NURSING ETHICS

THROUGH THE LIFE SPAN

Elsie L. Bandman
Bertram Bandman

THIRD EDITION

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PREFACE

We are delighted that our work merits a third edition. In response we have increased the depth, scope, and comprehensiveness of this text. We extended the philosophical foundations to account for the wrenchingly complex ethical issues that contemporary technology, AIDS, and consumer demands have generated.

To accomplish this, we added three new chapters to Part One: Traditional Theories of Ethics in Everyday Nursing Practice, Modern Theories of Morality in Nursing, and Contemporary Theories of Ethics in Nursing. All chapters are applied to nursing with extensive examples and discussions. The content begins with the ethical conceptions of ancient Greek moral philosophy in its relevance to current nursing practice. In this chapter, we explore St. Thomas Aquinas's conceptual development of Christian moral philosophy, including natural law, altruism, and double effect, and its moral and religious impact on nursing.

In the next chapter on the role of modern theories of ethics in nursing, we consider Bentham's and Mill's contributions to the utilitarian theory of ethics with its emphasis on majority happiness. We also analyze Kant's duty-based ethics with its focus on promise-keeping and truth-telling. In the contemporary theories of ethics, we examine current theories of justice, rights-based ethics, and virtue ethics, and their significance to the nursing care of patients.

Our aim has been to make this text sufficiently comprehensive for both general and speciality nursing practice and nursing education at the undergraduate and graduate level. We have retained the developmental format but extended the clinical implications and applications of ethics by adding many more cases. Each chapter is followed by discussion questions. We have dealt extensively with the moral issues raised by the HIV/AIDS epidemic in relation to families, pregnant women, infants, children, and adults.

As in past editions, this text analyzes and applies ethics to the life span of patients. We begin Part Two with moral issues that affect the procreative family; to issues of power and submission; to benefits, harms, abuses, costs, and risks; to principles of justice, rights, and caring; and to respect and integrity in the distribution of health care.

In the chapters on abortion, children, adolescents, and adults, we also analyze moral issues of organ transplant and experimental or medical treatments. We also consider the quality of life in relation to recent legal cases and their moral-philosophical responses. In these life span chapters, we consider the ravages and toll of HIV/AIDS on the relationships between patients, nurses, and physicians.

We have expanded the chapter on aging persons to include analysis of the ethical issues related to retirement and the work ethic as well as the allocation of limited resources.

The chapter on ethical issues in the care of the dying now includes extensive analysis and evaluation of active and passive euthanasia and assisted suicide. Both nursing and medical cases are used. We have retained the role of the nurse in securing religious assistance for patients who wish to fulfill their religious duties through specific rites. We subscribe to the nurse's moral obligation to respect the beliefs and feelings of dying patients regardless of the content of those beliefs.

By intent, this text lends itself to a variety of uses. It can be used as the primary text for a course on nursing ethics. Both authors have successfully taught undergraduate and graduate courses in applied ethics using this text. This text also lends itself, by design, to use in successive courses throughout the undergraduate curriculum as the student moves from study of one developmental epoch to another. The concept of ethics applied to clinical problems "from the womb to the tomb" is our intended response to a common nursing curriculum design.

By way of acknowledgments, we are grateful to the Research and Released Time Committee of the Brooklyn Campus of Long Island University, for the grant of released time to write for this third edition. We are appreciative to the Appleton & Lange staff, Sally Barhydt, David P. Carroll, and John Waggoner for their support throughout this effort and to Tony and Maria Caruso for their editorial efforts.

Elsie L. Bandman and Bertram Bandman
New York City, September 1994

Contents

PART ONE

Moral Foundations of Decision Making in Nursing

Chapter 1

The Moral Significance of Nursing

Study of this chapter enables the learner to:

1. Give reasons for the importance of moral education for nurses.
2. Justify the participation of nurses in moral decisions affecting individuals, groups, families, and health care delivery.
3. Evaluate the relation of nursing to the goals and processes of a good life.
4. Utilize the four methods of moral reasoning to analyze ethical issues, problems, and dilemmas.
5. Apply the ethics of caring to everyday nursing practice.
6. Implement the participation of nurses in ethical decision making

INTRODUCTION

The contribution of nursing to the alleviation of suffering and to the protection, promotion, and restoration of health is a proud chapter in the history of humankind. The persistent thread that runs throughout nursing history is the continuity of care and nurture of human beings regardless of socioeconomic status, race, religion, culture, or the nature of the health problem. Thus, nurses cared for lepers and other rejects of society, as well as the diseased and wounded, for the sake of doing good and preventing harm, which is the very essence of ethics and ethical behavior.

