



Nursing Ethics

Concepts, Trends and Practices

Nisha Clement

ALWAYS LEARNING

PEARSON

Nursing Ethics

Concepts, Trends and Practices

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Concepts, Trends and Practices

Nisha Clement

VSS College of Nursing
Bangalore, Karnataka

PEARSON

Chennai • Delhi

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Preface

It gives me immense pleasure to write this book on nursing ethics. As we all know, ethics governs our code of right conduct and regulates our work behaviour. It is impossible to separate ethics from nursing; the right type of nursing care is possible only by adopting ethical behaviour in nursing care. Ethical principles guide the nurses in exercising quality care to patients. Situations may arise wherein a nurse finds himself/herself in a dilemma regarding decision-making in patient care. In such cases, ethical principles guide the nurse to direct the care, forecast the problems and steer clear of legal and ethical issues. A nurse who has completed his/her studies may be aware of the normal work schedule; however, this is only raw nursing. When the nurse enters the work area, he/she may face many legal and ethical issues that he/she may not be able to handle pragmatically if he/she is not aware of nursing ethics. Ethics is thus a never-ending subject, which will exist as long as nursing exists.

Every nurse, whether he/she is a student, nurse educator, or clinical nurse, will have to follow nursing ethics in accordance with the requirements of the work area. This book provides information about such ethics, values, principles, legal litigations, bioethics, and ethical and legal issues in specific areas of nursing such as nursing education, nursing administration and management, nursing research, obstetrics and gynaecology, psychiatric nursing, paediatric nursing, community health nursing, and medical surgical nursing, which includes oncology, intensive care, and geriatric nursing. Numerous examples are cited to help the students answer ethics-related questions and inculcate ethical behaviour. There are thirty chapters in this book, written in simple English and elaborated with diagrams for better understanding. The book can be used by nurses of all categories, GNM, B.Sc. (Nursing), and M.Sc. (Nursing) students, nursing teachers, and staff nurses.

To all those who read this book, especially the nursing community, I wish all the best.

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Nisha Clement

s e c t i o n

I

INTRODUCTION TO ETHICS

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INTRODUCTION TO ETHICS

LEARNING OBJECTIVES

1. Definition of ethics and professional ethics
2. History of ethics
3. Importance of ethics in profession
4. Code of ethics and the need and purpose of professional conduct
5. Ethical schools of thought and types of ethics

1.1 INTRODUCTION

The word ethics is derived from the Greek word “ethos”, which means custom or guiding beliefs. Ethics is defined as a set of rules or principles that govern right conduct and is designed to protect the rights of a human being. Ethics is a branch of philosophy; it is moral philosophy or philosophical thinking about morality, moral problems, and moral judgements. Nursing ethics provides the professional standards for nursing activities, which protect the nurse and the patient.

1.2 DEFINITION

1. Ethics may be defined as the system or code of conduct and morals advocated by a particular individual or group. It is also the study of acceptable conduct and moral judgement.
2. Ethics is a system of understanding determinations and motivations based on an individual’s perceptions of right and wrong. It is not determined by strict rules or rigid guidelines, and although it is relatively stable, it can change over time.

1.3 PROFESSIONAL ETHICS

1. The concept of professional ethics partly deals with what a professional should or should not do in the workplace.

2. Professional ethics is a set of standards adopted by a professional community and it encompasses a greater part of a professional's life.
3. Professional codes of ethics regulate the manner in which professionals conduct themselves while in the workplace and include concepts such as professional respect, avoidance of dishonesty or fraudulent activity, such as plagiarism, and the professional development of the individual. Another important aspect is the enhancement of the profession and the industry within which the professional works.
4. Nursing ethics is concerned with a professional conduct and behaviour that helps a nurse to carry out the nursing care in a manner that results in good to the mankind and community.
5. A professional has more moral responsibilities than those held by the population in general. This is because professionals are capable of making judgements and acting on informed decisions in situations that the general public cannot, because they have not received the relevant training. For example, a layman could not be held responsible for failing to act to save a car crash victim because he/she does not have the relevant knowledge. In contrast, a fully trained doctor (with the correct equipment) would be capable of making the correct diagnosis and carrying out the procedure and it is wrong if he/she failed to help in this situation.
6. In the workplace, managers and supervisors should set the standard for ethics by showing respect, being honest, and promoting trust. If the management team uses unethical forms of communication, the team and business can fail.
7. Ethics is used worldwide in large companies and small businesses. Promoting ethics in the workplace provides employees a sense of worth and trust that can help the business and the employees succeed.

1.4 HISTORY OF ETHICS

Sr. No.	Scientific method	Description
1	Origin of ethics	The word ethics is derived from the Greek word "ethos". It is always important to learn the root of a word to understand its full concept. In earlier days, skills such as success, bravery, and courage were considered to be the principal qualities of a hero. For example, the Mesopotamian Epic of Gilgamesh, Homer's Iliad and the Icelandic Eddas are strong leaders mentioned in the ancient world literature. According to them, ethics was not obeying moral values but developing and framing themselves as strong leaders to lead a community of small tribes. These leaders gave importance to rage, revenge, and destroying their enemies to ensure success. They proved to be good leaders of their countries. Therefore, the origin of ethics is very vague; it depicts that in olden days ethics was considered to be bravery. Becoming a strong leader for the tribes by defeating the enemies and believing and worshipping the natural forces such as air, water, land, fire, earth, and light in the form of sun formed the ethical values of their life.

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Sr. No.	Scientific method	Description
2	Ancient	<p>Three important Greek leaders portrayed the importance of moral and ethical values in the ancient period. They are: (a) Socrates (b) Plato (c) Aristotle (a) According to Socrates, a person having good ethical sense achieves “internal harmony” of the parts of the soul, whereas doing evil things will “damage the soul”. This was considered to be the highest moral value in humans. Socrates gave importance to honesty, and truth was always considered to be good than doing injustice. (b) According to Plato, ethics refers to the qualities such as courage and bravery that need to be acquired in life to become a strong leader, his views have much in common with the concepts of Homer’s Iliad. Plato has made only a few contributions to the concept of ethics. (c) Aristotle explains ethics as “eudaimonia”, which means happiness, prosperity, flourishing, and success. According to him, a good-hearted citizen should possess the quality of eudaimonia, which was considered to be the highest target for each human being to achieve an ethical life. He taught the society that possessing the quality of fixed virtues and habits such as courage, justice, prudence and temperance is important to lead a moral life. Each citizen should acquire good intellectual ability and activity to have an ethical sense. There were two famous Greek schools that taught philosophy, namely, the Epicureans and the Stoics. The Epicureans taught the Greek students to acquire an ethical life peacefully and to be free from fear, whereas the Stoics stressed the importance of living life according to nature.</p>
3	Biblical ethics	<p>Both the Old and New Testaments of Christianity depict moral values and principles and explain how humans should live fearing God. According to the Old Testament, God ordered Moses to go to Mount Sinai, where he was given the Ten Commandments that govern the right conduct; for example, do not steal things belonging to others, have no lust on any women, do not kill or hurt anyone, do not lie, forgive others mistakes, help the poor, etc. Therefore, it is necessary that Christians adopt the commandments to lead an ethical life. However, in the New Testament, Jesus Christ has given the law and principles of life such as “love your neighbour just as you love yourselves” and “love your God with your full heart”. The New Testament explains the good deeds of Jesus Christ, who had shown to the people how to lead an ethical life.</p>
4	Natural law of ethics	<p>The Catholic philosopher Thomas Aquinas was the foremost proponent of the natural theory of ethics, which was followed by the Catholic community in the Middle Ages. He combined the essence from the Bible with Aristotle’s concepts to frame the natural theory of ethics. According to this theory, ethical principles followed in the human life are determined by the natural behaviour of humans; for example, education and attaining intellect is right and good and it does only good to the humans whereas killing or harming</p>

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Sr. No.	Scientific method	Description
		another human is considered wrong and bad, because it deprives the other person of his life. Contraception is considered to be a sin in the Catholic community and, therefore, family planning methods are not implemented in these families. It is considered to be evil since the Catholic Christians believe that children are God's gifts to build the family. Stopping pregnancy, killing foetus, or performing abortion is considered to be a curse to human life and they believe that the blood that is shed in abortion sustains as a sin for seven generations and affects every first-born child.
5	Kantian ethics	According to Immanuel Kant, a philosopher of the 18th century, ethical and moral values are achieved only through the principle of "universality". This means that any human action is said to be moral only through the sense of duty to do the right things, which was considered to be the most important ethical value of any human being. All human beings should follow ethics to do things in the right way. He was against the theory of ethics as explained by the Epicurean school of Greeks, according to which the pleasures of life must be quietly enjoyed. However, happiness cannot be declared universal as it is perceived differently by each human being.
6	Utilitarian ethics	The period of the utilitarian philosophy of ethics was between the 19th and 20th centuries. The main personalities who portrayed and followed these principles in Great Britain were Jeremy Bentham and John Stuart Mill. They explained that moral values can be achieved through right action, which leads to great happiness, and it increases the joy in the human life.
7	Twentieth century	The beginning part of the 20th century introduced the concept of metaethics, which is a philosophical theory on the nature of ethics. The views of ethics are explained from moral realism and elicit the moral truth, which is independent of the realities of the mind. This was followed by evolutionary ethics, according to which the ethical principle helps to pave the way to evolutionary behaviour in humans. The next cycle of ethical values was proposed by the ethical theorist J.L. Mackie, who explains the error theory of ethics and its description of ethics as errors or mistakes.

1.5 IMPORTANCE OF ETHICS IN NURSING PROFESSION

Nursing ethics is a branch of nursing that deals with the activities involved in the field of nursing. There are certain ethical principles that govern the right conduct of the nursing profession, which reflects the importance of ethics in this profession. Figure 1.1 depicts the importance of nursing ethics to nurses, patient and society.

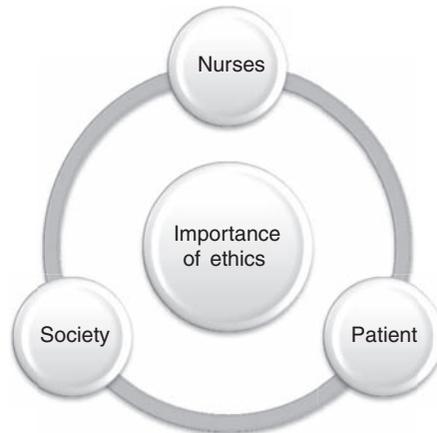


Figure 1.1 *Importance of ethics*

Though there are many reasons for the need for ethics in the nursing profession, the important ones are as follows:

1.5.1 Importance for the Nurses

Ethics Provides Framed Ethical Principles to Do Proper Nursing Care: It helps to act as a guide for the nurse and provides the code of conduct of ethical behaviour. Consider the ethical principle called veracity, which means truth telling. This says that a nurse should say the truth and perform only truthful activity in any situation. For example, a nurse should not say that he/she has given the drug to the patient when it has not been given; if he/she says so, it amounts to violating veracity. Now, consider another principle called autonomy, according to which the nurse has to consult the client while taking decisions regarding the kind of treatment to be provided and get the informed consent signed wherever necessary. Here, the duty of the nurse is to inform the client about the procedure details, risks, benefits, and alternatives and ensure that the patient understands all the details. The nurse should not force the client to take any decision but can provide suggestions if the client wishes so.

Ethics Protects the Nurse from All Legal and Ethical Issues: Every nurse is obligated to follow the ethical principles and the code of ethics. As per the rules of ethics, a nurse should abide by the rules and regulations of nursing practice and hospital policies. Since the nurse is in his/her ethical tract, it acts as a shield and protects the nurse from getting trapped into the medico-legal issues. Let us consider an example. As per nursing ethics, before doing any procedure, a nurse has to get the informed consent signed from the patient after providing all the details about the procedure. If he/she explains all the details, benefits, risks, and alternatives associated with the procedure as per the ethics, the nurse will be safe. However, if the details have not been provided and a problem occurs during the treatment, then the nurse will be under risk. For example, a pint of blood should be kept ready for emergency in case the patient had massive blood loss, but if the patient has not been informed about it, the nurse will only be blamed. Therefore, it should be noted that getting the informed consent signed from the patient alone is not enough. The nurse has to explain clearly the details and make sure that the patient has completely understood them.

Ethics Controls, Modifies, and Moulds Good Ethical Behaviour in the Nurse: Following ethical principles will help not only the nurse but also all health care providers to modify and control their

behaviour towards patient care since all ethical principles are grounded and framed to the benefit and protection of the society. A nurse should strictly follow the ethical principles of accountability and responsibility in nursing care, for example, in the administration of drugs to patients as ordered by the physician. As per the principle, a nurse has to abide the order and provide the drugs safely on time by following the five rights, namely, right patient, right drug, right route, right dose and providing the drug at the right time. The responsibility does not end with providing the drugs; the nurse has to document and even report the condition to the concerned authority. Here, the behaviour of the nurse is controlled and moulded, and the nurse is tuned to behave ethically for each and every activity.

Ethics Helps the Nurse to Attain Professional and Personal Satisfaction: A nurse should follow the code of ethics and hospital policies. Legally approved ethical principles help the nurses to attain personal and professional satisfaction since these ethical principles direct the nurse to do good to the patient and achieve the goal of high quality care and satisfaction.

Ethical Values Help in Better Decision-making: If an institution or management has enforced a standard and strong ethics, its principles will definitely help in decision-making. Whenever issues or problems arise, moral and ethical principles are twined and stitched into each decision-making step. This ensures safety not only for the employee but also for the management and there are no “ups” and “downs”.

Ethics Leads to Profits: Both ethics and profits go together. Without doubt, any management that sticks to strong ethical principles will yield only profit, since these principles work out only to stabilize the unity. Harmony always leads to profits in the long run.

Ethics Is a Rule for Right Conduct of Any Human Being: The fast pace of advancement in technology has brought about the need to stabilize the strong ethics to safeguard the life of the humans. Ethics can be easily framed and followed whereas a law cannot be framed easily and though implemented will not protect always. However, strong ethical principles will do it. Where law fails, ethics can succeed. An ethically oriented management will take measures to prevent pollution and protect the workers’ health even before being mandated by the law.

1.5.2 Importance in the Clinical Area

The ethical principles guide the nurse in the following:

1. Delegate work responsibility as per the needs and requirements of the patients
2. Practise nursing care as per the nursing care standards
3. Provide good judgement ability
4. Uplift self-determination
5. Help to be accountable and responsible in nursing care
6. Help to alleviate the pain and suffering of the patients
7. Never ignore a patient and attend to and meet all the needs of the patients

1.5.3 Importance within the Horizons of the Nursing Profession

The ethical principles in the nursing profession help in the following:

1. Maintain a trustworthy relationship among the team members in the medical profession and the health care providers and co-workers such as nurse and colleagues relationship, nurse and patient relationship, nurse and doctor relationship.

2. Evaluate the performance of nursing care by checking for any impaired practice, acceptance of any forms of rewards, tokens, or goodies from the patients or their relatives, and the maintenance of a therapeutic relationship with patients.
3. Maintain confidentiality and ensure that the details of the patients are recorded accurately and are kept safe.
4. Not practise any illegal or criminal offense or allow it in the nurse's presence.
5. Maintain good morale.
6. Respect all cultural issues of the patient.
7. Use the power and potentiality to upgrade the professional growth properly.

Nursing is not possible without ethics. It is needed in all fields of nursing such as foundations in nursing, nursing education, nursing research, nursing administration and management.

1.5.4 Importance for the Patient

Nursing ethics is important for the patient because it helps in the following:

1. Obtain good and efficient nursing care
2. Exercise the patients' rights
3. Obtain all information needed about patient care
4. Attain patient satisfaction because of high quality nursing care
5. Create a trustworthy relationship between the patients and health care providers
6. Safeguard the patient from all medico-legal problems

1.5.5 Importance for the Society and the People

Nursing ethics is important to the society and people because of the following reasons:

1. Following nursing ethics helps a nurse to be a good citizen in the society.
2. Nursing ethics guides a nurse to be morally and ethically right and is inculcated in each and every activity of the nurse that is directed towards the society.
3. Nursing ethics governs the ethical behaviour of a nurse to do only good to the society.
4. Nursing ethics never allows a nurse to do harm to the society.

1.6 CODE OF ETHICS IN INDIA

As a welfare state, India has its own general code of ethics that govern the people and the staff working in all the states of India. There has been a drastic change in the health care system and the "health for all by 2000" policy has brought significant importance to nurses to provide care by the primary care approach. Nurses seem to play a vital role in all the three levels of care and prevention, namely, primary, secondary and tertiary. The code of ethics is framed generally to protect the health of the public, workers, nurses and profession. Many factors affect the implementation of care at all levels, especially in public health care. Since the cost of health service is low, the majority of the public approach the government sector rather than the private hospitals to seek medical services. However, utilization of resources such as money, manpower and materials is very less and inadequate in the

government sector. Nurses face a number of ethical issues. For example, in government hospitals, a single nurse takes care of about 60 patients admitted in the inpatient department, that is, the nurse-to-patient ratio is 1:60 instead of the prescribed ratio of 1:3 in the intensive care unit and 1:10 in the general wards. A standard system of recruitment is not followed, and it is against the ethical law to impose a high workload on a single staff. The nurse has to work like a machine without any interest and may experience burnout. He/she cannot be expected to provide individual care and the quality of work suffers. Another issue is that since there is a lack of nursing staff, most of the care is provided by the untrained staff. There is no adequate resources such as linen, pillows, beds and cots, solutions, and medicines to treat the patients in the government set-up. Hence, the nurse, who is always with the patient, undergoes stress and pressure to meet these demands. The establishment of the general code of ethics should concentrate on the following issues:

1. Adequate recruitment of the staff as per the staff inspection unit norms.
2. Equitable distribution of the resources under supervision.
3. Improvement in the economic conditions and the standard of the working environment of the staff nurses.
4. Regular reversal and increment of the reimbursement of the staff.
5. Recognition of and reward for the talents and skills of the staff at regular intervals.
6. Provision of private–public partnership in delivery of quality care.
7. Knowledge updation of the staff to keep pace with the growing technology by providing in-service education and encouraging the outlets for continuing education.
8. Conduction of regular medical and nursing audits to evaluate the nursing care.

1.7 NEED AND PURPOSE OF PROFESSIONAL CONDUCT

A profession conduct is needed for the following purposes:

1. To promote and safeguard the interest and well-being of the patients.
2. To improve and maintain professional knowledge and competence.
3. To acknowledge any limitation in gained knowledge and competence and declaim any duties or responsibilities unless the nurse is not able to perform in a safe and skilled manner.
4. To work in an open and a cooperative manner with the patients and their families in order to foster their independence and to recognize and respect their involvement in the planning and delivery of care.
5. To recognize and respect the dignity of each patient as a client and respond to the needs of the patients with care, irrespective of their ethnic origin, religious beliefs, and personal attributes and the nature of their health problems.
6. To report to the concerned authority at the earliest about any physical, psychological and social problems identified in the patients, which helps to start the treatment at the earliest and prevent the complications of the illness later.
7. To work in a collaborative and cooperative manner with health care professionals and others involved in providing care and to recognize and respect their particular contribution within the care team.
8. To avoid any abuse of the privileged relationship with patients in the workplace.

9. To protect all confidential information concerning patients obtained in the course of professional practice and make disclosure only with the consent of the patient or when required by the order of the court.
10. To assist professional colleagues to develop their professional competence and assist others in the health care team.
11. To prevent negligence, malpractice and assault of patient by the nurse.
12. To promote high quality of patient care.
13. To safeguard the nurse from the legal and ethical issues involved in providing nursing care.
14. To ensure physical, psychological and social safety of the nurse and the patient.
15. To evaluate the professional performance of a nurse.

1.8 ETHICAL SCHOOLS OF THOUGHT

Ethics may be divided into three broad schools of thought.

Consequential School: Consequentialism or teleological thoughts are taught in this school; a person's actions are judged based on the consequences or outcomes of a given act. Right activity with good intention leads to good for others. A person is evaluated by assessing whether immediate harm is balanced with future benefit. For example, a cancer patient undergoing radiation therapy may experience some discomforts such as alopecia, anorexia, and weight loss; the intention here is not to cause pain, but this is the only palliative care available since there is no cure for cancer. Therefore, palliative care is the desired beneficial consequence of the radiation therapy.

Deontological School: This school teaches to obey the rules and regulations of the school or the institution where the students learn. An action is right if it is in accordance with a moral rule or principle. The deontological ethics speaks about obeying and following rules, doing the duty rightly, and being bounded by moral obligations and moral commitment.

Virtue Ethical School: According to this school of thought, if an individual's thoughts, ideas, and views are morally and ethically good, then his/her actions will be also good. It gives importance to the character of the individual, which should be moulded and mended by teachers who are strictly bound by moral and ethical principles. When such teachers act as a source for the students, they learn to mould their behaviour to do good since good thoughts, ideas, and behaviour are seeded by the teachers in the students' mind. Virtue ethics leads itself to many situations in which imaging professionals may become involved.

Figure 1.2 depicts the various theories and models associated with ethics.

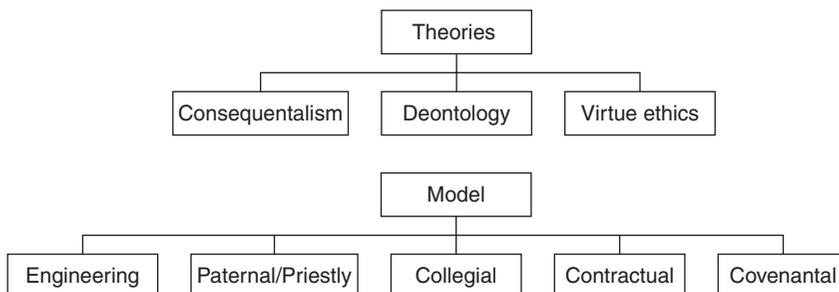


Figure 1.2 Theories and models in ethics

1.8.1 Theories and Models in Ethics

Ethical Models

Models for ethical decision-making in health care broadly describe different types of interactions with patients. They provide the frameworks for understanding the expectations and responsibilities. Individual health care professionals must choose the model or models they feel appropriate. All the models may be applied to any of the ethical schools of thought presented earlier.

Engineering Model: The engineering model identifies the health care provider as a scientist concerned with facts and defines the patient as a condition or procedure, and not as a person. A health care professional using the engineering model tends to view the patient as a collection of body systems, instead of as a whole person. Under this model, a diagnostic imaging technologist considers the patient to be a gastrointestinal or skull series, and not as an anxious human patient.

Paternal or Priestly Model: The paternal or priestly model casts the caregiver in the omniscient and paternalistic role of making decisions for rather than with the patients. The magnetic resonance technologist who powerfully urges a feeble 90-year-old person on the table when the patient explains that he or she cannot make the move is exhibiting paternalism.

Collegial Model: The collegial model describes a more cooperative method of providing health care for the patient. It involves sharing, trust and the pursuit of common goals. An imaging professional who takes time to get to know the patient and works with the patient to reach a mutual understanding is working within the collegial model.

Contractual Model: The contractual model defines health care as a business relationship between the provider and the patient. A contractual arrangement serves as the guideline for decision-making and provision of services. This model is exemplified in the informed consent process. The imaging professional who explains an invasive procedure to a patient is involved in the contractual process.

Covenantal Model: The covenantal model recognizes that many areas of health care are not always covered by a terse, business-like contract. Instead, it is based on an agreement grounded on traditional values and goals. Therefore, the model often used combines the covenant and contractual models to build a business relationship and implement the shared goals and values. The ability to trust often depends on previous experiences with the health care procedures.

Patient's Rights

One of the most important issues involved in biomedical ethics, influencing almost every aspect of the professional's ethical considerations, is the patients' rights. The American Hospital Association (AHA) has recognized the importance of the patients' rights and published the Patients' Bill of Rights.

Nursing Ethics

Nurses are not at all levels of health care, but they are the primary functionaries and the largest component of health manpower. Nurses, while rendering care in a politically oriented health care system under the Consumer Protection Act, are increasingly facing ethical issues. Nursing ethics refers to the professional standards of conduct practised by nurses related to or in accordance with approved moral behaviour in rendering health care services.

Nursing Ethics and Professional Body

The Trained Nurses Association of India (TNAI) believes that as a professional person each nurse is ethically and morally responsible for providing the required care to each individual to the best of his/her ability and refraining from such acts that would harm or exploit the patient/client as well as the nurse.

Therefore, nurses on the job must seek and avail necessary opportunities that would keep them abreast of the changes. They must also provide facilities to render effective and efficient care and share their views mutually on issues/acts that they may be considered unethical and immoral.

Ethical Behaviour of Nurses

The TNAI, therefore, in the interest of sustaining the ethical behaviour of the nurses recommends the following:

1. Only those procedures that are taught and learnt through prescribed educational programmes and on the job training should be carried out on the patient/client.
2. Irrespective of the caste, creed, religion, or sex, every person should be helped and cared to attain/maintain optimum levels of health.

1.9 TYPES OF ETHICS

Sr. No.	Concept	Description
1	Metaethics	Metaethics means understanding the concept of ethics. It is about how we learn and understand ethics. What do we mean by doing right or wrong? It forms the basis of any ethics. It was introduced by G.E. Moore in his book "Principia Ethica", published in 1903. In his book, he has explained about naturalism/naturalistic fallacy and he openly rejects the naturalism intervening ethics. The focus of metaethics is on analytical philosophy and logical positivism.
2	Normative ethics	Normative ethics is otherwise known as moral theory of ethics. By dealing with the principles of right and wrong, it helps to solve difficult issues. At the turn of the 20th century, the focus of this theory on the right and wrong actions diminished and it concentrated on diversified moral actions. By the middle of the 20th century, metaethics started gaining more popularity than normative ethics. In 1971, John Rawls published "A Theory of Justice", which was noteworthy for its moral arguments on metaethics. It created a renewed interest in normative ethics.
3	Descriptive ethics	It is a kind of ethics that describes the aesthetics, beauty, and art of living, thus giving more importance to social science than humanity. It gives importance to the ethical principles that are derived from the observation of people's activities and choices made in practice. This is also called as situational ethics. Since the observations are of situations wherein choices are made, such situations lay the foundation for the derivation of ethical principles. This type of ethics concentrates on aesthetics, etiquette and arbitration more than following the theories of right conduct.

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Sr. No.	Concept	Description
4	Evolutionary ethics	This type of ethics focuses on evolution and its role in framing the human psychology and behaviour.
5	Military ethics	It is a branch of ethics having its own set of practices and philosophy that guides the armed force members to act consistently with the values and standards as established by the military tradition and to enforce these conditions in the administrative structure. Some of the ethical issues involved in the military field are as follows: (a) Justification for using force (b) Loss of position because of race bias or abuse (c) Difference in treatment of staff based on gender, gender abuse, especially faced by women, and gender inequality, wherein higher positions are not given because of the gender even if the required talent and experience are present (d) Age discrimination, wherein authority is given based only on the age not on the capability or talent (e) Unfair advantage taken by the family members (nepotism or empire building)
6	Relational ethics	This type of ethics is used in qualitative research and is related to care and caring of others. It helps the researchers to discuss the issues, understand the values, and show respect to other researchers and the communities in which they live and work.

CONCLUSION

Right way of living leads to right behaviour and right behaviour leads to right actions. Thus, right conduct forms the basis of ethics and its principles and has been dwelt upon in length from the ancient times. This chapter deals with the history of ethics and discusses about the origin of ethics and how ethics was perceived in the ancient period and in the Bible, and the various concepts such as natural law and Kantian law. The utilitarian theory in the 21st century illustrates the importance of ethics in a profession. The general code of ethics and the different aspects of ethics have been dwelt upon, which will help to understand ethics from its origin.

Every individual expects a good ethical behaviour from every nurse, which leads to a good relationship. The objective of a good relationship is the welfare of the patient.

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REVIEW QUESTIONS

1. Define ethics and explain professional ethics in detail.
2. Explain the history of ethics.
3. Define code of ethics and the need and purpose of professional conduct.
4. Describe the various ethical schools of thought.
5. Discuss the types of ethics in detail.

ETHICS IN NURSING PROFESSION

LEARNING OBJECTIVES

1. Definition and importance of ethics
2. Nursing ethics and its involvement in various branches
3. Code of ethics in nursing
4. Ethical principles involved in nursing
5. Statement of ethical responsibility
6. Definition of professional etiquette and etiquette in nursing

2.1 INTRODUCTION

The word ethics is derived from the Greek word “ethos”, which means custom or guiding beliefs. Ethics determines the characteristics of a profession and is also called as a “code of conduct”. Nursing ethics provides the professional standards for nursing activities, which protect the nurses and the patients from legal and ethical issues. Ethics are the determined standard rules or principles that govern the right conduct and are designed to protect the rights of a human being. There is a set of ethics that is used by the nursing profession. The code of ethics explains the members of a profession what kind of conduct is expected from them in their practice. It states the responsibilities of the members towards those they serve, their co-workers, the profession and the society as a whole. When a person becomes a member of the nursing profession, he/she should accept the responsibility of living according to the code of ethics in order to maintain the standards of the nursing profession.

2.2 DEFINITION

1. Ethics is defined as a set of rules for correct behaviour. Professional ethics for nursing will state the ideal way a nurse should behave in all professional relationships (patients, patients’ relatives, co-workers, members of other professions and the public).

2. The code of ethics defines the kind of conduct expected of the members of a profession. It is also used to guide professional behaviour, help teachers plan instruction, prevent below-standard practice, protect a nurse if falsely accused and provide direction for legal action.
3. Ethics is a system of understanding determinations and motivations based on individual conceptions of right and wrong. It is not determined by strict rules or rigid guidelines, and although it is relatively stable, it can change over time.
4. Nursing ethics refers to the professional standards of conduct practised by nurses related to or in accordance with approved moral behaviour in rendering health care services.

2.3 IMPORTANCE OF ETHICS IN NURSING

Ethics is important in the nursing profession for the following reasons:

1. Ethics is used to guide the professional behaviour of the nurses.
2. It helps the teachers to identify what needs to be taught for the nursing students.
3. It can be used to prevent a nurse from practising if his/her conduct is poor and clearly below the standards set by the code.
4. It can be used to protect a nurse who is falsely accused of doing something wrong.
5. It can also be used as a guide for direction when legal action must be taken in a lawsuit.

2.4 NURSING ETHICS

Nursing ethics provides the professional standards for nursing activities, which help to protect not only the nurse but also the patient. In 1973, the International Council for Nurses (ICN) adopted the code of ethics and implemented a rule that all nurses must follow this code. The main objectives of the code of ethics as described by the ICN are as follows:

1. Promote health and well-being
2. Prevent illnesses and complications
3. Restore the health and alleviate the suffering of the patient without any complications

The generalized objective of the code of ethics is that the principles evolved should be made universal and nursing care should be given irrespective of the race, caste, creed, religion, age, sex and politics of the patient. A nurse should maintain the dignity of the nursing profession in any situation and should not be influenced by the social status of the patient or money and get involved in corruption. This is possible only by following nursing ethics.

2.4.1 Nursing Branches Involving Ethical Issues

Ethical issues are involved in the following branches in nursing:

1. Nursing research
2. Nursing education
3. Nursing administration
4. Nursing management

5. Intensive care unit
6. Operation theatre/surgical nursing
7. Medical nursing
8. Community health nursing
9. Child health nursing
10. Mental health nursing
11. Maternity nursing
12. Nursing procedures

2.5 CODE OF ETHICS

The code of ethics states the kind of conduct expected from the members of a profession and the responsibilities of its members towards those whom they serve, their co-workers, the profession and the society as a whole. It would be easier in decision-making if the member understands what the wrong or right behaviour in different situations is. The first such code of ethics, called the International Code of Nursing Ethics, was adopted by the Grand Council of the ICN at Sao Paulo, Brazil, in 1953. It was later revised in Frankfurt, Germany, in 1965 and then came to be known as the ICN Code of Ethics. The most recent revision was in 1973 and took place in Mexico City, Mexico, and resulted in the present code for nurses. Each revision of the code has resulted in clearer and broader standards, which can be applied in any culture.

The ICN Code of Ethics gives a general description of the following:

1. What a nurse does: the fourfold responsibility of promoting health, preventing illness, restoring health and alleviating suffering.
2. How nursing service should be given: unrestricted by the considerations of nationality, race, creed, colour, age, sex, politics or social status; coordinated with related groups.
3. To whom service is given: the individual, the family and the community.

The body of the code is made up of five sections.

Nurses and People

This code is concerned with a nurse's actions towards the people. Here, the term "people" refers to the patients for whom care is provided. A nurse's responsibilities based on the ethics are as follows:

1. Hold the personal information of patients in confidence and use judgement in sharing this information.
2. Provide nursing care with prime responsibility for those who need care.
3. Provide care for patients without considering their caste, creed, etc. and give respect to their values, customs, and spiritual beliefs.

Nurses and Practice

A nurse should adopt standard nursing practices while providing nursing care and should maintain the highest quality possible within the reality of the specific situation. The following are the principles stated in this code with respect to a nurse's practice:

1. Have a personal interest in updating his/her knowledge and should ensure it by continual learning.
2. Always provide evidence-based care with the help of continuous research activities.
3. Apply the scientific principles specific for each nursing procedure as learnt and modify, verify the same, and act according to the hospital practices.
4. Never ignore any patient while on duty.
5. Should commit any malpractice or be negligent while working.
6. Avoid absenteeism in working hours.
7. Be physically, mentally, and socially alert at all times during practice.
8. Accept and delegate the responsibilities with proper judgement and expert guidance.
9. Always maintain standards throughout the life of nursing practice.

Nurses and Society

This code reflects on the responsibilities of a nurse towards the society and states the following:

1. Educate the public and create awareness about the various health problems as and when needed.
2. Initiate and support activities to meet the health and social needs of the public.
3. Act as an initiator, supervisor and supporter of any health programme implemented for the benefit of the society.
4. Inform the higher authorities in time about any abnormalities or contagious diseases noticed during nursing care.

Nurses and Co-workers

Nursing is always a teamwork. An individual can never provide complete care. He/she needs the support and guidance of the co-workers. This code aims to do the following:

1. Create “esprit de corps” among the workers.
2. Have a positive and healthy relationship with the co-workers.
3. Maintain dignity and give respect to the co-workers at all levels.
4. Safeguard patients and co-workers by taking appropriate actions, especially in case of accidents, disasters, bioterrorism, bomb explosions, etc.

Nurses and the Profession

Nursing has its own scientific background and its own nursing foundation. This is why it is called as the nursing profession. It has its own professional bodies and associations, such as the Trained Nurses Association of India (TNAI), Indian Nursing Council and the ICN. They provide training on the policies and procedures involved in the nursing profession and implement updated standard principles of nursing practices, which all the nurses should abide by and follow. This code reflects on the responsibilities of a nurse towards their profession as follows:

1. Be active and alert at all times as a nurse plays a major role in caring for the patient. Use professional knowledge in the administration of nursing care.
2. Update the standards of practice and improve the quality of care through research activities.

3. Provide care equally to all categories of people, and establish good and healthy social and economic working conditions.
4. Adopt high qualities of nursing care through all stages of his/her nursing practice, that is, novice, practitioner and expert.
5. Be an active member in a nursing organization.

2.5.1 International Code of Nursing Ethics

The International Code of Nursing Ethics states the following:

1. The fundamental responsibility of a nurse is to conserve life and to promote health. Every nurse is a teacher of health by example.
2. A nurse must be adequately prepared to practise nursing and be willing to continue to learn new ideas by reading and attending meetings.
3. A nurse must learn to respect authority.
4. A nurse must carry out the doctor's orders accurately and sustain confidence in the doctor and all members of the health team.
5. A nurse should report any unusual condition or symptom to the doctor or the nurse in charge.
6. The religious beliefs of a patient should be respected.
7. All information given to a nurse should be held in confidence.
8. When a patient requires continued nursing care, the nurse must remain with the patient until adequate relief is available.
9. A nurse has the obligation to give conscientious service and, in return, is entitled to just remuneration.
10. A patient should always be called by his full name.
11. Punctuality is very important for a nurse.
12. Obedience is very important in observing rules and regulations.
13. Every nurse must have respect for authority and for rules and regulations.
14. Manpower, money and material supplies should be blended fairly as per the hospital needs to meet the demands of the patients. Any inequality in manpower, money and material will affect not only the nursing care but also the entire management process in the hospital.

