Ethical and professional issues

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Introduction

Any healthcare professional must uphold ethical principles. Ethos, which means character in Greek, is the origin of the word ethics. Ethics are universal standards of behaviour that serve as a useful guide for determining the behaviours, reasons, and intentions that are appreciated. [1] Ethics are moral principles that guide a person's or a group's behaviour and conduct. The emphasis is on good and incorrect behaviour, as well as the process of choosing which course of action to take and what will happen as a result. [2] Everyone has a unique set of personal principles and ethics. Because healthcare professionals must detect ethical challenges and make moral decisions while abiding by the regulations that control them, ethics within the industry is crucial. Nurses, like all healthcare professionals, require control and direction within the field in order to work competently and honourably. [3] To this end, the American Nurses Association (ANA) created the Code of Ethics.

Every speciality of Registered Nurses (RNs) will face an ethical problem or conundrum at some point. A circumstance in which the nurse must decide between two "right" but opposing values—those of the nurse and those of the other parties (the patient, the patient's family, other healthcare professionals, or a mix of these)—is an ethical challenge in nursing. The decision eventually doesn't comport with someone's ideals, which leads to a conundrum. RNs need to be able to identify these ethical issues and resolve them by utilizing the appropriate resources and maintaining a professional practice. At the same time however, nurses should support the best outcome for the patient by being an advocate for their rights and respecting their cultural and individual needs. Navigating and subsequently achieving a satisfactory resolution in these ethical dilemmas can certainly pose a challenge, but are essential and core patient care skills for RNs.

When decisions must be taken yet there are imperfect possibilities and unclear answers, ethical problems arise. Poorer patient care, troubled clinical relationships, and moral distress—which is defined as knowing what is right to do but not being able to do it—could be the outcomes. Because of their leadership and mentoring responsibilities, nurse managers in particular are vulnerable to moral anguish and nursing ethics problems. Nurse managers are trusted by nurses and other medical personnel to make morally sound judgments. Registered nurses (RNs) should be aware of the role ethical decision-making plays in daily work before assuming a position as a nurse management. Students in the Master of Science in Nursing programme at Duquesne University learn about the principles of moral leadership and management from lecturers with practical expertise. (4)

The American Nurses Association Code of Ethics, which was created as a standard for nursing responsibilities "in a way compatible with excellence in nursing care and the ethical obligations of the profession," serves as the foundation for ethical decision-making for nurse management. By using the Code of Ethics in their everyday lives and employing their leadership skills to do so, nurse managers assist in resolving moral dilemmas in nursing.(4)

Ethical dilemmas in nursing

Nurse managers can evaluate ethical concerns in nursing using the criteria set out in the ANA Code of Ethics. However, how it approaches moral conundrums might change depending on the circumstance. When nurses lack the necessary tools to do their responsibilities, an ethical quandary may arise in healthcare institutions. Nurses who observe a colleague's ignorance are faced with the moral choice of whether to bring the situation up with their nurse management. Nurse managers can make a concerted effort to educate their nurses on the Code of Ethics as well as the Code of Ethics for their particular medical facility in order to assist resolve this ethical conundrum. Additionally, nurse supervisors can regularly teach their staff members' nurses on persistent problems. (4)

Regarding patient privacy, there is still another ethical dilemma in nursing. Although nurses and nurse managers have access to a patient's medical history and records, they are not permitted by law or ethical standards to disclose this information to anyone other than the patient. While keeping in mind the necessity to preserve patients' privacy and medical information, nurses should always have their patients' best interests in mind. (5)

## The Code of Ethics in Nursing

The Code of Ethics in Nursing was first created in the 1950s by the American Nurses Association (ANA). It has changed throughout time to recognise and address the ever-expanding range of nursing specialist areas, contemporary technology developments, updates to general clinical and nursing policies, and socioeconomic shifts brought on by a more diverse national population. Its objective is to offer a well-organized, unambiguous set of ethical standards that expressly state and define the nurse's professional obligations, guiding principles, obligations, and limits of responsibility. Autonomy, beneficence, non-maleficence, and justice are the four cornerstones of nursing ethics, according to the American Nurses Association (ANA). (5)

