Ethical Dilemmas Facing Critical Care Nurses

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1. What is ethics?

- Disciplined study of morality, which includes disciplined thinking, speech and actions
- Bioethics is the study and enactment of ethics within the healthcare setting
- 2. Moral Distress: Actions are not congruent with one's personal beliefs and/or Professional Code of Ethics and there is a perception that the chosen course is morally wrong.
 - Not emotional distress
 - Not traumatic stress disorder
 - Not a disagreement over a basic treatment plan
 - Moral distress is when integrity is threatened, and there is resultant feeling of hypocrisy, guilt or shame

Affective Forecasting

- How one will feel about a future event
- Aspects:
 - Focalism: focus on one thing so can lose perspective
 - Durability bias: hardship or bad events perceived as going on forever
- Immune neglect: we underestimate how well we can cope with adversity

(From: Rhodes, Rosamond. Lecture Union Graduate College, Proseminar. 8/2010)

- 3. Recognizing an ethical problem:
 - Generally 2 or more ethical principles are in conflict.
- 4. Steps for analyzing an ethical dilemma (discipline!)

a. Gather information

- Who are the principle parties involved?
- Who is most affected by the decision?
- Get the pertinent medical facts, including treatment options, prognosis, current physical status of the patient, including level of consciousness. Good ethical decisions can only be made in context with good medicine.
- Discover the social and contextual facts pertinent to this patient and his situation. Does he have an Advance Directive or named health care proxy?
- b. **Identify the ethical principles** that are in conflict.
- c. Formulate the ethical question.
- d. Are there **legal precedents**, **policy or laws** that must be factored into the discussion?
- e. Consider and weigh the options. Does one ethical principle weigh more heavily than the other? Does one person's wishes carry more weight than another person's? The patient's wishes are always paramount (unless they cause harm to others).
- f. Enact the chosen course.
- g. **Reflect** on the process and whether the expected outcome occurred.

- h. **Is this a recurring problem?** If so, does there need to be consideration of a policy change or policy implementation to address future concerns?
- 6. Autonomy is the right of a person to make his own decisions for his own body and to make decisions regarding his destiny. Fully informed and competent patients have the right to make decisions that health care professionals disagree with. An Advance Directive states the patient wishes and must be honored. Informed consent requires:
 - That a person understands their situation
 - Know and understand the possible options for treatment
 - Understand the consequences of their choice.
- 7. **Beneficience** is the concept that caregivers will strive to do good for the patient.
- 8. **Nonmaleficience** is the concept that the caregiver should not cause harm to the patient.
- Paternalism is the purposeful limitation of the autonomy of a patient. In general, the person being paternalistic thinks they are acting in the best interest of the patient. Paternalism is to be avoided.
- 10. **Changing thinking**: nurse: nurse and nurse: patient/family

"Illusion of external agency": The ability to reframe things in order to foster thinking that Is healthy, healing, and allows person to adapt to a situation.

- 11. Professional Responsibilities of Ethical Nursing Practice
 - *Put patient's good before own
 - *Seek Trust and deserve it
 - *Caring
 - *Respect for the individual patient
 - Tell the truth
 - *Be competent

- Maintain confidentiality
- *Respond to and communicate well with colleagues
- *Monitor others within the profession
 - * indicates this is especially pertinent to the case presented.

(Adapted from: Rhodes, Rosamond.2007). "The Professional responsibilities of Medicine." In: <u>The Blackwell Guide to Medical Ethics.</u> Ed. Rhode, R. et al. Blackwell Pub: 71-87).

12. The ethical principle of *Fidelity* instructs that a health care professional will enact their professional role to the best of his/her ability, and not desert the patient.

Selected References

- Beuchamp, Thomas and James Childress. 2001. <u>Principles of Biomedical</u> <u>Ethics</u>, 5th Edition. NY: Oxford University Press.
- Corley, Mary. 2002. "Nurse Moral Distress: A Proposed Theory and Research Agenda." Nursing Ethics. 9.6: 636-650.
- Repenshek, Mark. 2009. Moral Distress: Inability to Act or Discomfort with Moral Subjectivity?" Nursing Ethics. 16.6: 734-742.
- Rhodes, Rosamond and David Alfandre. 2007. A Systematic Approach to Clinical Moral Reasoning. <u>Clinical Ethics</u>. 2: 66-70.
- Rhodes, Rosamond. 2007. "The Professional Responsibilities of Medicine." In:

 The Blackwell Guide to Medical Ethics. Edited by L. Francis and A.

 Silver. Blackwell Pub.