With the advent of secular nursing in the nineteenth century, nurses became educated and professionalized. In this century, professional nurses with academic degrees continue to respond to the health needs of the sick, the diseased, the wounded, the disabled, and the homeless in an evolving

scientific and technological society. For most nurses, what they believe to be "doing good" is still a powerful motive for performing the often arduous, demanding, and complex work of nursing. In the course of their daily practice, nurses are often faced with choices that may significantly affect their patients' lives. This gives rise to such questions as: "Did I do the right thing?" "Would it have been better to do X instead of Y?" "Did I help my patients to understand their choices and the consequences of each?" Every caring nurse has, at some time, been tormented by these doubts.

The purpose of this work is to clarify these issues and thereby facilitate the decision-making processes in nursing.

In return for the nursing profession's dedication to the patient, family, and the community's well-being, society recognizes the profession's authority and expects members of the profession to act responsibly. Self-regulation is a characteristic of an accountable, therefore mature, profession.[1] The nurse's interaction with the patient is guided by moral principles of "respect for human dignity and the uniqueness of the client."[2] The nurse is expected to meet the patient's health care needs with concerns for the client's safety and best interests uppermost. The nurse's diagnosis of the patient's health needs is based on assessment processes of physical, psychological, and social responses of the client as well as perception of the individual as a whole human being who values life.

THE FUNCTION OF NURSING ETHICS

Through advances in medical technology, the opportunities for intervening in patient destiny by restoring heartbeat, respiration, and other vital functions are many. The future promises even more ways of controlling vital functions and altering body parts. Nurses are part of these interventions. At the primary level of prevention and care, patients and families look to "their" nurses for information, advice, and support when facing difficult decisions of this nature. At the secondary level of curative care, nurses are actively involved in monitoring and sustaining treatment modalities such as life-support systems. At the tertiary level, nurses are practicing advanced levels of clinical competence and shared decision making. At a societal level, nurses are or are expected to be actively involved in policy formulation within the health organization, in professional societies, and in legislative bodies.

Thus, nursing is an indispensable part of the health care delivery system. More than in any other discipline, the practitioner of nursing is in continuous contact with the patient and the family. This position offers unique privileges and responsibilities. Nurses are privy to the patient's most intimate fears, hopes, and regrets. The family's relationships to the patient becomes vividly clear as the illness strips interactions of veneer and superficiality. The depth of the family's care or lack of concern and

respect for the patient is revealed as illness progresses. By word and deed, the nurse manifests to the family a sense of caring and of fundamental human dignity. Thereby, the nurse contributes to a positive change in the immediate family relations with the patient and with other members of the interdisciplinary health team.

Nurses strive to meet universal human needs for care in illness, the promotion of health, and the prevention of disease. Expert nurses seek to conserve that which is of value to every individual—the optimum functioning of all body systems and of the whole as an integrated unit. Above all, nursing is a human health service that has the quality of mercy and the potential for ennobling both the provider and the recipient. The practice of nursing "is concerned with humans and is humanizing."[3] A central concern of this practice is to enhance the personhood and the humanity of all involved in care.[4]

Indeed, we identify the nursing of the well and the sick with doing good. But why is nursing good? It is good because nursing aims at doing good in common-sense terms. For example, when we say "Nurse Smith is giving nursing care to Mr. Jones," we mean that Nurse Smith is doing good by providing whatever nursing assistance is of value to Mr. Jones in gaining health. In fact, we identify nursing with the good so naturally that it becomes both a contradiction and morally reprehensible to say, "Nurse Smith aims to harm Mr. Jones." If nurses intend to do good, why do we need nursing ethics?

Good intentions are not enough, since knowledge or ignorance of alternatives is also a cause of good or harm. Reasons for choosing one alternative over another, or refusing treatment altogether, need to be critically examined in relation to other possibilities. Moreover, nurses do not wish to impose their treatment choices on other persons whose autonomy is to be supported. The nurse's beliefs concerning the good life may differ from those of the patient. It is precisely this difference that needs to be acknowledged and respected as a mark of personhood and separateness. Knowledge, therefore, of the views that support reasons for one choice over another are indispensable to the nurse in daily practice and in everyday life. Thus, the function of nursing ethics is to guide the activity of nursing on behalf of the presumed good.

WHAT IS ETHICS? WHAT IS NURSING ETHICS?

