Do the Right Thing: Ethics in Nursing

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Objectives:
- Define characteristics of effective collaboration with other healthcare professionals.
- Identify typical ethical dilemmas that nurses face in their practice.
- Identify effective collaboration strategies using actual case study examples.

Why Must We Address Incivility, Bullying or Disruptive Behavior
- Code for Ethics for Nurses demands respect and compassion in ALL relationships; disrespect breaches this Code.
- Membership in the profession requires partnership, negotiation, and respect for human dignity.
- Negative interactions with interdisciplinary team members influence individual’s decision to leave and patient safety issues.

Managing Conflict
- Incompatible goals
- Communication patterns characterized by disagreement and discomfort

Conflict Strategy
- 1. Collaborating, win-win, negotiation
  - Solution that meets the needs of both parties
Emotional Competence

- Restraint offers a space between intention and action and the opportunity to protect others from actions or reactions that should exist only in your imagination.
  
  S. Dowrick

What Type of Conflict?

- 1. "I'll give up my goals, and let you have what you want in order for you to like me."
- 2. "There is a right way and a wrong way. My way is the right way."
- 3. "I never liked conflict and probably never will. I'd rather stay away."
- 4. "You have to give a little to get a little in any problem-solving situation."
- 5. "Conflicts are opportunities to solve problems and get to know someone better."

Collaborating, Win-win

- Focus of needs and goals of both parties
- Solution focused
- Open exchange of information

Negotiation

- Two+ parties with common and conflicting interests, come together to put forth and discuss explicit proposals for the purpose of reaching agreement

What are the Traits of Successful Negotiators?

- Diplomacy - tactful in dealing with people, without offending

Three Crucial Elements for Successful Negotiation

- 1. Information
- 2. Time
- 3. Power
Five Steps for Working Out an Agreement

1. Preparation
   - Know self: differentiate needs/interests
   - Know other: alternatives
   - Know your strategy

2. Determine Objective Criteria
   - Any existing criteria?
   - Ground rules for process if highly conflictual

3. Communicate Interests and Needs
   - Mind-to-mind and heart-to-heart communication
   - Translate into benefits

4. Search for Mutually Acceptable Solutions
   - What do we agree upon?
   - Look for common interests
   - Use brainstorming

5. Finalize the Agreement
   - Who will do what, when and how
   - All know their responsibilities
   - Devil is in the detail

Ethical Dilemmas Nurses Face

- 1. Capacity issues in informed consent process
- 2. Lack of veracity in prognosis
- 3. Lack of DNR in cases of futility
- 4. Violation of advance directive
- 5. Patient safety violations
- 6. Incompetent or unethical colleagues
- 7. Disruptive physicians
Moral Distress

- You act in a manner contrary to your personal and professional values which undermines your integrity and authenticity.

- Moral distress occurs when you know the ethically appropriate action to take, but you are unable to act upon it.

Doctrine of Informed Consent

- Every human being of adult years and sound mind has a right to determine what shall be done with his own body.
  
  Justice Benjamin Cardozo, 1914

Code of Ethics for Nurses Guidance

- Patients have a moral and legal right to determine what will be done with their own person; to be given accurate, complete, and understandable information in a manner that facilitates an informed judgment; to be assisted with weighing the benefits, burdens, and available options to their treatment, including the choice of no treatment...

- Patient lacks capacity -> surrogate

Paternalism

- Clinicians should always do what they judge as in the best interest of patient, regardless of the patient's preferences
- Treatment of one adult by another, as a father with good intentions treats his children
- Intervene when the choice they are making is not autonomous

Consent

- An individual's explicit approval of a proposed biomedical action relative to his/her state of health, including acquiring specifications relevant to research or procedure/test.

Valid Informed Consent Requires Presence of Following:

- 1. Capacity to understand and decide
- 2. Voluntariness in deciding
- 3. Disclosure of information
- 4. Recommendation of plan
- 5. Understanding of disclosure and plan
- 6. Decision in favor of plan
- 7. Authorization of plan
A 64 year-old woman with MS is hospitalized. The team feels she may need feeding tube soon to assure adequate nutrition. They ask the patient and she agrees. However, before the tube has been placed, she becomes confused about her decision and says she does not want the tube. The next morning, when she is lucid, she does not remember previous evening and she agrees to the procedure. Which preference should be honored?

Case of Mary: Problem in Informed Consent in Capacity

Criteria for Capacity

1. Understand information relevant to decision
2. Ability to appreciate the situation and consequences
3. Ability to reach conclusions that are logically consistent
4. Ability to communicate choices

Determining Capacity

1. Based in part on the seriousness of the decision at hand; a sliding scale
2. When there is a doubt, seek consultation
3. MMSE - useful, but limited screening tool
4. Less likely to be questioned, if in agreement with clinician

When Patient Lacks Capacity

- Substituted-judgment standard - attempts to approximate the moral choices that the patient would have made if he or she could express choices.
- Best-interest standard - best medical interest as evaluated in the framework of benefits and burdens guideline

1. Capacity - Individual Can Do the Following:

- 1. Understand the information relevant to the decision
- 2. Reason about relevant alternatives and consequences against a background of personal values and goals
- 3. Communicate with caregivers about the decision