Autonomy

All clinical information on a patient's health state, including risks and potential problems, should be provided to and made available to the patient so they may make an educated medical decision for themselves based on their own personal values and beliefs. The patient has the freedom to refuse any therapy, including medicine or even surgery, regardless of its prospective health benefits, even when it frequently directly conflicts with accepted care recommendations or best practises. In consideration of the patient's autonomy, nurses must respect such choices.

### Beneficence

Beneficence is the act of advancing kindness via the expression of our innate feelings of compassion and love for one another. By being considerate and courteous to patients, as well as by respecting their decisions and preferences, nurses exhibit this beneficence.

### Non-Maleficence

No damage shall be done to any patient. The most well-known nursing ethical guideline is probably non-maleficence, yet it is also the hardest to live up to. By adhering to this principle, nurses are required to select medical interventions that produce the best results while posing the fewest risks to patients. However, when a patient exercises their right to autonomy and declines to take life-saving medication or comply with a treatment regimen, for instance, nurses are faced with an ethical conundrum.

Justice

 RNs are obligated to give equal treatment to all patients, regardless of ethnicity or colour, cultural background, gender, sexual orientation, religion, or financial position. This sort of ethical quandary is common inpatient triage circumstances, in which nurses must determine which patients need emergency medical treatment over others.

**Ethical issues**

Policy development and allocation of resources

Strategic planners, decision-makers, and managers may perceive needs very differently from clinical personnel, who provide direct patient or client care. Although it is still largely believed that a lack of funding is the fundamental constraint on basic healthcare, concerns about quality and safety are increasingly coming into play. The goal is to find a way to ensure that individuals who are old and chronically ill receive the same level of care as those who are acutely ill or injured and need immediate medical attention. (6)

 **Balancing interests** The need to strike a balance between a person's rights and quality of life and the need to wisely employ finite resources is at the root of many ethical dilemmas. This means that due to a lack of resources, patients who seek to express their autonomy in respect to treatment decisions may be unable to do so. According to Dines and Cribb (1993), autonomy is essential to human health and happiness. But occasionally, a person's autonomy and physical well-being may be at odds with the community's physical and financial prosperity. Downie and CaIman (1987) questioned whether any limits need to be imposed on people who may be harmful to the community's health. .(6)

**Patients'rights**--The organisation and delivery of patient and client care, the amount of information provided, and the level of patient involvement in care vary greatly around the globe. These variances are mostly the result of historical growth, policy choices, and ethnic, racial, and cultural influences that have developed in the various nations. Several nations have enacted patient charters or bills of rights since the start of this decade (DoH, 1996b). . Many of these texts essentially state the same thing. For instance, after receiving a thorough explanation of their health status, a patient must consent to therapy. If such explanations are to be ethical and show respect for the persons involved, they must include the diagnosis, the level of therapy and care required, the risk factors involved, and any workable alternatives to the advised course of action. (6)

The goal of advocacy in the medical field is to advance and protect the rights and interests of patients and clients. 98 Nursing and Midwifery Practice's Ethical Issues (UKCC, 1996). Community nurses who are trying to protect both the interests of service users and their employers may jeopardise either themselves or their integrity in the process of standing up for others. Conflict examples can include grumblings about inadequate staffing or an improper skill mix.