A preliminary but useful definition of ethics is that it is concerned with doing good and avoiding harm. Nursing decisions affect people. Nurses thereby have the power to do good or harm to their patients. Possibilities of good or harm depend partly on factual knowledge and partly on values. Both must be consciously and critically evaluated for their potential of good or harm to human beings, well or sick.

An example of a presumed good is to educate the patient to continue taking medication and to follow the prescribed diet, if doing so is rationally demonstrable. An example of harm is to avoid and thus deny the nursing needs of a difficult patient, such as a patient with an acquired immunodeficiency syndrome (AIDS) or one who does not conform to the nurse's values. Another example of harm is to withhold information and counseling needed so that the patient can make a decision with which the nurse may not agree.

WHAT IS GOOD OR HARM?

The question arises: What is good and what is harmful? Good for whom? Harmful to whom? The nurse, for example, may unavoidably cause pain to a patient in the process of passing tubes, injecting fluids and drugs, and irrigating openings—all of which may be essential to that individual's survival. Performing a needed hysterectomy removes the fibroid tumors, but robs the woman of childbearing possibilities. Sometimes it is not possible to do good to someone without also doing harm to that person.

A nurse who acts to benefit clients by relieving suffering, restoring and promoting health, or preventing diseases is doing good. The good accrues primarily to the patient. The nurse who consciously practices competently, and intelligently, is also doing good and receiving benefit from the professional and financial recognition of self, fellow professionals, workers, clients, and families.

But dilemmas about how to do good and avoid harm arise. A dilemma is defined as a problem none of whose solutions is satisfactory. For example, a 38-year-old primipara has an amniocentesis that reveals the fetus as having Down's syndrome. The woman wants very much to give birth. Whereas "good" and "harm" are not always so easily defined, we can find a clue to the good in the example of what the pregnant woman wants, namely, to give birth. The dilemma involves her thwarted will: she cannot give birth to a normal child from this pregnancy. In her thwarted will, we find a clue also to the meaning of the harmful and bad. The mother considers the destruction of the fetus as a harmful act that destroys a life. The woman's husband rejects the possibility of a retarded child and feels the marriage will be destroyed as a consequence. This example gives us still another insight into the problem of defining good and bad.

WHAT IS THE GOOD LIFE?

The good life is a composite, a complex tapestry of a lot of things—caring relationships, a satisfying occupation, a sense of physical well-being; health and safety; goals pursued and achieved; obstacles removed; all with-

out harm to anyone. We have seen that one of the necessary conditions of a good life is health. A means to health is achieved through nursing.

HEALTH AS A GOAL OF THE GOOD LIFE

The practice of nursing is concerned with doing good. One of the goods and one of the highest values of nursing is its concern with the goals of the good life. Health is conducive to and is part of the good life. On this, Aristotle seems to have had a far better argument than Kant, who held that even good health may inspire pride and thus detract from a person's "good will," which, he argued, is the only unconditional good.[5,6] Aristotle had argued that health is a necessary condition of a completely happy life.

Aristotle also held that the good life for humans, which consists in "living well," depends on the full use of one's limbs and one's senses of sight, hearing, smell, taste, and touch. One appreciates this insight if left with broken or missing limbs, or if one becomes blind or deaf.

IMPORTANT ETHICAL ISSUES IN NURSING

Quantity versus Quality of Life

The first of these issues concerns quantity versus quality of life. A parent asks a nurse to "pull the plug" on her 14-year-old son who has been comatose for 8 months. Nurses are in a position to influence questions concerning the quality of life versus the quantity of life since families often turn first to the nurse providing direct care to their loved one. The question at issue is: What is the morally justifiable position of the nurse?

The importance of this issue was evident in the results of a 1994 survey conducted by the official newspaper of the American Nurses' Association. Two hundred and seven members were asked which ethical issues they believe to be most critical in the decade of the 90s. Forty-two percent cited decisions regarding the end of life as the second most pressing ethical issue that nurses face.[7] Respondents gave such reasons as "Millions of dollars (probably billions) are wasted each year in this country prolonging death. We need to come full circle and realize death is natural and 'pull the plug' on all that could be invested elsewhere." (Staff nurse).[8]

Fifty seven percent of these respondents "said that 'Yes, physician-assisted suicide should be legalized.' "[9] Paradoxically, a majority (49.3 percent) said that they did not want to see euthanasia legalized, even though both assisted suicide and voluntary euthanasia is a decision by a competent adult receiving the assistance of another to die. Verbatim opinions were:

> Who lives? Who dies? Who decides? There is a fine line between euthanasia and murder. I fear that there would be abuse of this option. (Advanced Practice Nurse).[10]