Case of Joseph: Lack of Veracity in Prognosis, Lack of DNR Conversation, and Advance Directive Problems

- Joseph was admitted to the ICU for the third time this month with CHF, diabetes, and this time with kidney failure. He has been out of work for six months on disability. Patient indicates to nurse that he is tired of all this and is ready to die. As nurse listens to physician discuss with patient the prognosis, the patient says back to physician "So doc you can cure this and I go back to work. Wow I thought I was dying." Nurse checks chart and finds son in proxy decision maker. In discussion with patient, she learns patient has never discussed with his son his wishes and son now lives in China. Nurse recognizes patient's condition is worsening with each admission and now patient is looking at possibility of hemodialysis. What should be the nurse's next steps?
AMA Disclosure and Truth Telling

- ... social policy does not accept the paternalistic view that the physician may remain silent because divulgence might prompt the patient to forgo therapy.

Deception

- 1. Lying - direct communication of statement that is not true
- 2. Misleading - placebo, euphemism, non-verbal response
- 3. Withholding - nondisclosure, timing
- 4. Selective disclosure - omission, emphasis

Red Flags for Truth Telling Issues

- 1. Patient Characteristics
  - Disenfranchised
  - Adverse health behaviors
  - Unlikable
  - Intellectual or emotional limitations

- 2. Type of Information
  - Potentially upsetting
  - Serious diagnosis or prognosis
  - Already known to others

- 3. Potential Consequences
  - Strong emotional reaction
  - Likely to affect decision making
  - Effects on others

Forms of Deception

- 1. “Just the facts”
- 2. “There’s always hope”
- 3. Omission
- 4. Evasion

Issues of Futility

- “The prisoner in the ICU” case
- Moral distress of nurses
- When is it time to move to comfort care?
Suffering
- Agony: a state of acute pain
- Misery resulting from affliction
- Troubled by pain or loss; distress:
- Psychological suffering; feelings of mental or physical pain
- Miserable; very unhappy

Suffering is an emotional state associated with biological and/or psychosocial events that threaten the individual's integrity

Suffering is defined as any pain, physical or emotional

Clinical Decision-making: Medicine vs. Medical Ethics

Medicine: WHAT CAN WE DO?

Medical Ethics: WHAT SHOULD WE DO?

Futile Treatment
- Treatment would provide insignificant benefit or improvement, not only in relation to the patient’s under-lying clinical condition, but also in relation to the patient’s values and goals.
  - Albert Einstein Medical Center, 2011

“DNR orders only preclude resuscitative efforts in the event of cardiopulmonary arrest and should not influence other therapeutic interventions that may be appropriate for the patient.”
  - August 22, 2005 American Medical Association

Ask the Fundamental Questions
- “Who are we doing this for?”
- The answer is guided by the patient’s values and goals
- “What are the goals of care?”

Withdrawing and Withholding of Treatment
- No ethical, legal, or moral difference
- It feels different
- We should never start a therapy we are not willing to discontinue
- Consider a “therapeutic trial”
Advance Care Planning

- 1. A process of decision making and communication of decisions
- 2. Between patient, family and healthcare providers
- 3. Ensuring that the patient’s choice about what kind of medical treatment they want, when they are unable to speak for themselves, is honored

Advance Directives

- 1. Provide guidance in ethical dilemmas
- 2. Provide legal protection for patients’ rights
- 3. Give immunity to healthcare providers who follow directive
- 4. Use to promote palliative care as the alternative

Violation of Advance Directive

- Healthcare professional violation over fear of malpractice
- Surrogate violation because of denial of seriousness of illness, economic issues, inability to deal with death of person

Patient Safety Violations

- An occurrence that harmed a patient or could of harmed a patient
- Omission or commission

Disruptive Physicians

- Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase cost of care, and cause qualified clinicians, administrators, and managers to seek new positions in a more professional environment.
Case of Sam: Patient Safety Violations Due to Disruptive Physicians

- Sam was a 13-year-old boy admitted for bone marrow transplant. The policies of isolation and sterile technique were clear to all who worked on the unit because of the consequences of violation. The nurse manager reported an increase in infections, about the same time Dr. G came on unit for residency rotation. He was notorious for his intimidation and refusal to comply with various policies. Several nurses had reported fear of physical assault when they confronted his violation of handwashing policy. Recently, a nurse did not do a read-back on an order he gave because he refused to do so and Sam got a wrong medication.

Incompetent or Unethical Colleagues

- Signs of addiction or mental illness, do not also engage in denial
- Incompetent−covering up with bravado or blame of others
- Individual accountability 1:1 confrontation-> manager coaching if more than one person has a problem

Case of Renee: Effect on Incompetent Colleague on the Team

- Renee joined the team 6 months ago and though you had heard there was initial problems with her performance, you had not hear anything recently. Twice tonight you have heard her speak abruptly−once to a peer and the second time to a family member. A resident just said to you "that nurse is really rough around the edges, she speaks to me in this condensing tone, and I have heard her do it to others. I try to avoid her, but tonight she has three of my patients. I do not think she knows how partner with people. You should of heard her comment to the respiratory therapist."

References