Community-based nurses have broadened their scope of practise, and some have taken on the position of nurse practitioner. The nurse practitioner is a person who: • Makes professional autonomous judgments for which she/he is solely responsible, according to the Royal College of Nursing Institute of Advanced Nursing Education (RCNIANE, 1989). • Has a broad range of abilities in the physical, psychological, and social domains, particularly in the areas of diagnosis, prescription, counselling, and health promotion. (6)

**Competence**

Competence There is a lot of room for the development of talents that cross traditional lines of professional demarcation, barring any explicit statutory regulation that mandates that a given professional perform certain tasks. The focus in nursing today is on competence, knowledge, and skills. Hunt and Wainwright (1994), however, pose the question, "How do nurses know when they are competent, how does the employer evaluate the competency of a specific employee, and how do the pIn each of the countries under consideration, the challenge of defining competence seems to burden the nursing profession. Similar to the UK, Finland, Sweden, and Greece regularly discuss the moral dilemmas raised by ineptitude. Everyone seems to agree that, aside from the nursing profession, ineptitude occasionally exists in medicine and in occupations related to medicine. Finding the incompetent practitioner does not appear to be the issue; rather, it is the quick "closed door policy" that follows such an incidence.profession and the legal system decide competence?"

The challenge of defining competence seems to burden the nursing profession in each nation under consideration. The ethical concerns accompanying ineptitude are ones that are frequently discussed in Finland, Sweden, and Greece, similarly to the UK. Everyone seems to agree that ineptitude can occasionally be seen in the nursing field as well as in medicine and related professions. It appears that the issue is not finding the inept practitioner, but rather the quick "closed door policy" that follows such an incidence.(6)

## **Common Ethical Situations for Nurse Managers and Nursing Ethics**

Even though nursing is a fast-paced profession with constantly changing obstacles, many nurse supervisors describe encountering similar moral conundrums. According to a recent study, decision-making, staffing, advanced care planning, and defending patients' rights are the most frequent and difficult ethical circumstances. The fact that so many novice nurses are joining the profession and many of them have never had to deal with ethical dilemmas in nursing is aggravating the situation. Due to these difficulties, skilled nurse managers are even more essential to the nation's ongoing healthcare demands.

**Honesty vs. withholding information.**

In order to preserve the patients' feelings, family members may desire to keep medical information from sick people. Patients do, however, have a right to information regarding their medical issues. It might be difficult to decide how to disclose this knowledge, especially if it contradicts the family's values. The ANA promotes honesty as a crucial element in nurse-patient interactions.

• **Science vs. spirituality.** Science and religion. Healthcare, which is science-based and results-oriented, may conflict with one's personal or religious convictions. Some faiths forbid using life-saving measures and medical procedures. Nurses concentrate on providing medical care in order to lessen pain and free patients up to focus on self-care. The emphasis may be on following a stringent set of rules for patients or their families who have strong religious or spiritual beliefs. Nursing professionals are expected to respect the "unique distinctions of the patient," including "lifestyle, value system, and religious views," according to the ANA Code of Ethics. Respect for a viewpoint, however, "does not indicate that the nurse personally endorses such ideas or actions."

• **Healthcare needs vs. resource allocation.**  Resources allocated versus healthcare requirements. Nurse managers are increasingly at conflict with patient requirements and budgetary restrictions as healthcare costs rise. Patients run the danger of not receiving the care they require since there are several medical institutions with insufficient resources. These resources include anything from medical technology to medical personnel. According to research, nurse supervisors should involve employees in budgeting so they may better understand requirements and desires.

**Beneficence vs. autonomy.** Although patients have the option to decline medications, nurses are compelled to provide them. Despite having well stated requirements, patient autonomy might conflict with medical recommendations. All medical care can be refused by patients. The ANA emphasises the demand for nurses and nurse managers to comprehend patient histories and unique situations in order to explain the medical necessity to patients. According to ANA, applying ethical principles to find a solution should be done in a setting of kindness, respect, candour, and transparency. The best available evidence-based practise guidelines should be used in this process, which should be based on an ethically sound decision-making paradigm.

