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Applying Nursing Ethics to Ethical Dilemmas Seen in the Clinical Setting

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The Importance of Ethics in Nursing

Nursing and ethics are intertwined into everyday practice in the clinical setting, and it is important for nurses to be aware of common areas where ethical dilemmas occur. These areas where ethical dilemmas occur are the Emergency Department, Intensive Care Units, Labor and Delivery Units, Mother Baby Units, and Medical Oncology Units. These various departments have a continuous struggle between balancing resources between the patients, working to protect infants and children from abusive or neglectful home situations, monitoring for elder abuse, and end-of-life care dilemmas between patients and families. We all know it is there, and we all have a grasp of what it means in theory, but it can prove to be a challenge to apply in our daily practice. This practice is Nursing Ethics. Most nurses and nursing students know the four basic nursing principles which are autonomy “the ability to direct one’s own life and choose for oneself,” beneficence “do good to others and avoid doing them harm,” utility “promote the most favorable balance of good over bad for all those concerned,” and justice “people getting what is fair or their due” (Vaughn, 2013, pgs. 9-12). Knowing and applying these principles in the nursing practice can help nurses better understand how to deal with and solve ethical dilemmas that arise in the clinical, or hospital, setting.

Nursing and Ethics are truly symbiotic because nurses are the ones who are at the patient’s bedside all hours of the day and night, they are the advocates for their patients’ health concerns, and they are the last line of defense from medication administration errors that could be life-threatening to the patient. I know nurses are also a key part to help solve the ethical dilemmas that surround the healthcare industry, so I will be taking a real-life hospital ethical dilemma and applying two Nursing Ethics ethical decision making models in order to demonstrate how nurses can be more informed, educated members of the healthcare team so they

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can better care for their patients at the bedside. The two models I will be using are simple, easy to use models that can be applied to everyday nursing practice which will make being a more ethically aware nurse much less daunting. The first model I will use is a Deontological model, which means the “study of duty, [which] is an approach to ethics focused on duties and rules,” and a large focus of this type of ethical model is on respecting a person’s autonomy (Butts, 2005, p. 20). The second model I will use is a Consequentialist model, which unlike Deontology focuses on “consequences [being] an important indication of the moral value of one’s actions” (Butts, 2005, p. 22). The main nursing principle used in this model is utility because the goal is to promote the greatest possible good and the least amount of harm when making ethical decisions.

Ethical Dilemma Case Study

For the purpose of this paper I will be using a real-life case study that I have personally taken part of in the hospital setting. In order to protect the identities of all those involved I have changed their names so their right to privacy will not be violated. Through nursing school I have been working part-time as a certified nursing assistant at a hospital where I take part in basic patient care. One day when I was at work, one of my assigned patients was Peter Parker, a twenty-year-old man admitted with Diabetic Ketoacidosis and rebound hypoglycemia. He had a high school education and currently worked at a gas station to support himself living in his apartment with his girlfriend Maryjane. Peter was alone in the hospital because Maryjane was working at the time. The previous night Peter had developed some chest pain when he inhaled so a sputum culture was ordered to assess for a respiratory infection, and once the results came back from the culture, it was discovered that Peter had developed pneumonia. The physician Dr. Octavius ordered labs to be drawn before starting the intravenous antibiotics to fight off Peter’s

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pneumonia which were to be administered before he rounded on him. The nurse who was working with Peter explained why he was prescribed the IV antibiotics, and she told him that Dr. Octavius would be coming up around noon to see how he was doing and to further discuss his treatment plan while he is in the hospital. The nurse and I kept attempting to get Peter to eat a small meal instead of only drinking juices so his blood sugars would reach the normal range he needs to maintain to stay healthy and reduce the risk of further complications. However, Peter said he had no appetite and even the smallest amount of food would make him feel like he would vomit. During his hospitalization to this point, Peter had been refusing to eat at every meal time and he would only drink orange juice when his blood sugar got too low. Around 12:15 the nurse and I had seen Dr. Octavius on the unit rounding on his patients, including Peter.