2.6 ETHICAL PRINCIPLES INVOLVED IN NURSING

In reality, ethical principles control professionalism in nursing practice much more than the ethical theories. Principles encompass basic promises from which rules are developed. Principles are the moral norms that nursing, as a profession, both demands and strives to implement in everyday clinical practice. The ethical principles that a nurse should consider when making decisions are as follows:

1. Respect for persons
2. Respect for autonomy
3. Respect for freedom
4. Beneficence (doing good)

5. Non-maleficence (avoiding harm to others)
6. Veracity (truth telling)
7. Justice (fair and equal treatment)
8. Respect for patients' rights
9. Fidelity (fulfilling promises)
10. Confidentiality (protecting privileged information)

These principles are discussed in detail.

Respect for the Patient as a Person: The basic responsibility of nursing ethics is to respect the patient or the client as a person or a human being. This is done by allowing the patients to take decisions based on the choices available in treatment, addressing them by name and not by body structure, providing respect for their privacy, respecting their beliefs and wishes, and striving to obtain all their rights such as the right to be informed, the right to get oriented, and the right to refuse or accept treatment.

Respect for Autonomy: This is a very important ethical principle, according to which a nurse should give complete respect to the patient and allow him/her to take decisions on his/her own. A nurse should never interfere in any part of decision-making regarding the treatment unless the patient asks for it. Moreover, he/she should never force the patient to choose a treatment method. Even when the patient asks for help, a nurse should suggest the best options available, explain the risks and benefits associated with the treatment, and provide alternatives if available. While obtaining informed consent, a nurse should explain the pros and cons of the procedure and make sure that the patient has understood the details clearly before getting the signature.

Respect for Freedom to Make Choices in the Patient Care: Many hospitals never allow the patient to choose the treatments and are very authoritative. However, it is unethical. The patient has the freedom to make choices about the treatment, continue the treatment, withhold or withdraw the treatment, and get discharged at any time from the hospital.

Beneficence: Beneficence means doing good to benefit others. Being beneficial or doing good is the ultimate goal of a nurse. When a patient gets admitted to a hospital, it is the duty of the nurse to alleviate his/her suffering and discomfort, whether it is physical, psychological, or social, and to do only good to the patient throughout the period of his/her hospitalization. Learning procedures while on duty should be avoided, for example, learning to inject a patient. In procedures such as the insertion of intravenous cannula in the patient's vein, in which the nurse pierces the patient's skin, if he/she follows the correct standards of practice and inserts the needle as per the procedure, he/she is doing good. Instead, if he/she is learning to puncture the vein and tries repeated venipuncture in the same vein, it will harm the patient and should not be done.

Non-maleficence: Non-maleficence means avoiding harm to others. A nurse should know about and anticipate the problems that may occur to the patient during treatment. For example, the position of a bed-ridden and paralysed patient should be changed frequently and all the necessary comfort devices should be provided to him/her. Otherwise, it leads to formation of bedsores in the patient, which is difficult to cure. If the nurse never changes the position, it amounts to doing harm knowingly. Therefore, all the nursing activity should be directed towards not doing harm to the patient.

Veracity: Veracity means telling the truth. A nurse should never lie in any situation and should be honest and truthful not only to the institution and patient but also to the profession. For example,

a nurse should never lie about the diagnosis details. Once the diagnosis is confirmed, he/she nurse has to reveal the actual diagnosis made and should not lie for anybody's sake or favour.

Justice in Providing Nursing Care: Justice means being fair to all the patients, providing care to everyone, and trusting them equally, irrespective of their caste, creed, religion, sex, age, education, race, socio-economical status, and marital status. A nurse should not show any cultural or language preference in patient care.

Respect for Patients' Rights: A nurse should always give respect to the rights of a patient, such as the right to get respect, the right to be informed, the right to be oriented, the right to take decisions, and the right to refuse or accept any treatment. A nurse should be aware of all the rights of the patient and treat him/her accordingly.

Fidelity: Fidelity means maintaining promises and being more trustworthy and fruitful towards the profession. A nurse should be dedicated and work with full commitment, keep all the details of a patient safe, and create a truthful and trustworthy relationship with patient.

Confidentiality: It is the most important ethical principle in the nursing profession. It is the duty of a nurse to keep all the details of a patient and the relevant documents safe and not reveal anything to other patients, nurses or anybody unknown.

2.7 ETHICAL RESPONSIBILITIES OF A NURSE

Some of the main ethical responsibilities of a nurse are as follows:

1. Meet the needs of all the patients under care
2. Be truthful and honest to the patient and maintain fidelity in all nursing interventions
3. Keep all the documents confidential and safe
4. Give care with full respect and caring attitude
5. Always act for the benefit of the patient and do not cause physical, social or psychological harm
6. Maintain a therapeutic relationship with the patient
7. Always be faithful, punctual and sincere while performing the duty
8. Be responsible and accountable for all actions towards the nursing care
9. Be aware of all the rights of a patient and try to implement and respect them

2.8 NURSING ETHICS AND PROFESSIONAL ETIQUETTE

Etiquette means good manners. We all learn certain standards of social etiquette in daily life. We know how to behave with courtesy and respect in our relations with other people. For example, we learn when it is correct to remain seated or to get up in different kinds of social situations. We also learn how to make another person feel welcome, comfortable and at ease. Much of what we do in these relationships depends upon the social customs of the community in which we live.

Professional Etiquette

Professional etiquette means “good manners” in professional relationships. Just as we learn social etiquette, we must also learn what etiquette is acceptable and expected of us in our professional relationships. It is essential for successful working relationships with those in authority, nursing colleagues, members of other professions, patients and those in society.

To help us learn about the professional etiquette that is expected of a nurse, the following discussion is centred upon the professional relationships and the standards of behaviour that have been developed and accepted by the nursing profession. It must be remembered that these standards will vary according to the society in which they are practised. In all situations, however, professional etiquette is based upon the same characteristics, that is, consideration and respect for others.

Nothing is more important than practising these two things in everyday behaviour. Developing good relationships in all areas of life will help one to become a better person and will lead to greater cooperation and understanding in one's professional relationships and activities. Professional success and reputation depend upon practising good professional etiquette.

Employment Etiquette

Advertising in nursing journals and newspapers, direct contact with institutions and professional organizations, and informal contacts with experienced nursing personnel are the best sources of information about vacant positions. Application for a position may be sent through a letter or application with or without a resume or an application form supplied by an employer.

Resigning from a Position

A resignation letter should be submitted in good business form well in advance of the planned departure, depending upon the circumstances. Early notification is helpful for staffing and planning by the administration under which the employee presently works. A resignation letter should never be written unless one is sure of leaving. It should be typed or printed clearly in the approved business form on a plain white paper. The reasons for leaving should be expressed in a polite, honest and objective manner. The letter should also express appreciation for the experience gained and regret for the necessity of leaving. The employee should hand over charge to another responsible person before quitting the organization. Proper notification is professional and important when submitting a resignation. A notice of one month is considered courteous, except in emergency cases.

2.9 PROFESSIONAL ETIQUETTE FOR NURSES

Professional etiquette for nurses refers to the ethical manners and moral behaviour that a nurse should follow throughout his/her life of nursing. Maintaining good etiquette reflects good morality in the nurse. The important qualities that make up good professional etiquette are as follows:

1. Being gentle and polite to all patients, seniors and other health workers in the hospital.
2. Giving respect to the seniors, co-workers and clients.
3. Addressing seniors with proper title such as Sir or Madam.
4. Answering politely and humbly to any questions asked or clarifications sought by the seniors.
5. Giving way to the seniors and standing aside and allowing the senior nurse to pass.
6. Maintaining discipline wherever needed such as in the ward, conference meeting with seniors, classroom and library.
7. Keeping the uniform neat and tidy.
8. Not wearing any gold jewellery or applying make-up while on duty.
9. Obeying the rules and regulations of the hospital at all times.
10. Getting proper prior permission from colleagues and the sister-in-charge before taking any articles from the ward.

CONCLUSION

Nursing ethics is a permanent mantra for all nurses. Understanding the ethical principles will definitely reduce complications arising out of ethical issues or any ill effects due to nursing care. Following the ethical principles of nursing will help not only to safeguard the nurse and the patient but also to maintain the dignity of the profession in the society. This can be achieved only if nurses strictly follow the code of ethics for nurses.

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REVIEW QUESTIONS

1. Define ethics and explain the importance of nursing ethics.
2. Describe nursing ethics and explain in detail the involvement of ethics in the various branches of nursing.
3. Define and discuss in detail the code of ethics.
4. Explain in detail the ethical principles.
5. Explain the statement of ethical responsibility.
6. Discuss the relationship between professional ethics and etiquette.

BIOETHICAL ISSUES

LEARNING OBJECTIVES

1. Definition and history of bioethics
2. Need, purpose and scope of bioethics
3. Principles of bioethics
4. Bioethical issues in medical practice

3.1 INTRODUCTION

Medical technology has mushroomed, providing an ever-increasing array of diagnostic and interventional modalities that can diagnose and treat illnesses that were believed to be lethal only a few years ago. Bioethics represents a particular branch of ethics within the field of health care. Bioethics narrows ethical enquiry of moral thought of those who work as professionals in clinical practice, basic research, or any professional education institutions. It affects all the health professionals who seek knowledge to improve their skills; at times, they are trapped in legal and ethical issues and their minds are in an ethical dilemma regarding taking any decisions concerning the ethical issues involved in the bioethics. Therefore, it is important for a nurse to learn and practise bioethical issues and management.

3.2 DEFINITIONS

1. It is a branch of science that deals with the ethical and moral implications of new biological discoveries and biomedical advances.
2. It is a branch of ethics, philosophy, and social commentary that discusses the life sciences and their potential impact on society.
3. It deals with the study of value judgements pertaining to human actions in the fields of biology and biotechnology.
4. It is a study of the moral and ethical choices that scientists and doctors face in medical research and in the treatment of patients.
5. It is a branch of science that explores the moral and ethical questions surrounding life, health, science, medicine and environment.

6. It is a study of right and wrong in biomedical advances and activities such as genetic engineering, organ transplantation and the care of terminally ill.

3.3 NEED OF BIOETHICS

In 1998, a study was conducted by the Ethics Committee of the American Nurses Association in which ethical issues and problems encountered by 52 nurses in their work in a hospital were analysed using a “32-item ethical issues in nursing” instrument. The results indicated that the nurses encountered a few ethical issues. The five most common issues were inadequate staffing patterns, prolonging life with heroic measures, inappropriate resource allocation, dealing with situations wherein patients were being discussed inappropriately, and dealing with irresponsible behaviour of colleagues. Ethical issues were more frequent in critical care units than in other units. However, in the present scenario, nurses may be unaware of the neglected areas that need to be taken care of.

Bioethics covers a wide range of areas such as reproductive technologies, organ transplantation, stem cell research, physician-assisted suicide and end-of-life medical decisions.

Bioethical issues mostly arise in the most sensitive areas of patient care. Examples of such areas are the care of terminally ill patients nearing death—if the patient is in a vegetative state, the situation might force to decide for euthanasia; infertility treatments and surrogate mother; and abortion, where the rights of the unborn child are violated.

In the case of terminally ill patients, wherein the medical treatment cannot completely cure the patient, sometimes euthanasia or mercy killing is requested by the patient or by the patient’s family members or is advised by the physician. In such situations, the ethical issue is the right of the patient to live like others until death.

The ethical issue in the case of abortion deals with the rights of the unborn child, which is being killed mercilessly. Nobody is bothered and many are not aware of such issues or do not care about them as they are silently hidden. Unless they are brought out to light, they remain hidden like an iceberg under water. Figure 3.1 illustrates that the part of the ice immersed in water is transparent and will not be noticed while having a quick glance at the beaker.

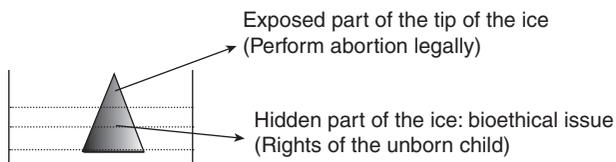


Figure 3.1 *Iceberg model: hidden bioethical issues*

The hidden part of the ice can be revealed only when diagnoses are made, that is, through in-depth understanding of the bioethical principles and awareness of such issues.

3.4 PURPOSE AND SCOPE

The purpose and scope of bioethics are as follows:

1. To reveal the hidden bioethical issues, for example, abortion, surrogate mother, euthanasia.
2. To measure the safety limits of any bioethical issue.

3. To create a new ethical law based on the bioethical issues.
4. To solve the bioethical issues and dilemmas that arise in health care.
5. To evaluate the range of bioethical ethical issues involved while performing any patient care as mild, moderate or severe, because it is important to analyse whether the depth of the issue is simple or complex. It is better to safeguard the nurse and the patient at the earliest, that is, at the simple or mild stage of the issue.
6. To do any research on humans, it is important to analyse whether at any time during the research process, any injury or harm might be caused to the individual or to the society.

Scope of Practice

The scope of practice has broadly anchored in all disciplines such as all areas in nursing, biology, pathology, genetics, obstetrics and gynaecology, reproductive health, biotechnology, and microbiology. Many of these issues are discussed in the following chapters.

3.5 PRINCIPLES OF BIOETHICS

Though there are many principles of bioethics, many are not strictly followed or adopted. Almost 90% of the doctors never respect the rights of the patients. They think that they know better than others and try to dominate with their knowledge, skill and status. They do not include the patient in any kind of decision-making because they think that whatever they do is for the good of the patient. This type of decision-making is known as paternalistic behaviour or paternalism.

The Universal Declaration on Bioethics and Human Rights adopted by the United Nations Educational, Cultural and Scientific Organization (UNESCO) identifies the following fifteen bioethical principles:

1. Human dignity and human rights
2. Benefit and harm
3. Autonomy and individual responsibility
4. Consent
5. Persons without the capacity to consent
6. Respect for human vulnerability and personal integrity
7. Privacy and confidentiality
8. Equality, justice and equity
9. Non-discrimination and non-stigmatization
10. Respect for cultural diversity and pluralism
11. Solidarity and cooperation
12. Social responsibility and health
13. Sharing of benefits
14. Protecting future generations
15. Protection of the environment, the biosphere and biodiversity

Human Dignity and Human Rights: Human dignity and human rights need to be respected. This can be done by allowing the patient to participate in all discussions regarding the treatment and listening to his/her wishes. This will help in gaining the patient's confidence and co-operation, which, in turn, will help in providing efficient care.

Benefit and Harm: This principle indicates that the care given to a patient must benefit him/her and no harm must be done knowingly while giving care. For example, while giving bath to an unconscious patient, the mackintosh should be removed slowly and meticulously. Since the patient is unconscious, the nurse may think that he/she will not be able to complain and so may rashly pull out the mackintosh, which will create friction and skin breakdown, leading to decubitus ulcers or pressure sores. This is an example of consciously doing harm to the patient.

Then, how to be of benefit to the patient? Instead of pulling it out, a nurse should get help from a co-worker, turn the patient to one side, roll the mackintosh and gently remove it, thus not causing any harm to the patient. Similarly, changing the position of an unconscious patient every two hours will prevent decubitus ulcer and if a nurse knowingly neglects to change the position, it is doing harm to the patient.

Autonomy and Individual Responsibility:

Autonomy: This bioethical principle is for the staff nurses who care for the patient. Nurses are not the physician's handmaid and need greater autonomy. They should be allowed to take standard independent decisions while giving care, which has been in practise in some foreign countries. These nurses are called nurse practitioners. However, this practice is lacking in countries such as India, where nurses are not allowed to treat patients without doctor's permission. Many times, a nurse has wait until the doctor arrives before starting the treatment for a patient because even if the nurse is eligible enough to provide treatment on his/her own, he/she is not allowed to take independent decisions.

Individual Responsibility: It is the duty of the nurses to provide care for the patient. Since nurses are ultimately responsible for the patient's care, they have to be accountable for their nursing actions. For example, if an intravenous cannula is dislodged, it will obviously lead to bleeding. It is the responsibility of the nurse to be alert to and have a vigilant watch on the patient. A nurse cannot say that the patient voluntarily pulled it out or that he/she was busy attending another patient and, hence, did not see it. If the patient is not attended to immediately, the blood loss will be more. Moreover, the patient may feel unwanted if he/she is not attended immediately, which will definitely create conflicts. Therefore, a nurse needs to have individual responsibility and every action of the nurse needs to be taken into account during nursing care.

Consent: This is an important bioethical principle, which refers to getting an informed consent from the patient before starting the treatment. Getting an informed consent actually means informing the patient about what is going to be done for him/her, when, why, and how it is done, and what are all the complications if it is not done. These details are clearly explained to the patient and then his/her consent is obtained in the form of a signature in a form, with the spouse providing the witness signature. Consent forms are signed when any invasive procedure needs to be done to the patient, for example, a surgery.

Nowadays, consent is taken from the patient within a minute, without giving the details such as what is written in the consent form and why it is taken. If the patient or his/her family members ask the nurse, he/she will say it is a form that needs to be compulsorily signed and all will be explained by the doctor. However, the doctor too will never explain and the patient is left with fear and anxiety.

Persons Without the Capacity to Consent: This principle applies to the patients who are terminally ill, posted for euthanasia (mercy killing) where there is no consent or consultant done to improve the care. An unconscious patient who is brought to the emergency department will also fall under this category. In such situations, the consent of the family members or the spouse is obtained before starting treatment, but sometimes even after the patient gains consciousness, it is not informed to the concerned patient.

Respect for Human Vulnerability and Personal Integrity: This principle refers to providing respect for a patient who is approaching death and also after death. In many places, a patient approaching death is treated like an animal and after death is treated like a vegetable. For example, a patient's sense of hearing might still be working and gossiping in front of such a patient about his/her condition will affect his/her personal integrity. A patient who is terminally ill is not given proper respect.

Privacy and Confidentiality:

Privacy: This refers to the respect given to a patient while providing care. It includes keeping the rooms closed or providing screens when private areas are exposed during care and following the principle of exposing the parts when only when essential. This is an important principle to be followed especially when providing bed bath for patients.

Confidentiality: A patient trusts that his health condition and other personal details will not be disclosed to anyone else by the nurse. It is the duty of the nurse to keep the records of a patient safe and confidential. Details about the patient should not be discussed in public.

Equality, Justice and Equity: This principle implies that all patients should be treated fairly and as equals. There should be impartial provision of care in spite of differences in race, caste, creed and culture.

Justice and equity means provision of care that benefits the patient and never harms him/her and providing justice equally to all patients irrespective of their social and economic status, age, gender, etc.

Non-discrimination and Non-stigmatization: Non-discrimination means showing no difference in providing care and not separating patients into upper class and lower class based on their socio-economic status. Not providing any care to poor patients and giving more care for rich patients is described as showing discrimination in nursing care.

Non-stigmatization means not having stigma towards certain patients' disease condition. For example, a nurse may fear to touch or provide care to HIV patients, thinking that they should be neglected and not cared for. This is a kind of strong stigma towards the patient. Non-stigmatization means having a humanitarian approach towards such patients and caring for them just like others.

Respect for Cultural Diversity and Pluralism: This principle refers to the respect to be given for all kinds of patients who might be belonging to different cultures. Transcultural nursing aims at learning about cultural differences, nursing in other countries, international health issues, and international health organizations, which will help nurses give due respect to the patients' cultural beliefs.

Solidarity and Cooperation: It is a kind of firmness in provision of care and of being strict with implementation of care by following scientific steps without any compromise and without altering the normal structure of care. Solidarity is a kind of firmness not only in implementing the care as per

the needs and requirements but also in encouraging and supporting and in being strict and providing quality patient care with the cooperation of the co-workers.

Cooperation is a kind of behaviour expected among the health team members and also from the patient. A nurse should gain cooperation not only from the patient but also from the patient's family members and the entire health team in order to implement complete care.

Social Responsibility and Health, Sharing of Benefits, Protecting Future Generations, and Protection of Environment, Biosphere and Biodiversity: These principles imply the benefits to the society. Every nurse should have a responsibility towards the society and should care for it. The benefits of health schemes should be shared. Nurses should help in creating public awareness about protecting the earth and its environment for future generations and ensuring evergreen biosphere and biodiversity.

Following the bioethical principles provided by the UNESCO will definitely result in a beautiful earth with healthy people and healthy attitudes.

3.6 BIOETHICAL ISSUES IN MEDICAL PRACTICE

Although ethical dilemmas confront nurses in all areas of practice, this section discusses some of the major conditions in which bioethical issue are always involved:

Abortion: The Medical Termination of Pregnancy Act, 1972, stipulates the conditions under which abortion is legal in India. Abortion can be performed until the period of viability. After that, it is permissible only when the life or health of the mother and the foetus are threatened. Before viability the rights of the mother are of paramount importance, whereas after viability the rights of the foetus take precedence. Female infanticide is totally prohibited in India. At present, the decision for abortion is to be made by the mother (or the couple) and her physician. Caregivers have the right to refuse to perform an abortion or to assist with the procedure if it is contrary to their moral and ethical belief. Indian nurses are required to use their ethical rights in this issue.

Assisted Reproductive Therapies: There have been remarkable developments in reproductive medicine. Assisted reproductive therapies (ARTs) include in vitro fertilization and embryo transfer (IVF–ET), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), ovum transfer (oocyte donation), embryo adoption and embryo hosting.

The lack of information or misleading information about the success rates and the risks and benefits of treatment alternatives prevents couples from making informed decisions. Some of the questions that need to be answered regarding these procedures are as follows: Should IVF be available only to married couples? Should the embryo be frozen for later use? Who has the ownership—the woman, the man or both? Who are the parents—the biological or adoptive parents? Is compensation for egg donors acceptable? Should the donor be anonymous? What are the long-term effects of the medications and treatments on the women and their children and families?

Issues arise regarding the right to reproduce, ownership of embryo, parenthood and parent–child bonding, rights of research subjects and research initiatives, truth telling and confidentiality, and inter-generational responsibilities.

Nurses can provide information so that the couples have an accurate understanding of their chances for a successful pregnancy and live birth. They can also provide anticipatory guidance about the moral and ethical dilemmas regarding the use of ARTs. Nurses must remember that they are to act in the client's best interests and not their own.

Surrogate Childbearing: Surrogate childbearing occurs when a woman agrees to become pregnant for a childless couple. She is artificially inseminated with the male partner's sperm. If fertilization occurs, the woman carries the foetus to term and then releases the infant to the couple after birth.

This method of resolving infertility raises many ethical questions including the problem of religious objections to conception, and financial and moral responsibility for a child born with a congenital defect. The issue of candidate selection and the rights of the surrogate mother must also be considered.

Therapeutic Insemination: When the husband's sperm has poor quality or motility, several semen samples are collected from him. The samples consist of split ejaculates, that is, the sperm-rich first portion only is collected for freezing and later pooling for therapeutic intrauterine insemination. Donor semen may also be used for this purpose.

This method again raises the problem of acceptance of male partner for the donated sperm, who will be the father, and confidentiality. Nurses are required to deal with these issues very carefully while protecting the values of the parents.

Intrauterine Foetal Surgery: Intrauterine foetal surgery is a therapy for anatomic lesions that can be corrected surgically in the cases where the foetus will be incompatible with life if not treated. The surgery involves opening the uterus during the second trimester (before viability), treating the foetus and replacing it in the uterus. The risks to the foetus are substantial and the mother is committed to caesarean births for this and subsequent pregnancies (because the upper, active segment of the uterus is entered).

In this case, the parents must be informed of the experimental nature of the treatment, the risks of the surgery, the commitment to caesarean births, and the alternatives to the treatment. The parents must have the opportunity to ask questions and time to make a considered choice.

An established ethical principle states that a client does not need to consent to any experimental procedure. This principle, coupled with the woman's right to autonomy, should protect her from efforts to coerce her into agreeing to unwanted experimental surgery. Health care providers must be careful in ensuring that their zeal for new technology does not lead them to focus unilaterally on the foetus at the expense of the mother.

Forced Caesarean Birth: Refusal of a caesarean birth for foetal reasons by a woman is often described as a maternal-foetal conflict. Health care providers are ethically obliged to protect the well-being of both the mother and the foetus; it is difficult to make a decision for one without affecting the other. If a woman refuses a caesarean that is needed, health care providers need to make every effort to find out why she is refusing and provide information to persuade her to change her mind. If the woman continues to refuse surgery, then health care providers must decide if it is ethically right to force her to make the decision and to try and get an order (a court order in the USA) for surgery. Every effort should be made to avoid any legal step.

Organs Transplantation: Medicine and surgery in the 21st century are filled with ethical dilemmas; the field of organ transplantation is no exception. Questions inevitably involve the underlying ethical principles of respecting the self-determination of patients with decision-making capacity (sometimes called autonomy), acting to protect the well-being of the patients (sometimes called beneficence) and acting in a manner that promotes fairness and equity to all involved (sometimes called justice).

Organs donation by living donors brings into focus perplexing ethical problems because of the dangers of coercion, and ethical dilemmas arise during equitable selection and access, role of perceived non-compliance in selection, deciding recipient priorities, sale of organs and rewarded gift.

Nurses should intelligently and carefully discuss the situation in an ethical committee or with the supervisor before communicating with the donor and the recipient and other significant persons.

Care of HIV-infected Clients: Although confidentiality in the nurse–patient relationship is a basic ethical belief, while caring for HIV patients, sometimes the nurse is faced with a decision of whether to notify or not the sexual or IV needle partner or blood donor who is placed at risk by the HIV-positive person. This is an ethical dilemma involving personal and professional values regarding the issue of the patient’s rights to privacy and requires careful clarification of values and discussion.

End-of-life Decisions: When a client is experiencing a terminal illness, family members can face end-of-life decisions. The stress that families experience when deciding whether to withdraw life sustaining treatments is very high. It is important for family members to know the client’s wishes in regard to life-sustaining measures.

The study to understand prognosis and preferences for outcomes and risks of treatment found that a larger proportion of clients received prolonged aggressive treatments even when the clients and their families had indicated preference for palliative care rather than life extension.

A nurse must assess the client and his/her family’s wishes for the type of treatment desired as a terminal illness progresses. Family members often face complex decisions with unresolved burdens and guilt, limited knowledge, and an inability to conceptualize the dying trajectory or how a person’s final days or weeks will be experienced. While determining the client’s family preferences and goals for end-of-life care, the following questions arise: Does the client want to try all available treatments? Does the family insist on the use of a feeding tube for continued nutritional support? When life support requires the use of a mechanical ventilator, is this something that the client refuses? If a nurse feels uncomfortable in assessing the client’s wishes, he/she should find a health care provider who is experienced in discussing end-of-life care issues.

Human Cloning (Stem Cells Research): Stem cell is a cell that has the potential to develop into different types of cells. Stem cells are the basic building blocks of the human body. In embryos, these master cells develop into the 200 or so distinct cell types in the body. Stem cells are found throughout the body. There are primarily two types of stem cells, embryonic and non-embryonic (also called adult). Both types are developmentally flexible. Embryonic stem cells come from five-to-seven-day-old human embryos. In order to collect these cells, a living human embryo must be destroyed.

Biologically, an embryo represents one of the earliest stages of human life. Embryos, whether created through in vitro fertilization, cloning or sexual intercourse, are fully human and deserve protection.

It is never morally or ethically justified to destroy one human being in order to possibly save another. Advances in adult stem cell research provide both tangible hope for the patients and an ethical avenue for developing the therapies they need. By requiring the destruction of embryos, the tiniest human beings, embryonic stem cell research violates the medical ethic of “do not harm”.

Actually speaking, stem cell research is a boon for the humans. There are many hidden stories in the stem cell research that need to be revealed. Though it should be encouraged everywhere, it is not done because it faces lots of ethical dilemmas. Once all the hidden facts are explored, it can pave way

to the treatment of diseases such as cancer, hypertension, diabetes, Parkinson's disease, and multiple sclerosis. However, there is an ongoing debate where this should flourish or not.

CONCLUSION

The complex ethical issues involved in bioethics that are faced by the nurses have many social, legal and professional ramifications. Nurses must learn to anticipate ethical dilemmas and to develop some basic beliefs about the issues. To do so, they may read about bioethical issues or attend courses and workshops on ethical topics pertinent to their areas of practice. Furthermore, nurses need to develop skills in logical thinking and critical analysis. In this way, they will be able to increase their skills to make ethical decisions.

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REVIEW QUESTIONS

1. Define bioethics and explain the need of bioethics.
2. Discuss the history of bioethics.
3. Explain the purpose and scope of bioethics.
4. Describe the principles of bioethics.
5. Enumerate the issues of bioethical issues in medical practice.

ETHICAL DILEMMA

LEARNING OBJECTIVES

1. Definition of ethical dilemma in nursing
2. Types of ethical dilemma
3. Steps or processes involved in ethical dilemma
4. Ethical dilemma in bioethical issues in nursing
5. Different situations with ethical issues in nursing
6. Ethical decision-making steps: MORAL
7. Guidelines for ethical decision-making
8. Specific issues related to ethical dilemma
9. Professional role and responsibility in ethical dilemma
10. Specific role of nurses in decision-making in ethical process of ethical dilemma

4.1 INTRODUCTION

Ethical dilemma is similar to the two faces of a coin, wherein importance needs to be given to two equally desirable and undesirable outcomes. Ethical dilemma discusses an ethical issue to bring out solutions and check the pros and cons, where each alternative action is justified according to the view of ethical practice. Consider the case of performing an abortion. It is against Catholic beliefs and this community never allows abortion to be done as they consider it a sin, though abortion in India has been made legal since 1971 with the passing of the Medical Termination of Pregnancy (MTP) Act. There is an argument that the human rights of the unborn child have not been taken into consideration. On the other hand, there is the issue of the risk to the mother's life, the reason for which the abortion is being done. Abortion is allowed legally if the mother's life is in danger due to risky fetus. Here, the mother's and child's life and rights result in an ethical dilemma. If abortion is done, the rights of the unborn child are not given importance, whereas if it is not done, the mother's life is at risk. The MTP Act of India clearly states the conditions under which an abortion can be carried out safely, but still

the debate goes on. However, a nurse needs to understand the ethical dilemma in each issue and give care accordingly.

4.2 MEANING OF ETHICAL DILEMMA

Ethical dilemma arises when a decision needs to be taken in a situation wherein two different controversial options, sometimes equally undesirable, exist. For example, ethical dilemma is encountered in the case of tubectomy, which is a family planning method. It is well known that family planning is good for the health of the mother. However, according to Catholic beliefs, children are God's gifts and, therefore, performing tubectomy is against Christian law. For a Catholic family, family planning is like doing a sin. There are still some Roman Catholic hospitals, where family planning operation is not done to anybody, irrespective of whether the person is a Hindu, Christian, or Muslim. On one hand, family planning is good for the mother's health and helps in the financial stability of the family. On the other hand, stopping childbirth is a sin. Thus, there are two different conflicting ideas involved in the issue of childbirth, resulting in an ethical dilemma.

4.3 TYPES OF ETHICAL DILEMMAS IN NURSING

Ethical dilemma is present wherever ethical issues are faced in all fields of nursing. There will be two morally acceptable solutions for the same issue, and it is difficult to find a 'right' solution that can be justified.

The two main types of ethical dilemmas are as follows:

- Internal (can be with patient or with nurse)
- External (pertains to the environment or society)

4.3.1 Internal Dilemma

Internal dilemma occurs when an individual faces an issue that interferes with his/her own beliefs and practices. For example, a nurse, as an individual, tries to give treatment to a dying patient because he/she respects the patient's rights and believes that he/she is doing good to the patient. However, the patient believes that he/she is going to die, asks for euthanasia or mercy killing, and refuses to take the treatment. In this case, the dilemma involves internal conflicting ideas between the care provider and the recipient. The nurse wants to do good but the patient wants to refuse it. The patient's rights, in terms of dignity, privacy, information accessibility, autonomy, culture, etc. should be respected, and an internal dilemma arises when the patient refuses care, but the nurse wants to provide care.

4.3.2 External Dilemma

External dilemma arises when other individuals apart from the nurse and the patient are involved. It involves conflicting ideas relating to issues with the patient's family members and friends. Nursing care is complete only if the nurse involves the entire family in taking care of the patient holistically. For example, while treating a child that is dying or is terminally ill, it is necessary to involve the child's parents and let them see how treatment is being given for their dying child. However, we never allow the parents to see what is being done to the child. The decision to allow the parents to witness the treatment or not according to hospital policies, gives rise to an external dilemma. If the

child dies, the parents will definitely think that it is due to inappropriate care. Therefore, information about the treatment being given to a patient should be given to the patient's family so that the patient, his/her parents, and family are satisfied. In such cases, the patient's parents and family would say that the patient died in spite of the good care and treatment of the nurse and the health care members. Here, the issue is external and pertaining to the family's rights, which should be respected.

4.4 PROCESS OF AN ETHICAL DILEMMA

Figure 4.1 shows the different steps involved in processing an ethical dilemma.

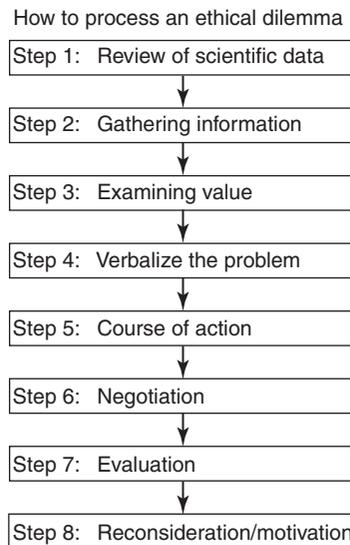


Figure 4.1 Steps involved in processing an ethical dilemma

The following are the seven steps involved in processing an ethical dilemma:

Step 1: Find the origin of the ethical dilemma. An ethical dilemma arises when an ethical issue needs to be addressed. For example, an ethical issue is involved in organ donation, where the donor's consent is as important as that of the recipient, and the recipient will not know the details about the donor's name, occupation, caste, culture, etc. Thus, the data about the donor is kept confidential and this results in a situation where an ethical issue arises. Keeping donor information confidential is in conflict with the patient's right to know all information. Therefore, a scientific enquiry is always required to resolve the issue; otherwise, the ethical dilemma will still exist.

Step 2: Gather all information relevant to the case. To be sure that it is a true dilemma, it is important to review all pertinent information. Occasionally, an overlooked fact may provide a quick resolution. At this point, patient, family, institution, and social perspectives are the important sources of relevant information.

Step 3: Examine and determine the nurse's values on the issues. Analysing the values provides a foundation for clarity and for building confidence during discussions, which will be necessary for the resolution of a dilemma.

Step 4: Verbalize the problem. A clear, simple statement of the dilemma may not always be easy, but it is essential for progressing to the next step.

Step 5: Consider the possible courses of action to address all sides of an issue. It is helpful to list potential actions, especially when the list will reflect conflicting opinions.

Step 6: Negotiate the outcome. Sometimes, courses of action that seem unlikely at the beginning of the process may become possible later on as they are put to rational and respectful consideration.

Step 7: Evaluate the action.

Step 8: Reconsideration and motivation. Ethical issues are reconsidered and revised. The revised issues form the motivation for a new solution for the issues. The newly formed solution is implemented to prevent the incidence of ethical issues and problems.