**Contemporary Ethical Issues in Nursing**

[Legal and ethical issues in nursing](https://nrsng.org/nursing-rules-of-conduct/) can cause nurses a variety of problems. You must resolve these conundrums as a healthcare provider while upholding the highest standards of care and attentiveness. Patients' rights are protected by law, and nurses are required to work in the patient's best interests. However, dealing with a lot of nursing-related difficulties can be stressful and challenging. The following are a few of the most frequent moral and legal conundrums. Nurses can pick up on how to handle them and stave off future problems.. A common ethical issue for nurses involves consent. Informed consent is the process by which patients consent to a particular course of treatment. To obtain this consent, you have to make sure that you provide a thorough explanation to the patient, and ensure that they sign the document. Informed and uninformed consent are not the same thing. If a patient is not in full agreement with a treatment, they are not likely to give their consent.

While providing care to a patient, nurses are obligated to abide by a code of ethics and obey regulations. For nurses, there are standards of ethics from both the American Medical Association and the World Medical Association. State and federal standards of practise and care are also available. Additionally, they provide position papers on moral matters. One such position paper on the moral use of narcotic analgesics at the end of life is published by the ANA. Additionally, the American Nurses Federation and the International Nurses Association have codes of ethics. Privacy is a big issue for nurses. Nurses may have access to patient information and medical histories depending on the sort of nursing care they provide.it may be illegal for a nurse to divulge this information to the public in several areas. Although this is typically allowed, it's crucial to protect the patient's privacy. Additionally, it is unlawful for a nurse to trample on a patient's right to privacy. Because of the nature of the job, legal and ethical difficulties in nursing frequently come up. In deciding how to care for a patient, nurses are faced with challenging decisions. The wellbeing of patients can be impacted by a variety of legal and ethical conundrums.

someone without their consent is permissible. Respecting patients' rights is crucial if you're a nurse if you want to provide high-quality treatment. Nurses must think about their patients' welfare in addition to the law and ethics. A nurse may occasionally feel exposed to a moral dilemma. It's critical to keep the patient safe in such circumstances and to steer clear of any potential threats. The welfare of the patient is frequently at risk. The nursing profession depends on having the freedom to select the optimal therapy. But a nurse must also take the patient's sentiments into account. Giving care to a patient may lead to additional ethical dilemmas for nurses.

Thankfully, hospitals have ethics committees to assist nurses in handling such situations. A nurse should always put the patient's needs first. The safety of the patient and the nurse's reputation are both at stake in this, thus it is crucial. A nurse should remain impartial and unbiased in this situation. In all circumstances, a nurse must be truthful and uphold the law. Additionally, a nurse should be able to respect the patient's rights. Although there are a few solutions, nursing's legal and ethical problems can be challenging. Another strategy to defend the rights of the patient is to act in his or her best interests. Respecting the patient's right to decline medical care is one of the nurse's ethical obligations. Furthermore It's also critical to preserve the patient's dignity.

Standards of moral judgement and professional behaviour are considered in ethics. Patients, the general public, employers, and the nursing community all hold nurses in high regard. They must possess a thorough awareness of the numerous ethical, legal, and professional challenges they will encounter during their employment. In addition to many others, nurses have three main responsibilities: the responsibility of autonomy, the duty of confidentiality, and the duty of care for all patientsThe concepts of beneficence, which refers to doing good or working in the interests of patients, and non-maleficence, which means to avoid harm, are added to these obligations. In the event that any laws or regulations are broken while in practise, these obligations will turn into legal obligations. After an increase in legal cases and public inquiries, a 2001 survey indicated that there was a perceived need for more guidance on ethical difficulties within the health profession. In order to give thorough ethics support, a number of Clinical Ethics Committees (CECs) and Research Ethics Committees (RECs) were created in the UK. Medical professionals must be aware of emerging ethical challenges for the medical sector and understand how to deal with them as a result of the constantly shifting values in health, behavioural science, and society.
The nursing profession adheres to its own code of ethics, which is governed by stringent disciplinary rules. The regulating organisation has more power over its members than medical legislative bodies. Some conditions for a new nursing school curriculum were specified by the Department of Health's Health Service Circular 219.99. The Nursing and Midwifery Council (NMC) is mandated to set minimum standards and specifications for nursing education in professional and ethical issues under the Nursing and Midwifery Order 2001. iv The NMC is a governmental agency that was founded to safeguard the public. It controls the standards for medical and nursing professionals through the Register of Medical Practitioners (RMP). The Register acts to allow the GMC to monitor entry to the profession only by achieving the standards required to become an RMP, and also by monitoring fitness to practice proceedings to ensure all practitioners maintain consistently high standards of conduct. The NMC contains guidelines regarding the expectations of particular duties such as confidentiality, medical research obligations, consent rights, and autonomy. The nursing practice is expected to comply at an individual level with these guidelines on a daily basis. The NMC s Code of Professional Conduct: Standards for conduct, performance and ethics is widely adhered to in the profession. To be registered, it is a general rule that nurses must undergo education in addition to personally indicating through performance and training that they intend to follow ethical standards to retain a licence for nursing.