When I went in to take Peter's blood sugar at 12:45, he was visibly distressed and agitated. I asked Peter if Dr. Octavius came in to speak with him about his treatment plan, and Peter became angry and yelled, "The only thing that doctor told me was that I might have HIV and that is why he had labs taken from me this morning! After he said that he just left and did not explain anything any further and did not give me a chance to ask any questions. Are the labs back yet? And do I have HIV? Who do I talk to about this? And do I have to call Maryjane to tell her she has HIV too?" By this point, Peter was sobbing and yelling, "What kind of doctor does that to a person!" I sat next to him to comfort him while he was distraught until he had relaxed and took some slow deep breaths for me. I told him we would figure things and I would bring in his nurse so he could explain to her what had transpired. I found Peter's nurse in the nurse's station charting when I updated her on Peter's experience with Dr. Octavius. The nurse became furious that Peter had been treated in such a way, and she called another physician working with Peter to request an order of antianxiety medication for Peter to take as needed. Once she was off

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the phone with the other physician we both went into Peter's room and Peter told the nurse what he had told me. After hearing what Peter experienced, the nurse told him that what Dr. Octavius did was not right and that he should have given Peter a chance to ask questions and not just leave the room after saying he might have HIV. The nurse sat with Peter and she asked him to write down every question that he had for Dr. Octavius, and she looked to see if the lab results were back yet so she could page Dr. Octavius and be in Peter's room with him when he was going over the results. After the nurse and Peter had everything they wanted to ask written down, she offered him the antianxiety medication because he was visibly shaken and upset. Peter said he had never taken anything like that before because he does not want to get addicted to drugs, but after what just happened he would appreciate the help to get some sleep.

Around 5 pm Peter was awake and feeling better, so the nurse called Dr. Octavius and had him come back to Peter's room with her to explain what had happened that day, answer all of Peter's questions, and read him the results of the lab testing which indicated Peter did not have HIV. In this real-life case study, the nurse did a great job using the principles of autonomy and beneficence when caring for her patient Peter. Now I am going to demonstrate how nurses can apply two different types of decision-making models to help work through ethical dilemmas such as the one Peter experienced.

Kant's Deontology Decision-Making Model

Before I begin to explain the process of Immanuel Kant's Deontological decision making model, I will first start out by explaining the basic concepts of his theory of deontology. Kant believes that a person's intentions matter when he or she makes a moral decision, so Kant developed a principle that "provides a way to tell whether an act is morally permissible" (Rachels, 2012, p. 129). The principle Kant had created is called the Categorical Imperative,

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which one version states, “act so that you always treat humanity, whether in your own person or in that of another, always as an end and never as a means only” (Rachels, 2012, p. 137). This demonstrates how Kant viewed the individual as a valuable member of society who has his or her own desires and individual dignity. Kant believed people to be rational agents capable of “making their own decisions . . . [and] setting their own goals” (Rachels, 2012, p. 137). Kant also believes in absolute moral rules, such as one should not lie, because breaking those absolute moral rules ultimately ends up as using a person as a means only and not as an end in themselves. As nurses, we can recognize that Kant’s Deontology focuses strongly on our patient’s right to autonomy, so when assessing the Case Study involving Peter Parker under this decision-making model there should be a heavy focus on promoting his autonomy in his plan of care.

So now we will look at what happened to Peter in this case study and follow Kant’s Categorical Imperative in order to see if the nurse provided ethically based care that supported Peter’s autonomy. From the beginning, we know that Peter does not have a very high level of education, so as nurses we need to keep in mind that he may not understand medical jargon, so we should use layman’s terms when discussing his health concerns and treatment options in order for him to be fully informed. Then the nurse’s first step “in addressing ethical conflicts requires [the nurse] to recognize when ethical values may be compromised or are in conflict” with one another (Cohen, J., & Erickson, J, 2006, p. 777). In this case with Peter, it is apparent that the physician Dr. Octavius did not promote Peter’s autonomy because he came into his patient’s room, told him he may have this scary, life-changing disease and left before Peter could ask any follow-up questions. The physician may have used medical jargon in his explanation to Peter that Peter did not understand which would have made everything the physician say seem

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more serious than it was. Perhaps Peter was in shock hearing that he may have HIV and the physician took his silence for understanding and did not think Peter had any questions for him so he left. These are possible explanations for why this situation happened, however, they are hypothetical and all we know is what Peter had said had happened.

Now if we look at the nurse's actions in this situation, then we see her supporting Peter's autonomy because of a few key things she did to help him. First, she took the time to sit with him and go over what had transpired between him and the physician. To Peter, this would come off as the nurse respecting his fear and frustration without jumping to conclusions about the situation. The nurse also helped Peter come up with questions to ask the physician when he made his next rounds on the unit and she had him write them down so he would not draw a blank when speaking to the physician. Helping him come up with questions would help Peter better understand his condition and treatment plan so he could make informed decisions about his healthcare wishes and goals. Finally, the nurse told Peter that she was going to come in with the physician the next time he rounded in order to be both supportive of Peter as well as get more information from the physician directly to facilitate a better understanding of the situation and treatment plan. These are all things that help treat Peter as an "end and not a means only" because the nurse recognized his needs as an individual and treated him with dignity and respect. However, there was room for improvement on her part because a few things slipped through the cracks. Before the nurse called for the antianxiety medication, she should have gone into Peter's room and discussed coping mechanisms which he would be more comfortable using instead of pharmacological means only. Peter may have benefited had the nurse spoken with Dr. Octavius first in order to clarify what was said rather than complaining about the physician in front of his

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patient. Overall, the nurse was able to apply the principles of Kant's Deontology to promote Peter's autonomy in this situation.