4.5 ETHICAL DILEMMAS IN NURSING

Many ethical dilemmas exist in all client specialties in nursing. Nurses need to understand these dilemmas and their processes, anticipate the consequences, and react in such a way that they follow ethical nursing and solve the ethical issues. In an ethical dilemma, there is usually no perfect solution and those making decisions often find themselves in the position of having to define their decision. The ethical issues in nursing change as society changes. Some of the current ethical issues in nursing are as follows:

Physician-assisted Suicide: It is a type of active euthanasia and involves the physician taking an active role in helping to end a patient's life. Though the legal status of physician-assisted suicide remains unclear, ethical issues directly affect health care professionals. American Nurses Association has taken a firm stand on this issue saying that it is not consistent with the philosophy of nursing, based on the principle of normal efficiency.

Right to Refuse Treatment: A competent adult patient will be able to know and understand the rights of patients and has the right to ensure that these rights are applied in health care decisions. Therefore, patients have the right to sign the advanced directives that specify whether to continue the treatment or stop or withdraw the treatment. Once the advanced directives are signed by the patient, it is the responsibility of the nurse to remind the doctor that the patient has signed the advanced directives and has opted to refuse the advanced treatment or to continue the treatment.

Do Not Resuscitate (DNR) Order: In this case, the patient will be informed that there is little hope for recovery from the illness. After consultation with the family members and the patient, the doctor writes the DNR order, which is the "do not resuscitate" order, that is, no measures are to be taken only to sustain the life. The doctor has written the order and the nurse has to obey it by disconnecting the resuscitation measures.

Refusal to Treat: This issue arises when the nurse encounters a situation that conflicts with his/her moral beliefs. For example, a nurse has the right to refuse providing treatment especially if he/she is assigned to treat an HIV-infected patient. The nurse can, at any time, refuse the assignment, but as per nursing ethical principles, a nurse is supposed to provide care for the patient once assigned and treat all patients without any discrimination.

Genetic Research: The human genome project is a comprehensive study of the genes that make up the human body. Questions regarding how the genetic information will be used, who owns the information, and who will have access to the information have already begun to surface.

4.6 DIFFERENT SITUATIONAL ETHICAL ISSUES IN NURSING

A nurse might encounter different situations wherein he/she may not have forecasted the ethical issues. The following are the ethical issues faced in different situations in nursing:

Patient–Nurse Ratio: Patient–nurse ratio is to be established in a standard way in any government set-up. The patient-to-nurse ratio, as prescribed by the Indian Nursing Council (INC) in teaching hospitals, is 5:1 and non-teaching hospitals, is 3:1. However, this is still not implemented in most hospitals. Many hospitals manage with untrained staff. It is very difficult to distribute resources and provide a standard care with the existing patient–nurse ratio. This is a burning issue in almost all government hospitals in India.

Treatment and Other Decision-making for Patients with Terminal Illness: This refers to the treatment for patients with chronic or terminal illness, where there is no chance of new treatment. No prognosis in health is possible in patients with cancer, filariasis, chronic kidney diseases in end stage, etc. In such cases, because of the financial status of the family, the patient’s family members may decide to admit the patient in a government hospital where the cost is less. Unable to bear the pain and suffering caused by the illness, sometimes, the patient prefers to opt for euthanasia. We have seen such cases reported in the newspapers and television channels. It can be positive or negative euthanasia, but it has become an ethical issue for a terminally ill patient.

Getting an Informed Consent from the Patient: Informed consent is a formal permission obtained from the patient, and it can be used as a legal evidence. However, in many hospitals, the informed consent is not even shown to the patient completely. The authorities get them signed quickly and fail to explain its importance and requirement to the patient. In certain situations, the informed consent becomes an issue, for example, when the consent needs to be obtained for the following situations:

- (a) Do not resuscitate order
- (b) Withholding/withdrawing nutrition and fluids
- (c) Starting or discontinuing a life support system

In such cases, getting informed consent is similar to getting the consent to allow the patient to die in the case of a terminally ill patient. Since every patient has a right to live, this results in a situation wherein getting the informed consent becomes a vital issue.

Response to Patient’s Request for Assisted Suicide: It is very difficult for a nurse to react or respond when the patient requests assistance for suicide. The nurse should be clear about what to do and what not to do and should not agree with the patient’s wish or desire to die. It is totally left to the doctor’s decision. A nurse should never assist a patient to commit suicide and it is against the medical law.

Safety, Privacy, and Confidentiality: This refers to the need for maintaining the patient’s safety, privacy, and confidentiality over society’s need to protect from all risk. It is the duty of the nurse to guard the patient’s privacy, provide all required information regarding the patient care, and keep all the records confidential.

Participation in Research: Ethical issues arise when innocent children and adults subjects of experimental research work. There are situations wherein children and adults are used as subjects without their consent and without providing clear information on what is being done to them. It is the duty of the nurse to create an awareness about the situation and help them to utilize their rights.

Trial-and-Error Experiments: In the case of participation of patients or subjects in random trial of experimental treatment, the patients have to undergo a series of experiments. Patients may not be clearly explained about the experiment. For example, in the case of invention of a new medicine, patients may be injected with the medicine, without being made aware of the side effects. They accept it and become subjects of the trial-and-error experiment. However, they will suffer if the medicine is found to show side effects.

These issues create a situation called dilemma, wherein opposite views are present that need a solution. Each issue should be solved with the help of ethical decision-making. A nurse should use the knowledge about the process of ethical dilemma, apply ethical principles, use ethical reasoning that requires critical thinking skills with the application of nursing process in dealing with patient care, and apply it in all the phases of nursing management process.

4.7 ETHICAL DECISION-MAKING

There arises a need for the nurse to take ethical decisions to solve any ethical dilemma that arises as a result of the conflict between moral principles that support divergent courses of action.

The preliminaries involved in decision-making are as follows:

1. Who has to make the choice?
2. What are the courses of action with possible alternatives available?
3. Are alternative solutions available?
4. What are the consequences, both good and bad, that can possibly occur?
5. What are the rules or regulations that lead to direct choices?
6. What are the possible outcomes?

Before making decisions, a nurse has to analyse all the preliminaries, think systematically, and use a standard model developed by Thirona and Hallo Raw called as the MORAL model for ethical decision-making. The steps involved in MORAL decision-making are as follows:

M: Identify the Members Involved in Ethical Dilemma. Identify the important members involved in a particular ethical dilemma, explain the issue clearly, sort out all the members and the entire health care team, and find what their role is in the particular dilemma.

O: Outline or Delimit the Possible Options Clearly. Examine each and every option. Consider the realistic and less-conflicting options, and sort out the more-conflicting and less-realistic options. Listing out transparently gives an overall picture that helps in finding a good solution later.

R: Resolve the Existing Dilemma. Since all the issues have been listed, apply the basic ethical principles to each issue listed and decide on the best options that resolve the issues.

A: Act or Implement the Chosen Action. This is a difficult stage. Apply or implement the decided options. This involves actually resolving the issue and applying the solution for the issue.

L: Look Back or Evaluate/Take up a Feedback. This is the most important step. Check whether the applied decision has achieved its goal or not. Evaluate the success of the decision-making by ensuring that the ethical dilemma is solved with the first option. If not, choose the second option. The process is repeated with all options until the issue is resolved.

4.8 GUIDELINES FOR MAKING ETHICAL DECISIONS

A nurse may be caring for a client who is faced with a problem having many ethical ramifications. The patient may ask for assistance in resolving the dilemma. Nurses can clarify their own ethical position as well as help families to make their decisions by using the following guidelines:

Establish a Complete Database: Find all the information about the situation, including the data about those involved; their physical, psychological, financial, and support resources; the proposed action and the reason behind it; the possible results; and the proposed action.

Identify the Ethical Conflicts Created by the Problems: Determine what the ethical problems are for the clients, the family, the health care agency, and the various health professionals involved in care.

Outline the Various Courses of Action: Present alternative solutions to the problem and discuss them with the health care providers.

Determine the Possible Outcomes of the Suggested Actions: Determine the consequences of the various courses of action as well as the proposed action.

Determine Who ‘Owns’ the Problem and Who Should Make the Decision: The following factors must be considered: who will be affected by the decision, for whom is the decision being made, whose moral principles or legal responsibilities are being affected, and what degree of constancy is needed from those involved.

Define the Obligations of the Nurse: In situations requiring ethical decision-making, determine the obligations of the nurse both to the client and to himself/herself.

Formulate a Nursing Ethics Committee: The Nursing Ethics Committee is a means for nurses to develop their base of power when dealing with ethical situations. It provides a forum for nurses to verbalize their viewpoints without infringing on the views of others. It can consist of the chief nursing officer, assistant chief nursing officer, departmental in-charges, clinical nurses, psychologist, psychiatric nurse, dean or medical superintendent, and concerning medical officers of the units.

4.8.1 Role of the Ethics Committee

The following are the functions of the Ethics Committee:

1. Identification, exploration, and resolution of ethical issues in nursing practice
2. Education of nurses in bioethics and nursing ethics
3. Preparation of nurses for participation in interdisciplinary decision-making
4. Serve as a resource group
5. Review of nursing ethics material

6. Review of departmental policies related to ethics
7. Involvement in nursing ethics research
8. Preparation of nurses to serve on information, education, and communication

4.9 SPECIFIC NURSING ISSUES RELATED TO ETHICAL DILEMMA

The nursing issues related to ethical dilemma have been explained in Section 4.5. It includes nursing while considering the ethical principles such as beneficence, which is doing no harm to the patient; maleficence, which is not being good to the patient; justice, which means being fair and not impartial in providing care; and patient's autonomy, which means respecting the rights of the patients in decision-making. There are certain issues that affect the nurse in providing care based on these principles. They can be listed as follows:

Sr. No.	Issues	Description
1.	Unsafe patient-to-nurse ratio	The patient–nurse ratio has already been discussed in Section 4.6. The nurse will be in a situation where individual care cannot be provided because there are too many patients and a heavy workload. He/she cannot give adequate care to all patients on his/her own and has to get help from untrained attendants who may help to somehow complete the care but not in the way the nurse wanted.
2.	Inappropriate medication order	In a hurry, without checking the patient's status, a nurse may order to deliver medicines. The nurse who is always with the patient checks the vital signs and finds that the medicine ordered will affect the patient, but he/she has to carry out the order. For example, in intensive coronary care unit (ICCU), a patient with myocardial infarction will receive tab isosorbide dinitrate (5 mg) (sublingual). It is a coronary vasodilator, which is given to improve the blood supply to myocardium and ultimately reduce the patient's discomfort. However, before administering the drug, it is important to check the patient's blood pressure, because it should not be given to a patient with hypotension, since the medicine itself is hypotensive and, hence, if given without checking the blood pressure, it may lead to the patient's death. Therefore, the nurse has to communicate with the doctor and not blindly follow the orders.
3.	Unresponsive physicians	Nurses in emergency, or emergency situations, find it difficult to call the doctors to attend to the patients in crisis. The patient's condition may worsen by the time the doctor arrives. If the physicians find themselves busy, they do not respond quickly and the nurse is placed in an ethical dilemma about what to do with the dying patient.

(Continued)

Sr. No.	Issues	Description
4.	Inappropriate tasks	A nurse may find it difficult to do his/her work immediately because of having been recently transferred or shifted from one department to another. Lack of training and unfamiliarity about the new department makes the nurse to refuse the case in order to make the patient safe.
5.	Life-threatening patient decisions	A patient may sometimes refuse to take up treatment. However, according to the nurse, the patient's decision is wrong and it may affect his/her life. Hence, the nurse ignores the patient's autonomy and provides care even against the patient's will.

4.10 PROFESSIONAL ROLE AND RESPONSIBILITY IN ETHICAL DILEMMA

The following are the roles and responsibilities of a nurse in situations concerning an ethical dilemma:

1. A nurse must resolve the ethical dilemma and conflicts and, at the same time, preserve the patient's interest, values, respect, and confidentiality.
2. Ethical dilemma is an inherent part of a nurse's life. Nurses need to be assertive in making ethical decisions.
3. A nurse will be in confusion if rules and regulations regarding the patient's life or death decisions are not clearly stated. It is the responsibility of nurse to analyse the administrative and legal policies on the patient's rights, civil and criminal laws, and to elicit clear policies regarding them.
4. A nurse should have updated knowledge about ethical dilemma, should undergo training, conduct conferences and workshop and improve knowledge, keep fighting these dilemmas, and analyze the solutions for these dilemmas.
5. A nurse should gain knowledge on the origin of ethical issues such as organ donation, euthanasia, and genetic engineering.
6. At times, a nurse may be asked not to give medicine or give inappropriate medicine to the patient. He/she may find it difficult to deal with such tough situations and needs to be clear and assertive. The nurse must act legally and provide care by ethical decision-making process.

4.11 ROLE OF NURSE IN ETHICAL DILEMMA

Ethical dilemmas may be resolved by the nurses by moving thoughtfully through the following process:

Identify the Problem

The nurse must try to make an accurate statement about the nature of the problem. It helps at this stage to tune into one's intuitive feeling. What is there about the situation that gives rise to one's uneasiness? Identifying an ethical problem requires sensitivity to the moral components of nursing.

For example, poor communication or poor planning may give rise to unintended consequences and yet not constitute an ethical problem.

Gather All Possible Information

Knowledge of patient's diagnosis and prognosis, what may have happened that brought on the problem, what information is already known, and what additional information is needed helps the nurse in organizing problem analysis. The questions that should be asked include those about the people involved in the situation and how do they relate to one another.

List Options

Based on the information gained, the nurse lists the reasonable options for action and identifies the likely outcome of each action. He/she reflects on the consequences and the good and/or the harm that might result from each option.

Identify the Ethical Principles

The nurse then determines the ethical principles challenged by the problem situation. Is there a conflict of values or viewpoints at the centre of the problem? Does a professional ideal or some other consideration seem important in the situation? In situations where the ethical issues are not clear, thoughtful reflection on the principles of respect for person, autonomy, beneficence, normal efficiency, and justice, on basic values such as health and personal liberty, and on the things that give quality and meaning to an individual's life can help clarify the ethical issues involved.

Make a Decision

Given the time constraints on most clinical decisions, one rarely has time to consider every minute detail of an ethical problem. Thus, at some point, the nurse stops thinking and assessing and makes a decision.

Act

Once the course of action for resolving an ethical problem is determined, the nurse acts.

Evaluate

After implementing the option of choice, the nurse compares the actual outcome to the projected outcomes. If the results prove satisfactory, the nurse may continue with the action plan.

CONCLUSION

Ethical dilemmas/conflicts are present in every part of nursing care. The nurse needs to be knowledgeable and skillful to assess these dilemmas, diagnose it appropriately, apply ethical principles, and make good ethical decisions. He/she needs continuous training and updating of knowledge on ethical issues and dilemma. Ethics offer moral principles, roles, or standards that govern the conduct of the members of a group. Since the beginning of human civilization, ethical codes of conduct approach human behaviour from a philosophical standpoint by stressing objectively defined, but essentially idealistic, standards (or laws) of right/wrong, good/evil, and virtue/vice such as those applicable to the practices of lawyers and doctors.

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REVIEW QUESTIONS

1. Explain the concept and meaning of ethical dilemma.
2. Describe the types of ethical dilemma in nursing.
3. Discuss and describe the process of ethical dilemma.
4. Explain the importance of studying ethical dilemma in nursing and ethical discussion-making.
5. List down the steps involved in ethical decision-making.
6. Explain the roles and responsibilities of a professional in ethical dilemma.
7. Discuss the role of a nurse in ethical decision-making.

ETHICAL ISSUES IN CLINICAL PRACTICE

LEARNING OBJECTIVES

1. Objectives of ethics and principles used in clinical practice
2. Ethical issues and value-based practice
3. Ethical and legal issues in clinical practice
4. Sources of ethics in nursing
5. Theoretical foundation of nursing practice
6. Implications of strategies used in nursing practice
7. Accountability in nursing practice
8. Ethical tension in nursing practice

5.1 INTRODUCTION

In real life, it is not possible to separate ethical behaviour from all other behaviours. Almost everything we do can be judged as a moral action by some group of persons. It is because ethical behaviour is important but not easily understood. Even when we are young, we begin to learn what is right and what is wrong. We learn this from our parents, relatives, friends, teachers and other authority figures. Much of what we learn is shaped by our religious beliefs and the philosophy of life practised at our homes. By the time we become an adult, we have a personal set of ethics to guide our behaviour in daily life.

5.2 OBJECTIVES OF ETHICS IN CLINICAL PRACTICE

The following are the objectives of ethics in clinical practice:

1. To help each and every health staff to understand and conceptualize the ethical dimension
2. To identify the nature of values and their impact on health care and the health care system

3. To recognize the values and beliefs of the patients, families, and health team members, which help in arriving at a specific health decision
4. To implement moral reasoning skills in order to choose an actual action so that it helps in resolving conflicts
5. To acquire knowledge skills and attitude to gain effective communication in expressing and gaining knowledge about patient values and to help to negotiate accepted modes of action and providing justice to the course of action
6. To gain knowledge on professional ethical guidelines and legal framework based on which the health care decisions should be made
7. To understand personal values and their influence in decision-making
8. To provide patient satisfaction
9. To provide high quality care
10. To promote and restore health, and prevent illness and complications
11. To safeguard the nurse and the patients from legal and ethical issues
12. To maintain the dignity of and respect between the nurse and the co-workers
13. To uplift the nursing profession and improve the image of nursing in the society
14. To reduce the conflicts among the nurse, patients and co-workers
15. To conduct ethically approved nursing research

5.3 ETHICAL PRINCIPLES RELATED TO CLINICAL PRACTICE

The ethical principles related to clinical practice are as follows:

Autonomy: This refers to the person's freedom of choice of the patients to take decisions. For example, it is the duty of a nurse to check the patient's will and wish to accept treatment, the patient should not be forced to undergo treatment as it is against the ethical principle of autonomy of patients' rights.

Beneficence: It refers to taking positive actions to help medical orders. A nurse must act thoughtfully and with understanding to help in meeting these needs.

Non-maleficence: It refers to the avoidance of harm or hurt. In health care ethics, it is the duty of a nurse to practise not only the will to do well but also equally the commitment not to do any harm.

Justice: It refers to being fair. For example, consider a situation where there are around 100 candidates waiting for liver transplant but only 50 organs are available. In such cases, lottery system or randomization should not be practised. It is the responsibility of a nurse to maintain proper justice by providing organs to the 50 patients who approached first.

Fidelity: It refers to the agreement to keep promises. If a nurse assesses a client for pain and then offers a plan to manage the pain, the standard of fidelity encourages the nurse to monitor client response to the plan.

Accountability: It refers to the ability to answer for one's own actions. A nurse may know that a client who will be discharged soon remains confused about how to administer insulin. It is his/her duty to explain the process to the client. The nurse's sense of accountability guides the actions that achieve this goal.

Responsibility: The term responsibility refers to the characteristics of reliability and dependability. A nurse is responsible for assessing a client's need for a drug, for giving it safely and correctly, and for evaluating the response to it.

Confidentiality: A nurse protects the privacy of a client without diminishing access to quality care.

Veracity: In general, the term veracity means accuracy or conformity to truth. It guides a nurse to practise truthfulness.

Values: The nursing work involves negotiation of values of the client, the physician, the employee and other groups. Understanding one's own values and assessing the value systems of others help to facilitate decision-making while ensuring respect for client autonomy.

5.4 ETHICAL ISSUES AND VALUE-BASED PRACTICE

Sr. No.	Areas of clinical practice	Description
1.	Primary care management	<p>(a) Patient has more awareness about his/her health conditions and knows that his/her values are respected, which may influence the decision-making related to the patient's illness.</p> <p>(b) A nurse may face a great challenge in integrating the scientific principles of nursing care with the patient's awareness and knowledge. He/she has to prove evidence-based clinical practice to satisfy the patient and get a good outcome.</p> <p>(c) A nurse must have the capacity to understand the ethical issues and create awareness among the public through the health programs that are implemented. Therefore, appropriate ethical approaches must be developed to solve such conflicts by gaining knowledge on such ethical issues.</p> <p>(d) A nurse must have the talent for identifying the values, beliefs, needs and demands of the patient. He/she nurse should anticipate ethical issues and its impact on nursing care.</p>
2.	Person-centred care	<p>(a) A nurse must be able to gain the practical skill in getting the informed consent signed after giving adequate information by viewing each patient as unique.</p> <p>(b) A nurse must have the ability and skill to manage conflicts with the patients of the same family.</p> <p>(c) Appropriate confidentiality regarding the patient must be maintained.</p> <p>(d) A nurse must develop the ability and skill to use laws in decision-making.</p> <p>(e) Application of ethical principles in provision of patient-centred care must be ensured.</p> <p>(f) Provision of care should always be evidence-based, which will influence the health situation of the patient.</p>

(Continued)

Sr. No.	Areas of clinical practice	Description
		<p>(g) In the case of provision of long-term care for the patient and the families, a nurse must anticipate long-term ethical issues and help to identify the patient values that affect his/her approach to health care.</p> <p>(h) Gaining knowledge about the patient's interest and his/her career indicates the success of patient-centred care.</p>
3.	Specific problem-solving approach	<p>(a) A nurse must be able to identify the values that are diverse and specific, which have effect on the decisions made by the patients, their families, and health professionals.</p> <p>(b) A nurse must be capable of drawing blueprints on moral reasoning, which help to give solutions for the ethical issues on the conflicts of patient's values.</p>
4.	Comprehensive approach	<p>(a) This type of approach is mainly adopted for patients with chronic illness wherein long-term ethical issues are anticipated, and therefore, there are chances for changes in the patient's views and perspectives.</p> <p>(b) Many ethical issues forbid the decision-making capacity in the patients with chronic illness where they need to plan a comprehensive care.</p> <p>(c) There arises a need for a nurse to develop a comprehensive care for a patient who is terminally ill and where the decision-making of the patient is difficult. A patient may request for mercy killing, or euthanasia, which is a big bioethical issue, and the nurse needs to implement the care meticulously to reduce the complications.</p> <p>(d) A nurse must have the ability to develop and implement strategies of realities of the disease condition, keeping potential ethical issues in mind. A nurse must help the patient and his/her family members to understand the real situation of the patient's condition, involve the care provider in the discussion of the patient's treatment, and explain the problems. For example, if the patient is diagnosed for cancer and needs palliative treatment, the patient and the family members should be informed about the future appearance of the patient after cancer therapy such as weight loss, alopecia, muscle wasting, and anorexia. Explaining the realities will prevent future conflicts.</p>
5.	Community orientation	<p>(a) It is all about conscious understanding and use of community resources for providing patient care.</p> <p>(b) It involves understanding the cost of health care provided in the health centres in the community. Primary health centres, sub-centres and government hospitals offer health care at a</p>

(Continued)

Sr. No.	Areas of clinical practice	Description
		<p>lesser cost when compared to private hospitals, where the cost is high and hence the health care is unaffordable for people with low socioeconomic background.</p> <p>(c) There should be a conscious use of community resources equally by all the citizens in the community.</p> <p>(d) A nurse should have the skill to balance the individual care and the care of people in the entire community.</p>
6.	Holistic approach	<p>(a) Complete care is given to the patient after recognizing the patient needs and values. Complete care means meeting the physiological, psychological, spiritual and social needs of the patient.</p> <p>(b) Autonomy is an essential ethical principle while providing holistic care.</p>
7.	Contextual aspects	<p>(a) Basic understanding of the local community's living, health and culture is essential.</p> <p>(b) It involves understanding the effect of the values and beliefs of the local culture and its impacts on patient care.</p> <p>(c) Identifying how the social content of primary care frames in finding a solution for ethical issues by the doctors is an important aspect.</p> <p>(d) A nurse must have the ability to apply the results of research appropriately according to the needs of the individuals and their families.</p>

5.5 NURSING PRACTICE STANDARDS

Nursing practice standards are regulations that are needed for self-regulation of nursing profession. These standards represent and establish the acceptable requirements for determining the quality of nursing care that the patient receives and have been developed for the following reasons:

1. Regulate, guide and direct nursing practice
2. Promote professional nursing practice
3. Facilitate evaluation of nursing practice
4. Help the patient to evaluate the adequacy of nursing care
5. Provide guidelines to nurse researchers in identifying and exploring relationships between nursing practice and patient care outcomes
6. Provide guidelines for nurse administrators to support safe, competent and ethical nursing practice within their agencies
7. Provide a framework for nurse educators in setting objectives of educational programmes
8. Provide a protocol for developing specialty nursing standards
9. Facilitate the integration of the role of nursing with the health care team

5.5.1 Professional Responsibility

A registered nurse is personally responsible and professionally accountable for his/her nursing actions and should ensure that the nursing practice meets the standards of the professional and legislative requirements. The indicators of the professional responsibility of a registered nurse are as follows:

1. The nurse is always be accountable for his/her actions in nursing care.
2. The nurse follows current legislations, standards and policies relevant to the profession or practice setting.
3. The nurse always questions and clarifies policies and procedures that are inconsistent with therapeutic outcomes, best practices and safety standards.
4. The nurse supports and maintains competence in nursing care.
5. The nurse practises the nursing profession intelligently.
6. The nurse constantly evaluates and updates his/her professional knowledge and skills and takes adequate measures to improve personal competence.
7. The nurse ensures his/her fitness to practise.

5.5.2 Knowledge-based Practice

The indicators of knowledge-based practice are shown in Fig. 5.1.

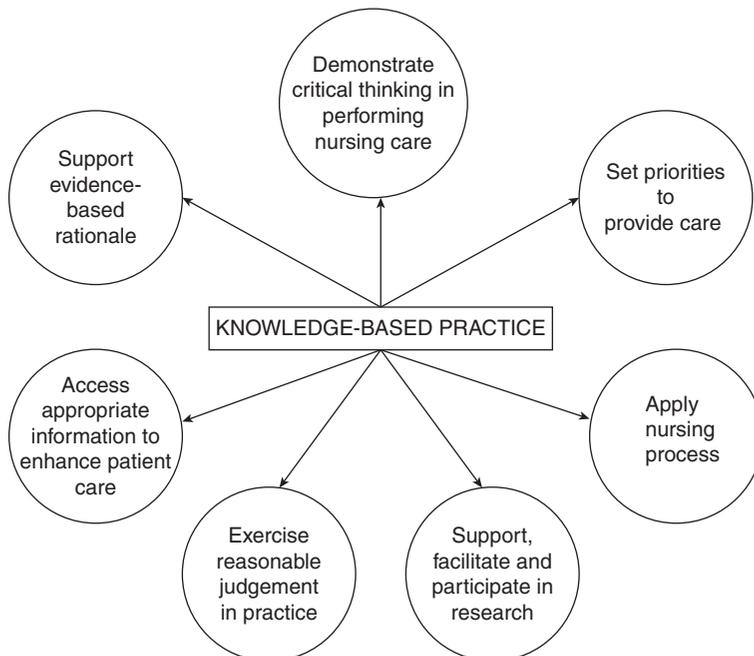


Figure 5.1 Indicators of knowledge-based practice

For a professional nurse, applying the knowledge gained through practice improves his/her nursing care. A nurse will be able to do the following through knowledge-based practice:

1. Practise and go along with evidence-based care with rationale.
2. Update his/her knowledge with available resources in order to ensure and uplift patient care and to provide good patient care.
3. Practise critical thinking skills in interpreting and evaluating all aspects of nursing care.
4. Use all the domains, that is, psychomotor, affective and cognitive, to provide care and do it with proper judgement.
5. Document on time the accurate reports of data collection, interpretation, planning, implementation and evaluation of various aspects of nursing practice.
6. Act in a just manner and provide care according to priorities.
7. Support, facilitate, promote and get involved in all research relevant to nursing.

5.5.3 Ethical Practice

The indicators of ethical practice in nursing are shown in Fig. 5.2.



Figure 5.2 Indicators of ethical practice in nursing

The Nurses Association has described the code of ethics for nurses. In order to practise ethical nursing, a registered nurse does the following:

1. A nurse has to work with honesty, integrity and respect. He/she should be punctual, truthful in provision of care, and sincere in performing the duties and should treat all patients with respect,

never neglect any patient, and maintain the integrity of nursing care by upholding the sense of dignity throughout his/her professional life.

2. A nurse be a whistle-blower and report to the appropriate authority any mistakes that happen in the hospital or any unskilled practice found to be implemented by the co-workers and ensure that ethical practices exist in the hospital.
3. A nurse must act as an advocate in order to protect the patient's autonomy and rights, respect, and privacy. A nurse following the ethical principles of nursing gives preference to patient-oriented care and strives to work hard towards patient welfare.
4. A nurse should always take the steps needed to maintain a safe environment for the patient. It is his/her duty to protect the patient from environmental hazards and provide safe and competent nursing care by planning and allocating the adequate resources to ensure quality patient care.
5. A nurse must practise safe care. He/she should follow the standards of practice in each and every nursing care procedure and ensure that it is free from harm or will not produce any injury to the patient while performing it.
6. A nurse must adopt the skills needed to practice and maintain good therapeutic and professional relationship with the patient by applying good communication skills and get complete cooperation from the patient for providing quality patient care.
7. A nurse must always support and practise ethical nursing that was taught to him/her as a student. Moreover, he/she should update the nursing knowledge in ethics by attending conferences, seminars, and workshops and also through in-service and continuing education.

5.5.4 Provision of Service to the Public

Community-oriented service is important, which is implemented through primary health care approach. Nursing care is given not only to the client but also to the family and, in turn, to the entire community. The following are the indicators of a community-oriented service of a registered nurse:

1. Collaborate with the entire health care team in the activities of assessing, planning, implementing and evaluation.
2. Use communication and team-building skills to enhance and improve client care.
3. Take responsibility for the delegation of duties to each health team member.
4. Explain clearly the care given to the client and get his/her cooperation to ensure complete nursing care.
5. A registered nurse gives care in each sub-centre; primary health care approach is followed to cover a population of 5,000 and 1 lakh. After registration, every community nurse has to do house visits and cover the population mentioned. He/she should record and report the cases found to be abnormal and take census about the people under high risk. Those needing immediate medical care should be referred to a hospital that has the facilities needed to treat the patient.

5.6 ETHICO-LEGAL ISSUES IN CLINICAL PRACTICE

Legal responsibility in nursing practice means the way in which nurses are obligated to obey the law in professional activities. Disobedience of the law results in punishment. Legal responsibility is stated and enforced by law.

Guides for Legal Responsibilities

The following are the guides for legal responsibilities:

1. The Acts passed by the central and state governments that are binding by law
2. International code of nurses
3. Institutional rules and regulations
4. Standing orders and precedent or an example of what court decision has been made in a similar case
5. Central government services conduct rules
6. State Nursing Council's conduct rules and disciplinary actions

There are certain determinants of legal framework for nursing practice in India.

Registration: Licensing is a mandatory procedure for practice of nursing. Registration aims at protecting patients by providing qualified nurses. The nurse is responsible for obtaining registration in the respective State Nursing Registration Council. Employers should recruit only registered nurses as per the State Nursing Home Act.

Legal Liability: Negligence is a criminal offence under Section 304 of the Indian Penal Code (IPC), for example, wrong medication leading to the death of a patient. Therefore, it is important that a nurse is careful while administering medications and follows the “Seven Rights” at all times, that is, right patient, right drug, right dose, right time, right route, right reason, and right documentation. Civil Tort in Civil Court (Negligence, for example, not giving railing bed to an unconscious patient resulting in the fall of the patient). If side rails are not provided in the stretcher or in the bed of an unconscious patient, it may result in accidents or falls. It is the duty of the nurse to ensure that the side rails are locked up to prevent the fall. If a nurse fails to do it, as per civil court laws, it will be considered a civil tort and he/she can be punished for negligence in nursing care.

Medico-legal Case: A medico-legal case (MLC) is a patient who is admitted to the hospital with some unnatural pathology and has to be taken care of in concurrence with the police and/or court.

The following types of clients are categorized as MLCs in a hospital:

1. Road traffic accident
2. Injuries inflicted during brawls/fights, shooting, bomb explosion, etc.
3. Suicide
4. Homicide
5. Bums
6. Poisoning
7. Rape victim
8. Assault

Role of a Nurse in a Medico-legal Case

The role of a nurse in a medico-legal case can be understood from the following duties of the nurse:

1. Obtain complete history from the patient or significant others.
2. Inform the police officer/constable on duty in the hospital and the chief medical officer (CMO).

3. When the case is made an MLC, record it on the patient's case sheet with red ink at the right hand top corner.
4. Never give any statement about the patient's condition to police, magistrate or media. Only a doctor is to give information.
5. When a patient has to be discharged, inform the police officer/constable on duty in hospital and/or the CMO. Discharge the patient only after getting appropriate clearance.
6. If an MLC patient absconds, inform the CMO and the treating doctor immediately.
7. No MLC patient can leave against medical advice.
8. Document the care given to the patient on time and accurately, and duly sign the nurse's notes.
9. Records and all documents pertaining to the patient and his/her care during the stay in the hospital must be kept safely and should be handed over to the authorized person as designated by the hospital authority.
10. In case of death of an MLC, the body is not to be handed over to the relatives. It needs to be accurately labelled and sent to the mortuary. The CMO and/or the police officer should be informed simultaneously. Appropriate authorities must be informed.

Consent: The following are the characteristics of consent:

1. Consent is a written acceptance from the patient.
2. Every adult of sound mind has a right to determine what shall be done with his body.
3. For a consent to be valid, it must be a free and informed consent:
 - (a) The patient must be able to understand the choices he/she is required to make.
 - (b) Consent must be free and voluntary.
 - (c) The procedure for which consent is sought must have been explained to the patient. It is wrong to withhold important information.
 - (d) Consent must not be procured by deceit.
4. Patients less than 12 years of age cannot give consent for general physical examination. It must come from their parent/guardian.
5. Patients in between ages 12 and 18 years can give consent for general physical examination alone.
6. If the patient is more than 18 years of age, the consent must come from the patient himself/herself except in the following circumstances:

Consent should come from parent/guardian/significant others in the case of patients who are not in a capacity to decide for themselves such as patients with dementia, delirious patients, mentally challenged patients, deaf and mute patients, patients with mental disorders, unconscious patients, and patients who are gravely ill.

Correct Identity: The correct identity of the patient must be ensured using the following procedures:

- (a) A nurse/midwife is responsible for making sure that all babies born in the hospital are correctly labelled at birth and handed over to the right parent.
- (b) Unknown/unconscious patients must be labelled as soon as their identity is known.
- (c) Patients who have to undergo surgery should be appropriately identified and labelled.
- (d) The site of operation must be correctly marked, particularly where symmetrical sides or organs are involved.

- (e) It is the responsibility of the scrub nurse to identify the instruments used for the surgical patient. This is because many operations can be performed at the same time. The correct identity of the patient, the diagnosis and the instruments used should be checked before and again after the operation. Clear approval should be given by the nurse about the identity of the patient.

Left Against Medical Advice: In the case of left against medical advice (LAMA), inform the medical officer in charge immediately. The signatures of the patient as well as a witness have to be taken as per institutional policy.

Patient's Property: Inform the patient on admission that the hospital does not take responsibility for his/her belongings. If the patient is unconscious or otherwise required, then a list of the items must be made, counterchecked by two staff nurses, and kept under safe custody.

Dying Declaration: A doctor or nurse should not get involved in the dying declaration in the cases where police records it. The declaration is to be recorded by the magistrate.

However, if the condition of the patient is serious, then the medical office can record it along with two nurses as witnesses. It can be recorded by the nursing staff with two nurses as witnesses when the medical officer is not present. Then, the declaration is to be sent immediately under sealed cover to the magistrate.

Will: A doctor can be present when a patient makes a will and can even record it if requested.

Examination of Rape Case: A female attendant/nurse must be present during the examination of a rape victim.

Artificial Human Insemination: The following points need to be ensured:

- (a) Written consent should be obtained from both donor and recipient.
- (b) Both donor and recipient must have the same blood group.
- (c) The identities of the donor and the recipient should be kept confidential.
- (d) All related documents should be kept confidential and safe.