 **Current Ethical Issues in Nursing**

Examples of Moral Issues Nurses and patients, nurses and doctors, nurses and other nurses, and nurses and the organisations that employ them frequently have ethical issues. Additionally, nurses are frequently the most conflicted when appropriate practise appears to call for going against their own moral principles. Examine the ensuing mini-cases and try to decide how you would react. The above-described ethical decision-making procedure ought to be beneficial. Nurses and Patients Troublesome nurse–patient situations that can result in ethical problems for nurses include paternalism (acting for patients without their consent to secure good or prevent harm), deception, confidentiality, allocation of scarce nursing resources, advocacy, valid consent or refusal, conflicts between the patient’s and nurse’s values and interests, and conflicts concerning new technologies.

PATERNALISM An alert older resident who lives in a nursing home and who is now at high risk for falls refuses to call the nurse for assistance when getting out of bed. The nurse must decide whether to obtain an order to restrain the patient. Does preventing potential harm justify violating the patient’s right to autonomy and make it acceptable for the nurse to act as a “parent” and choose an action the patient does not want because the nurse believes it to be in the patient’s best interest?

DECEPTION A postoperative patient asks the student nurse, who is about to administer an intramuscular injection for pain, “Is this your first shot?” It does happen to be the student’s first injection, and the student is anxious. Would the student’s intent to decrease the patient’s anxiety justify telling the patient, “No, I’ve given several before”? CONFIDENTIALITY A nurse asks a middle-aged woman who is crying quietly, “Would you like to share what’s troubling you?” The woman tells the nurse she has no idea how she will pay for this clinic visit because she entered the country illegally 2 months ago and is trying to earn enough money to help her family back home. She begs the nurse not to tell anyone. If the nurse believes this anxiety is interfering with the patient’s ability to obtain needed healthcare, would it be ethical to break the woman’s confidence to obtain help for her

 ALLOCATION OF SCARCE NURSING RESOURCES A nurse has just been pulled from your unit, leaving it understaffed. Among your patients is a 33-year-old man recovering from a heart attack who is being discharged in the morning (he tells you he still has many questions), an older patient who is close to death, and a woman with cancer who has been vomiting all day and who is in severe pain. You know you cannot meet everyone’s needs well. How do you “distribute” your nursing care? (You really like the patient who is going home in the morning.)