Utilitarianism Consequentialist Decision-Making Model

To be able to understand how to use Utilitarianism as a decision-making model for ethical dilemmas in the healthcare setting, we must first know what are the basics of Utilitarianism. Jeremy Bentham and John Stuart Mill were the "fathers" of Utilitarianism which focuses its concerns on the consequences of moral actions because they believed only the consequences mattered in the end. The key concepts Utilitarianism maintains is that "an action is right if it produces the greatest overall balance of happiness over unhappiness" and "each individual's happiness gets equal consideration" (Rachels, 2012, p.110). In order to do this, one must look at the possible consequences of an action and choose the action that produces the most pleasure or happiness for the majority involved. This means taking into account every individual's expected happiness or unhappiness and giving equal consideration to all so no one gets special treatment. However, when a decision is made, it must reflect what is best for the whole group, even though it may negatively affect one person. Now that we know more about the basics of Utilitarianism, we can see that this decision-making model closely follows the nursing principle of utility.

Next, we will look at the case study involving Peter using the Utilitarian decision-making model. First, we have to look at all the parties involved including the patient, the nurse, the physician, other hospital staff, and the girlfriend Maryjane. This is extremely important because "the nurse's primary commitment is to the patient, whether that be an individual, family, group, community, or population" (American Nurses Association ,2015, p. 5). The hospital staff is an important consideration because the nature of HIV is transferred via bodily fluids from the

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patient entering some opening or break in the skin of another person. Therefore, if the patient possibly had HIV, then it would be important information to post contact precautions for staff entering the patient's room. However, it would be important to protect the patient's privacy by not openly advertising the HIV infection unless it was to the staff providing direct patient care. The girlfriend would also have a right to know if the diagnosis was that Peter was actually HIV positive, but until the lab results came back it would not be necessary to alert her to that possibility. Second, we need to look at everyone's expected happiness and unhappiness in this situation. Obviously, Peter is very unhappy with the way he was treated by Dr. Octavius, the nurse is obviously upset with the way her patient was treated by the physician, and the physician seems neutral to the situation.

Now looking at the how the nurse responded to this situation, we can see how she could analyze this ethical dilemma through the lens of Utilitarianism. The nurse is very quick to address the extremely unhappy Peter, which is appropriate because his unhappiness is outweighing the overall happiness in the situation. By sitting down and working through Peter's fears and concerns, the nurse is evening out the ratio of happiness/unhappiness for Peter, and by helping Peter work through his situation the nurse is also increasing her pleasure because she is helping her patient through a crisis which will make the rest of her day easier because she knows that Peter's dilemma will be taken care of one way or another. The only person who may experience more unhappiness from the nurse's action is the physician who had to do some extra work by answering the patient's questions in more detail that will take up more of his time which may cause him some unhappiness. By the nurse ordering Peter the antianxiety medication right away and being able to give him a dose to help him relax during this dilemma's apex, she is able to help much quicker than she would have been able to if she waited to assess his emotional

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needs and other coping mechanisms he would use in other situations. This way the nurse is able to promote the most happiness and least amount of unhappiness during this dilemma while at the same time she promoted the nursing principle of utility along with it.

Concluding Remarks

In conclusion, the application of ethics in nursing is truly something that nurses will face almost every day they are working in the healthcare setting. Many times, experienced nurses are working through ethical dilemmas without even realizing they are applying nursing principles and ethical decision-making models because “ethics is an integral part of nursing practice and has always involved respect and advocacy for the rights and needs of patients regardless of setting” (American Association of Colleges of Nursing, 2008, p. 27). This skill comes second nature to many seasoned nurses, so it is vitally important for those nurses to take new graduate nurses under their wing and show them what it means to be an ethical nurse in theory and in practice. By doing this and by nurses always continuing their education in ethical theories, practices, and decision-making models the level of patient care can only increase.

These two decision-making models are only a taste of the possible ethical theories nurses can adopt into practice. I encourage nurses to try several different approaches when faced with an ethical dilemma such as the case with Peter Parker because many times different models will lead one to a similar conclusion like we saw with comparing Kant’s Deontology and Utilitarianism Consequentialism. Perhaps in the future there will be more emphasis placed on the importance of nurses receiving focused ethical training to prepare new and seasoned nurses when encountering these ethical dilemmas in the clinical setting, and hopefully today is the day it begins.

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