Poison Case: In this case, ensure the following:

- (a) Either verbal or written opinion should never be given.
- (b) Taking photos should not be allowed unless appropriate authority grants special permission.
- (c) No information should be given to the public or press.
- (d) All evidence of poisoning must be preserved.
- (e) All excreta, vomits and aspirates must be collected and preserved, sealed immediately and sent to the forensic laboratory at the earliest.

Consumer Protection Act (1986): The Consumer Protection Act (CPA) was passed by the Parliament in 1986 to provide for better protection of the interest of consumers and focuses on consumer justice through the establishment of consumer councils and other authorities for the settlement of consumer's disputes and matters connected therewith. The scope of the CPA is wide enough to include a vast variety of services.

Under this Act, a consumer can complain to a redressal forum. It enables the consumer (patient) to make a complaint to a redressal forum in respect of a defective service, provided the service has been paid for.

The following are the rights of a consumer (a patient, in this case):

- (a) Right of safety
- (b) Right to be informed
- (c) Right to choose
- (d) Right to be heard
- (e) Right to seek redressal
- (f) Right to consumer education.

Nurse's Role in the Prevention of Legal Complications

A nurse has an important role in the prevention of legal complications and should adhere to the following:

1. Review nursing practice periodically. Update knowledge and improve skills by attending short-term courses, in-service education and continuing education programmes.
2. Have complete knowledge of all rules and regulations of hospital and know the job descriptions (duties and responsibilities).
3. Follow nursing practice standards/protocols.
4. Be a keen observer.
5. Display written instructions in all nursing units for necessary guidance and protection of the staff regarding issues related to patient care.
6. Ensure that the hospital has rules and code of practice laid down to ensure the safety and well-being of patients and nurses.
7. Maintain records and reports of the unit properly.
8. Follow the Seven Rights, that is, right patient, right drug, right dose, right time, right route, right reason and right documentation.
9. Check the treatment order and use professional judgement before implementing.
10. Never attempt anything beyond the level of competence and scope of nursing practice. If there is any doubt in mind, seek advice from professional colleagues.
11. Never exceed the limits of nursing procedure laid down by the statutory bodies.

5.7 SOURCES OF ETHICS IN NURSING

The individualistic ethics and the aggregate ethics of nursing are contained in the following:

1. Professional statements on standards
2. Social policies
3. Clinical and other research
4. Code of ethics
5. Government policies and the type of government

There are differing interpretations of professional ethics in many of these professional statements. Similarly, there are differing interpretations of the individualistic ethics and the aggregate ethics of nursing practice.

5.8 THEORETICAL FOUNDATIONS OF NURSING PRACTICE

Theoretical foundations for the ethics of promoting individual good and aggregate good can be derived from the following theories of distributive justice:

1. Egalitarian theory, which requires the equality of net welfare for individuals.
2. Utilitarian theory, which claims that justice is served by promoting aggregate good at the least cost.

According to egalitarian theory, distribution of good in the community means it should be based on the needs of the citizens in the community. Health resources should be equally distributed for all individuals, and freedom should be given for the individual seeking the health resources.

The egalitarian theory supports the equal distribution of good health resources for all individuals, which is not always possible to maintain in the health care system.

On the contrary, in the utilitarian system of justice, resources among citizens are distributed by deciding how expenditure or the use of resources will achieve the greatest net total of good and serve the largest number of people.

5.9 IMPLICATIONS FOR NURSING PRACTICE

The following are the implications for nursing practice:

1. Potential overriding of individual liberties and values for the common good.
2. Planned distribution of nursing resources might be affected. Cooperation, unity, and esprit de corps are very important and essential to carry out the distribution of nursing resources equally according to the need and priorities, which help to reduce frustration and conflicts among the staff. There is a need for adequate manpower, that is, staff, material and money, to provide quality nursing care. Equal distribution of resources reduces conflicts, avoids crisis in provision of care, and safeguards from ethical issues.

5.10 STRATEGIES OF NURSING PRACTICE

There are several strategies involved in the distribution of nursing resources in an ethical manner.

1. Give more importance and concentration to integrated service, which is ultimately benefiting and reasonable, for example, maternal and child health services.
2. Provide basic nursing service on first-come, first-served basis. This strategy costs more and there will be an overlap of services. It is not an efficient means of distributing nursing resources.
3. Focus nursing care services on those who are able to pay for the services. This strategy has limited relevance to identified needs of individuals and aggregate groups.
4. Provision of care according to the priorities, which means, giving more importance to the client who has high potential problems leading to death; it does not mean neglecting other patients. A nurse has to equally respond to all clients. At the same time, he/she must prioritize the care and respond accordingly. Otherwise, it may lead to ethical issues.

5.11 ACCOUNTABILITY IN NURSING PRACTICE

Nurses are responsible for how they promote, protect and meet the health needs of clients, individuals and aggregate groups.

1. A nurse is expected to provide care only when she is completely fit for providing care individually. If he/she is unhealthy and still works, it affects the patient's care as he/she is unfit for nursing care at that time.
2. The obligation to promote individual good at the expense of aggregate good is limited by the consideration of disruptive justice and the impossibility of meeting every individual health care needs.
3. The obligation to promote good is likewise limited by the consideration of individual rights, especially the right of all members of society to be able to secure an adequate level of care without excessive burden.

5.12 ETHICAL TENSION IN NURSING PRACTICE

A professional nurse experiences ethical conflict in many aspects of health care delivery. The fundamental conflict today is the tension between the obligation to benefit the individual client and that to benefit the society. A nurse must decide whether her primary obligation is to promote individual good or to promote aggregate good.

Equitable distribution of health care resources, awareness about cost-effective care, quality nursing among the public and the availability of innovative health care have added new tensions in the nursing practice.

The Individual Ethic

1. International Council of Nurse's Code for nurses claims that a nurse renders "health services to the individual family and the community".
2. Canadian Nurses Association states that a nurse is "obliged to treat clients with respect for their individual needs and values".
3. American Nurses Association believes that a nurse is "morally accountable for how he/she provides health care services according to the uniqueness of the client".
4. Canadian Public Health Association states that a "nurse assists the individual, family and/or community to assume responsibility for sound health practices".

The resources may be less or more, but nurses are in a position to plan intelligently and provide individual care that benefits the patient and are always expected to promote the individual patient's health at all times. Nurses should adopt the strategies that abide ethical laws in order to promote the individual care.

The Aggregate Ethic

1. International Council of Nurse's Code states that a "nurse shares with other citizens the responsibility for initiating and supporting action to meet the health and social needs of the public".
2. Canadian Nurses Association believes that "the public is owed the same duties, as are clients within the employment setting".

3. According to American Nurses Association, a nurse “must also recognize the situation in which individual rights to self-determination in health care may temporarily be altered for common good”. It also claims that the main responsibility of a nurse is to do good; here, good means to do only good and not to harm the individual.
4. A social policy statement of the American Nurses Association is that “nursing is owned by the society and must be perceived as serving the interest of a larger whole, of which it is a part”.
5. American Public Health Association states that “the primary focus of nursing is improving the health of the community as a whole rather than just that of an individual.”

The ethical focus of the science of nursing and is different from that of the science of public health. There is a conflict in the synthesis of the two. A nurse may have to decide whether to honour the obligation to promote individual good or to honour the obligation to promote aggregate good. It is important for all nurses to understand how the choice between the two ethics can be justified according to the requirements of normal accountability in nursing practice.

CONCLUSION

In meeting the moral accountability requirements in nursing practice, the nurses are not merely answerable for how they have promoted, protected and/or met the health needs of the clients, individual and groups. They are also accountable for determining justifiable reasons for limiting the provision of good in specific situations.

Every nurse should act as per the legal guidelines for nursing practice while caring for patients, since negligence may cause great distress to the nurse, the patient and significant others, as well as to the reputation of the institution.

Every individual is ordinarily liable for his/her own negligence. Therefore, nurses have a responsibility of ensuring that no harm comes to their patients and also to themselves. It should be remembered that “ignorance of law is no excuse for negligence”.

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REVIEW QUESTIONS

1. Enumerate the objectives and principles used in clinical practice.
2. Discuss the ethical issues and value-based practice.
3. Explain the ethical and legal issues in clinical practice.
4. Describe the sources used and their implications in nursing practice.
5. Explain the theoretical foundations of nursing practice.
6. Discuss ethical tension in nursing practice.

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PRINCIPLES OF NURSING ETHICS

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AUTONOMY IN NURSING ETHICS

LEARNING OBJECTIVES

1. Definition, meaning and status of autonomous nursing practice in India
2. Rights and characteristics that support the principles and elements in nursing autonomy
3. Criteria, advantages and disadvantages of autonomous practice
4. Autonomous function in the nursing profession
5. Working with co-workers as a team
6. Establishing autonomous practice in specialty areas in nursing
7. Autonomy as a human right for the patients
8. Advantages in implementing the autonomy of patient care
9. Advantages and disadvantages of informed consent
10. Characteristics of an autonomous nurse
11. Basic dimensions of autonomy
12. Themes of autonomy in nursing
13. Factors affecting autonomy in nursing
14. Measures to improve autonomy in nursing and patient care

6.1 INTRODUCTION

Autonomy in nursing ethics is one of the important principles of nursing ethics. The word autonomous is derived from the Greek words auto (self) and nomos (law) and means being functionally independent. The term autonomy has different dimensions in nursing ethics; they are with respect to patients' rights (informed consent), nursing profession, nursing care, autonomous nursing practice towards

societal needs and independent functioning with co-workers. Nurses are no more the physician's handmaid. They also have adequate educational training, qualification and experience. Autonomous nursing practice is common in many countries, except a few such as India. There are many factors that affect autonomous nursing practice. This chapter deals with the concept of autonomy so that the readers can have a complete understanding of this ethical principle and follow it in their nursing practices.

6.2 MEANING OF AUTONOMY

Autonomy has many meanings, which differ according to the context as follows:

Autonomy with Regard to Patients: This refers to the right of the patients to be informed about the care given to them and the right to make decisions about their medical care without being influenced by the health care provider.

Autonomy with Reference to Ethics: This means the autonomous choices and actions of an individual.

Autonomy in Nursing Profession: This refers to the ability of a nurse to make autonomous or independent decisions while providing nursing care. He/she should be qualified, experienced, and certified by the concerned authority to provide independent care.

Autonomy includes acquiring specialized knowledge, authority, accountability and independence in nursing practice to provide patient care. Autonomy is the real control of a profession over the structure and the condition of its work.

6.3 DEFINITIONS

1. Autonomy involves the rights of self-determination, independence and freedom.
2. Autonomy is defined as the authority and accountability for patient care and unit operations and refers to the right to make decisions and the responsibility for the outcomes.
3. Autonomous practice is the right to deliver professional ethics in a self-determined manner while adhering to the legal and ethical practices and standards of the nursing profession.

6.4 STATUS OF AUTONOMOUS NURSING PRACTICE IN INDIA

Independent practice is a boon for nursing and nurses. Many nurses in India are still treated as the physician's handmaid. The nursing practice has been stigmatized by such an attitude, which can be removed by autonomous practice. Though nurses have the capability to manage patients on their own, they are not allowed to practise independently and are always expected to obey physicians like a slave. According to the principle of autonomy in nursing practice, nurses should be educated and trained to provide care for the patient independently, with the physician acting as a guide and not as a dictator.

6.5 RIGHTS AND CHARACTERISTICS THAT SUPPORT THE PRINCIPLES OF AUTONOMOUS NURSING PRACTICE

According to the principle of autonomy in nursing practice, a nurse has the following rights:

1. Right to deliver care independently
2. Right to be respected

3. Right to provide suggestions regarding evidence-based patient care
4. Right to be an entrepreneur and manage a health institution or a professional organization

A nurse in autonomous nursing practice has the following characteristics:

1. He/she is respected, dignified, and preferred.
2. He/she is an independent evidence-based caregiver.
3. He/she is a critical thinker.
4. He/she is capable of crisis intervention.

6.6 ELEMENTS IN NURSING AUTONOMY

Autonomous practice is a recent trend in nursing care. There are different dimensions where this care can be applied and used in different aspects. Elements in the nursing autonomy are depicted as mushroom model in Fig. 6.1.

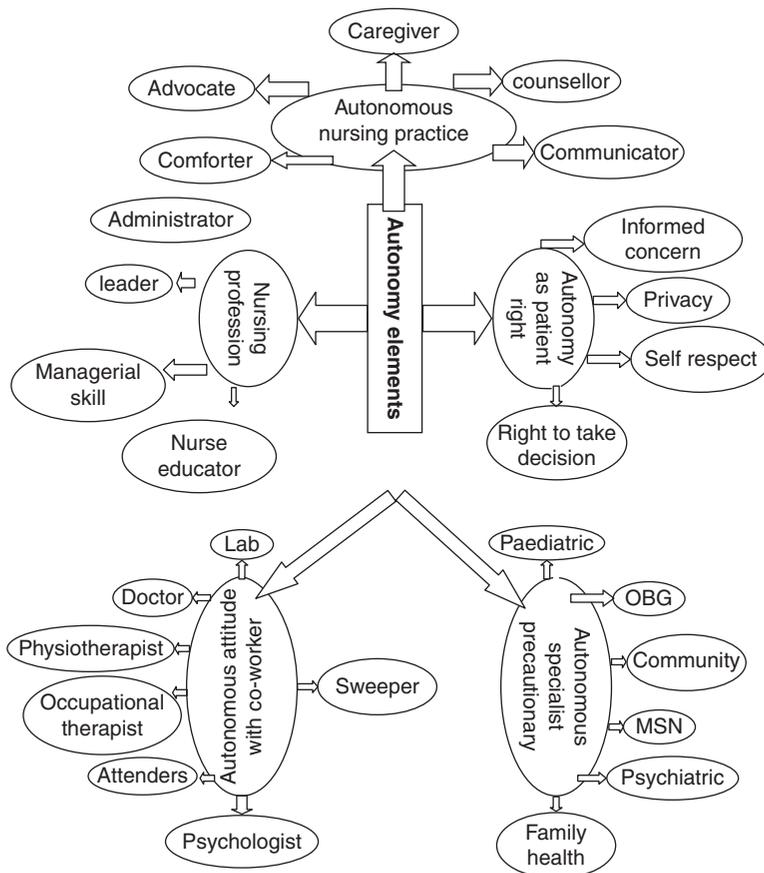


Figure 6.1 Elements in nursing autonomy mushroom model

Autonomous Caregiver

A nurse should be eligible, capable, qualified, experienced, and trained to provide the care independently. This type of practice not only saves the life of the patient but also prevents a number of deaths due to delay in the arrival of the concerned doctors or negligence in attending to the patient in time.

Entrepreneur or Self-governing

As the owner of a health institution, a nurse gives wages to the workers, manages the whole institution and has full control of its administration. Here, the nurse is not an employee but an employer. It not only removes the low image of a nurse but also encourages other nurses to own a health institution.

Critical Thinker and Critical Path Management

According to the training, practice and experience, a nurse assesses and diagnoses the actual and potential problems of patients, plans short- and long-term goals, implements them according to priority based on scientific background, and evaluates evidence-based care. He/she uses critical thinking skills and practises critical path management for the patients in crisis.

Manager of Professional Organizations

There are many nursing professional organizations in India that are solely managed by nurses, such as the Indian Nursing Council (INC), the State Nursing Council (SNC), and the Trained Nurses Association of India (TNAI).

6.7 CRITERIA, ADVANTAGES AND DISADVANTAGES OF AUTONOMOUS NURSING PRACTICE

The nursing education system should include and provide for autonomous nursing practice. All health personnel, especially the physicians, should encourage and promote autonomous practice. It is important to create awareness among the common public and remove the stigma towards the image of the nurse as a physician's handmaid from the mind of nurses, other parahealth professionals, student nurses, and the people. They should believe that the nurses can not only provide care but also provide autonomous care. Their training, dedication, and commitment towards the nursing profession is so high and their knowledge level has improved so much that they are talented to manage inpatient care without the physician's advice.

6.7.1 Criteria for Autonomous Nursing Practice

A nurse must fulfil the following criteria for practicing autonomously:

1. A nurse must have a master's degree or higher qualification in nursing.
2. He/she must be trained and experienced in the field of nursing in which he/she works.
3. Doctors should be available who can act as mentors and guide the nurse so that he/she can provide independent patient care.
4. Hospital policies should be framed such that they allow specified procedures to be performed by the nurses alone, with the guidance of doctors.

6.7.2 Advantages

The following are the advantages of autonomous nursing practice:

1. Patients receive high quality care.
2. Care given is continuous.
3. Patient satisfaction is high.
4. As the nurses are permitted to provide care with freedom, they practise with good interest and job stress is avoided.
5. The image of patients and society towards nurses is improved.
6. The nurse, and not the doctor, is present with the patient at all times. Therefore, a good outcome of autonomous nursing practice is improved patient health.

6.7.3 Disadvantages

The following are the disadvantages of autonomous nursing practice:

1. Hospital policies do not allow autonomous practice by nurse at all places.
2. Conflict can arise between doctors and nurses.
3. Patient may not have faith in nurses.

6.8 AUTONOMY IN NURSING PROFESSION

Nursing is an organized and rational activity based on scientific principles with the objective of providing service to man and society and hence is termed as the nursing profession. Nurses abide by the professional rules and regulations through all stages of nursing, right from the novice to the expert stage. The training that they receive from the nursing institution should help the nurses in their transition from the novice to expert level. The gladiator is the highest level; nurses in that level are involved in power and nursing politics, dedicate themselves to lend voice for nurses to solve the problems that arise in their working conditions, and fight for getting autonomous positions for nurses.

1. Own and manage professional organizations.
2. Manage nursing journals, publish eligible research articles, and encourage other eligible nurses in different parts of the world to participate in publishing these articles.
3. Organize seminars, conferences, and workshops, conduct panel discussion among nurses, plan and organize health events with respect to patient care, nursing education, administration management, and research strategies to improve the status of nurses.
4. Plan and frame rules, regulation, and policies to improve nursing care and execute them in all hospitals and teaching institutions.
5. React and act appropriately to all health events happening in the country.
6. Integrate all nurses from different parts of the world by conducting biennial conferences.
7. Communicate with all nurses and share ideas about the happening trends and recent health events in and around health institution, hospitals, and around the world.

A nurse plays different roles in his/her professional practice. They are as follows:

Nurse Leader: A nurse uses his/her leadership skills to supervise and control the professional organization and its numbers.

Nurse Administrator: As an administrator, a nurse autonomously plans and organizes the duty schedule of the staff, controls and coordinates the entire management process, records and reports events, and even prepares the budget to run the institution.

Nurse Manager: As a manager, a nurse is responsible for the control and supervision of the entire ward that he/she manages in a hospital or a health institution. He/she uses a standard system of patient classification, plans clinical duty rotation schedule and offs for the staff, manages extra duties during heavy patient intake, maintains the cleanliness of the ward, controls the work of the employees under his/her control, provides care, checks whether the co-workers perform their duties well in time, gives anecdotal records and reports to the higher authorities, and checks the ward routines.

Nurse Educator: A nurse plays a very important role in framing the curriculum for nurses. The curriculum is evaluated once in five years to check whether it is up to date and to sort out the drawbacks. As an educator, a nurse has many other roles to perform independently, such as mentor, philosopher, counsellor, and advocate. Moreover, the educators go for accreditation and audits to check the quality of nursing education in the schools, colleges and hospitals and to evaluate whether it is up to the mark.

6.9 WORKING WITH CO-WORKERS AS A TEAM

Working independently does not mean working alone, but working together as a team with enhanced team spirit or “*esprit de corps*” towards patient care to save life and improve the quality of life. A nurse exerts his/her action independently since he/she is experienced and trained to handle any patient. Consider the case of a patient who has suffered a stroke and is bedridden. The nurse needs the help and cooperation of his/her co-workers to perform duties such as changing the position of the patient every four hours and meeting the hygienic, nutritional, psychological, and safety needs. It is not possible for the nurse to attend to the patient singlehandedly. He/she should help the co-workers realize the importance of working in a coordinated manner so as to reach the goal of providing quality care. The nurse should openly discuss the patient’s needs with all co-workers, explain what has to be done to take care of the patient, and implement the plan. He/she should limit her talk according to the time and space available and periodically check whether all the team members are working with care and are in the comfort zone.

6.10 ESTABLISHING AUTONOMOUS PRACTICE IN SPECIALTY AREAS OF NURSING

Apart from general nursing, nurses also provide care in many specialty areas, which are shown in Fig. 6.2.

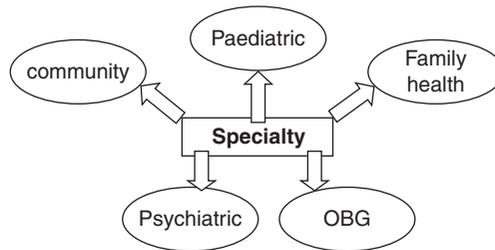


Figure 6.2 Specialty areas of nursing

The criteria for a nurse to be an independent practitioner in the specialty areas are as follows:

1. A master's degree in nursing with specialization in any one of the following:
 - (a) Medical surgical nursing
 - (b) Obstetrics and gynaecology nursing (OBG)
 - (c) Psychiatric nursing
 - (d) Community health nursing in (CHN)
 - (e) Family health nursing (MFHN)
2. Experience in the specialty field

These nurses can work independently in their field of specialization in any of the following settings:

1. Hospitals
2. Educational institutions
3. Professional organizations

6.11 AUTONOMY AS A HUMAN RIGHT FOR PATIENTS

An important aspect of autonomy is that it is a basic right of every patient. The implementation of autonomy should start as soon as a patient approaches a hospital for his/her health care. According to the Patient Self-Determination Act passed by the U.S. Congress in 1990, patients have the right to autonomy in making health care decisions. A patient has the following rights:

1. Get information about a procedure and provide consent before it is performed
2. Know about the details of patient care, risks involved, and alternatives of treatment
3. Get orientation about the hospital
4. Get financial statement of patient care
5. Refuse patient care
6. Choose the physician
7. Get discharged against medical advice
8. Know the advantages and disadvantages of any treatment given
9. Know the methods to seek medical advice
10. Rights of the individual patient to obtain primary and patient-centred care

11. Be treated with dignity by the entire health team members
12. Take decisions regarding patient care

6.12 ADVANTAGES OF IMPLEMENTING AUTONOMY IN PATIENT CARE

The following are the advantages of implementing autonomy in patient care:

1. The patient will be able to clearly understand the nature of the disease. Therefore, he/she will provide good cooperation to all procedures and treatments.
2. The patient will be able to understand the risk involved, which helps in taking decisions regarding the mode of treatment.
3. The patient will be able to choose any alternative treatment or seek medical advice accordingly
4. It is possible to obtain patient satisfaction and it reduces the patient's suspicion and confusion about the treatment.
5. The length of the patient's stay in the hospital is decreased.
6. It is possible to provide cost-effective care.

6.13 ADVANTAGES OF INFORMED CONSENT

The following are the advantages of getting informed consent from the patient:

1. The patient feels respected when he/she is informed about all details regarding the treatment given.
2. It helps the patient to prepare his/her mind and body for the treatment.
3. It helps to avoid conflicts and mistrust and increases the patient's faith on the treatment.
4. It reduces the fear and anxiety of the patient about the nature of treatment.

6.14 DISADVANTAGES OF INFORMED CONSENT

The following are the disadvantages of getting informed consent from the patient:

1. To get informed consent from a depressed patient is difficult. Signing the informed consent sheet may create silent anxiety in the patient's minds.
2. It is difficult to explain the details for getting the informed consent during an emergency.
3. If informed consent is not obtained, hospitals may refuse to provide care and the patient may lose his/her life.
4. There will be no legal evidence to prove that the treatment is given.

6.15 CHARACTERISTICS OF AN AUTONOMOUS NURSE

The following are the characteristics of an autonomous nurse:

1. Retain and express the quality of care and behaviour
2. Bring out the talents and skills, which are expressed in the form of patient care
3. Use better communication skills and exercise assertiveness in provision of care

4. Provide holistic care
5. Retain satisfaction in health of both nurse and patient
6. Rationalize nursing activities based on the scientific principles of nursing
7. Express self-determination and self-governance and demonstrate the power and politics via the nursing profession
8. Implement expanded and extended nursing roles

6.15.1 Characteristics of Autonomous Patient

An autonomous patient will have the following characteristics:

1. Use all the patient rights
2. Attain self-determination
3. Obtain satisfaction of nursing care given
4. Feel self-respected, valued and dignified by the caregiver

6.16 BASIC DIMENSIONS OF AUTONOMY

The following are the three important elements of autonomy:

1. Structural dimension
2. Attitude dimension
3. Outcome

Figure 6.3 shows the basic dimensions of autonomy.

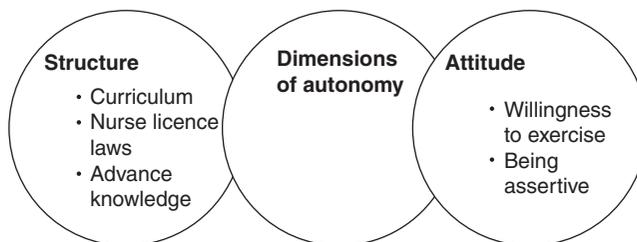


Figure 6.3 *Basic dimensions of autonomy*

6.16.1 Structural Dimension

The structural dimension determines, for example, the extent to which specialized tasks are allocated to employees and the degree to which rules and procedures are written down. This involves the scope of practice that reflects the structure of health care. They are as follows:

1. Nursing practice literature
2. Licence laws concerning nurses
3. Practice standards of professional nurses organizations

4. Advanced practice certifications
5. Knowledge development within nursing science

The scope of nursing practice should inculcate autonomy in the nurse.

Nursing Practice Literature

If the nursing curriculum supports the practice of non-discretionary and non-binding actions and decisions by nurses, it means that it does not advocate autonomy. The curriculum for nurses should be framed, examined, evaluated, and implemented such that it supports autonomy.

Licence Laws

Nurse’s licence laws should clarify the domains of knowledge and skills over which the independently trained nurse can make discretionary and binding decisions, make assessments, and delegate responsibilities of patient care. Autonomy in nursing practice can be implemented only if clearly stated laws are passed for the nurses to work in collaboration with the physician and not make patient care as a one-man show dominated by the physician.

Advanced Practice Certification

Updating nursing knowledge and continuing nursing education not only flourishes autonomy in nursing but also improves the quality of care and involvement in nursing.

6.16.2 Attitude Dimension

This explains the attitude or the opinion of a nurse towards implementing autonomy in nursing. This dimension reflects whether or not a nurse values autonomy and prefers it in nursing practice. He/ she must first perceive the value of self-determination and freedom if he/she is willing to exercise autonomy. The anchoring criteria to attain autonomy based on attitude are shown in Fig. 6.4.

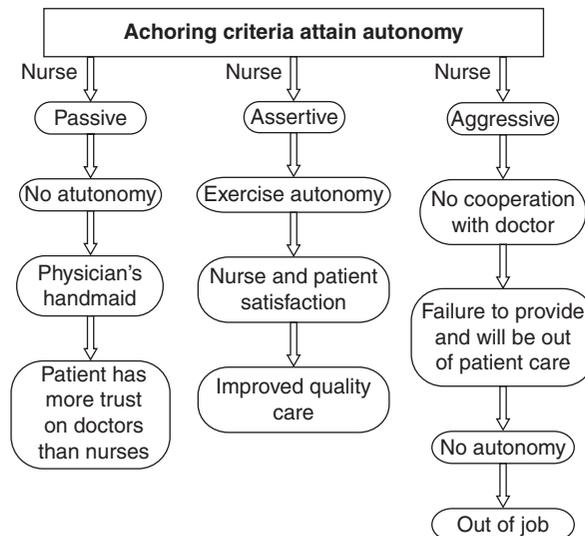


Figure 6.4 Anchoring criteria to attain autonomy based on attitude

In order to boost the attitude of autonomy, a nurse should be mentally prepared. He/she should not feel inferior, be passive, be willing to be a slave or handmaid of the physician under whom he/she works, or lack faith in his/her capability in decision-making or collaborative care. He/she should not be aggressive, cruel, angry, superior or dominating, and refuse to accept the decisions of the team.

Instead, a nurse should be assertive and alert, rationalize, apply the scientific principles of nursing, update his/her knowledge, and clarify boldly wherever and whenever needed.

Moulding assertiveness should start from the training period itself. A nurse should be able to say yes or no, as the situation demands, whenever required in spite of the situation, position, time and place.

Attitude is very important for autonomous practice. A nurse should not feel superior or inferior but think of himself/herself as an eligible and capable person with the self-determination to provide autonomous care.

6.17 THEMES OF AUTONOMY IN NURSING

The important themes of autonomy in nursing are as follows:

Theme 1: Ownership of practice

Theme 2: Emphasis on wellness and healing

Theme 3: Client as partner

6.17.1 Theme 1: Ownership of Practice

Autonomy is reflected in the form of a high sense of dignity. Autonomous practice will lead to ownership of practice and may be exercised as follows:

1. Autonomous nursing practice
2. Independent decision-making
3. Collaborative team effort
4. Involvement in professional nursing organizations
5. Expanded and extended role in hospitals and educational institutions

6.17.2 Theme 2: Emphasis on Wellness and Healing

The main theme of applying autonomy in nursing is to promote and restore health, prevent illness and complications, and implement holistic care thereby restoring and improving the quality of care. Holistic care not only promotes patient satisfaction but also helps to attain wellness and healing physically, psychologically and socially.

6.17.3 Theme 3: Client as Partner

Including the client as partner helps a nurse to not only improve the quality of patient care but also get full cooperation and support for the nursing care. This theme reduces hospital stay, provides cost-effective care and promotes patient and nurse satisfaction.

These three themes must be implemented to attain autonomy in nursing.

6.18 FACTORS THAT AFFECT AUTONOMY IN NURSING

There are many factors that affect autonomous practice in nursing. They are as follows:

1. Image of nurse in society
2. Attitude of nurse
3. Stigma towards autonomy in nursing
4. Curriculum in nursing
5. Hospital policies

Image of Nurse

The image of a nurse as reflected in the society is very poor. People perceive a nurse as a low-level worker and not as a complete caregiver. Movies too do not depict nurses in the right manner. This is due to a lack of awareness about nursing education and training.

Attitude of Nurse

The attitude of a nurse plays a very important role in nursing. A nurse must be mentally prepared for the profession and should not be forced into it. He/she should have full dedication towards patient care and should not work mechanically while providing nursing care.

Stigma Towards Autonomy in Nursing

There still exists a stigma towards autonomy in nursing. A nurse must have trust in his/her abilities. A therapeutic relationship between the nurse and patient is very important to remove this stigma.

Curriculum in Nursing

As explained earlier in this chapter, the nursing syllabus should be framed to help implement autonomous practice.

Hospital Policies

Though the nurse may be ready to implement autonomy, the hospital policies do not allow him/her to practise it in nursing.

6.19 MEASURES TO IMPROVE AUTONOMY IN NURSING

The following measures need to be taken to improve autonomy in nursing practice:

1. Implement hospital policies inculcating autonomy as an ethical principle for nursing practice.
2. Frame collaborative team effort to implement nursing practice.
3. Clearly outline the job description inculcating autonomous practice.
4. Encourage nurses to practise independently by licensing as per laws.
5. Educate the public about nursing and the importance of autonomous nursing care.

6. Frame syllabus including autonomy as a basic criterion for nurses and train to improve their autonomous attitude.
7. Implement all basic elements of autonomous practice in nursing and patient care.

6.20 MEASURES TO IMPROVE AUTONOMY IN PATIENT CARE

The following are the measures that need to be taken to improve autonomy in patient care:

1. Stress the value of informed consent explaining the importance of setting legal consent.
2. Educate the public on the importance of informed consent before proceeding with treatment or care.
3. Provide checklist about the care or treatment to be given to the patient before giving it.
4. Give more importance to the patient's rights for information, decision-making, privacy, and self-respect.

CONCLUSION

Autonomy is an ethical principle that is much valued in nursing and health care. Autonomy in nursing care not only helps the nurse to abide by a code of ethics but also helps to improve the patient care and promote patient satisfaction. Autonomy as a human right of the patient should be valued, respected, and accepted. On the whole, autonomy for both nurses and patients is as important as the two sides of a coin. It is a boon for all future and present nurses to cherish and implement autonomous practice.

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REVIEW QUESTIONS

1. Define autonomy and explain its meaning in detail.
2. Discuss in detail the application of ethical principles in nursing autonomy.
3. Describe the dimensions of autonomy in nursing.
4. Explain the role of a nurse in the application of autonomy in nursing practice.
5. Discuss autonomy as a human right.
6. Explain the advantages and disadvantages of autonomy in nursing practice.
7. List down the factors that affect autonomy in nursing.
8. Describe the measures to improve autonomy in nursing practice.

CONFIDENTIALITY

LEARNING OBJECTIVES

1. Meaning and definition of confidentiality
2. Important terms in confidentiality
3. Concepts concerning confidentiality
4. Types of confidentiality
5. Principles of confidentiality
6. The confidentiality model
7. Role of nurse in maintaining confidentiality

7.1 INTRODUCTION

Confidentiality is an important ethical principle in nursing. It is an important legal and medical obligation that all health professionals are supposed to obey. Matters regarding patients should not be disclosed to others at any cost. Confidentiality, trust and privacy are three principles that are intertwined; if there is no privacy and trust, there is no room for confidentiality. Both the Hippocrates Oath and the Nightingale Pledge stress the importance of confidentiality. The basic elements of confidentiality include respect for autonomy, privacy, beneficence, non-maleficence and the relationship between patients and caregivers in any setting.

7.2 MEANING OF CONFIDENTIALITY

1. Confidentiality pertains to a situation in which information is expected to be kept secret.
2. Confidentiality is both a legal and an ethical concept; it is legal to keep all the records of a patient safe and secure, and also it is ethical not to reveal any matters regarding the patient to outsiders.
3. Confidentiality means that it is the duty of every individual to respect and protect privileged information.

7.3 DEFINITION

Confidentiality is one of the ethical values needed for providing good care and is concerned with protecting the private information of the patient that is obtained during the course of professional practice.

7.4 IMPORTANT TERMS IN CONFIDENTIALITY

The following are the important terms used in confidentiality:

Informed Consent: It is a legal document signed by the patient after detailed explanation about the procedure to be done to the patient and its risks, consequences, etc. It is a permanent legal document or record of the patient.

Indiscretion: It is an action in which confidential information is shared inadvertently. There is no bad intent associated with an indiscretion.

Breach of Confidentiality: It refers to sharing information verbally or in written form regarding a client with someone who is not on his/her care team, or who does not have a release of information form from him/her.

Private: It is defined as information that is not available for public viewing or knowledge.

Privileged Information: It is a term that refers to all information shared between an attorney and his client. This information is considered confidential and is not admissible in court.

7.5 CONCEPTS CONCERNING CONFIDENTIALITY

Figure 7.1 illustrates the concepts concerning confidentiality in nursing care.

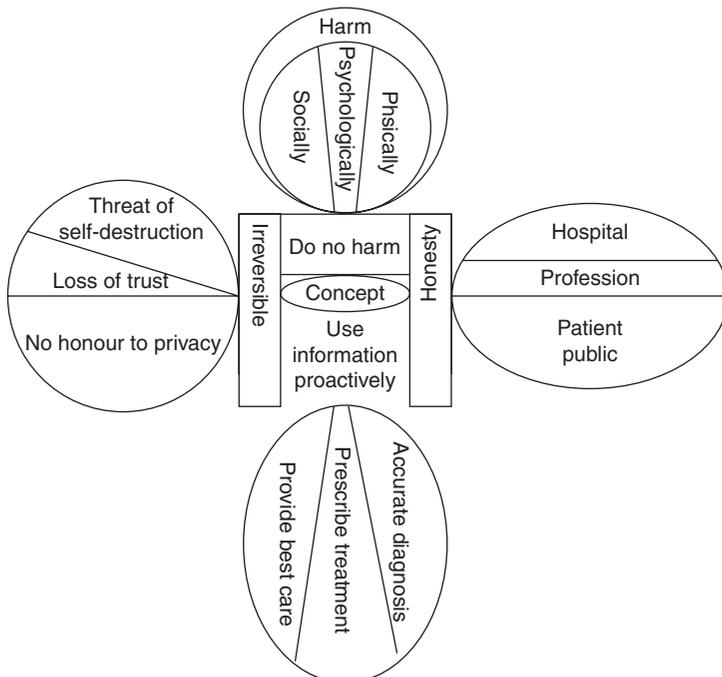


Figure 7.1 Concepts concerning confidentiality

7.5.1 Do No Harm

Do no harm is the main concept of confidentiality. If confidentiality is to be maintained, any kind of information gathered, either verbal or written, should not be revealed to others. There should be no breach in confidential issues of the patient. With regard to privacy, do no harm means that the patient will not be unnecessarily exposed or intentionally embarrassed while physically examined or treated.