ADVOCACY IN MARKET-DRIVEN ENVIRONMENT A hospitalized 57-year-old woman who underwent two lengthy bowel resections has just been informed by her health plan that she has exceeded her allowable length of stay and needs to be discharged immediately. She lives alone and has no family members or friends who are able to assist with her care. You believe that she would benefit immensely from extra hospital days so that she could regain her strength and learn how to provide necessary self-care. She does not have the money to pay for more days. What do you do? VALID CONSENT OR REFUSAL A resident is attempting to perform a spinal tap on an adolescent who you know dislikes the resident. After one failed attempt, the adolescent tells the resident to stop. The resident asks you to administer an antianxiety medication to the patient so the resident can get the spinal tap done quickly. Should you administer the medication knowing the patient no longer consents to the procedure? CONFLICTS BETWEEN THE PATIENT’S AND NURSE’S INTERESTS A homeless man who is well known to the emergency room nurses arrives one night in an inebriated state looking like it has been weeks since he washed or changed clothes. He is known to have tuberculosis and hepatitis B. One nurse, who is breastfeeding her 8-month-old infant, refuses to take him as a patient, fearing she will transmit something to her baby. The other nurses tell her she must accept this assignment because it is her “duty” and none of them is willing to cover for her. Is a nurse ever justified in refusing to provide care to a patient assigned to his or her care?

CONFLICTS CONCERNING NEW TECHNOLOGIES An infertile woman asks you what you think about in vitro fertilization. She tells you that she is “desperate to produce a child for her husband and in-laws” but also has grave reservations about the whole process. “I’ve read about couples who end up with seven frozen embryos, and I think that would kill me, thinking I’ve got seven potential kids ‘on ice.’” Nurses and Physicians Nurse–physician situations can also result in ethical distress for nurses. Common problems include disagreements about a proposed medical regimen, conflicts regarding the scope of the nurse’s role, and physician incompetence. DISAGREEMENTS ABOUT THE PROPOSED MEDICAL REGIMEN In the nursing home where you work, any patient who loses a significant amount of weight (more than 10% of usual body weight) is automatically subjected to an exhaustive battery of tests (including a complete gastrointestinal [GI] series) to determine whether there are any physical causes for the weight loss (e.g., a tumor). You strongly object to one patient being put through these tests because she has made it clear that she wants to die and will starve herself to death if that is the only way she can do it. The medical director insists that the patient undergo the diagnostic studies because there is a long history of patient family dissatisfation with the facility’s medical care. The director wants to avoid causing further dissatisfaction. Are you responsible for preparing the patient for these diagnostic studies and scheduling them? Are there grounds for refusing to participate? CONFLICTS REGARDING THE SCOPE OF THE NURSE’S ROLE A young woman needing surgery that will result in a permanent colostomy tells the nurse how afraid she is and how much she dreads depending on “the thing.” The nurse is certain this patient would benefit greatly from the help of the young staff enterostomal therapist, who also has a colostomy. When this suggestion is mentioned to the surgeon, however, the surgeon tells the nurse that he does his own teaching and counseling for all his patients and does not “believe” in enterostomal therapists. He points out that the nurse’s duty here is to carry out his orders. Does it fall within the scope of nursing to recommend the enterostomal therapist to the woman? Is the nurse obligated to make this recommendation to the patient? UNPROFESSIONAL, INCOMPETENT, UNETHICAL, OR ILLEGAL PHYSICIAN PRACTICE A nurse who works in the operating room notices that a pediatric surgeon who has been on the staff for several years and done excellent work suddenly seems not to be concentrating during surgery and to be making more mistakes than usual. Rumors have been circulating about the surgeon having a problem with cocaine abuse after his recent divorce. The parents of one pediatric patient are dissatisfied with the progress the patient is making and ask the nurse for an opinion about the surgeon. Should the nurse voice personal concerns? Is the nurse obligated to report the physician to the proper hospital authority for investigation? Nurses and Other Nurses Some of the most difficult ethical problems nurses encounter result from nurse–nurse interactions, which may be complicated by obligations of friendship. Problems include claims of loyalty and nurse incompetence. CLAIMS OF LOYALTY A nurse working the 11 p.m. to 7 a.m. shift tells the other nurse on the unit, “I just made rounds and everyone is OK. Please cover for me while I catch an hour of sleep. I had an awful day.” She neglects to tell the other nurse that a report mentioned that one patient needed special monitoring. This patient dies unexpectedly while the nurse sleeps. When she wakes up and discovers what happened, she begs the other nurse, her friend, never to tell anyone she was sleeping. “That patient could have died anyway between my rounds,” she says. “Besides, you’re my best friend, right?” UNPROFESSIONAL, INCOMPETENT, UNETHICAL, OR ILLEGAL NURSE PRACTICE When you make your morning rounds, a patient tells you that one of the nurses fondled her body and made suggestive remarks during the previous night shift. You suspect that the patient may simply be trying to cause trouble, and because you like the nurse in question, you find it hard to believe the patient. What should you do? Nurses and Institutional and Public Policy As nurses assume increased responsibility for decision making at all levels of care, the institutional and public policy arenas offer unique dilemmas. Three current examples are short staffing, whistle-blowing, and healthcare rationing.

