



Ethics  
Implications to Nursing Practice  
March 26, 2009

Which professional issue facing nursing today is most urgent?

- The nursing shortage and 55.80% nursing education
- Labor relations & nurses' 34.59% role in the healthcare system
- Ethics and human genetic 9.60% engineering

ETHICS

- Rules of conduct recognized in respect to a particular class of human actions or a particular group, culture, religion.
- Principles or habit with respect to right or wrong conduct.
- *Notes On Nursing*  
*What It Is, And What It Is Not*
- First American Edition published by Florence Nightingale in 1860
- Not intended to “teach” nursing
- Gave “hints” to women caring for the sick
- Focused on sanitation as moral issues
- Nightingale Pledge  
I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician, in his work, and devote myself to the welfare of those committed to my care.  
Lystra Gretter, 1893



- International Council of Nursing  
Code of Ethics for Nurses

- Four fundamental responsibilities:

- To promote health

- To prevent illness

- To restore health

- To alleviate suffering

- International Council of Nursing  
Code of Ethics for Nurses

- Four Elements:

- NURSES AND PEOPLE

- NURSES AND PRACTICE

- NURSES AND THE PROFESSION

- NURSES AND CO-WORKERS

- Code of Ethics for Nurses  
Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession but also **to embrace them** as part of what it means **to be a nurse**.

*Preamble, ANA Code of Ethics for Nurses*

- Nine Provisions

- 1 – 3: fundamental values and



## commitments of the nurse

- 4 – 6: boundaries of duty and loyalty
  
- 7 – 9: aspects of duties beyond individual patient encounters
  
- 1.4 - Right to Self-Determination  
Recognition of specific patient rights, including the right of self-determination . . .
- . . . to accept, refuse, or terminate treatment without deceit, undue influence, duress, coercion or penalty
- . . . to make decisions with family and significant others with the advice and support from knowledgeable nurses and other health care professionals
  
- Doctrine of Informed Consent
  
- A patient has the right to be informed of all material information, including benefits, risks, and alternatives, to a proposed therapy.
  
- Based on the laws pertaining to battery .
  
- Complimentary & Alternative Medicine (CAM)
  
- 42% of Americans report using CAM at least once
  
- AHA – 37% of US Hospitals offer CAM, including acupuncture, touch therapy, music & art therapy
  - Up from 20% in 2005
  - 44% of hospitals offering CAM report mediocre to poor response from staff MDs
  
- “Traditional” Medicine



- Blood Transfusions
- Childhood vaccinations
- Reproductive Rights
  - Abortion – *Roe v. Wade*
  - Artificial Insemination
  - Genetic Engineering
- End of Life Care
  - Brain death
- Advance Directives
- Permits the individual to make his/her wishes known at a time when he/she can no longer speak for self
- Is a legal document
- Is revocable
- Is intended to avoid confusion, but begs the question, “What would the patient want?”
- Advance Directive for Mental Health Services
  - Designation of an agent to make mental health decisions for the declarant;
  - Identification of mental health professionals, programs, and facilities preferred by the declarant for mental health services;
  - Statement of medications preferred for psychiatric treatment;



- Instruction regarding notification and/or the release of information to third parties about mental health services provided to the declarant.
- Surrogate Decision Making
- Applicable only if the patient is incapable of making an informed decision **and** there is no appointed healthcare agent
- Defined order of priority
- Requires unanimity in a particular class but provides a means for resolving dispute among surrogates
- Do Not Resuscitate Orders  
A physician's written order, which, in the event of a cardiac or respiratory arrest of a particular patient, authorizes certified or licensed emergency medical services personnel to withhold or withdraw CPR, including cardiac compression, endotracheal intubation, other advanced airway management, artificial ventilation, defibrillation, or other related life-sustaining procedures.
- Not just for outpatient settings  
A health care provider, other than certified or licensed EMS personnel, **may** provide, withhold, or withdraw treatment in accordance with an EMS DNR order if a health care provider sees either the order or a valid, legible and patient-identifying EMS DNR in bracelet form.
- DNR Order for Minor Child  
If an attending physician of a terminally ill child has entered a 'do not resuscitate' order on the authorization of the child's parents, school officials must accept the order and refrain from medical interventions that are not consistent with the DNR order.
- Certification of Condition  
Life-sustaining procedures cannot be withdrawn or withheld unless . . .
- Two physicians certify that the patient is in a terminal condition or has an end-stage condition.
- Two physicians certify that the patient is in a persistent vegetative state.
- Medically Ineffective Treatment



- A physician is not required to prescribe or render medical treatment to a patient if the physician determines the treatment is either ethically inappropriate or medically ineffective.
  
- A provider who intends **not** to comply with instructions of a healthcare agent or surrogate must assist in the transfer to another provider and/or facility
  
- Does your facility have a working Ethics Committee?
  