7.5.2 Be Honest

Honesty needs to be maintained in all confidential matters of the patient. A nurse should not be afraid to admit a mistake if it happens.

7.5.3 Use Information Proactively

The information gathered from the patient should be revealed only with the sole purpose of being accurate in diagnosis, prescribing the best-recommended treatment and providing the best care. In certain circumstances such as a court case when a nurse may have to provide information about the patient before a judge, special permission is obtained and then the information is revealed.

7.5.4 Irreversible

Irreversibility explains that confidential information once revealed cannot be taken back. Suppose a nurse reveals the details of a patient to outsiders and the patient comes to know about it. This creates a sense of mistrust towards the nurse, who will not get good cooperation from the patient to continue the care. Therefore, a nurse should always take proper care to keep all matters about the patient confidential.

Sr. No.	Concept	Description
1.	C	Create trust in relationship with the patients
2.	O	Open (disclose) the details of the patients to others only after proper judgement
3.	N	Never give the documents of the patients to others
4.	F	Follow the ethics of trust and faith in maintaining the records of the patients
5.	I	Integrate sincerity and honesty towards patient care
6.	D	Decisions must be made after consultation with nurse leaders before revealing confidential details of patient's families
7.	E	Engage the patient in all confidential matters of patient care
8.	N	Not openly talk to co-workers about patient information
9.	T	Trustworthiness should create confidentiality and help to gain cooperation to provide quality patient care

(Continued)

Sr. No.	Concept	Description
10.	I	Intelligent way of handling the ethical issues will safeguard not only the nurse but also the patient
11.	A	Alertness among the nurses is expected while recording the patients' documents
12.	L	Lead the entire nursing team in abiding the rules of confidentiality
13.	I	Interact the patient's details in the court, when required, only after obtaining the permission of the medical officer
14.	T	Thorough knowledge about ethics and importance of confidentiality is needed for the nurse to give high quality care
15.	Y	Yelling and gossiping about patient's problems in front of the patients and others should be avoided

7.6 TYPES OF CONFIDENTIALITY

The following are the four types of confidentiality found in the legal system:

1. Doctor–patient confidentiality
2. Attorney–client confidentiality
3. Confidentiality agreements
4. Pastoral confidentiality

Doctor–Patient Confidentiality

This refers to the confidentiality that is maintained between a doctor and his/her patient. The patient trusts that the doctor will not reveal his/her details to others or discuss it with them. This ethical principle is framed from the Hippocratic Oath, which states that a doctor will not disclose anything pertaining to the patient to unauthorized persons.

Attorney–Client Confidentiality

An attorney who represents a client must withhold any information disclosed to him by the client or prospective client. Any information garnered from the client during interviews or during representation must not be released to any other person without the written consent of the client.

Confidentiality Agreement

It is a legal document between two parties when their relationship involves secrets. Businesses require that employees working in confidential areas of the company sign confidentiality agreements when the company has a secret ingredient, product in development or new research on existing products in development. The protection of sensitive technical information or other vital information that if disclosed will harm the company concerns this type of confidentiality agreement.

Pastoral Confidentiality

This refers to the pastoral duties of a priest or a religious leader who is involved in looking after the religious needs of the people. He/she has the responsibility to help the people solve their personal problems by means of fulfilling their spiritual needs. For example, in Christianity, many churches provide pastoral counselling, wherein the details of the person who engage in such counselling is not revealed by the pastor at any cost. This type of confidentiality is called pastoral confidentiality.

7.7 PRINCIPLES OF CONFIDENTIALITY

The following are the importance principles of confidentiality:

1. Central to trust in nurse–patient relationship
2. Share accurate information
3. Create faith and trust towards hospital care
4. Assurance in patient–nurse relationship

Central to Trust in Nurse–Patient Relationship

Patients should have faith and trust in the nurse. A nurse should act and perform in such a way that trust exists between him/her and the patient. If this is not maintained, the patient may hesitate and feel reluctant to seek medical care.

Share Accurate Information

A nurse should provide adequate explanation clearly if any confidential matter is to be given to any kind of audit. The patient may have a conflict with the nurse if the nurse does not provide clear information regarding the audit.

Create Trust and Faith Towards the Hospital Care

Confidentiality leads to trust and faith. Once it is established, measures should be taken to sustain it throughout life. It should not be breached at any time. Once faith is lost, a patient will never ever approach the hospital again for treatment.

Assurance in Patient–Nurse Relationship

It is a very important principle of confidentiality. Patients have to be assured of quality nursing care right from admission until discharge. An assured patient will feel comfortable and will cooperate well since he/she has confidence in the care provided.

7.8 THE CONFIDENTIALITY MODEL

The confidentiality model outlines the requirements that must be met in order to provide patients with a confidential service. Record holders must inform patients of the intended use of their information, give them the choice to give or withhold their consent and protect their identifiable information from unwarranted disclosures. These processes are interlinked and should be ongoing to aid the improvement of a confidential service. Figure 7.2 shows the principles involved in the confidentiality model.

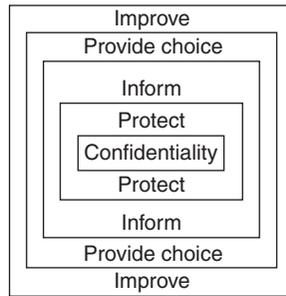


Figure 7.2 Principles involved in the confidentiality model

The principles involved in the model are as follows:

7.8.1 Protect

This is the first step of the confidentiality model. Protect means providing protection by all means and includes the following: recording the patients' details accurately, ensuring that all records and reports of the patients are kept in safe custody under lock and key, and keeping patient information private and not revealing it to any unauthorized person. The patient must also be protected psychologically to avoid self-destruction or thoughts of suicide while providing physical care and be protected socially by preventing isolation. If confidentiality is not maintained, the patient will feel embarrassed during physical examination and treatment. The kinds of protection to be provided to the patient are shown in Fig. 7.3.

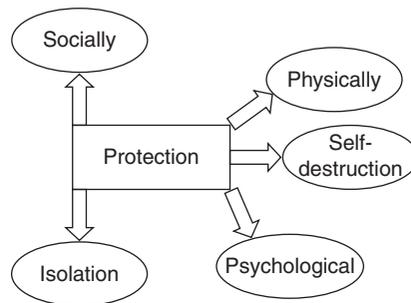


Figure 7.3 Kinds of protection to be provided to patients

7.8.2 Inform

Patients must be made aware that the information they provide will be solely used for the purpose of diagnosis and treatment and for the special procedures in the hospitals such as auditing. They should also know that it is used in the following special circumstances:

It is used in any kind of research done by individuals privately and also by the government to gather the details of vital statistics and analyse the ups and downs in vital statistic indicators; however, the details are collected only after getting the consent of the concerned persons and not by force or compulsion.

If information about the patient is required in court, special permission is sought from the medical office in the hospital and then the details of the concerned patient are given to the court. Figure 7.4 shows the different ways in which the information about patients is used.

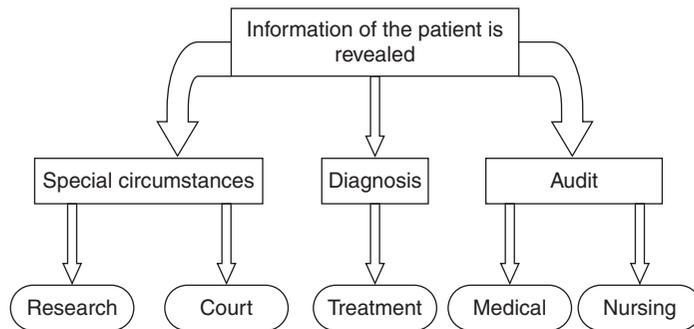


Figure 7.4 *Different ways of using patient information*

7.8.3 Provide choice

Information regarding patient is disclosed only after getting proper permission from the patient, that is, patients have the choice of providing or not providing willingness to reveal information about them. However, effective communication is essential to ensure that the patients understand what the implications may be if they choose to reveal or restrict the disclosure of information.

7.8.4 Improve confidentiality

The following are the ways to protect and improve confidentiality regarding patient details:

1. Obtain the cooperation all health team members.
2. Keep the patient documents in a safe location.
3. Create a protection circle to give better information to the patient regarding the safety of his/her details and help him/her understand how the details are used and protected.

7.9 ROLE OF NURSE IN MAINTAINING CONFIDENTIALITY

The nurse has an important role in maintaining confidentiality regarding patient details. A nurse should ensure the following:

1. Protect patient information at any cost.
2. Record all details of the patient clearly and accurately.
3. Keep all the reports and records in safe custody.
4. Never give any surprise information to the patient and must be aware of all details regarding his/her diseases, treatment and patient care.
5. Respect the right of the patient to assess the records at any time, clarify any details, and help the patient exercise his/her right.
6. Respect the patient's values and give choice to decide whether his/her details can be disclosed for the purposes of auditing, research, etc.

7. Explain clearly that the details of the patient will not be disclosed except for the purpose of diagnosis and treatment and under special circumstances such as in court. The information is given to the patient's family and friends only after obtaining his/her written consent.
8. Never talk loudly and discuss or criticize any issues regarding the patient details in the nursing station. It is not the place to discuss such information as it can be overheard by others.
9. Never show or discuss the patient details to other patients or release any information to the media.
10. Never threaten a patient that his/her details will be revealed to others.
11. Think twice before conveying any details to the patient or his/her family members; what a nurse says and who he/she says it to is very important.
12. Understand his/her job description clearly and clarify any doubts with the supervisor before discussing any matter about the patient.
13. Recognize the important members in the patient's family to whom information about the patient can be revealed. Details regarding the patient should not be given to every visitor of the patient.
14. Inform all details to the supervisor to maintain best working relationship.

7.9.1 Skill that are Needed to Maintain the Confidentiality

A nurse needs the following skills to maintain confidentiality:

1. A nurse must be able to use the computer to key in, save and store the details of the patient during the entire period of hospitalization, right from admission to even after discharge. Whenever required, he/she should retrieve the details and take printouts. It might be a challenge for a nurse; however, he/she should try to gain expertise in computer operation and technology.
2. A nurse should know to not only operate the computer but also work on fax machines, get information via e-mail, send message, and use telephone communication, cordless phone messaging, and voice mail system. He/she should be aware of the latest technology and get trained to use it to perform efficiently.
3. A nurse must have very good communication skills. He/she should know how, where, and to whom a message must be conveyed and to whom it should not be reported. A nurse must use active listening skills, clarify any details with superiors, and be assertive in answering regarding patient details.

CONCLUSION

Patient confidentiality and privacy are very important aspects in the jobs in the health care industry. Every day, patients place their trust in the hands of the health care providers. Maintaining confidentiality will ensure quality care by showing that the patients can count on the nurses for maintaining privacy and respect for their care and their medical records. With legality issues so much on the rise today, nurses should be ever so mindful to the problems at hand when confidentiality issues are violated. Smart charting and adherence to hospital policies and procedures will go a long way in protecting the health care workers legally as they do their best to give high quality care to their patients. Confidentiality issues are also a standard of practice related to ethical and professional healthcare.

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REVIEW QUESTIONS

1. Define confidentiality and explain its meaning.
2. Discuss the concepts concerning confidentiality.
3. Explain the types of confidentiality in medical practice.
4. Discuss in detail the confidentiality model.
5. Discuss the role of a nurse in maintaining confidentiality in nursing practice.

FIDELITY

LEARNING OBJECTIVES

1. Definition and meaning of fidelity
2. Characteristics of fidelity
3. Stages of fidelity
4. Principles of fidelity
5. Role of nurse in implementation of fidelity
6. Application and role of nurse in implementation of fidelity in nursing

8.1 INTRODUCTION

Nursing is a noble profession where loyalty plays a very important role. A nurse should be loyal and faithful to the profession, practice, and society. Faith basically means trust and faithfulness implies a trust. It is important for a nurse to gain the loyalty of the patients, co-workers and hospital administration. Fidelity or loyalty is an important ethical principle and is a vital component of the nursing profession. A nurse should be faithful, obedient, honest, punctual and sincere; however, fidelity comes first. The successful survival of any health institution is possible only if the nurse shows loyalty and trust and the nursing care is carried out in a good manner. This chapter deals in depth with fidelity in nursing.

8.2 DEFINITION

Fidelity is defined as an ethical principle which implies the quality or state of being loyal or faithful and exhibiting faithfulness to commitments or obligations.

8.3 MEANING

Fidelity is derived from the Latin word “fidelis”, which means faithful or loyal.

8.4 CHARACTERISTICS OF FIDELITY

Fidelity has many characteristics that are important because it shapes faithfulness towards the profession. It is important for every nurse to learn the characteristics of fidelity, which are as follows:

Loyalty: Loyalty means being truthful in one's actions and taking sincere efforts to provide the best care. A nurse should provide quality care to the patient, be an obedient staff, follow strictly the rules and regulations of the hospital, and adhere to the scientific principles of nursing care. Nurses should be loyal to themselves, their profession, their co-worker, their patients and the society. A loyal nurse will act in a manner that comforts the patients and improves their satisfaction. He/she does not harm or neglect the patient and never indulges in any malpractice. On the whole, the nurse is disciplined, trustworthy, and sincere and that makes him/her loyal to the nursing care and profession.

Trustworthiness: Trustworthiness, which is discussed in detail in Chapter 9, is an important characteristic of fidelity. It takes time to create trust and it can never happen in a single day. Trust comes out of good actions and selflessness. A nurse needs good communication skills in order to build trust. He/she should never project his/her stress or burnout on the patients. A nurse can establish trust with his/her patients by behaving in the following manner: being humble, handling the patient with care, repeating the patient's needs, and attending every call of the patient. These acts develop trust, which in turn helps the nurse to gain the cooperation of the patient.

Discipline: Discipline is a structured, systematic approach to activities that are framed to do good to the patient and shapes the behaviour of the nurse and improves the quality of care. Maintaining discipline in care is important. A nurse must attend duty on time, provide care without showing any kind of negligence or laziness, respond to the needs of the patients, show respect to the patients, and record the work without any duplication. A disciplined nurse will be loyal and will definitely show fidelity in the nursing profession.

Honesty: Another important characteristic is honesty, which is the crown of fidelity. If a nurse commits a mistake, for example, if he/she had given a wrong injection, he/she should be able to admit his/her mistake in time. Honesty means telling the truth even if it means admitting a mistake. It might be difficult for a nurse to maintain honesty in some situations such as telling the diagnosis of a patient. For example, if a patient is suspected of having cancer, which is not yet conformed, family members may ask not to reveal the truth about the diagnosis, but the nurse will have to disclose the truth if he/she needs to be honest. Similarly, the duty doctor may order a wrong medication in a hurry without discussing it with the nurse. In such a situation, the nurse may approach the chief doctor and check whether he/she needs to follow the doctor's order and give the drug. The nurse will be in dilemma. He/she should decide whether to provide the drug by obeying the order or to inform the senior doctor and get his/her opinion, which may create a conflict between the senior doctor and the junior duty doctor. There are many such situations that arise during the nursing career, which makes it difficult for the nurse to be honest and true towards the profession and practice.

Sincerity: Sincerity is an essential quality of a nurse. Once a person joins the nursing profession and adopts the daily routines, everybody expects him/her to be sincere. Sincerity, which every nurse should possess, is the quality of being genuine, earnest, and free of deceit, hypocrisy, and falseness in one's nursing care and action. For example, a nurse needs to attend duty on time, perform the ward routines

properly, bear all the problems silently, be alert, be accurate in reporting and recording the patient care, and follow nursing care as per scientific principles. It is timely work but it lifts any nurse to higher position and never puts the nurse down. A sincere nurse will always be faithful to himself/herself and to his/her profession, attain professional and personal job satisfaction, earn good name and fame to the institution, and provide quality care, ensuring that patients get satisfied nursing care from the nurses.

Accountability: This characteristic of fidelity is very important for a nurse. A nurse needs to be accountable and responsible for his/her actions in nursing care, cannot blame other nurses or caregivers, should not try to escape from the nursing duties and responsibilities, and perform his/her work with satisfaction and care. A nurse who is accountable and responsible towards his/her duties will be faithful to the profession.

8.5 STAGES OF FIDELITY

The transition of a nurse from being a novice to becoming an expert nurse is described in the following table:

Sr. No.	Stage	Fidelity	Transition stage in a nurse
1.	Stage I	Loyalty	Novice: Starts showing loyalty to the profession and practice
2.	Stage II	Trustworthiness	Advanced beginner: Begins to formulate principles by implementing trustworthiness
3.	Stage III	Honest and disciplined nurse	Competent nurse: Plans the principles
4.	Stage IV	Sincere and punctual nurse	Proficient nurse: Perceives nursing care as a whole and gives complete care
5.	Stage V	Accountable and responsible	Expert nurse: Has an intuitive grasp

8.5.1 Stage I: Loyalty—Novice

Novice is the period when a person starts preparing himself/herself to be a nurse and starts showing loyalty to the care that is provided. He/she starts showing faith in the profession and understands the uplifting nature of the profession.

8.5.2 Stage II: Trustworthiness—Advanced Beginner

In this stage of fidelity, the nurse gains trust and faith and starts implementing the formulated principles of nursing care. Since trustworthiness is continually shown by the nurse, he/she gets the full support and cooperation of the hospital management and the patients. Therefore, he/she formulates principles that are appropriate in providing care as an advanced beginner.

8.5.3 Stage III: Honesty and Discipline—Competent Nurse

In this stage, the nurse is quite competent and can plan new principles in nursing. He/she evaluates the existing principles and introduces new principles based on research practices such as evidence-based practice. This is a stage where the nurse is much attached to honesty and stands strong on disciplined actions.

8.5.4 Stage IV: Sincerity and Punctuality—Proficient Nurse

The nurse is sincere and punctual for years and gains proficiency in the nursing profession. He/she perceives nursing care as a holistic care and never treats a patient's symptoms or signs temporarily. The nurse aims at providing a complete care when he/she is in the proficient stage.

8.5.5 Stage V: Accountability and Responsibility—Expert Nurse

In this stage, the nurse becomes an expert and is accountable and responsible for all his/her actions. An expert nurse acquires an important position in the nursing profession such as a team leader or administrator and takes up all major responsibilities in the hospital management.

Every nurse goes through all the transition stages in his/her nursing career. In each stage, he/she develops the qualities and characteristics required of that stage, namely, loyalty, trustworthiness, honesty, discipline, sincerity, accountability and responsibility. All these characteristics of fidelity can be found in all stages of transition, but they attain maturity only during the stage-by-stage transition of nursing.

8.6 PRINCIPLES OF FIDELITY

There are certain principles in fidelity that each nurse has to follow during nursing care:

Basic Respect: Treat patients with respect and dignity. Never call any patient by dress name or by bed number, but call him/her by name. Never discuss the patient's details or disease in front of the patient or others.

Competent Nurse: Care should not be given to the patients on a trial and error method. Only a competent nurse who has good skill and knowledge about nursing care can provide good care to a patient who is critically ill.

Adhere to Code of Ethics: A nurse should follow the code of ethics in each and every application of nursing care; otherwise, he/she can be sued under law.

Follow the Principles and Policies of the Organization: A nurse should adhere to the rules and regulations of the hospital in which he/she works. The policies might be different for each hospital and a nurse has to understand and strictly follow the principles, policies, rules and regulations framed by the hospital management.

Staff Nurses to Honour the Agreements Made with Patient: The care that is supposed to be given to the patients should be provided without fail or negligence. Here, agreement refers to the care to be provided as per the diagnosis.

By following these principles, a nurse ultimately acquires fidelity in his/her nursing profession.

8.7 APPLICATION OF FIDELITY IN NURSING

Through application of fidelity the basic principle of ethics which bridge the professional value of ethics the fidelity with nursing process and the patient care. By practising fidelity in all stages of the nursing process, it is possible for the nurses to get positive outcomes of patient care such as high quality care and improved patient satisfaction.

8.8 ROLE OF NURSE IN IMPLEMENTATION OF FIDELITY

A nurse has an important role in the implementation of fidelity.

Provision of Holistic Care: By practising fidelity, a nurse is able to provide holistic care or complete care such as physical, psychological, social, and spiritual care.

Follow Code of Ethics: A nurse should adopt the code of ethics to acquire fidelity, which acts as a shield and protects the nurse from all legal problems.

Maintain Good Patient–Nurse Relationship: Practising fidelity helps to maintain a good patient–nurse relationship while providing care.

Commitment and Dedication to Patient Care: Fidelity helps to acquire commitment and dedication towards patient care.

Fulfil Expectations of Patients: A nurse is supposed to fulfil the expectations of the patients and the management. This is possible with the help of fidelity.

Appropriate Medical Intervention: By being faithful and committed towards the profession, that is, by practicing fidelity, a nurse will be able to implement the proper medical interventions ordered by the physician for the patient.

Fidelity for Good Patient Recovery: A completely dedicated and faithful nurse will be able to provide humanistic and technical care, which ultimately provides a quality care leading to complete patient recovery.

CONCLUSION

Fidelity is a basic principle of ethics that a nurse acquires through stage-by-stage transition of nursing care. Fidelity is nothing but dedication, sincerity, and commitment to the nursing care and profession, which are the basic qualities expected from every nurse who exhibits good morale towards patient care.

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REVIEW QUESTIONS

1. Define fidelity and explain its characteristics in detail.
2. Describe the stages of fidelity.
3. Discuss in detail the principles of fidelity.
4. Explain the fidelity model.
5. Describe the role of a nurse in implementing fidelity in nursing practice.

MORALE

LEARNING OBJECTIVES

1. Meaning and definition of morale
2. Principles of morale
3. Concept of morality by Kants approach acts as a base to achieve good morale
4. Factors that influence morality
5. Continuum of morale
6. Measures to build good morale
7. Evaluation of good morale
8. Advantages of good and disadvantages of poor morale
9. Morale among nurses

9.1 INTRODUCTION

Good morale is observed in a good and peaceful mind that strives for goodness to self and to others. It indicates positive attitude towards self and towards others. It is an essential principle to be followed by everyone in any management or institution. A good attitude is important in determining the worker's perception of his/her job and the kind of morale he/she has. The willingness to work with good attitude leads to good morale, which ultimately leads to good outcomes. Hence, it should be developed by the management. Workers should be encouraged to develop positive attitude by providing good salaries and benefits, appreciating the talents of the worker, solving their conflicts, and providing good working environment. However, it is difficult to ensure good morale in all the workers, as there are many factors that influence and disturb the morale of a person. It is essential for a nurse administrator to inculcate the important principles of ethics and a good attitude in the nurse's mind, because good attitude is important to provide complete care. If the morale of the nurse is low, there will be poor nursing care and less patient satisfaction. This chapter provides more light on the knowledge of morale that is to be followed by a nurse.

9.2 MEANING OF MORALE

1. It is a feeling of interest, zeal, and confidence in an employee or a group of employees that motivates other employees to cope up with the task assigned to them.
2. Morale is a good attitude of mind, which strives for esprit de corps and a state of well-being; it acts as an emotional force that affects individuals and organizational objectives.

The meaning of morale can be stated as follows:

M: Motivation to do good to others

O: Obligation

R: Responsibility to work in unity and establish spirit de corps

A: Attitude that is positive to obtain good morale

L: Love towards the profession and provision of quality care

E: Emotion of group workers to work with good attitude

9.3 DEFINITION

Morale is defined as an attitude of satisfaction with the desire to continue in, and willingness to strive for, the goals of a particular group or organization.

9.4 WHAT IS MORALE?

What Is Morale?

Morale is an attitude of mind that leads to a spirit of cooperation and creates a state of well-being with an emotional force.

What Does It Do?

It affects output, the quality cost of a product, cooperation, discipline, enthusiasm and initiative.

Where Does It Reside?

It resides in the minds and emotions of individuals and in the reactions of their groups. In order to develop positive attitude, one should work with the constructive emotions of not only the individuals but also the entire group or groups.

Whom Does It Affect?

It affects the employees, executives, and supervisors in their interactions and ultimately the consumers and the business unity in the community.

What Does It Affect?

It affects the employee's willingness to work and cooperate for the benefit of the individuals or groups and the organizations for which they work.

9.5 PRINCIPLES OF MORALE

It is important for a nurse to have a good morale while providing nursing care, which is possible by adhering to the following principles:

1. Be good and do no harm to others
2. Be selfless
3. Never think ill of others
4. Never harm anyone physically or psychologically
5. Develop team spirit and cooperation among the health workers
6. Act honestly and work truthfully and sincerely
7. Strive for personal and patient satisfaction only through good actions
8. Be punctual and work with full interest
9. Be responsible and accountable in work environment
10. Resolve conflict and promote a peaceful working environment

9.6 CONCEPT OF MORALITY BY KANTS APPROACH ACTS AS A BASE TO ACHIEVE GOOD MORALE

Morale means the amount of confidence and cheerfulness that a group of people have; it is the willingness to do good to others and not harm them.

Morality: It is the belief that a person's behaviour is right and acceptable and other behaviour is wrong; it is also a system of principles and values concerning people behaviour, which is generally accepted by a society or a particular group of people. Therefore, a good morale acts as a base to achieve morality.

Immanuel Kant, in his work "The Groundwork of the Metaphysics of Morals", had explained the following basic approaches towards morality:

Morality as a Defence of a Priori Approach: He supports ethics and morality without using empirical data. Instead, dealing with concepts, he explains mortality as implications of certain values such as:

1. Duty
2. Justice
3. Goodwill
4. Obligation

Immanuel Kant gives more priority to morality and morality-related questions and their concepts.

Morality as Universal Law: Kant explains that morality should be followed by everybody in the same manner. He explains that morality as universal law is a categorical imperative. This means that every individual must act with morality and wish all others to follow it in their work.

Treat Humanity as an End in Itself and Not as Means Alone: He explains that individuals should not be treated as only the means to achieve one's desires and goals. Each person must be recognized as an individual and must be treated with respect.

Every Human is a Rational Agent: According to Kant, every human being is a rational person and is capable of arriving at moral conclusions with the help of reasoning processes.

9.7 FACTORS INFLUENCING MORALE

Maintaining high morale in life is a complex and difficult phenomenon. The following are some of the important factors that determine the level of an employee's morale:

1. Organization
2. Nature of work
3. Job satisfaction
4. Perception of employee
5. Age of employee
6. Educational level
7. Occupation

Organization: The morale of an employee can be expected to be high only if the organizational objectives, goals and structure are acceptable to the employee. High morale among the employees not only contributes towards the development of good image and status but also improves the productivity and outcomes.

Nature of Work: Tough nature of work discourages the employee to work with full interest. The work load should be reasonable. Factors such as reasonable salary, benefits, and facilities to take rest in between work will improve the morale of the employees and will stimulate them to work well.

Job Satisfaction: This is the feeling of fulfilment in an employee regarding his/her job and the nature of work. If an employee feels good about the job, he/she will work with full dedication and not for the sake of salary alone. The employee with high morale towards his job performance has good values inculcated in the nature of work and resolves to work hard. As he/she gets appreciation, good productivity, good salary, and a good name to the organization, it improves his/her self-esteem and enhances self-actualization. To prove the individuality, he/she strives to work honestly. If the employee is happy with the working hours, working conditions, environment, cleanliness, co-workers' cooperation, and opportunities to learn and grow professionally and financially, it creates good morale and job satisfaction.

Perception of Employees: An employee's attitude towards work and the organization is very important because the amount of importance the employee gives to his/her work explains his/her level of morale towards the organization. To improve the good perception of the employee, the organization must provide standard working hours, reasonable work load, good payment, and good working environment and offer opportunities to exhibit their talents and abilities.

Age of the Employee: A young employee is active and stable and he/she executes good performance. As the age increases, the ability to work faster and the stability will decrease, leading to poor performance. If this is accompanied by an associated illness, then it will be difficult to work perfectly. However, morale increases with age due to a serious attitude towards job, more reliability, less absenteeism, proven steady work habits, thoughtful decision-making, and more sense of loyalty and responsibility.

Educational Level: Higher the educational level of the employee, lower the satisfaction. This is because there is a comparison of his/her performance with others. Therefore, delegation of work should be based on the educational level so that the employee is never compared with others and shares a high level of morale towards the job.

Occupation: The nature of occupation influences the morale of the employee. Morale can be judged by evaluating his/her job performance. Providing good working environment and reasonable working hours allows the employee to work peacefully. However, if he/she misuses the facility, it results in poor performance, which leads to poor morale. The employee is not doing justice to the job. On the other hand, an organization providing poor working conditions and heavy work load should not expect a high morale from its employees.

Other Factors

The channels of communication also affect the morale of the worker. If the communication is not received through proper channels by the employee, he/she may be demotivated and may show poor morale.

The cooperation of and conflicts with co-workers is another factor contributing towards the morale of the employee. Measures should be taken to enhance the cooperation and the feeling of unity among the workers. Conflicts should be resolved immediately, because if conflict increases, morale decreases.

9.8 CONTINUUM OF MORALE

There are only two types of morale possible—one is high morale and the other is low morale; they are the two ends of a continuum. We have already seen the factors that affect the morale of an employee. The number of factors in each side of the continuum decides the high or low morale of the employee. On the right side of the continuum is the high morale and the following factors contribute towards it:

1. Good salary or wages as per job, which is revised regularly
2. Good working conditions
3. Excellent communication channels
4. Good nature of work and acceptable organizational framework
5. Cooperation among the workers
6. Reasonable working hours as per job description

On the left side of the continuum of morale is the low morale and the following factors lead to it:

1. Less salary, which is not revised as per norms
2. Poor working environment
3. Poor communication channels
4. Confused nature of work with unacceptable organizational framework
5. More conflict among the workers and non-cooperation
6. More work load as per job description

9.9 MEASURES TO BUILD GOOD MORALE

Feasible Framework: Develop a standard objective framework acceptable by all employees and recruit only those who are happy with that framework.

Establish Good Working Conditions for the Employee: Forecast problems and establish facilities in the work environment. Utilize the available resources and provide facilities such as rest room, canteen, and fully furnished working room. A happy employee exhibits good morale towards work.

Good Wages as per Job Qualification and Experience: Provision of reasonable salary as per the nature of job qualification and experience in the field is required. Revising the salary regularly and providing bonus during festivals create interest and motivation in the employee towards work.

Showing Impartiality or Being Fair with all Employees: The organization must not show partiality on the basis of caste, creed, race, religion, age and sex.

Opportunities to Exhibit Employee Talents: Appreciation of work is a positive reinforcement. The management must provide chances for the employees to grow professionally; as the organization grows, the employee must also grow. If the employees are provided opportunities to exhibit and improve their talents, which will lead to their growth and that of the organization, they will show more loyalty and respect towards the organization.

Network Relationship: There must be properly organized channels of communication. If the channels are not proper, it may mislead the employees, leading to low morale. Thus, clear communication channels are important to sustain the high morale of the employee.

In-service, Continued Education to the Employee: There should be provision for in-service education to update the knowledge of the workers. Continued education helps in improving his/her talents and motivates the employees.

Guidance and Counselling, Cooperation Among Workers, Resolving Conflicts: There should be a separate unit available to guide and counsel the workers. This should act as a mediator between the authorities and the employees and should address their problems and resolve the conflicts. These guidance and counselling units will enhance cooperation among the workers.

9.10 EVALUATION OF GOOD MORALE

There is a need to evaluate the morale of the worker because any organization needs the sustained support of all its workers to achieve the organizational goals. Measuring the morale helps to know the attitude and the opinion of the workers. It can be a clue for the organization to improve its efforts to increase employee morale. The following are some of the methods used for evaluation:

1. Interviews—guided and unguided
2. Opinion poll about working conditions given by the workers
3. Frequent meetings between the employees and the authorities where the representative of the employee explains their problems to the authorities
4. Anecdotal reports
5. Self-administrated questionnaire about the nature of work

In general, morale can be understood by the employees' actions, expressions, oral comments, criticism, suggestions and answers to the questions.

9.11 ADVANTAGES OF GOOD MORALE

The following are the advantages of good morale:

1. Job satisfaction
2. Growth of organization in terms of quality and quantity
3. Achievement of high status and a good image in the public
4. Recognition of the employee, sense of belongingness and, therefore, willingness to accept the responsibility to work

9.12 DISADVANTAGES OF POOR MORALE

The following are the disadvantages of poor morale:

1. Lack of motivation to work
2. High absenteeism
3. Non-involvement and apathy towards work
4. High labour turnover
5. Lack of discipline
6. Less productivity and low status of the organization
7. Lack of interest towards work

9.13 MORALE AMONG NURSES

Nursing is a noble profession and good morale is a quality that each nurse should exhibit towards patient care. Having a good morale is important for nurses because they provide direct care to the patients, which should be done wholeheartedly and with interest.

The following factors lead to good morale in nurses:

1. High job satisfaction and patient satisfaction
2. High quality of patient care
3. Reduced mortality and morbidity rate; since care is efficient, the period of stay in the hospital is reduced
4. Cost-effective care
5. Low nurse turnover
6. Good salary
7. Placement and promotion given based on the performance in patient care and experience
8. Good working conditions given for the nurses in hospitals and educational institutions
9. Professional growth encouraged in hospitals and educational institutions through establishment of in-service education, continued education, and journal club presentation
10. Constant appreciation of talents and all-round development of the nurses
11. Establishment of guidance and counselling units to help solve conflicts with nurses
12. Staff-to-patient ratio as per Indian Nursing Council requirements, that is, 1:5 in non-teaching hospitals and 1:3 in teaching hospitals

13. Establishment of facilities such as rest rooms, sick room, pantry/canteen, and crèche for nurses in the hospitals
14. Provision of stationary items, facility to take classes, availability of refreshment, etc. in educational institutions

Morale is an essential principle expected from all nurses. Good morale in a nurse indicates good attitude towards nursing; there is no negligence, malpractice, or ignorance. It is reflected in the following behaviour of nurses:

1. Good caring attitude towards patients
2. Good opinion about hospital organization
3. High motivation in work

A nurse with high morale provides quality care efficiently thereby improving the status of the hospital.

CONCLUSION

This chapter discusses in detail about morale and its importance for the employee/nurse. Morale is feeling good about the job, having a good attitude towards work, and showing respect towards the profession. It is an important ethic that must be adopted by all nurses at all times.

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REVIEW QUESTIONS

1. What is morale? Explain esprit de corps.
2. Discuss the methods of raising the employee morale.
3. Analyze the factors that influence morale.
4. Give a note on the relationship between morale and productivity.
5. What are the measures to build a good morale?

INFORMED CONSENT

LEARNING OBJECTIVES

- | | |
|---|--|
| 1. Definition, meaning and important principles of informed consent | 4. Criteria of getting informed consent in conducting research on human subjects |
| 2. Types, elements and barriers of informed consent | 5. Principles involved and the different forms of informed consent |
| 3. Contents, purpose and areas requiring informed consent | 6. Role of a nurse in getting the informed consent |

10.1 INTRODUCTION

Informed consent is an important legal document that a patient has to sign before any invasive procedure is done on the patient. It is the duty of the nurse to inform the patient about the details of the procedure and the benefits and risks associated with it and then obtain the informed consent. In many hospitals, nurses order the patient or his/her relatives to sign the informed consent without giving adequate explanation about the procedure to be done on the patient. The patient will be anxious and feel insecure about the prognosis of his/her illness. As the fear and anxiety is high, the patient may not provide full cooperation for the procedure.