SHORT STAFFING AND WHISTLE-BLOWING Restructuring has resulted in chronic understaffing on the unit where you work. You believe that patients are now at risk because there simply are not enough nurses to provide quality care. Some nurses are talking about forming a union and going on strike. Because yours is the only major hospital in a rural area, you are unsure whether striking is a morally legitimate option. Because efforts to get management involved in addressing the issues have repeatedly failed, you are also contemplating “going public” with your concerns. Your brother works for the local newspaper, and you are pretty sure he would be willing to do a story about the situation at the hospital. What do you do?

HEALTHCARE RATIONING In the United States, as many as 43 million people are uninsured or underinsured and have limited access to healthcare. Whether each person has a “right” (is entitled) to basihealthcare continues to be the subject of debate. There are plans for rationing healthcare that could limit the options available to the elderly, the poor, the terminally ill, and those in society whom many view as having limited “social value.” What moral obligation do you have to contribute to this debate? How might you ensure that your voice and the nursing viewpoint are heard? Nurses’ Personal Moral Convictions and Institutional or Professional Ethics Nurses sometimes experience a challenge to their personal ethical integrity because what they believe ought to be done in a particular situation is forbidden by the ethics of their place of employment or profession. BEGINNING-OF-LIFE ISSUES You are a psychiatric mental health nurse working in a Catholic hospital whose ethical and religious directives forbid abortion and abortion counseling. You are talking with a single woman recently hospitalized with bipolar disorder who is in the first trimester of an unplanned pregnancy and who is expressing great ambivalence about continuing the pregnancy. You personally believe that your ethical obligation is to explore abortion as an option with this woman and to refer her to outside resources if she elects to abort. The charge nurse tells you that these are not appropriate options within this hospital. END-OF-LIFE ISSUES You are the nurse case manager for a woman with a history of breast cancer whose cancer recurred (metastasis to the spine) after she had been cancer free for 7 years. She frequently tells you when you come to visit her at home that she is unwilling to fight anymore and wants to die with some dignity while she is still in control. She begs you to get her something that will “put me gently to sleep once and for all before my pain gets worse.” You believe that this is her sincere wish, not just depression speaking, and you honestly believe that she would be better off spared the last stage of her illness. Your religious beliefs, however, tell you that assisted suicide is wrong under any circumstances. How do you reconcile your desire to help this woman with your profession’s ethical code and your religious conviction that what she is asking for is intrinsically wrong? For a fuller discussion of ethical issues at the end of life.

***Informed Consent***

Informed consent can sometimes be an ethical battle for nurses. A dilemma can occur when there is concern that patients and their families have not been informed or do not understand the treatments used on a patient. There is a concern as sometimes patients do not feel comfortable asking questions and giving consent without fully realizing the implications of their treatment.

If patients feel supported and trust their doctors and nurses, they are more likely to follow a treatment plan and experience better outcomes. To avoid ethical dilemmas, nurses should ensure that patients fully understand all the facets of their treatment plans. The details include knowing all the risks and the layout of how a procedure will take place or how certain medications and treatments will affect them. If they do not, this could jeopardize patient health and result in high costs for the hospitals. Therefore, healthcare workers should take every measure to assure their patients understand the treatment plan to obtain informed consent securely.