- Yes - 71.49%
  
- No - 28.51%
  
- Have you ever consulted with your facility's ethics committee about a patient?
  
- Yes - 43.73%
  
- No - 56.27%
  
- Patient Care Advisory Committee
  
- Each hospital and each related institution must establish a PCAC with written protocol/policy
  
- Four essential members of PCAC:
  - A physician
  - A registered nurse
  - A social worker
  - A chief executive officer or designee
  
- Responsibilities of PCAC
  
- **Advise** individuals with life-threatening conditions concerning options for medical care and treatment





- Somewhat approve 6% ( 512)
- Uncertain 3% ( 277)
- Somewhat disapprove 6% ( 476)
- Strongly disapprove 46% (3701)

Poll conducted 3/17 through 3/24

- During the past 5 years, has a patient asked you to help him/her die?

- Yes - 22.83%

- No - 77.17%

- Oregon Death with Dignity Act  
Law passed in October 1997 permits terminally ill patients to end their lives through a voluntary self-administration of lethal medications, expressly prescribed by a physician for that purpose

- Statistical Information  
In 2008, DWDA patients . . .

- 78% were between 55-84 years of age

- 98% were white

- 60% had at least a baccalaureate degree

- 80% had cancer

- 97% died at home

- 98% were enrolled in a hospice program

- Washington

- Effective March 4, 2009





- Almost identical to the Oregon law
- Requires hospitals to publicize a decision not to participate and to permit its staff members to refer a patient to another facility
- Maryland
- Assisted suicide is a felony, punishable by imprisonment not exceeding 1 year or a fine not exceeding \$10,000.00.
- Assisted suicide does NOT include
  - withholding or withdrawing life-sustaining treatment
  - administering, prescribing, or dispensing a medication to relieve pain, even if the medication hastens or increases the risk of death
- At your facility, do staff routinely disclose errors to patients after an adverse event?
  - Always - 28.74%
  - Sometimes - 51.50%
  - Never - 19.76%
- Have you ever invited family members to be present during resuscitation efforts?
  - Yes - 39.62%
  - No - 60.38%
- Case Study
- How many children are too many?
- Should Nayda Suleman's physician have declined to give her the treatments that led to the octuplets?
  - Yes 90% (7730)



- No 6% ( 522)
- Uncertain 3% ( 265)

Poll conducted 2/10 through 2/17

- The question is . . .  
why would a medical doctor deliberately implant six embryos in a woman when this would guarantee a known medical condition called, 'very low birth weight' (VLBW) or quite possibly 'extremely low birth weight' (ELBW). Among Nadya Suleman's eight new children, six were VLBW (below 3.3 pounds) and two were ELBW (below 2.2 pounds).
- VLBW and ELBW Health Risks
- In a study published in *JAMA* 2005, 200 ELBW children were followed to age 8:
  - 14% had cerebral palsy
  - 21% had asthma
  - 10% had vision worse than 20/200
  - 40% had IQ lower than 85 (approaches mental deficiency)
  - 50% had poor motor skills
- Health Costs
- A 2007 study published in *Pediatrics* estimated nearly \$ 6 billion is spent annually on low birth weight deliveries
- An average ELBW birth cost \$ 65,600.00
- Standard of Care?
- American Society for Reproductive Medicine **strongly discourages** the implantation of more than two concurrent embryos in a 33-year-old woman.



- California Medical Board and the American Society for Reproductive Medicine announced separately that they are investigating the fertility physician.
- Case Study
- Murder?
- Four days after Katrina  
Imagine . . .
- The Hospital was surrounded by floodwater.
- There was no water.
- There was no electrical power.
- The food was running low.
- The heat was stifling, over 100°.
- Nurses were fanning patients by hand.
- 10 months after Katrina
- A doctor and 2 nurses were arrested for second degree murder in as many as nine deaths at the hospital.
  - Accusations included that patients were given a “lethal cocktail” of Morphine and Versed, both CNS depressants.
  - Doctor acknowledges the medications were given, but as a means of controlling pain.
- 23 months after Katrina
- The 2 nurses had been given immunity in exchange for their grand jury testimony.
- The grand jury decided not to pursue criminal charges against the doctor.
- The doctor still was facing civil lawsuits filed by the relatives of three patients who died.
- ANA and AMA Press Release



- . . . continue to be very concerned about criminalizing decisions about patient care, especially those made during the chaotic aftermath of a disaster, when medical personnel and supplies are severely compromised. . . . Judgments regarding these decisions and subsequent actions would be more properly considered by the respective licensing boards.
- Case Study
- Who speaks for the fetus?

Maryland law does not provide any 'protection' to the fetus from the actions of the mother, even if those actions are "unreasonable" and/or results in an injury to the fetus

- PCAC is advisory only
- Case Study
- Where will our son be buried?
- What happens when a patient dies and family "fight" over the remains?
- Patient Care Advisory Committee?
- Last Will and Testament?
- Majority rules?

QUESTIONS?