10.2 DEFINITION

1. It is defined as a legal document that includes details of invasive procedure to be done on the patient and the risks and benefits of the procedure and states that the contents of the informed consent have been read and clearly understood by the patient before obtaining his/her signature with date and time.

2. It is a permission obtained from the concerned patient in order to perform specific tests. It is a legal document that is clearly written and is read and understood by the patient, with the patient's signature, date and time along with the signature of a family member or spouse as a witness.
3. It is an agreement by the patient, verbal or written, after being given sufficient details of the possible risks in having a procedure performed.

10.3 IMPORTANT PRINCIPLES

There are seven important principles that define informed consent:

1. Competence to understand and to decide the matter
2. Voluntary decision-making by the person who gives consent
3. Disclosure of material information that is explained in consent
4. Recommendation of the plan in the consent
5. Comprehensions of terms and conditions in the consent
6. Explain the risk and benefits in the content of the informed consent
7. Explain the risk and benefits in the content of the informed consent

A valid and legal informed consent must meet all these requirements.

10.4 MEANING OF INFORMED CONSENT

1. Informed consent is a legal procedure to ensure that the patient or client knows and understands all the risks and costs involved in the treatment.
2. Informed consent is a phrase used in law to indicate that the consent a person gives meets certain minimum standards.
3. Informed consent is more than simply getting patient to sign a written consent form. It is a process of communication between a patient and physician that results in the patient's authorization or agreement to undergo a specific medical intervention.

10.5 TYPES OF INFORMED CONSENT

Oral: Oral consent follows written consent.

Written: Printed legal document that contains the details of treatment, reason for the treatment, risks and benefits of the treatment, and the agreement for the treatment by the patient.

10.6 ELEMENTS OF INFORMED CONSENT

The following are the elements of informed consent:

1. Information to the client about the nature of treatment
2. Possible alternative treatments
3. Potential risks involved
4. Benefits of the treatment

5. Clear understanding by the patient
6. Given by mentally competent adult
7. Written document
8. Consent given by parent if patient is a child

Figure 10.1 shows the elements of informed consent.

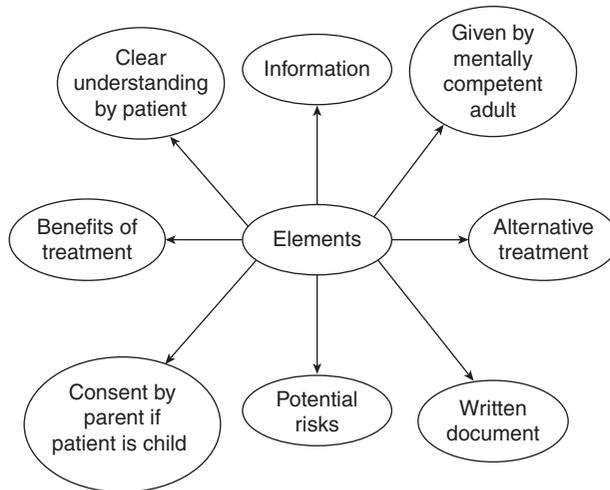


Figure 10.1 *Elements of informed consent*

10.7 BARRIERS TO EFFECTIVE INFORMED CONSENT

There are many factors that affect or hinder the patient from signing the informed consent. They following are some of the barriers to effective informed consent:

1. Education level of the patient
2. Consciousness of the patient
3. Mental status of the patient (psychological status)
4. Religious beliefs
5. Language
6. Disability of the patient
7. Culture
8. Age

Education Level of the Patient: It is important for the nurse to know the educational status and the level of knowledge of the patient, since the informed consent is written in a standard language. The nurse should make sure that the patient has clearly gone through all the details of the informed consent; if not, the nurse has to read it out to the patient and his/her spouse or family members.

Consciousness of the Patient: The nurse may find it difficult to get the informed consent signed in certain situations. For example, if the patient gets admitted in a coma stage or with a head injury and

loss of consciousness, he/she will not be able to sign the informed consent. In such cases, the patient's spouse or blood relative should be given clear explanation about the procedure and the signature on the informed consent obtained from him/her.

Mental (Psychological) Status: The nurse needs to analyse the mental status of the patient and find whether he/she is in a state of fear, anxiety, or depression and whether he/she can understand the details in the informed consent. The nurse has to handle the situation accordingly; he/she should talk to or console the patient and get his/her signature.

Religious Beliefs: Any document or paper will be signed only at a “good” time and place, according to the believers of certain religious customs. The nurse should understand their beliefs, if present, but should ensure that he/she gets the informed consent signed.

Language: This is a very important barrier as the patient may find it difficult to understand the standard language of the informed consent. The nurse should understand this problem and read the informed consent to the patient and explain its contents clearly before getting the signature.

Disability of the Patient: If the patient is not able to see clearly the informed consent or if he/she is visually impaired, the nurse must read the informed consent clearly and slowly to make sure that the patient understands it before signing it.

Culture: The nurse should be aware of the different cultural practices in getting the informed consent, such as prayer or worship of God before signing any legal document. If the presence of a spiritual leader or priest is required, according to the patient's religion, a nurse allows it along with necessary religious rituals. The presence of the priest to chant the prayers for the patient's well-being will be taken as a token of respect by the patient and his/her family members. Presume of any picot is required, which will be taken as a token of respect from patients of certain culture.

Age: If the patient is a child, he/she will not be able to understand the contents of the informed consent. In such cases, the patient's parent can sign the informed consent. Similarly, old patients may take time in reading and understanding the language of the informed consent. Therefore, the nurse should anticipate all the factors and help the patient to clearly understand the contents of the informed consent.

10.8 CONTENTS OF INFORMED CONSENT

The following are the contents of an informed consent:

1. Identity of the patient—name, age, date, anthropometric measurements, phone and address of the patients
2. Details about disease present in the body, specifying the parts of the body and describing the location and site of discomfort
3. Past medical history—a list of illnesses suffered by the patient in the past one year
4. Past surgical history—history of any surgery performed in the past one year with details of the hospitals and the surgeries
5. List of any allergies to medicines
6. Family history of any medical illness in the patient's family members
7. Social history—marital status, number of children, habits such as smoking and alcoholism, employment details and type of work

8. Review of the system—details of head-to-foot physical examination by the physician on the patient
9. Certification by the doctor
10. Certification and declaration by the patient that he/she has understood the details of the procedure and that the information given by the patient is true
11. Details about the proposed treatment or procedure
12. Benefits of the procedure and risks associated with it
13. Alternative treatments available
14. Signature of witness along with date and time

10.9 PURPOSE OF GETTING INFORMED CONSENT

The following are the purposes of getting an informed consent from the patient:

1. It is to provide adequate information about the procedures to be performed on or treatment to be given to the patient. It is an act of respecting the patient's right to information and allows the patient to choose the treatment of his/her choice.
2. It helps to serve as a legal written document for the patient as well as health care providers.
3. Patients can take legal action if the informed consent is not signed or not given to them.
4. It helps to clear the fear and anxiety of the patient about the treatment and prognosis and mentally prepare him/her for the treatment.

10.10 AREAS REQUIRING INFORMED CONSENT

Whatever be the place of treatment, informed consent is a must as per law, especially in medico-legal cases. It can be the outpatient department, inpatient department, or general ward of a hospital, nursing home, medical college, primary health centre, sub-centre or any health institution. If a patient has to undergo treatment or procedure that requires informed consent, it is the duty of the concerned health care providers to get it signed by the patient.

Informed consent is necessary for any invasive procedure to be done on a patient for diagnostic or therapeutic purposes. The following are the requirements or indications to get the informed consent in a hospital:

Diagnostic

1. Lumbar fracture—for cerebrospinal fluid analysis
2. Thoracocentesis—for diagnostic and therapeutic purposes
3. Abdominal paracentesis
4. Incision and drainage of any cyst

Therapeutic

Informed consent is obtained before performing any surgery such as lower segment caesarean section under spinal anaesthesia, explaining the risks of surgery, the side effects of anaesthesia on the mother and child, the risks after surgery—blood may be required after surgery, and any advanced technique or

technology that may be used to support the mother's life. There are many interventions carried out by use of advanced technology equipments such as heart and lung machines and ventilators. There may arise a need for blood transfusion during or after surgery, which should be anticipated and informed to the patient and his/her family in order to make arrangements to get the necessary blood pints. Maintaining a therapeutic relationship with the patient and explaining the details of informed consent are more important to avoid conflicts and confusion. Thus, therapeutic relationship has become an important aspect in treating the patient.

10.11 INFORMED CONSENT IN RESEARCH

It is very important for all the researchers to inform the participants or subjects of their research about the research, the benefits of the study, and the risks, if any, associated with it. The subject must participate in the research with full willingness and must not be forced to do it. Informed consent is a legal document that ensures that the subject signing it understands the details of the research before agreeing to participate in the study.

Its contents include the following:

1. Information about the researcher—institution, designation, etc.
2. Details of the study—statement of the problem and the title and purpose of the study
3. Place of study, number of participants, and the benefits and possible risks to the participants during the study
4. Details of interventions used in the study
5. Measures to overcome the risk, if any, to the participants during the study
6. Freedom of the participant to withdraw from the study at any time
7. Timeframe of the study—start time and end time
8. Details about provisions of confidentiality and privacy of the participant and it can be respect for his/her dignity
9. Signature of researcher with date and time
10. Signature of the participant with date and time indicating willingness to participate in the study

10.12 CRITERIA TO GET INFORMED CONSENT FOR CONDUCTING RESEARCH ON HUMAN SUBJECTS

The following are the criteria to get informed consent before conducting research on human subjects:

1. Get a formal written approval from the ethical committee of the health institution where the researcher conducts the research before starting any research.
2. Get the approval of the ethical committee review board for any information that is later included/ updated in the informed consent.
3. Researcher should not force the subjects to provide the informed consent.
4. Complete details of the researcher and the role of the participants should be clearly provided before getting the signature in the informed consent.

5. The language used in the informed consent should be simple, clear, and easy to understand and should be printed legibly so that the participant can clearly understand it before signing the informed consent.
6. The researcher should provide adequate time for the participant to think about participation in the research and give opportunity to check and clarify any doubts before deciding whether or not to participate in the research.
7. If the participant is uneducated or is visually or hearing impaired, an impartial witness should be arranged to explain the contents of the informed consent to the participant. It should be ensured that the witness understands the details of the study clearly and assures the participant about the involvement in the study. The informed consent must include the signature of the witness with date and time.
8. Brief explanation about the expected benefits, advantages, demerits, and risks involved should be provided before getting the consent signed.
9. The participants are free to withdraw from the study at any time or at any stage of the study.
10. The patients should be informed that the results of the study will be communicated to them. They should be given assurance on the confidentiality of their details and on their privacy and respect of their dignity, before getting the informed consent signed.

The health team members who are involved in the provision of informed consent in research are shown in Fig. 10.2. They are as follows:

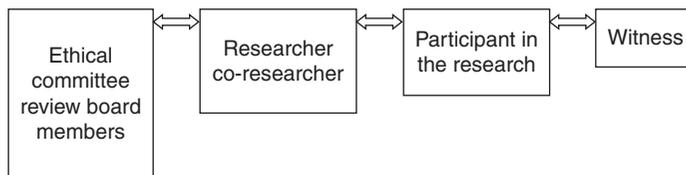


Figure 10.2 Health team members involved in provision of informed consent in research

Members of Ethical Committee Review Board: These are the members who check the framework of the informed consent, provide corrections, check the advantages and errors, and help the researcher to frame a good valid informed consent.

Research and Co-researchers: These are the ones who conduct the research. To prepare the standard informed consent, they should acquire knowledge by going through relevant literature.

Participants: These are the subjects who read the informed consent, understand its contents, and decide to participate or refuse to participate in the study.

Witness: Witness is required if the participant has any disability such as visual or hearing impairment or is ill and requires another person to read and understand the details of the research.

The following are the members involved in getting the informed consent in a hospital (see Fig. 10.3):

1. Patient/client
2. Nurse
3. Doctor
4. Witness—spouse or a close blood relative of the patient

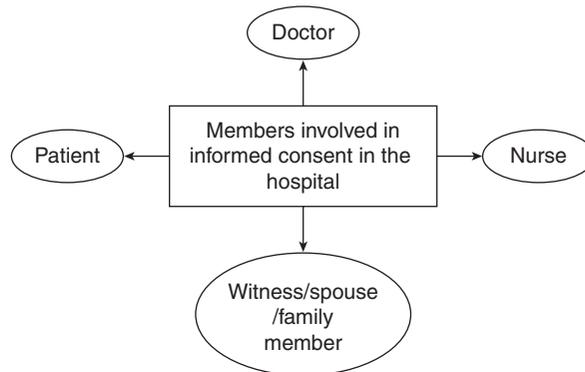


Figure 10.3 *Members involved in getting informed consent in hospital*

Patient: The patient/client is the most important person who should read and understand the contents of the informed consent. He/she should have the opportunity to accept or refuse the treatment and should be provided with all needed information by the nurse and the doctor before beginning any procedure.

Doctor: The medical authority should sign the declaration that all information regarding the disease condition and treatment is correct. The consent should clearly state in simple language the advantages, benefits, and risks associated with the procedure and the requirements fulfilled by the patient and his/her family. The doctor should promise not to disclose the details of the consent to others and pledge that the information given is true to his/her knowledge; if not, any legal attain can be taken by the patient.

Nurse: The nurse is the person who gets the informed consent signed by the patient. A patient feels free to talk with the nurse rather than the doctor. The nurse should explain in a simple language the details about the purpose of the informed consent, advantages of the treatment, and the risks involved.

Witness: A witness is mandatory in the case of a patient who is a minor or an orphan, or has visual or hearing impairment. Even for normal patients, a witness is required for legal purposes. The following patients are not capable of giving the consent:

Unconscious Patient: For example, a patient in the coma stage because of cerebrovascular accident.

Child: Patients below 18 years of age cannot understand the reason for the surgery. Hence, it is mandatory to get the parent's or guardian's signature, especially for newborns, toddlers, preschoolers and children in school-going age.

Mentally Upset Patient: A patient who is diagnosed with any neurotic or psychiatric illness cannot understand the seriousness of the informed consent.

Confused Geriatric Patients: Old patients who have been diagnosed with degenerative disorders of brain such as Alzheimer's disease, multiple sclerosis, myasthenia gravis, and dementia will not have their insight, memory, and cognition skills intact. Therefore, they require witness signature for treatment. Anyone of the following can serve as a witness and sign the informed consent:

- (a) Parent of the child—mother or father; in case the child is an orphan, it can be the guardian
- (b) Spouse of the patient—husband or wife
- (c) Blood relative—son/daughter/grandfather/grandmother/father/mother/uncle/aunt

10.13 PRINCIPLES INVOLVED IN FRAMING THE INFORMED CONSENT

The following are the principles involved in framing the informed consent:

1. Informed consent should be specific and unique for each procedure; it should not be taken as a common informed consent.
2. Any procedure that involves invasive or beyond-routine physical examination such as surgery, blood transfusion, and collection of blood requires expressed consent by the patient.
3. Expressed consent is taken in advance for invasive procedures.
4. Separate specific consent should be taken for the administration of general anaesthesia used for any surgery.
5. The nature of surgery should be clear, concise and precise.
6. The doctor who takes the informed consent should inform the patient about the reason for the informed consent and also that the findings of the treatment will be included in the medical report.
7. The nature of the informed consent should be clear, simple, direct, concise, free from ambiguous contents, intelligently framed, and easy to understand for the patient.
8. In medico-legal cases such as criminal cases, rape, miscarriage or abortion, the patient should not be examined without a written informed consent.
9. Only if the patient is above 18 years of age is he/she allowed to give the written consent to take the risk of the operation, that is, the patient can give valid consent to suffer any harm that results out of an act that is not intended to cause harm or death. For example, a patient suffering from a disease that shortens the life can give consent to take the risk of the operation.
10. A patient below 12 years of age is not eligible to give valid consent to suffer from any harm that may result from an act done in a good faith or for the patient's benefit. In such a situation, the parents or the guardian of the child should give the informed consent
11. A consent given by a patient who is mentally upset or diagnosed to be mentally ill will not be a valid informed consent.
12. Any detail regarding the patient or the treatment should be not disclosed to third parties or others without the consent of the patient.
13. Joint informed consent is needed for certain procedures such as family planning. For example, the signatures of both husband and wife are needed to perform tubectomy.
14. Consent given for committing a crime or an illegal act, such as criminal abortion, is not regarded as valid.
15. The consent of one spouse is not necessary for an operation or treatment of the other. A husband has no right to refuse consent to any operation, including a gynaecological operation, which is required to safeguard the health of his wife. The consent of the wife is enough. It is advisable to take the consent of the spouse whenever practicable, especially if the operation involves danger to life, may destroy or limit sex functions, or may result in the death of an unborn child.
16. If the patient is an adult, he/she has the right to get discharged against the medical advice. This is known as leaving against medical advice (LAMA). In such cases, the consent of the patient is recorded and his/her signature is obtained.

17. In the case of organ transplantation, the donor should give consent to donate the organ, for example, kidney, to be grafted to the recipient. The donor must be informed about the procedure and the risks involved must be explained.
18. If a person has donated his eyes to be used for therapeutic purpose after his death, the eyes can be removed only after getting the consent of the concerned person's spouse, family members, or guardian.
19. In the case of organ transplantation, the anonymity of the donor and the recipient should be maintained.
20. If any person has donated his body to be used for therapeutic or research purposes after his death, the organs should not be removed without the consent of the person's spouse, guardian, or parent.
21. Informed consent for children in case of emergency situations where parents or guardians are not available, for example, if the child is badly hurt during a school picnic, the school teacher can give the informed consent. In residential schools, the headmaster can give the consent to treat the child.
22. Adequate time should be given to the patient to give the consent. It should not be hurried nor should it be delayed.

10.14 DIFFERENT FORMS OF INFORMED CONSENT

The following are the different forms of informed consent:

1. Informed consent for ordinary treatment or any procedure such as physical examination is taken just before the procedure.
2. Expressed consent for specific invasive procedures such as surgery wherein the patient's choice to accept or reject the treatment is included is taken in advance.
3. For medico-legal cases, such as criminal cases, rape, sexual abuse of a child or adolescent or abortion, a specific unique informed consent is obtained from the affected person or the patient's parent or guardian before starting any treatment on the patient.
4. Informed consent is taken for any specific procedure that might be of risk to the patient's life, such as general anaesthesia. The drug used to give anaesthesia might affect the life of the patient; therefore, a separate consent is taken if the surgery involves the use of general anaesthesia.
5. Informed consent for minor patients (children below 12 years of age) is given by the child's parent or guardian.
6. Informed consent for disabled patients, such as deaf, dumb, blind, unconscious, coma, or mentally ill, is given by the concerned patient's spouse, parent or guardian.
7. Informed consent for geriatric clients with degenerative disease of the brain, such as myasthenia gravis or dementia, is given by the patient's spouse, parent or blood relative.
8. Informed consent for organ donation such as kidney and eye needs proper consent from the donor as well as the donor's parent or spouse.
9. Joint informed consent of the husband and wife is needed in the case of family planning procedures such as tubectomy.

10. Spouse's consent is not necessary if the life of the patient is at risk; the patient's consent alone is enough. Spouse's consent is taken if the procedure involves danger to life or affects or limits sex function.
11. Situational informed consent in emergency in the case of minors below 12 years of age (school children) is taken from school teachers. For example, school teachers can give the consent if there is an emergency during situations such as a school picnic where the child has met with an accident and needs treatment. In the case of residential schools, the headmaster can give the consent to provide treatment to the child if there is an emergency.

10.15 ROLE OF NURSE IN GETTING INFORMED CONSENT SIGNED

A nurse is the first and most important contact for a patient and he/she plays different roles in getting the informed consent signed by the patient as follows:

1. A nurse should recognize the purpose and need of the treatment and get the signature accordingly.
2. A nurse should read clearly the contents of the informed consent and explain it to the patient in simple language.
3. If the patient has any doubts, a nurse should clear them by explaining the risks and benefits of the treatment.
4. A nurse should explain the contents of the informed consent to the patient's spouse, parent or guardian to get the signature.

The different roles played by a nurse in getting the informed consent signed are shown in Fig. 10.4.

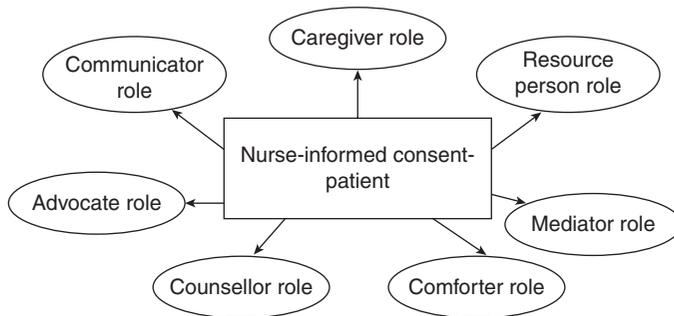


Figure 10.4 Roles played by a nurse in getting informed consent signed by the patient

The following are the responsibilities of a nurse in getting the informed consent signed by the patient:

1. Use good communication skills, maintain good interpersonal relationship, and introduce, orient, and explain the details of the consent form to the patient.
2. Get the sign of the witness with date and time.
3. Never barrier or neglect any questions asked by the patient.
4. Use his/her skill in handling the medico-legal cases carefully, for example, rape cases, where the patients are very sensitive and finds it difficult to answer the questions in the form.

5. Keep the details of the informed consent confidentially and never disclose them to anyone without the consent of the patient.
6. Act as a mediator between the doctor and the patient. A nurse clarifies all the patient's doubts and bridges the gap between the doctor and the patient, thus helping to get the informed consent signed smoothly.

CONCLUSION

Informed consent is a mandatory and most important legal document used in different medical settings. It is a written document that is framed to respect the rights of the patients for whom care is provided, whether it is a hospital or a research institution. The patients or participants should be informed about the details of the procedure to be done or treatment to be given and their signature is obtained in the informed consent before starting the procedure or treatment. This in an act that shows respect to humans; giving treatment to patients without getting their consent is similar to treating them like animals. As a nurse plays a vital role in getting the informed consent signed, he/she should be aware of the different types of informed consent, the rationale for getting consent and its importance.

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REVIEW QUESTIONS

1. Define informed consent. Explain the meaning and the types of informed consent.
2. Describe the elements of informed consent.
3. Explain the factors affecting informed consent.
4. Enumerate the contents of informed consent.

5. Discuss the purposes of informed consent.
6. Explain the importance of informed consent in nursing research.
7. Describe the criteria of getting informed consent.
8. Enumerate and explain the principles involved in informed consent.
9. Discuss and describe the different forms of informed consent.
10. Explain the role of a nurse in informed consent.

s e c t i o n



PROFESSIONAL REGULATIONS IN ETHICS

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NURSING AS AN ETHICAL PROFESSION

LEARNING OBJECTIVES

1. Definition of profession
2. Criteria of a profession
3. Qualities of a good nurse
4. Criteria for an ethical professional nurse
5. Extended and expanded roles of a nurse
6. Professional nurse–patient relationship
7. Loyalty in nursing
8. Professional ethical conduct of a nurse
9. Empowerment in nursing

11.1 INTRODUCTION

Nursing is called a profession and the nurse who is involved in nursing care is called a professional because nursing requires specialized knowledge, skill and preparation. It is an occupation that requires advanced knowledge and skills. It grows out of society's needs for special services and is a disciplined service that involves delivery of health care to the society and is service oriented to maintain the health and well-being of people. Nursing is both an art and a science.

Nursing is a service towards the sick and poor and those approaching the health care service to meet their health needs and problems. The main aims of nursing care are to promote health, prevent illness and complications, and restore the health of all the people in the society. It is not possible to separate the nursing profession from the ethics, because nursing works through ethics, for ethics and by ethics.

11.2 DEFINITION OF PROFESSION

Profession has been defined as an occupation that requires extensive education or a calling that requires specialized knowledge, skill and preparation.

Profession is an occupation or service with moral principles that are devoted to the human and social welfare.

Professionalism refers to professional character, spirit or methods. It is a set of attributes, a way of life that implies responsibility and commitment.

Professionalization is the process of becoming professional, that is, of acquiring characteristics considered to be professional.

Professional nurse is a health worker, a graduate from a recognized school who is identified by law as a registered nurse whether graduated from a bachelor's degree (B.Sc.) or a diploma programme.

11.2.1 Elements of a Profession

Specialized Knowledge: Specialized education is an important aspect of professional status. In modern times, the trend in education for the professions has shifted towards programmes in colleges and universities.

Body of Knowledge: As a profession, nursing is establishing a well-defined body of knowledge and expertise. A number of nursing conceptual frameworks contribute to the knowledge base of nursing and give direction to nursing practice, education and ongoing research.

Service Orientation: Nursing has a tradition of service to others. This service, however, must be guided by certain rules, policies or codes of ethics. Today, nursing is also an important component of the health care delivery system.

Ongoing Research: Since the 1970s, nursing research has focused on practice-related issues. Increasing research in nursing is contributing to nursing practice. Nursing research is a dimension of the nurse's role directed towards nursing education and practice.

Code of Ethics: Ethical codes change as the needs and values of society change. Nursing has developed its own codes of ethics and in most instances has set up means to monitor the professional behaviours of its members.

Autonomy: A profession is autonomous if it regulates itself and sets standards for its members. Providing autonomy is one of the purposes of a professional association. To be autonomous, a professional group must be granted legal authority to define the scope of its practice, describe its particular functions and roles, and determine its goals and responsibilities in the delivery of its services.

11.3 CRITERIA OF A PROFESSION

The following are the main criteria of a profession:

1. To provide a needed service to the society.
2. To advance knowledge in its field.
3. To promote members and make it possible to practise effectively.

In 1915, Dr Abraham Flexner delineated six criteria for a profession:

1. Professional activity is based on intellectual action along with personal responsibility.
2. The practice of a profession is based on knowledge, and not routine activities.

3. There is practical application rather than just theorizing.
4. There are techniques that can be taught.
5. A profession is organized internally.
6. A profession is motivated by altruism, with members working in some sense for the good of the society.

11.4 QUALITIES OF A GOOD NURSE

The following are the qualities of a good nurse:

1. Loyalty should be shown towards the patients, profession, hospital, colleagues, and self.
2. Truthfulness and reliability are important, so that patients, fellow nurses and doctors can trust him/her. Mistakes must be immediately reported.
3. Observation, for example, of changes in a patient's condition, of unspoken needs, and of where equipment is kept, is essential.
4. Patience and sympathy with kindness and a cheerful, pleasant manner are essential for the successful management of a sick person and anxious relatives, although firmness will also sometimes be necessary for the patient's good.
5. Tact and understanding are needed, that is, to know the right thing to do and say at the right time.
6. Courtesy is essential. Politeness and consideration are necessary in all relationships, both within the hospital and in the community.
7. Punctuality is needed, for the comfort of the patient and the smooth running of the hospital.
8. Obedience is an important quality, but it should be combined with intelligence.
9. Cleanliness and order, both in personal appearance and in work, are required.
10. A Healthy body and mind is essential. There will be great demands on a nurse's strength and endurance, and one must always be in control of his/her emotions if he/she is to inspire confidence and give needed support to patients and their relations.

11.4.1 Qualities of a Professional Nurse

The qualities of an ethical professional nurse are depicted in Fig. 11.1.

There are many qualities that a nurse needs to acquire in order to be called as a professional. He/she must have nursing scientific knowledge. This knowledge will help mould the behaviour of the nurse and will seed the positive attitude needed towards the profession and nursing care. Thus, nursing care means the practise of the skill with the help of nursing knowledge. There should be a blend of knowledge, attitude and practise in proper proportions, which ultimately inculcates the good qualities needed to become a professional nurse.

The essential ethical qualities of a nurse are as follows:

P: Punctuality and perfection in providing the nursing care

R: Responsibility towards the profession

O: Obedience and discipline in providing care

F: Foster parent care for the patients

E: Efficiency and effectiveness in providing care

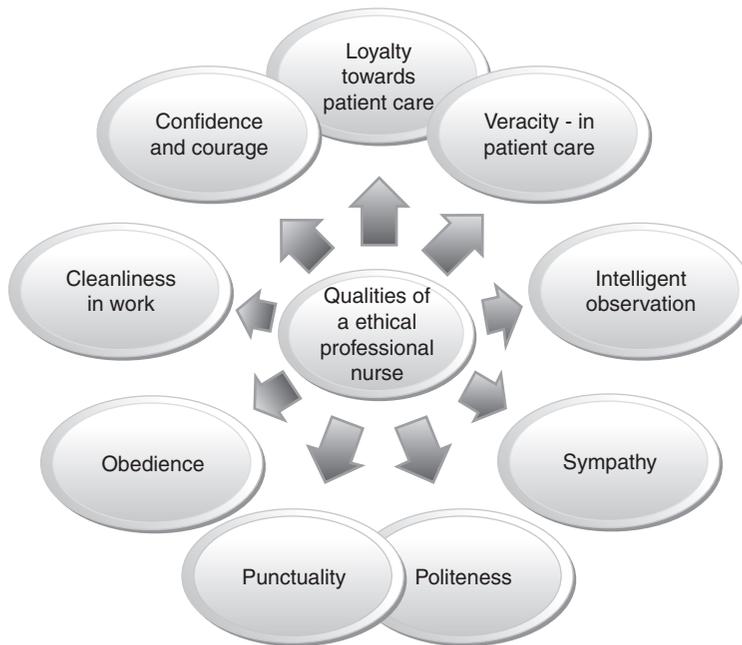


Figure 11.1 *Qualities of an ethical professional nurse*

S: Sincerity and dedication towards the nursing profession

S: Selfless attitude towards patient care

I: Intelligent care provider

O: Outstanding performance in nursing care that leads to patient and job satisfaction

N: Nurturing care provider

A: Assertiveness and active participant in nursing profession

L: Leadership responsibilities

N: Noble profession

U: Utility or usefulness to society and works hard to uplift the nursing profession and image

R: Realistic care provider who uses critical thinking skills

S: Systematic care provider

E: Eminent care provider

11.5 ESSENTIAL QUALITIES OF AND CRITERIA FOR AN ETHICAL PROFESSIONAL NURSE

There are certain criteria to be met by each nurse to become an ethical professional nurse to practise the nursing care successfully, which are shown in Fig. 11.2. They are as follows:

Qualification: A good ethical nurse should be highly qualified and trained, for example, completed the three-year programme of nursing called general nursing and midwifery course or B.Sc. Nursing, which is a four-year degree course. He/she should have sound knowledge and training of the nursing



Figure 11.2 *Essential qualities for and criteria of an ethical professional nurse*

profession and should have course completion and bona fide certificates obtained from a highly reputed nursing institute, certifying that the conduct of the student throughout the course duration was good.

Specific Skills and Experience: It is very important for a nurse to acquire the skills needed to practise the nursing care effectively, such as communication skills to explain the care required and educate the patient as per the needs, critical thinking skills for providing quality care, and listening, writing and reading skills. A nurse needs good knowledge about the field in which he/she is about to practise. He/she should be polite, humble, kind and honest in his/her approach towards the patient. Moreover, he/she should be a sincere, punctual, truthful and honest hard worker, should be an effective participant in nursing profession, and should maintain therapeutic relationship with the patient, physician, nursing colleagues and co-workers.

Specific Observation Skills: A nurse should have the talent to observe the patient's behaviour and the changes in his/her physical conditions. The observation is made while providing the care. A nurse should silently observe the patient while performing the physical assessment, providing injections, and administering any hygienic care. Systematic observation is made from head to toe. The assessment should be done in a standard format. Recording and reporting the findings on time will help the physician to coordinate the care.

Emotional Stability, Confidence and Courage: Every day of nursing care will be unexpected, tragic and challenging. A nurse may encounter sudden death of a patient or functional disability in patient,

or the treatment provided may not have worked out in the patient. Whatever may be the situation, the nurse should be emotionally stable, balance the emotions, control the feelings, develop skill in consoling the patient, and be confident enough to face the troubled situation. Though a nurse gives an efficient care, if his/her courage level is not high it will undermine all his/her good efforts. A nurse should step on boldly without fear or anxiety, speak truth, and not be afraid of any situation. To acquire these qualities, a nurse should adopt the ethical principles of veracity, accountability, responsibility, fidelity, confidentiality, beneficence, and non-maleficence. These principles will guide the nurse to be emotionally stable, confident and courageous.

Alertness and a Presence of Mind: A nurse needs to be alert and should have a presence of mind with good common sense. These qualities cannot be learnt through theories in the graduate nursing course, but are gained through experience in nursing care. A nurse should have the qualities of systematic thinking, reasoning, listening, observing, reporting, and recording the important events of patient care and observation findings. Such qualities will help the nurse to be alert and inform the current situation to the doctor at the right time, especially when there is an emergency. For instance, if a nurse notices bleeding from the ear of a patient with head injury brought to the casualty unit, he/she should immediately inform it to the doctor. This is an important finding that will save the life of the patient. Here again, the nurse applies the ethical principle of beneficence, that is, to do only benefit to the patient. A nurse should never neglect his/her duties or indulge in malpractices, which make him/her idle, ignorant and lazy.

Politeness, Kindness and Showing Empathy Towards Patient Care: A nurse should be kind, polite and empathize with the patient's problems while providing efficient care. These qualities help the nurse to gain the patient's cooperation and establish a therapeutic relationship with him/her. The nurse needs to be calm in his/her approach even if the patient is aggressive and non-cooperative.

Flexibility and Hardworking: A nurse should be flexible with the working hours. While carrying out his/her duties and responsibilities, emergency situations may arise at any time. In such situations, the nurse cannot maintain a strict working time and may have to extend the working hours. Extended duty hours and overnight shifts may weaken and tire the nurse physically and mentally, but following the ethical principles of beneficence, accountability, responsibility and non-maleficence will help the nurse to gain the quality to be flexible and hardworking.

Physically and Mentally Fit and Healthy: A nurse should be physically and mentally healthy enough to provide patient care. He/she should be able to stand for long periods of time and hold patients who are heavy. Therefore, a nurse should maintain a healthy physique with healthy lifestyle habits and should be mentally prepared. Though every nurse is given training in the nursing course about mental health, he/she should practise a therapy that strengthens the mind, for example, practice of meditation before the start of work helps the nurse to prepare the mind to handle any situation.

Respect All the Rights of the Patient: The rights of the patient, such as the right to get oriented, to be informed, to get privacy, and to take independent decisions, are to be respected. A nurse should be aware of the different cultures of the patients and their values, customs, and beliefs and should respect them. Using the ethical principle of justice, a nurse should show no partiality towards patients and treat them equally and provide quality care, irrespective of the patient's caste, creed, religion, race, age, sex, marital status, socioeconomic status and culture.

Confidentiality: Confidentiality is an ethical principle that a nurse is supposed to follow in each and every step of nursing care. It means maintaining the details and documents of the patient safe and not revealing any information about the patient without his/her consent. A nurse should not discuss or gossip about a patient's details to other patients or co-workers, and should not show any reports of the patient to third parties without the patient's knowledge.

A nurse should be active, alert, humorous, and cheerful with a pleasant appearance while approaching the patient. The uniform should be neat. The voice should be gentle and polite while providing care and should not show any hurry, worry, anxiety, confusion or anger towards the patient. This encourages the patient to cooperate with the nurse and establish a therapeutic nurse–patient relationship.

11.6 EXTENDED AND EXPANDED ROLES OF A PROFESSIONAL NURSE

Ethically, a professional nurse has to play extended and expanded roles, where extended means horizontal extension of a nurse's role and expanded means vertical expansion of nurse care.