***Protecting Patient Privacy and Confidentiality***

Patient privacy and confidentiality are significant ethical issues faced by nurses. If not done correctly, this can have legal ramifications and result in severe consequences for healthcare professionals. With patients' medical information protected by the Health Insurance Portability and Accountability Act (HIPA), there are definite boundaries and guidelines for protecting patients' privacy.

Although nurses must protect their patient's rights and act in their best interest, they are still obligated to respect patient autonomy. Patient autonomy, the right of patients to independently make decisions about their care based on personal or cultural belief systems, is a prime principle of nursing and should be respected by all healthcare professionals. With patient autonomy, patients have the right to refuse medications, treatments, or procedures. Although this may conflict with suggestions made by nurses and doctors, nurses will still have to respect this decision and operate accordingly.

***Shared Patient Decision-Making***

Shared decision-making is a far more ethical approach to patient care than years ago when healthcare professionals fully controlled patient treatment. Share patient decision-making extends patient autonomy where patients and healthcare professionals work together to make the best decision possible regarding patient care. With shared decision-making, patients and healthcare professionals have open conversations about a patient's background, values, beliefs, and culture, building a trusting relationship between patient and doctor.

Without a relationship, it will be extremely difficult for nurses and healthcare professionals to get patients to communicate and cooperate properly. When patients are actively involved in decision-making, they are more likely to be satisfied with their care and trust the doctor's treatment plans. Healthcare professionals should be aware of the importance of educating their patients even if the information shared with them is complex. If a patient fails to understand the treatment, disputes among the patient and staff can occur.

***Addressing Advanced Care Planning***

Advanced care planning is always a difficult conversation for healthcare professionals to have, predominately when end-of-life care conversations surround it. These conversations are between patients and doctors when they need to make plans for their future health care if they pass away or are left too ill to make their own decisions. Patients will explore, discuss, and document their personal preferences regarding their healthcare. This process helps them identify their personal goals and values about future medical treatment. They also will share who they would like to make decisions on their health care if they can't make decisions for themselves.

Nurses tend to have the difficult task of ensuring these preferences are laid out and honored in a medical emergency. For example, an issue might be if a patient has asked not to be on a ventilator, but their immediate family demands. Despite the problematic scenario, nurses must put the needs and wants of patients first, especially in end-of-life care.

*Inadequate resources and staffing*

Although this may not be an ethical issue put on individual nurses, healthcare executives and [nurse managers](https://avanthealthcare.com/blog/the-importance-of-nursing-leadership.stml) should understand the lack of resources and inadequate staffing regarding patient care. As healthcare costs continue to rise, nurse managers are at odds regarding budgeting constraints and patient needs. When medical facilities have scarce resources, patients are at risk of not receiving proper care—leaving nurses to make difficult decisions.

Hard decisions may also need to be made when facilities are faced with inadequate staffing levels. When there is not enough staff for patients, nurses do not have the time to do everything needed for each patient. Patient needs can include recovery times or even addressing the patient's emotional and physical needs. A nurses' moral obligations to patients are compromised due to work restraints and stress overload. They are left with mental struggles trying to decipher where they should focus their priorities

**Dealing with Ethical Issues in Nursing**

Dealing with ethical issues is a very complex matter for nurses. Every day, nurses face questions on medical treatments and how to respond to ethical dilemmas. Most of the time, they have to make these decisions on the spot as well. They can learn to respond to these dilemmas through years of experience and interaction with patients. Many nurses have high levels of empathy, which gives them the ability to have open conversations with their patients and establish professional boundaries surrounding their patient care. They should speak truthfully on what decision is best for the patient but always be open to disagreements. The best response to ethical dilemmas in nursing is to review the ANA Code of Ethics and determine a solution to one's unique situation.

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