- Intervene whenever a patient's safety is at risk
- Promote a safe environment, both physically and psychologically

- Monitor the environment for safety hazards

Did the nurse protect the patient from harm? Did she intervene to minimize the risks of harm?

If you answered no, you would be correct. Even though the nurse could not have known that the woman's business would suffer losses due to the information on the website, disclosure of the private information without the patient's permission could lead to the patient's moral distress.

Beneficence: Act to remove harm or promote benefit

- Core principle of patient advocacy
- Compassion
- Improve unsafe conditions
- Confront and report unsafe practices and errors
- Promote benefit by encouraging and assisting measures that promote healing such as post-surgical ambulation and deep breathing, and measures that prevent harm such as regular repositioning of patients at risk for pressure sores. These measures may be specifically ordered to be performed at specific intervals, or it may be the healthcare professional's responsibility to recognize the importance of these measures and carry them out.

Did the actions of the nurse provide for the principle of beneficence?

If you answered yes and considered that the information provided by the nurse was compassionate and gave the family and friends comfort and peace of mind; you would be correct. However, did this compassionate act outweigh the harm caused by the availability of the information to business colleagues?

Justice: Treat individuals equally

- Extend equal respect and courtesy to all individuals you encounter. Even when treated discourteously, respond in a manner that effectively addresses the behavior without disrespecting the other person.
- Equal and fair distribution of resources based on an analysis of benefits and burdens of the decision

Would you consider that justice was upheld in this case study?

If you answered no, you would be correct. Did the patient's prominence in the community influence the sharing of information? Might a lesser known individual have received greater protection of privacy? Did anyone consider the benefits and burdens of the decision?

## Case Study 2

A terminally ill patient with a living will which requested “allow natural death (AND)” (also known as a do not resuscitate request (DNR) was experiencing severe respiratory distress. The family requested that the patient be given medication to relieve his distress so that he might rest more comfortably. The physician ordered a large dose of morphine.

Would you give the medication? Knowledge of what doctrine might be helpful in this situation?

If you answered no, please go back and reread the section on the Doctrine of Double Effect. Additionally, a DNR or AND order does not support keeping the patient comfortable. You still must care for this patient and his family.

If you answered yes, did you consider the Doctrine of Double Effect? Did you consider the ethical principle of beneficence? Even though one of the side effects of morphine is to decrease the respiratory effort, it was not the physician’s intent or your intent to hasten this man’s death. Your intent was to make him as comfortable as possible in his last hours.

## Codes of Ethics for Healthcare Professionals

American Association for Respiratory Care, for Respiratory Therapists

- <http://www.aarc.org>

American Dental Hygienists Association, for Dental Hygienists

- <http://www.adha.org>

American Physical Therapy Association, for Physical Therapy

- <http://www.apta.org>

American Society of Radiologic Technologists, for Radiologic Technologists

- <http://www.asrt.org>

Commission for Case Manager Certification

- [https://ccmcertification.org/sites/default/files/docs/2017/code\\_of\\_professional\\_conduct.pdf](https://ccmcertification.org/sites/default/files/docs/2017/code_of_professional_conduct.pdf)

iPharmD, for Pharmacy Technicians

- <http://www.ipharmd.com>
- <http://ezinearticles.com/?The-Code-of-Conduct-For-Pharmacy-Technicians&id=2646417>

International Council of Nurses, for Registered Nurses (in 12 languages)

- <http://www.icn.ch>

The American Medical Association, for Medical Doctors

- <http://www.ama-assn.org>

The American Nurses Association, for Registered Nurses

- <http://nursingworld.org>

US Pharm D, for Pharmacists

- [http://www.uspharmd.com/pharmacist/pharmacist\\_oath\\_and\\_code\\_of\\_ethics/](http://www.uspharmd.com/pharmacist/pharmacist_oath_and_code_of_ethics/) (Career Tab on uspharmd.com home page)

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<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Resources/Ethics-Definitions.pdf>

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