11.6.1 Extended Roles of a Nurse

The extended roles involve acting as a caregiver, comforter, communicator, patient advocate, counsellor, change agent, nurse researcher, nurse manager and administrator, where there is an extension of roles apart from the basic role of providing care. The extended roles of a professional nurse are depicted in Fig. 11.3.

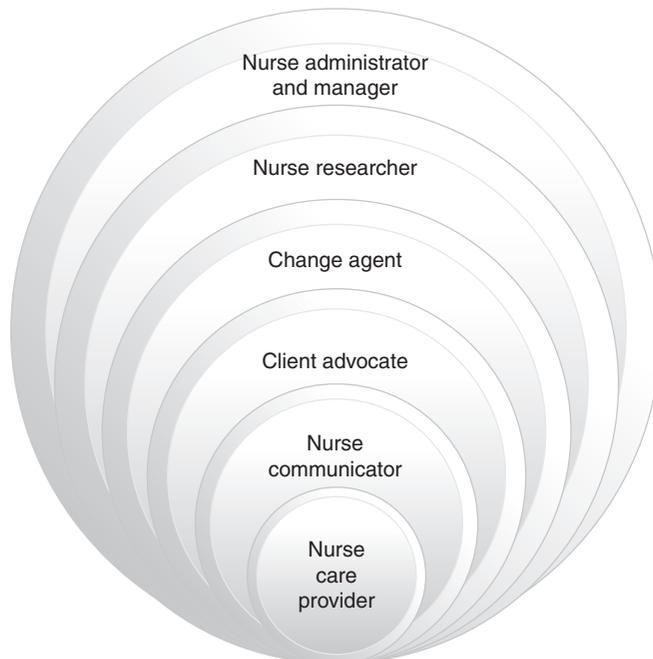


Figure 11.3 *Extended roles of a professional nurse*

Caregiver/Care Provider: A nurse provides the basic care such as hygienic, oral, skin, hair, and perineal care. Apart from this, he/she provides medications as ordered. A nurse also helps in meeting the basic needs of the patients, such as nutritional needs (feeds the patient), safety needs (checks the physical, psychological and social safety of the patient), elimination needs such as bowel and bladder elimination, ambulatory needs, and psychological needs, through the provision of direct care. The nurturing role the nurse plays comforts the patient.

Nurse Communicator: A nurse should have good communication skills and use these skills to maintain a therapeutic relationship with the patient. The important phases in this relationship are introduction, orientation, intervention and termination/evaluation, as shown in Fig. 11.4.

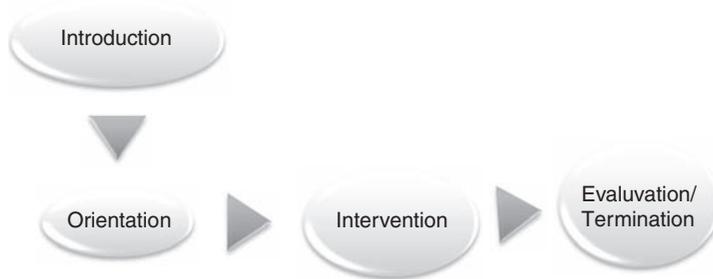


Figure 11.4 Phases in a therapeutic relationship

In the introduction phase, the nurse introduces herself and collects the data from the patient, his/her relatives, medical reports and lab reports. In this phase, the nurse creates a feeling of ease in the patient and responds to all the patient's needs, conducts physical examination, and identifies all the actual and the potential problems of the patient. In the orientation phase, the nurse orients the patient to the hospital routines and procedures, and makes the patient familiar with the nursing care. In the intervention phase, the nurse provides care as planned and carries out all the orders of the physician. Finally, in the evaluation phase, the nurse determines the effectiveness of the care given to the patient. In all these phases, the nurse uses the communication skills of active listening, reasoning, thinking, and being a silent listener when needed.

Nurse Advocate: In this role, a nurse acts an advocate for the patient's problems. Here, the patient gains confidence in the nurse, listens to him/her, and tries to adopt the changes needed for a healthy life style. He/she gives adequate explanation to the patient about the changes to be made in order to maintain good health, for example, doing exercise, consuming oil-free diet, periodic checking of serum cholesterol level, etc. The nurse plays the role of an advocate suggesting solutions, treatment modalities, and alternatives according to the patients needs.

Nurse as Change Agent: A nurse plays the role of a change agent. He/she initiates changes or assists patients in making modifications in themselves. A nurse has a decision-making role in prioritizing the patient's care and provides care per the actual and the potential problems of the patient. He/she should access and analyse the patient's problems, find the cause of the medical diagnosis of the patient, and take necessary decisions when there is a need for change in patient's behaviour. For example, consider the case of a patient with typhoid fever. A nurse should analyse the patient's behaviour, especially the details such as whether he/she eats food from hotels and washes the fruits or vegetables

before consuming. These details can be collected by going through the patient's history and by talking to the patient and his/her relatives. Then, the nurse must explain the pathogenesis of typhoid and how to prevent the transmission of typhoid fever in future. There will be a change in the patient's behaviour when the patient understands the need for change. He/she will wash the vegetables and fruits before consuming and will never again eat food from unhygienic hotels. This change in the patient is brought about by the nurse.

Nurse Researcher: Every nurse has the quality of research in his/her mind. While providing care, nurses will always ask themselves questions such as why, where, when, and how. They think critically about patient care and practice evidence-based care. They think innovatively and develop new interventions and practices through qualitative and quantitative research. A nurse will always try to find an answer to the problems of the patients.

Nurse Administrator and Manager: A nurse playing the role of an administrator and a manager possesses and exhibits the qualities of leadership and supervises the work of the subordinates. His/her role also includes the responsibilities of planning, organizing, staffing, delegating, coordinating, reporting and budgeting in the areas related to patient care in the hospital.

11.6.2 Expanded Roles of a Nurse

A nurse has many expanded roles, as shown in Fig. 11.5, as per the place and requirement of patient care and according to his/her education, qualification and experience, which are important criteria in playing the expanded roles.

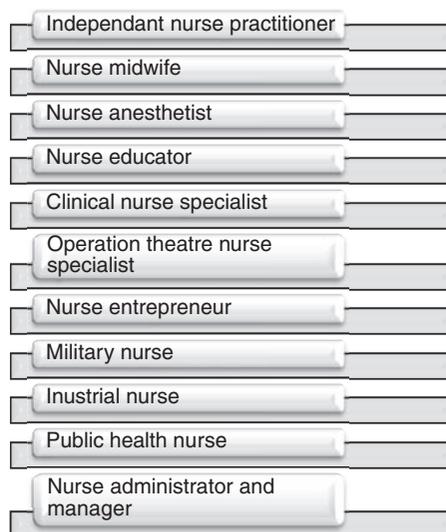


Figure 11.5 Expanded roles of a nurse

Independent Nurse Practitioner: A nurse can practise independent nursing care where he/she acts as a nurse consultant. When a patient approaches the nurse, he/she provides care as per the diagnosis. This type of practice is allowed in the USA. In order to practise independently, the nurse should be

a registered nurse and midwife, have completed a master's degree in nursing, and be licensed by the American Nursing Council. According to their area of specialization in the master's degree in nursing, the nurse practitioners assume a different expanded role such as adult heal, paediatric, obstetrics and gynaecology, community health, psychiatric, family health, or hospice care nurse practitioner.

Nurse Midwife: A nurse midwife should have completed a programme in midwifery and provide pre-natal and postnatal care and deliver babies to women with uncomplicated pregnancies.

Nurse Anaesthetist: A nurse anaesthetist should have a master's degree in nursing and should have completed a course of study in an anaesthesia school. He/she carries out pre-, intra-, and post-operative status of clients who undergo surgery.

Nurse Educator: A nurse who has completed the master's degree in nursing and has good experience in teaching in reputed nursing colleges can be a nurse educator.

Clinical Nurse Specialist: A clinical nurse specialist is a nurse who has completed his/her master's degree in a specialty and has considerable clinical expertise in that specialty. For example, a nurse with specialization in coronary nursing care can be the incharge of a catheterization laboratory, where patients with cardiac illnesses such as ischemic heart diseases are admitted and are cared for.

Operation Theatre Nurse Specialist: A nurse who has completed basic training of nursing and has undergone a course for the management of operation theatre can be selected as the incharge of the operation theatre.

Nurse Entrepreneur: A nurse entrepreneur is a nurse who has a master's degree in nursing and owns or manages a hospital or an educational institution independently.

Military Nurse: A nurse who has completed either basic training or a master's degree in nursing can apply for a job in the military academy of health science to work in the military hospitals and the educational institutions of the army. He/she will have to go through written and oral tests and also a test of physical fitness to be selected as a military nurse.

Industrial Nurse: A nurse who is appointed in the occupational industries to take care of those working in the industries and to protect them from the potential hazards of the occupation is an industrial nurse.

Public Health Nurse: A nurse who has completed basic training in nursing and a special training course in public health nursing will be appointed as a public health nurse in the community health centres.

Nurse Administrator: A nurse who has completed a master's degree in nursing and a course in hospital management is eligible to be a nurse administrator.

11.7 PROFESSIONAL NURSE–PATIENT RELATIONSHIP

A professional nurse with the gift of making a patient feel at home and free from fear creates an atmosphere of peace of mind and body, which is necessary for the recovery from illness. Since it is often illness that makes a patient irritable and abnormal, the nurse should be aware of this and should be tactful in handling such patients, especially children.

1. A professional nurse must try to understand the patient and adapt his/her attitude according to the patient's reactions. The patient may be weak, bewildered and afraid of what lies before and may be anxious about his/her illness. The nurse renders to the patient selfless service, ensures that the patient has confidence and courage, and offers spiritual support by allowing the patient to have faith in the God that he/she believes in, thus helping the patient to recover from his/her illness.
2. Every patient will expect to be shown respect and should be regarded as an individual and be called by name. A patient must never be treated as inferior but as an equal in the battle for his/her health.
3. A patient has the right to be informed. The reason for treatments and procedures should always be explained beforehand and the patient's cooperation secured.
4. A nurse should be friendly yet retain professional dignity in his/her contacts with the patients and their relatives. The relationship should be one of mutual confidence and trust.
5. A nurse should be interested in the patient's background and encourage him/her to ventilate his/her home affairs and unburden from any of the worries. He/she must be able to help the patient by providing some diversion such as reading matter, or some occupation, especially if a long stay in hospital is necessary. The nurse must always aim for a happy and peaceful atmosphere in the ward.

11.8 LOYALTY IN NURSING

A nurse must endeavour to be loyal or faithful in all his/her relationships as follows:

1. To patients, by giving ungrudging service and keeping in confidence any personal information, except those matters that might influence the patient's condition or treatment and should be reported to the nurse in charge of the ward
2. To the profession, by maintaining a high standard of nursing care and personal conduct at all times
3. To the hospital and school of nursing, by obeying its rules, observing economy and upholding its honour
4. To superior officers, by upholding their authority and inspiring patients with confidence in their skill and care
5. To fellow nurses, by cooperation and by helping them to make the best of their lives in their chosen profession
6. To self, by keeping himself/herself healthy and by striving to work to the best of his/her ability and to develop the qualities required for nursing

11.9 PROFESSIONAL ETHICAL CONDUCT OF A NURSE

Let us consider what is expected of a nurse with regard to his/her professional conduct, in order that he/she may reflect credit upon the profession. A professional ethical nurse must have the following qualities:

1. He/she must respect his/her uniform and behave in uniform as any other member of the society who has the honour of wearing a uniform will behave, for example, never sit on a patient's bed.
2. He/she must show respect to those of higher rank because of their knowledge and experience. A nurse should address all hospital personnel by name and in a courteous manner. When spoken to,

he/she should stand and pay attention. Senior staff should be considerate in dealing with juniors. Friendships between senior and junior nurses are to be avoided.

3. He/she must make use of proper channels of communication. For instance, when going on leave or returning, report to the hostel warden and nursing superintendent. When going off duty, report to the person in charge of the ward, refer enquiries about patients to the nurse in charge, and inform him/her when a doctor or other senior person comes to the ward.
4. He/she must maintain a high standard of nursing care and always obey the rules regarding care, use of drugs, and care of patients' property. Carelessness may result in legal action affecting his/her own character and the reputation of the nursing profession.
5. He/she must never discuss in public about the patient or any matter connected with the hospital.
6. He/she must never accept presents from patients. Bribery, wherever practised, leads to deterioration of character.
7. He/she must respect the patients' religion, anticipate their spiritual needs, and arrange for visits by a chaplain if desired.

11.10 EMPOWERMENT IN NURSING

One of the concerns that has plagued nurses and nursing from its development as a separate health care specialty is the relatively large amount of personal responsibility shouldered by nurses combined with a relatively small amount of control over their practice. Even in the more enlightened atmosphere of today's society, with its concerns about equal opportunity, equal pay, and collegial relationships, many nurses still seem uncomfortable with the concepts of power and control in their practice. Their discomfort may arise from the belief that nursing is a helping and caring profession whose goals are separate from the issues of power.

Historically, nurses have never had much power, and previous attempts at gaining power and control over their practice have been met with much resistance from groups who benefit from keeping nurses powerless. Nevertheless, all nurses use power in their daily practice, even if they do not realize it. Until nurses understand the sources of their power, how to increase it, and how to use it in providing client care, they will be relegated to a subservient position in the health care system.

CONCLUSION

Nursing is definitely moving towards greater professionalism. This can be seen by higher qualifications necessary for applicants in nursing education, better salaries, developing research and the increasing number of nursing educational programmes in reputed top institutions of higher learning. Nursing is also coming forward to make public statements regarding social and economic issues and what the profession wants to be in the future.

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REVIEW QUESTIONS

1. Discuss nursing as a profession.
2. Explain the criteria of a profession.
3. Enumerate the qualities of a good nurse.
4. Describe the essential qualities required to be a good nurse.
5. Discuss the role of a professional nurse.
6. Enumerate the expanded role of a nurse.
7. Discuss in detail about nurse–patient relationship.
8. Explain the professional conduct of a nurse.
9. Describe the role and functions of Indian Nursing Council and State Nursing Council.

CODE OF ETHICS IN NURSING

LEARNING OBJECTIVES

1. Definition of code of ethics
2. Purposes and functions of code of ethics
3. Regulatory bodies of ethics
4. Steps involved in application of code of ethics
5. Role of nurses in application of code of ethics

12.1 INTRODUCTION

Nursing is a nurturing and noble profession, which has its own body of knowledge and a strong foundation with scientific background. The code of ethics in nursing is a shield of protection for nursing. Similar to the five fingers on a hand, all five of which are important, the code of ethics in nursing are built around five major headings, namely, codes for nurses and people, profession, practices, society, and co-workers. The code of ethics is inter-locked in nursing practice, elicited everywhere, where it is needed. It helps not only to regulate a nurse to provide quality care but also to obtain patient satisfaction, which is of prime importance in the provision of patient care.

12.2 DEFINITION

1. A code of ethics is a guide for an individual or group to follow in making decisions regarding ethical issues.
2. Code of ethics is a set of ethical principles that are generally accepted by the members of a profession.
3. Ethical principles are moral norms that nursing as a profession both demands and strives to implement in everyday clinical practice.

12.3 PURPOSES OF CODE OF ETHICS

Code of ethics has its own purpose for nurses. Every nurse should obey and abide by the code of ethics for the following reasons:

1. To help people understand the nursing profession very well because the code of ethics indicates that each and every person in the society has the right to be informed about the nursing care given and the standards of practice
2. To create and follow standard guidelines to practise for professional behaviour
3. To delineate the important ethical considerations about the nursing profession
4. To provide an oath to a society thereby showing commitment to the public
5. To ensure that the nurses always remember their specific responsibility towards the client

12.4 FUNCTIONS OF CODE OF ETHICS

The various functions of the code of ethics in nursing are shown in Fig. 12.1.

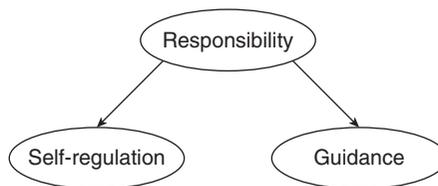


Figure 12.1 Functions of the code of ethics in nursing

The code of ethics revolves around three important functions. They are as follows:

1. Responsibility
2. Guidance
3. Self-regulation

Responsibility: This means that every nurse should obey the code of ethics in terms of provision of right care to the right person at the right time. A nurse is answerable and accountable for each activity of his/hers in the nursing care provided to the patient.

Guidance: The code of ethics act as a shield. It guides and regulates a nurse to act in the right manner. It does not admit any kind of malpractice, negligence, or laziness during working hours.

Self-regulation: The code of ethics has its own regulatory bodies, which ensure that a nurse follows the ethics right from the beginning of his/her nursing career. Ethics is entwined with each and every activity of the nursing care. The code of ethics helps the nurse to be moulded to suit the activities involved in nursing care. Self-regulating these activities is a never-ending process in this profession and it helps a nurse to be sincere, honest, truthful, faithful, and disciplined and practise only standardized care.

12.5 REGULATORY BODIES FOR ETHICS

There are many regulatory bodies that frame, execute, and reframe the code of ethics for nurses, such as the following:

1. International Council of Nurses (ICN)
2. American Nurses Association (ANA)
3. Canadian Nurses Association (CNA)

12.5.1 International Council of Nurses Code of Ethics for Nurses

The main aim of this regulatory body is to execute the code of ethics to promote health, prevent illness, remove suffering, and ensure provision of equal care to all patients, irrespective of their caste, creed, race, religion, sex, age, culture, and social and political status. The ICN code of ethics has four principal elements, which are shown in Fig. 12.2.

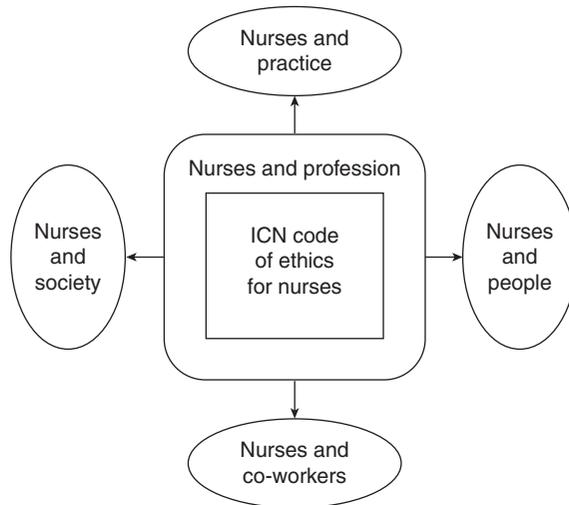


Figure 12.2 Principal elements of the ICN code of ethics

The following are the basic codes of ethics portrayed by the ICN:

Nurses and People: A nurse should consider all the patients as equal and provide them individual care. He/she should never ignore any patient while on duty and should keep all the personal documents safe and confidential, provide a safe and serene environment, and respect the values, beliefs, customs and taboos of the patients.

Nurses and Practices: A nurse should be competent in his/her knowledge, skilful in applying care towards the patients, efficient in communication to maintain cooperation by IPR, update his/her knowledge by continuous learning, perform and maintain high quality care through evidence-based practice, and always use critical thinking skills in delegating responsibilities to others. The nurse is responsible for giving the best care possible at all times and under all circumstances and maintaining a high standard of practice.

Nurses and Society: Compared to other citizens, a nurse has a huge responsibility towards the society in relation to creating awareness about any health problems, protecting the society from any harm, and meeting the health and social needs of the society.

Nurses and Co-workers: A nurse cannot work alone. Though he/she has to give individual care, it cannot be done without the help of co-workers. Team effort helps to promote the patient's health and well-being. A nurse, in spite of his/her designation and position, has to have a smooth and healthy relationship with the co-workers, so that he/she will be able to meet on time the needs of all patients under his/her guidance.

Nurses and Profession:

- (a) A nurse plays a vital role in framing and improving the professional knowledge.
- (b) A nurse should strive to bridge the gap between theory and practice by maintaining desirable standards of nursing practice and education.
- (c) Through the help of professional organizations, a nurse should maintain and execute standards, rules and regulations, scientific principles of nursing care, and nursing curriculum. Health institutions should also take efforts to maintain good social and economic working conditions for the nurses.

12.5.2 American Nurses Association Code of Ethics

The ANA code of ethics was first framed in 1985 and was reframed in 2001. The following are its main points:

1. Provide nursing service that is unique for each individual with full respect and dignity. Never be partial to patients based on their personal attributes, socioeconomic status, and nature of health problems.
2. Maintain confidentiality of patient's records, reports, and details, and protect all information about the patient. These should not be revealed to unknown persons or handled insidiously.
3. Safeguard all rights of the patients towards health, such as the right to know all details of treatment given, right to privacy, right to give informed consent before performing any procedure, right to decide the care that is to be given, and the right to refuse care. These rights will protect the patient from malpractice, negligence and incompetent care given by nurses.
4. Be responsible and accountable for all their actions pertaining to patient care.
5. Be intelligent, efficient, and maintain competency by updating their knowledge and skill.
6. Use their intelligence, qualification, and experience in managing other activities by accepting responsibility and delegating nursing activities to others.
7. To achieve the position of gladiator in nursing profession refers to becoming nurse leaders. This is the most important and the highest stage and position in the nursing profession. Starting from the stage of novice, a nurse undergoes many transitions and finally attains the expert stage, where they become leaders or gladiators who are involved in all the professional activities of nursing and are all-rounders. Therefore, a nurse should not be a mere spectator but strive to attain the stage of a gladiator.
8. Strive for improving the standards of profession through evidence-based practice and reframe the standards of practice as required through continuous evaluation.

9. Act as good collaborators, encourage team effort by cooperating with all co-workers, and maintain “esprit de corps”.
10. Act as good citizens at all times and strive to help and protect the public and society.

Though this code of ethics is for the American nurses, it also applies to Indian nurses since nursing is universal.

12.5.3 Canadian Nurses Association Code of Ethics

The code of ethics framed by the CNA has seven important points as follows:

Health and Well-being: A nurse should value health promotion and well-being of the patients and protect them from all kinds of injury and harm. He/she should assist the patients to achieve their optimum level of health in situations of normal health, illness, injury, disability or at the end of life.

Choice: A nurse should provide options for health services. Patients have the right to know the details of care and the various options available so that they can make informed decisions.

Dignity and Self-respect: A nurse should demonstrate dignity and respect in his/her professional practice. He/she should recognize and respect the inherent worth of each person and advocate for respectful treatment of all persons.

Confidentiality: A nurse should safeguard all information learnt about the patient in the course of providing care and ensure that it is shared outside the health care team only with the person’s informed consent, or as may be legally required.

Fairness: A nurse should act fairly and not show any partiality in providing care to the clients.

Accountability: A nurse is always answerable and accountable for all his/her actions in nursing care.

Practice Complaint and Ethical Care: A nurse should provide a safe and conducive environment to all patients.

A nurse who follows any of these codes of ethics in his/her nursing practice is sure to provide high quality of care.

12.6 STEPS INVOLVED IN IMPLEMENTATION OF CODE OF ETHICS BY THE NURSES

Any standardized code of ethics should be applied in a systematic manner: The following five steps help to practise the code of ethics:

Step 1: A nurse should find the problem in situations of crisis and select a code of ethics that suits the problem. For example, a nurse needs to give individual care to all the patients but this is not possible if the nursing staff is less than required. Thus, the inability to provide individual care is the problem in this situation. In order to rectify it, the nurse should bring it to the notice of the higher authorities and request for additional staff, thus ensuring that all patients receive quality care.

Step 2: After analysing the problem, the next step will be to assess the nursing environment. In order to rectify the problem identified, the nurse should first find who are the other professionals and

co-workers involved in the provision of patient care and what are all the factors or hindrances that arise in the provision of care by all as a team. He/she should use interpersonal skills to create a good working environment, make sure that all health workers are involved, and inculcate a team spirit so that they work together to achieve the goal of the hospital or management.

Step 3: Next, the nurse should record the details of the identified problem, such as goal, date, time, place, setting, who are all the patients involved, and caregivers involved. He/she should suggest opinions to rectify the problem based on the guidelines specified in the code of ethics. After deciding the course of action, the nurse should discuss this option with all personnel related to this problem by conducting a meeting.

Step 4: The next step is to execute the plan of action. Once the solution is identified after a series of discussions and meetings, steps should be taken to execute and implement the plan of action. For example, the problem identified in step 1 was staff inadequacy. This problem can be solved by recruiting more nurses. The plans framed are to train the recruited staff, retain existing staff with better salaries and benefits, and perform a work evaluation of staff performance. Before deciding on any plan, all alternative options must be identified, their advantages and disadvantages analysed, and finally the plan that best suits the situation chosen for implementation.

Step 5: The final step is the implementation and evaluation of the chosen plan. The plans should be implemented according to the priority. For example, for the problem stated in step 1, that is, staff inadequacy, the plan that must be implemented should be to appoint staff to the high-demand and needed areas using a standard patient classification system given by the INC staff inspection unit norms. The staff must be recruited as per the priority, their performance evaluated, and feedback provided, thus ensuring the rectification of the identified problem with help of the code of ethics.

12.7 ROLE OF NURSES IN APPLICATION OF CODE OF ETHICS

Nurses play different roles in the application of the code of ethics in nursing:

Autonomous Caregiver: A nurse can act independently since he/she has got the scientific knowledge and skills. A nurse is no more the physician's handmaid. Today's nurses upgrade their qualifications by continuous education and provide care independently. In countries such as Canada, the USA, and the UK, a nurse with a master's degree in nursing can act as a consultant or a practitioner and practise the profession autonomously.

Accountable: A nurse is mainly a caregiver. Hence, he/she is answerable for all his/her nursing actions. If anything goes wrong, he/she should face the situation and answer all queries. For example, if a patient dies in the ward under his/her care, the nurse, along with the entire team, has to give the reasons for the death in spite of good treatment. Apart from being a caregiver, a nurse is also answerable for the others aspects of nursing such as education, research and administration.

Protector by Provision of Safe and Conducive Environment for the Patient: A nurse should practise the code of ethics and provide a good and safe environment to the patient, which will ensure the patient's physical, psychological, social and spiritual security. For example, a nurse provides care in such a way that he/she does not harm the patient physically. A nurse should never allow the patient to suffer with pain but attend to him/her immediately and try to reduce his/her pain if possible.

Confidential Record/Report Holder: All documents relating to the patients must be kept safe and confidential. A nurse should never discuss these details with other staff, friends, or third persons. He/she can reveal the details of the patient only under special circumstances with a legal, formal permission from the concerned authorities.

Equality or Fair Caregiver: A nurse should provide equal care to all patients, irrespective of their culture, religion, taboos, customs, traditions, creed, caste, race, age, sex, education and socioeconomic status.

Decision-maker: A nurse should be able to decide what is ethical and unethical. He/she must understand the problem, follow the steps required to apply the code of ethics according to the nursing standards, and implement a safe decision that will safeguard the patient's life.

A Gladiator: A nurse gladiator means a nurse leader who organizes workshops, conducts conferences at state, national and international levels, and integrates all nurses from different countries to discuss their problems. Nurse gladiators voice for nurses and recommend the government to fulfil their needs and demands in the nursing profession and in working areas. They form nursing associations such as the Trained Nurses Association of India (TNAI) and the Indian Nurses Psychiatric Society of India (INPSI). Many nurses all over India are members of such associations. They release periodic journals, conduct conferences and in-service and continuing education, discuss problems in patient and nursing care, and promote evidence-based practice. These are a few functions of the gladiators, who work towards uplifting the dignity of the nursing profession and creating respect for the nurses in the society.

All-rounder: A nurse should practise safe and competent ethical nursing care by acting as a communicator, comforter, advocate, counsellor, and practitioner, thus being an all-rounder.

CONCLUSION

A nurse is always a dynamic all-rounder and is expected to complete holistic care, which is possible only if he/she adopts the code of ethics that is most suitable as per the hospital policies, rules and regulations. This results in patient satisfaction, which reduces the mortality and morbidity rates thus ensuring that the principle "health for all" is achieved.

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REVIEW QUESTIONS

1. Define code of ethics and discuss the purpose of the code of ethics.
2. Describe the functions of the code of ethics.
3. Discuss the regulatory bodies of ethics in nursing.
4. Explain about ANA's code of ethics in detail.
5. Discuss the steps involved in the implementation of the code of ethics for nurses.
6. Explain the role of nurses in the application of the code of ethics.

ETHICAL THEORIES AND MODELS

LEARNING OBJECTIVES

1. Definition and meaning of ethical theories and models
2. Objectives and approaches of ethical theory
3. Deontological and consequential ethics
4. Location of ethical theory in ethics
5. Different nursing ethical theories and models
6. Role of nurses in the application of ethical theories and models
7. Nursing ethical models used in community health, nursing research and nursing education
8. Application of nursing ethical principles in framing ethical model in nursing administration and management

13.1 INTRODUCTION

Ethics is a branch of philosophy that addresses questions about morality, that is, concepts such as good and evil, right and wrong, justice, and virtue. Ethical theories and principles are the foundations of ethical analysis because they provide guidance to ethical theorists along the pathway to a decision. Each theory allows the ethical theorist to think in divergent angles and dwells on different points such as predicting the outcome and following one's duties in order to reach an ethically correct decision. These ethical theories direct us to reach a common set of goals through the fulfilment of the ethical principles. These goals include beneficence—doing good to others, least harm—non-maleficence or not to harm, respect for autonomy and justice. It is important for a nurse to know about ethics and the ethical theories and models.

13.1.1 Link of Ethical Theory to Ethics

The branches of ethics are shown in Fig. 13.1. This shows how ethical theory is linked to ethics.

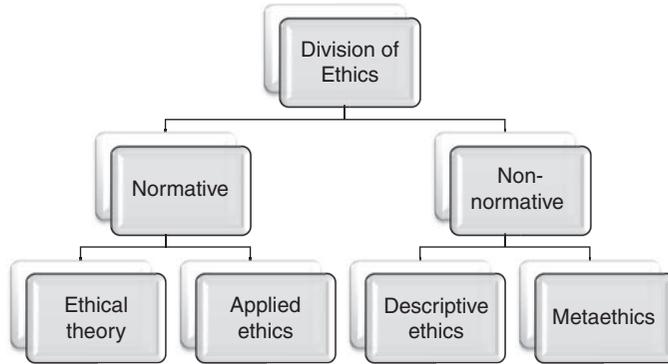


Figure 13.1 *Branches of ethics*

13.2 DEFINITION OF ETHICAL THEORY

Ethical theory is a broad term that refers to any philosophical attempts to classify actions into right and wrong, or good and bad. It is a philosophically coherent set of propositions that attempt to provide general norms for the guidance and evaluation of moral conduct.

Ethical Theories and Models

Ethical theories and models are the group of related concepts that propose values and moral actions. They act as a guide and provide the framework to develop ethical principles and values that evaluate and classify actions into right and wrong.

13.3 MEANING OF ETHICAL THEORIES AND MODELS

The English word theory was derived from a technical term in ancient Greek philosophy. The word *theoria* meant “a looking at, viewing, or beholding”, referring to contemplation or speculation, as opposed to action.

A theory is a group of related concepts that propose actions that guide practice. A nursing theory is a set of concepts, definitions, relationships, and assumptions or propositions derived from nursing models or from other disciplines and project a purposive and systematic view of phenomena by designing specific interrelationships among concepts for the purpose of describing, explaining, predicting and prescribing.

Nursing Ethics

Nursing ethics are the values and ethical principles governing nursing practice, conduct and relationships between the nurse and patient, patient’s family, other members of health profession and general public.

13.4 GOALS OR OBJECTIVES OF ETHICAL THEORIES

The goals or objectives of ethical theories include the following:

1. Beneficence
2. Least harm
3. Respect for autonomy
4. Justice

Beneficence: This is the ethical principle that guides the ethical theory to do what is good. An example of “doing good” is found in the practice of medicine in which the health of an individual is bettered by treatment from a physician.

Least Harm: This principle tells about choosing an option to avoid harm or an option to do the least harm possible or do harm to the fewest people. It helps the doctors to choose the treatment that causes less injury and is safer. Therefore, the theories framed should postulate a principle of least harm towards patient care.

Respect for Autonomy: This principle states that an ethical theory should provide opportunity to the patients or their family to make decisions that apply to their lives. This means that people should have control over their lives because they are the ones who completely understand their chosen type of lifestyle. An ethical theory should be framed in such way that it aims for provision of respect for each person.

Justice: Justice means being fair and not being impartial. Ethical theories should support justice to all. For example, while providing nursing care, all patients should be treated equal, irrespective of their caste, creed, religion, socioeconomic status, and age.

These principles should be an important ingredient in all the ethical theories framed for nursing.

13.5 APPROACHES OF ETHICAL THEORY

There are two approaches of ethical theory, as shown in Fig. 13.2.

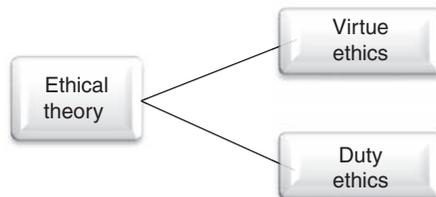


Figure 13.2 Approaches of ethical theory

Ethical theory is divided into the following two main branches:

1. Virtue ethics theory
2. Duty ethics theory

13.5.1 Virtue Ethics Theory

This theory describes that the character and motives of a person decide whether he/she is morally good. It explains that a person with good behaviour and character will act in such a way that it results in good outcomes. A person with a will to do good does only good. This theory focuses on developing good habits such as wisdom, courage, temperance, justice, fortitude, generosity, self-respect, good temper and sincerity, and advises against acquiring bad habits such as cowardice, insensibility, injustice and vanity. These good character traits are important for each nurse while framing his/her code of conduct.

13.5.2 Duty Ethics Theory

This theory explains that right and wrong are determined according to what a person does; it is not about what one does, but is about why one does it.

Duty ethics are divided into the following categories, as shown in Fig. 13.3, which are discussed in detail in the following sections:

1. Deontological ethics
2. Consequentialism

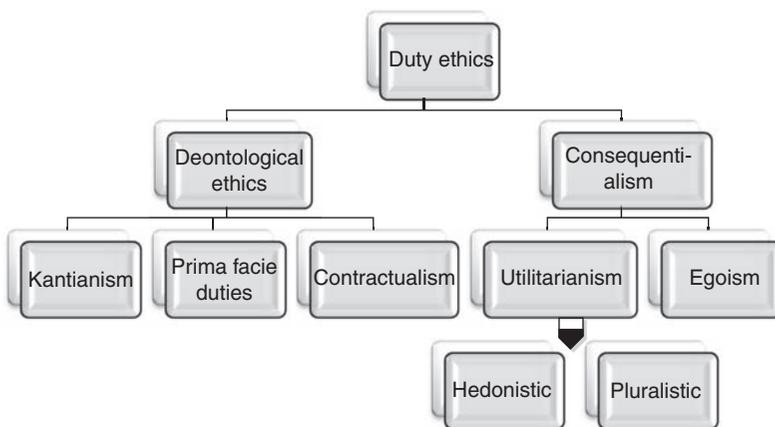


Figure 13.3 Classification of duty ethics

13.6 DEONTOLOGICAL ETHICS

According to this theory, right and wrong are determined by what people do and not by the consequences of their performance or actions. It talks about the following:

1. To do the right thing
2. Do it because it is the right thing to do
3. Not to do wrong things
4. Avoid wrong things because they are wrong

The word deontological is derived from the Greek words “deon”, which means duty, and “logos”, which means science; thus, deontology is the science of duty.

Deontological ethical theories are characterized primarily by a focus upon adherence to independent moral rules or duties. Some examples of deontological theories are as follows:

Divine Command: According to this theory, there are moral obligations that are derived from prescribed rules and duties. These obligations are based on the belief that a person doing right action will please God and a person who has sinned would displease God.

Duty Theories: According to this theory, an action is morally right if it is in accordance with some list of duties and obligations.

Contractualism: This theory states that an action is morally right if it is according to the rules made by the rational moral agents as they enter into a social relationship for mutual benefit.

Deontological ethics are otherwise called as rights-based ethics or Kantian ethics, where right and wrong are determined by whether the action is consistent with duty and done from a motive of fulfilling one's moral obligation, which is defined as respect for persons. The important deontological theories are as follows:

13.6.1 Kantianism Ethics

The core notion of the Kantian theory, which was developed by Immanuel Kant, is autonomy. It is the duty of a person to place a moral norm upon himself/herself and obey it. He/she should then be able to determine through his reasoning whether his/her thoughts and actions are correct. The categorical imperative is the central philosophical concept in the Kantian theory. This is formulated in the following two ways:

1. Universality
2. Reciprocity

Universality or Categorical Imperative: Universality asks to act only on that maxim by which you can at the same time will that it should become a universal law.

Reciprocity: Reciprocity asks to act as to treat humanity, whether in your own person or in that of any other, in every case as an end in itself, never as means only.

13.6.2 Prima Facie Duties

A prima facie duty is one that is binding, other things being equal, that is, unless it is overridden or trampled by another duty or duties. This theory states to do something for which there is a strong presumption in favour of doing it, for example, a duty to keep the promise.

The following are the prima facie duties framed by Sir William David Ross, the Oxford philosopher:

1. Fidelity
2. Reparation
3. Gratitude
4. Non-injury
5. Harm prevention
6. Beneficence
7. Self-improvement

8. Justice
9. Respect for freedom
10. Duty to care
11. Non-parasitism
12. Non-injury

Let us look at some of these duties in detail.

Fidelity: This refers to the duty to keep one's promises and contracts and to not engage in deception.

Reparation: This is the duty to console the person who had been harmed previously or the duty to make up for the injuries that one had done to others. It involves thinking about the wrongful acts one has done, correcting those mistakes and repairing the problems created, and consoling and making up with the person who was hurt.

Gratitude: It is the duty of a person to thank those who have helped him/her and if possible to show it by benefactions in return.

Non-injury: This duty is also known as non-maleficence. It is the duty not to harm others physically or psychologically and to avoid harming their health, security, intelligence, character, or happiness.

Beneficence: This is the duty to do good to others and to foster their health, security, wisdom, moral goodness or happiness.

Self-improvement: The duty of self improvement is to act so as to promote one's own good, such as health, security, wisdom, moral goodness and happiness.

Justice: The duty of justice requires that one act in such a way that one distributes benefits and burdens fairly.

Respect for Freedom: This refers to the duty to avoid coercion of others, provide empowerment to those who lack them, not force others to participate in an activity, and support efforts to ensure basic health and educational opportunity for those unable to secure it themselves.

Duty to Care: It is not only one's duty to concentrate on his/her needs but also to take care of others who work for him/her, responding positively to the needs of others.

Non-parasitism: This supports the duty not to steal the property of others. If one steals, it implies that he/she acts as a parasite on the institution of respect for personal property. This duty is against plagiarism and unlawful activities.

13.6.3 Contractualism

Contractualism is an ethical theory that is framed from the social contract theory. It is a theory that grounds moral permissibility or political legitimacy in social agreement.

The term "contractualism" applies to theories that focus on reasonableness or justifiability to others. According to this theory, morality consists in the set of rules, governing how people are to treat one another, that rational people will agree to accept, for their mutual benefit, on the conditions that others follow those rules as well.

It is framed in terms of rights, explains acting out of self-interest when there is no common agreement, and provides the framework for dealing with moral issues with the government, that is, civil disobedience.

13.7 CONSEQUENTIALISM

It is the class of normative ethical theory that explains about a person's conduct, which is an ultimate basis for any judgement of that conduct. It refers to those moral theories that hold that the consequences of a particular action form the basis for any valid moral judgement about that action. According to this theory, a right action is one that produces good consequences.

The three important branches of consequentialism are as follows:

Ethical Egoism: An action is morally right if its consequences are more favourable than unfavourable only to the person performing the action.

Ethical Altruism: An action is morally right if its consequences are more favourable than unfavourable to everyone except the person who performs the action.

Utilitarianism: An action is morally right if its consequences are more favourable than unfavourable to everyone. There are two types of utilitarianism, act and rule. An act utilitarian performs the action that benefits most people, regardless of the law, whereas a rule utilitarian seeks to benefit the most people through the fairest and most just means.

13.7.1 Hedonistic Utilitarianism

Hedonist is not someone who necessarily pursues pleasures, but rather someone who holds a particular belief about what has intrinsic value. He/she has the belief that pleasure is the only intrinsically good thing and pain is the only intrinsically bad thing. Hedonism is derived from the Greek word "hedone", meaning "sweetness, joy or delight", and refers to theories about the nature and function of pleasure.

Hedonistic utilitarianism is a theory that states that the validity of a law should be measured by determining the extent to which it promotes the greatest happiness to the greatest number of citizens. This theory explains that the net hedonic value is the sum of all or total pleasures (which have positive hedonic value) and pains (which have negative hedonic value) that are present in the life, where both pleasures and pains are measured on a single scale.

13.7.2 Pluralistic Utilitarianism

It is defined in terms of whatever has intrinsic (non-moral) value, and not just pleasure and pain, including knowledge, love, friendship, courage, health, beauty, and the states of consciousness other than pleasure and pain. The utility of life is the sum of all these factors produced during the life, again measured on a single scale.

According to pluralistic utilitarianism, not only the pleasure coming out of a friendship but also the friendship by itself has a value.

All these theories help in understanding the right way of conduct and behaviour, as righteousness is a very important value of human life.

13.8 LOCATING ETHICAL THEORY IN ETHICS

The different branches of ethical theories are shown in Fig. 13.4.

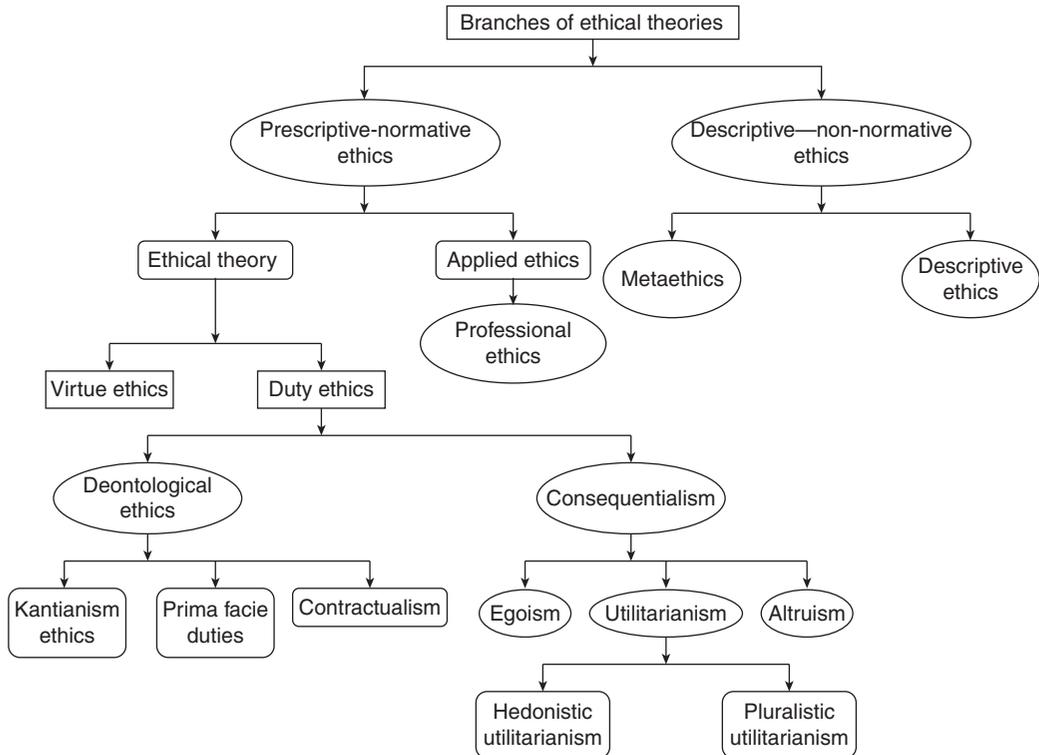


Figure 13.4 *Branches of ethical theories*

13.9 NURSING ETHICAL THEORIES AND MODELS

Nursing ethics is a division of applied ethics that concerns itself with activities in the field of nursing. These theories of ethics guide the nurse in making decisions to do good actions.

The following are the requirements to learn about nursing ethical theories:

1. Historical knowledge
2. Biophysical and psychosocial knowledge
3. Analytical knowledge
4. Organizational knowledge

An ethical theory or model should have the following criteria:

1. Clear and simple
2. It should be internally consistent
3. Complete and comprehensive

4. Support ordinary judgement
5. Applicable

The following are the ethical decision-making models used in nursing care:

1. Realm–Individual Process–Situation (RIPS) model
2. ADPIE model
3. Husted’s formal ethical decision-making model

The following are the functions of these ethical decision-making models:

1. Evaluate the work of the nurse through the models.
2. Identify whether the nurse actually does good to the patients or not.
3. Check whether the nurse follows ethical principles in nursing practice.

These models are discussed in detail in the following sections.

13.10 REALM–INDIVIDUAL PROCESS–SITUATION MODEL

The RIPS model of ethical decision-making is a formalized approach to reflection and analysis of morality.

13.10.1 Steps in RIPS Model

The following are the steps in the RIPS model:

Step 1: Recognize and define the ethical issues (realm, individual process and situation)

Step 2: Reflect

Step 3: Decide the right thing to do

Step 4: Implement, evaluate and reassess

The elements of the RIPS model are shown in Fig. 13.5.

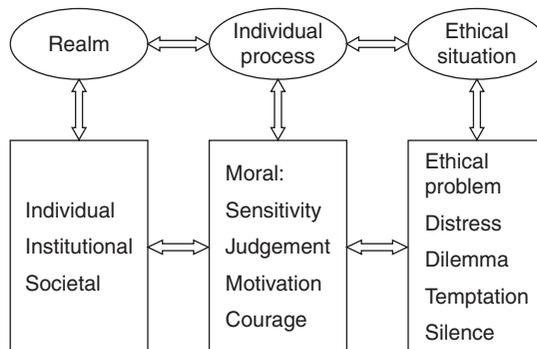


Figure 13.5 Elements of the RIPS model

*Step 1: Recognize and define the ethical issue***Realm:**

This includes the following:

Individual Realm: The focus is on doing good to the patient, patient's rights, and healthy relationship behaviour.

Institutional Realm: This is concerned with the functions of the institutions, structure, and implementation of goals of the organization.

Societal Realm: This is concerned with doing good to the society.

Individual Process:

This includes the following:

Moral Sensitivity: means identifying and analysing ethical situations.

Moral Judgement: is identifying the right and wrong actions and implementing the right ones.

Moral Motivation: is the force needed for implementing the needed or prioritized ethical value in order to provide solution for the ethical situation identified.

Moral Courage: is the courage needed for implementing the right ethical principle or solution identified for the ethical issues.

Ethical Situation:

This refers to identifying the type of ethical situation, that is, a problem, a distress, a dilemma, a temptation or a silence.

Step II: Reflect

The next step is to reflect on the ethical issue based on the identification of the realm:

1. Identity the facts of the issue.
2. Find out the cultural issue and the affected areas of issue.
3. Find the potential areas, relevant duties, and ethical principles.
4. Apply the ethical principles to decide the right or wrong action based on the issue identified.

Step III: Decide What To Do

The three classical steps to ethical decision-making are as follows:

1. Act based on the rules that everyone else follows.
2. Act in the manner that results in the greatest good for the most people.
3. Care for others as one cares for himself/herself.

Step IV: Implement, Evaluate and Reassess

The processes involved in this step are to implement the good rule that is, to perform the right actions and think of only doing good things to others, and then to evaluate and reassess whether the applied ethical principle has helped solve the issue.

This RIPS model on ethical decision-making helps a nurse to solve ethical issues that arise anywhere in the provision of nursing care.

13.11 ADPIE MODEL

The steps in the ADPIE (assessment, diagnosis, planning, implementation and evaluation) model of ethical decision-making, shown in Fig. 13.6, are as follows:

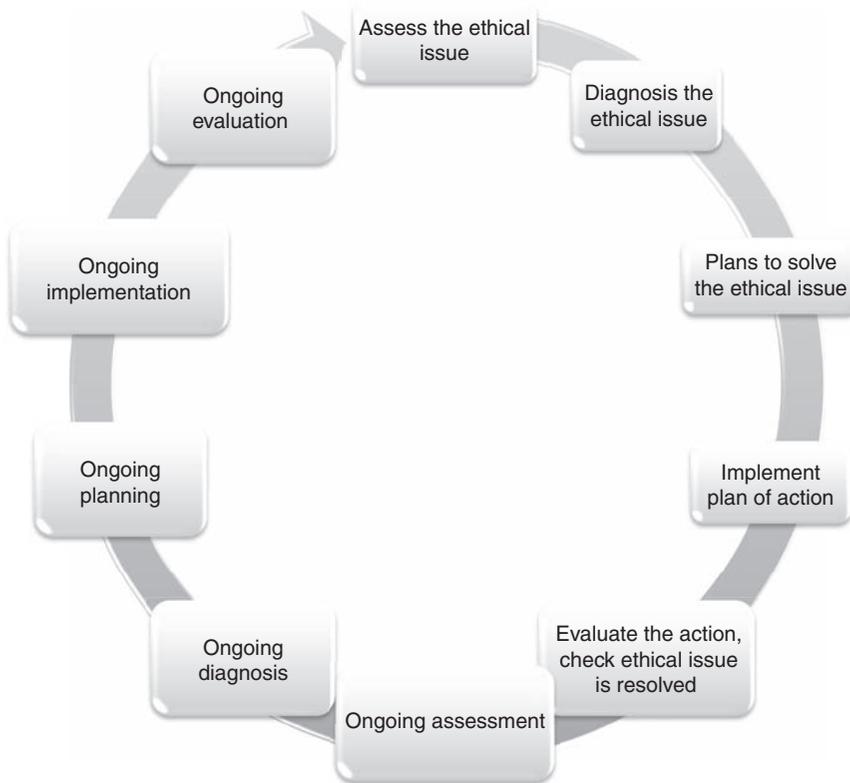


Figure 13.6 Steps involved in the ADPIE model of ethical decision-making

Assessment

Gather the facts, that is, collect the needed information from the sources.

Diagnosis

Identify the issue.

Plan

Explore the options.

1. Identify the consequences of actions and non-actions.
2. Analyse the values of the professional issue.
3. Select the course of action and make a decision.
4. Justify the decision.

Implementation

Carry out the plan.

Evaluation

Evaluate how the ethical issue can be solved and prevented, what are the new experiences learnt, and what are the outcomes.

13.12 HUSTED FORMAL ETHICAL DECISION-MAKING MODEL

This model uses the ethical principles such as autonomy, veracity, beneficence, fidelity, privacy and freedom. It incorporates the ethical decision-making steps along with applying the ethical principles mentioned to solve the ethical issues that arise in patient care.

The components of the HUSTED model are as follows:

- (1) Context
- (2) Knowledge
- (3) Situation
- (4) Decision

The following are the steps to apply this model in ethical decision-making:

Step 1: Apply the ethical principle of autonomy, which is the right of the patient to get adequate information about the condition of his/her disease. The patients should be allowed to exercise all their rights and violating their autonomy should be avoided. If there is any difficulty in implementing any right of the patients, then identify the issue, state the issue clearly, and discuss it with all the nurses.

Step 2: The second component of this model is knowledge, which means updating the nursing knowledge in ethical decision-making by use of ethical principles such as beneficence, privacy, and the freedom of choice to decide about the issue identified in the ethical decision-making. The issue should be dealt with in such a way that the outcome of the ethical decision should benefit the patient and should not violate his/her privacy. It should allow the patient the freedom of choice in the treatment modalities.

Step 3: Find and analyse any ethical issue that hinders the implementation of the ethical principle. Analyse the situation in which the ethical issue arose, and based on the situation apply the appropriate solution to solve the issue. This step involves the use of the ethical principle of fidelity, that is, being faithful in patient care.

Step 4: Take the appropriate decision to solve the ethical issue by using veracity, that is, truthfulness in patient care. The decision taken by the nurse should be true and bring wellness to the patient.

The Husted's formal ethical decision-making model is shown in Fig. 13.7.

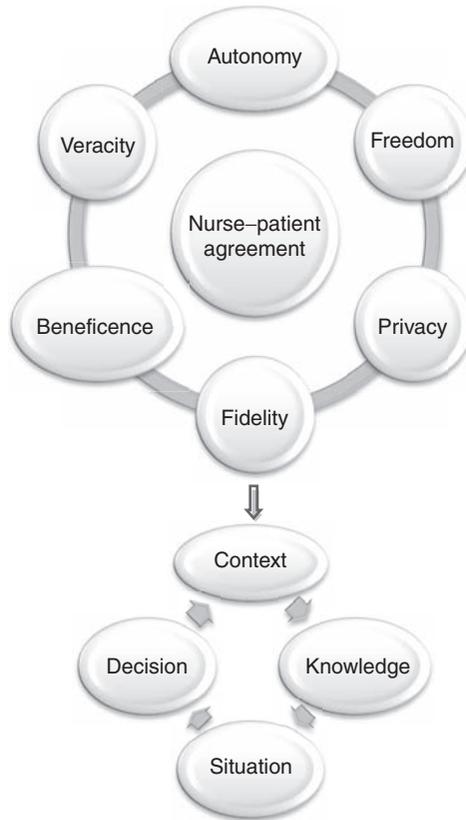


Figure 13.7 *Husted's formal ethical decision-making model*

13.13 ROLE OF NURSES IN APPLICATION OF ETHICAL THEORIES AND MODELS

Ethics helps a nurse to nurture the correct conduct and behaviour, and the principles that are framed through ethics will guide the nurse and other health professionals to maintain quality care and safeguard them from all legal problems.

The ethical theories and models deal with the following ethical principles:

1. Autonomy
2. Veracity
3. Beneficence
4. Non-maleficence
5. Informed consent
6. Respecting patient dignity

7. Justice
8. Paternalism
9. Utility
10. Accountability
11. Advocate quality practice environment

The eight important components used in framing the code of conduct that governs the nursing practice are as follows:

1. Provide safe, efficient and competent ethical care
2. Enforce health and well-being to all
3. Provide choice
4. Uphold and respect dignity
5. Maintain confidentiality
6. Practise justice in provision of nursing care
7. Be accountable throughout nursing care
8. Always practise and advocate quality care patient environment

The following are the steps involved in ethical decision-making in nursing:

Step 1: Assessment: Assessment means identifying patient details using the patient's data, by observation and physical examination, and the data collected from doctor's reports, medical documents, lab reports, and from the patient's family and friends. The ethical principles needed in performing assessment are respect for patient's rights, informed consent, respect for patient autonomy, and confidentiality.

Step 2: Diagnosis: The second step is diagnosis where the nurse finds the actual and potential problems in the patient and plans nursing care as per the diagnosis. The ethical principles applied in this step are beneficence, veracity, truthfulness, and accountability.

Step 3: Planning: In this step, the nurse plans short- and long-term goals to provide nursing care, with an objective that is directly related to the fulfilment of the nursing diagnosis that is desired. The nurse should provide a quality care practice environment, follow the standards of nursing care, respect the patient's rights to be informed about the details of care, and provide the patient with the choice of treatment.

Step 4: Implementation: Next, the nurse carries out the plans made according to the priority and needs of the patient. The ethical principles that a nurse needs to follow in this step are informed consent, provision of quality care, justice, accountability, veracity, responsibility, fidelity and confidentiality. The nurse should provide nursing care based on scientific principles of nursing.

Step 5: Evaluation: This is the final step of the decision-making process, in which the nurse collects subjective data and objective data to evaluate the effectiveness of the care given. The principles applied in this step are justice and accountability. If the intended outcome has not been obtained, the nurse should do the assessment again, until a good patient outcome and patient satisfaction are obtained.

13.14 NURSING ETHICAL MODELS USED IN COMMUNITY HEALTH

The main functions of the community health nurse are population health assessment, health surveillance, disease and injury prevention, health promotion and health protection to everyone in the community. There are three major areas of the community health where ethics intervene and help the community health nurse to apply the ethical principles pertaining to the community health nursing.

Ethics of Community Health

This refers to professional ethics of nursing practitioners, which is concerned with acting in a trustworthy manner for the common good.

Ethics in Community Health

This refers to applied ethics, which is concerned with the ethical dimensions of community health and acting for the good and individual rights of people.

Ethics for Community Health

This refers to the advocacy ethics that consider the values of healthy community, interest, problems in the population, especially concentrating on the powerless and oppressed ones in community.

The following are some of the ethical principles used in the community health nursing care:

Do No Harm: This refers to the ethical principle non-maleficence, which means that all nursing actions directed towards the patient should not harm but only benefit the patient. A nurse should care not only for the individuals but for the entire family members and also the people in the community. Therefore, his/her activities should not harm or injure the people in the community.

Least Restrictive or Coercive: This principle explains that the people in the community should not be forced or compelled to take any treatment implemented in the community health services. Only if the people in the community wish to participate in the health services should they be allowed to involve, but the consent is required and they should not be compelled at any cost to be a part of the programme.

Reciprocity: This principle explains that society must be prepared to facilitate individuals and communities in an effect to discharge their own duties. It also explains that affected individuals kept in isolation, or quarantined, should get reasonable compensation for their loss and should have food delivered to them.

Transparency: It explains that decisions taken regarding patient care should be made transparent to the patient and his/her family. Moreover, all people involved or related to the affected patient should be involved in making decisions in patient care pertaining to the factors that may affect the community health.

13.14.1 Code of Ethics for Community Health Nurses

The important principles in the code of ethics that is created and framed to be followed by the community health nurses are as follows:

1. Provision of safe and protected ethical health care to all people in the community, irrespective of their age, sex, religion, culture, education, socioeconomic status, etc.
2. Promotion of health and well-being, prevention of illness, and restoration of health for all in the community. A nurse must assist people to gain optimum level of health.

3. Provision of respect for autonomy and choice for the patients to take decisions of their own, guided and supported by the nurse.
4. Provision of respect for everyone in the community, and maintenance of dignity while providing treatment to all people who approach for health care.
5. Inculcation of justice in provision of care towards people in the community, implementation of equity and fairness in providing care to all and in supplying the health resources to the people, and promotion of social justice.
6. Maintenance of responsibility and accountability in community health nursing. A nurse should be answerable for each and every action pertaining to nursing care and be accountable in carrying out the professional responsibility and maintaining the standards of practice.

The community health ethical nursing model is shown in Fig. 13.8.



Figure 13.8 Community health ethical nursing model

The steps of community health nursing process have been inculcated to community nursing ethics model.

Community Health Assessment

In assessment, a community health nurse determines health problems through active surveillances and provides truthful facts about data collected about the health problems in the community through home visits. He/she must be just and fair with assessment reports, truthful and accurate in reporting, respect the rights of all people to be cared for, include data of all irrespective of their cast, religion, sex, age, and socioeconomic status, and involve all panchayat leaders, counsellors, teachers, doctors, health workers, and people in rural, urban, slum areas (head of the family) in collecting the details of

the health problems. The nurse should help in taking decisions about health-related issues prevailing in the community and help to get compensation (reciprocity) for people affected by diseases such as leprosy and tuberculosis through free treatment, extra benefits, perks in work areas, enrolment in rehabilitation centres, and free vocational training. A nurse should not indulge in malpractice or be negligent while collecting the details and also should get informed consent from the families before getting any details.

Community Health Diagnosis

The community nurse should act with justice, equity and fairness and respect the autonomy and the right to get informed about diseases spreading and epidemiological investigations. He/she must do only good and no harm to the people under investigation, apply harm principle to isolate the patients identified to have communicable disease, and keep patient details safe and confidential. He/she must identify the actual and the potential problems accurately and plan to solve the problems.

Community Health Planning

The community health nurse must plan the short- and long-term goals based on the diagnosis of actual and potential problems. He/she must be honest, truthful, and accurate, prioritize the problems under survey, report to higher authorities about surveyed details accurately without any malpractice, negligence or duplication. He/she must keep the reports confidential, maintain fidelity in planning, and never reveal the details to third parties apart from health care. The nurse must plan for obtaining compensation (reciprocity) to people affected by diseases such as leprosy and tuberculosis, uphold the respect of all, get informed consent, involve all health care providers (stakeholders) in planning the health care, and allocate available resources according to priorities.

Community Health Implementation

Community health care is implemented in houses, health care centres, primary health centres, community health centres, and sub-centres, where care is given to promote health, prevent illness, and restore health. Health care delivery is done through primary health care by three levels of prevention as follows:

1. Primary level
2. Secondary level
3. Tertiary level

Primary Level Prevention: A nurse must identify and recognize the risk at an early stage before people encounter the disease in the community. He/she must be responsible and accountable for educating people in the community and creating awareness about the diseases and associated risks. For example, a community nurse must identify the rural areas in which malaria is widespread and educate the people in those areas about how to use the mosquito repellents, nets, and coils and how to keep the house premises clean and maintain a malaria-free environment.

Secondary Level Prevention: At this level, the nurse must screen and identify the affected people in the early stage, take the tests accurately, report truthfully and honestly, act with justice to all people in the urban, rural and slum areas, direct patients to access the health care services from the public health centres, give care in such a way that diseases are eradicated from the community, and provide

a safe and clean environment. The nurse must be answerable to all actions of nursing care, respect the autonomy of the patients, and keep the details of care given confidential.

Tertiary Level Prevention: The nurse provides rehabilitative care and finds compensation benefits for those affected with chronic illness or handicapped due to dreadful diseases. He/she must be just and be accountable for any actions at this level, respect the right of the patients in rehabilitation to know about their treatment methods, keep all details confidential, and do only good to rehabilitated patients in the community.

Community Health Nursing Evaluation: The nurse must get feedback from the stakeholders, that is, the people who were provided nursing care by the community health services. He/she must report the feedback accurately, be accountable and responsible in documenting the reports correctly, respect the right of the individual to know about the prognosis and epidemiological investigations, and provide reports to all who need to know the information. At the same time, the community health nurse must keep the details confidential and reveal them only to those who are authorized to get the information. He/she should also evaluate whether the implementation of health plans has been beneficial to the people.

13.15 NURSING ETHICAL MODEL USED IN RESEARCH

The ethical principles are used as the basic component to develop and frame the nursing ethics pertaining to any branch of nursing including research.

13.15.1 Ethical Principles in Research

The basic ethical principles that are needed to have a strong foundation in the research study are as follows:

1. Autonomy
2. Beneficence
3. Justice

Autonomy: This is the fundamental principle to be followed by the researcher. He/she should respect the participants' rights such as the right to get the informed consent signed, not by the force but by the wish of the participant to be a part of the study, and the freedom to withdraw from the study at any stage of the study.

Beneficence: It is the responsibility of the researcher to provide maximum protection in all aspects throughout the study. If the risk of the participant is anticipated to be high, the researcher should ensure that the participant is safeguarded. The patient should not be harmed because of the study.

Justice: According to this principle, samples should be selected from a variety of groups, and not from the vulnerable population alone. The samples taken should do justice to the study. Only the eligible sample fulfilling the criteria of the study should be included. Therefore, samples for studies should be derived from a broad population that reflects the diversity of the society, which includes gender, ethnicity, socioeconomic status and age.

13.15.2 Nursing Ethical Models Used in Research

The principles underlying the nursing ethical model used in nursing research are shown in Fig. 13.9.

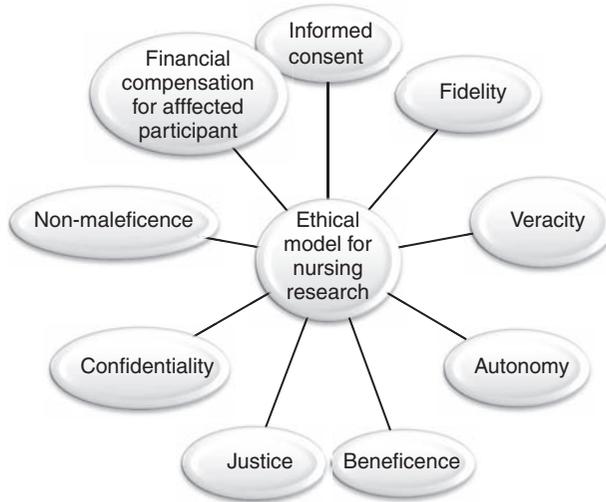


Figure 13.9 Nursing ethical model in nursing research

Role of Belmont Report in Framing Ethical Principles for Nursing Research

In 1979, the Commissioner of the National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research submitted the Belmont report for good ethical research practice. According to this report, each research study should adhere to the following principles:

1. Respect for persons
2. Beneficence
3. Justice

Respect for Persons: Researchers should show respect for all participants of the study and get the informed consent signed, explaining the pros and cons of the study.

Beneficence: All the research activity should be beneficial to the participant and no intentional harm or injury should be done to the participant.

Justice: The benefits and burdens of the research should be distributed fairly.

Nuremberg Code

The Nuremberg Code is a set of research ethics principles for human experimentation set as a result of the subsequent Nuremberg trials at the end of the Second World War. Some of the principles mentioned in this code are as follows:

1. Voluntary consent is absolutely essential.
2. The investigator must be responsible and accountable.
3. The study should produce beneficial results.

4. The study should avoid all unnecessary physical and mental suffering and injury.
5. Participants can withdraw from the study at any time.

Declaration of Helsinki

The World Medical Association (WMA) has developed the Declaration of Helsinki as a statement of ethical principles for medical research involving human subjects, including research on identifiable human material and data. Some of the principles included in this declaration are as follows:

1. Well-being of the participants should be of prime important for any research.
2. Consent of the participant is important. If the participant is incapable of giving consent, it should be taken from his/her parent or guardian.
3. Approval from a research ethics committee such as the Institutional Review Board (IRB) is required to conduct the research.
4. Under-represented and vulnerable population should be involved in the research only if it stands to benefit out of the research.

Council for International Organizations of Medical Sciences

The Council for International Organizations of Medical Sciences (CIOMS) is an international, non-governmental, not-for-profit organization established jointly by the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) in 1949. The office of the CIOMS is in Geneva. It has 48 international member organizations, representing many of the biomedical disciplines, 18 national members, mainly representing national academies of sciences and medical research councils, and an executive committee. The main function of CIOMS is to provide guidelines to conduct safe biomedical research on human subjects.

The following are some of the guidelines given by the CIOMS:

1. Ethical justification and scientific validity of the research should be present.
2. The principles mentioned in the Declaration of Helsinki should be followed while doing research in under-developed communities.
3. The high-risk group should be considered.
4. The problems of the participants who are under investigation should be understood.
5. The research conducted in developing countries should have adequate financial capacity and funds should be provided to the researchers to conduct the research successfully.
6. Subjects injured in the research should get treatment and financial compensation.
7. Framed intervention should be available in the community where the research is conducted.
8. Ethical review should be done by the IRB and informed consent should be taken from all participants.
9. The study on vulnerable groups, individuals, committees and population should be justified.
10. There should be an equitable distribution of burdens and benefits in the selection of groups of subjects in research.
11. Choice of control in clinical trials used in research should be provided.
12. The confidentiality of the participants' details should be safeguarded.

13. The ethical review boards at all levels such as local and state should be strengthened.
14. There should be an ethical obligation of external sponsors to provide health-care services.

13.16 NURSING ETHICAL PRINCIPLES, THEORIES AND MODELS USED IN NURSING EDUCATION

Nursing principles that guide the nursing education are important instruments for all nurse educators. They help to guide their ethical behaviour while transferring knowledge to the students.

Education means inculcating all-round development to all students. It is not mere learning of the theory from the book, but also developing and framing all kinds of development such as physical, psychological, social and spiritual development in the student. Above all, a nurse educator inspires the student through his/her ethical behaviour. The ethical principles that are needed to be a good nurse educator are as follows:

Content Competency: It is about mastering the content that is taught to the students, and not simply reading from the book. The nurse educator should be thorough with the subject and update his/her knowledge before entering the classroom.

Teaching Competency: It is not enough if a person just completes a degree and enters the teaching profession. A nurse educator should have adequate skill in teaching, bringing in the three domains, cognitive, attitude, and psychomotor domains, to each class. The teacher should incorporate realistic situations in each class, followed by immediate demonstration of the topic taught; this will bridge the gap that is present between theory and practice.

Student Development: A nurse educator should take interest in moulding each and every student resulting in the all-round development so that the students are skilled enough to provide care. Full physical, psychological, physiological, sociological and spiritual development is needed to be a good nurse.

Confidentiality: A nurse educator should follow the principle of maintaining confidentiality of the student details and behaviour and not discussing any behaviour of the student with anyone. The details of the students should not be disclosed by the nurse educator, unless there is a legal permission.

Dual Relationships with Student: Maintaining a good teacher–student relationship is a must for each nurse educator. He/she should be approachable while at the same time knowing the limits and boundaries.

Valid Evaluation of Students: A nurse educator should act with justice. He/she should not be impartial and all students should be given equal treatment, irrespective of their caste, creed, colour, religion, age, sex, and socioeconomic status. There should be a valid evaluation based on their performance.

Respect for Colleagues: It is very important to maintain a good relationship with the colleagues in the institution. Educators should demonstrate respect towards each other and treat others with dignity in order to maintain a healthy working atmosphere in the institution.

Creativity: Students prefer a teacher whose is always new in his/her thinking, innovative, different, enthusiastic, and interesting rather than a monotonous teacher. A nurse educator should present each session of the class creatively with relevant audio visual aids.

Commitment to the Profession: A nurse educator should be dedicated and should have full commitment towards self, the students, the organization and the society in order to develop good students through good behaviour and good teaching.

Dealing with Sensitive Issues: A nurse educator may have to deal with sensitive issues while teaching to the students. The educator should be skilled enough to handle these issues, such as the following:

- (a) Unethical behaviour of the students: Students getting involved in criminal work such as ragging, stealing, and forgery
- (b) Behaving badly with members of opposite gender: Issues such as rape, sexual abuse and verbal abuse
- (c) Bad behaviour between teacher and students: Issues such as sexual abuse, verbal abuse and physical assault
- (d) Copying in the examination: In some colleges, in order to get good results, the teachers allow books in the examination hall or give copying material to the students. Some teachers even spell out the answers to the student.
- (e) Examination being written by a different person instead of the actual student
- (f) Examination being written by the teacher for the student
- (g) Students not attending regular classes but attending the examinations alone
- (h) In the case of a student discontinuing his/her studies, the original certificates not being returned by the institution

13.16.1 Unethical Behaviour by the Staff

The following are some of the unethical behaviours by the staff:

1. Maintaining duplicate register and attendance
2. Increasing internal assessment marks for money or favour by the student
3. Showing duplicate staff and attendance during the time of inspection by the nursing council members
4. Not providing facilities for any hospital or for teaching classes regularly with a proper content

13.16.2 Unethical Behaviour by the Nursing School, College or Organization

The following are some of the unethical behaviours by the school, college or organization:

1. Collecting excess money that is not mentioned in the fee structure
2. Not providing adequate facilities for clinical practice, training and requirement
3. Not following leaves and the holidays as per the orders of the university or council
4. Not providing adequate facilities for students in the classroom, sick room, library, sports room and hostel
5. Not providing facilities for staff such as adequate rooms, restroom, bathroom or washing facilities
6. Not revising the salary periodically and not providing leave for any meetings or conferences related to the university or a nursing body

7. Not having a sick room for the students and a vehicle to take the student to a hospital in case of an emergency
8. Not providing any refreshment services for the teacher while making them work for long hours

The nurse educator should be able to solve these sensitive issues with the help of the ethical principles mentioned, which provide guidance and counsel. The steps to be taken are as follows:

1. Identify the root cause of the issues.
2. Clarify all the possible issues with the affected people, whether it is the students or teachers.
3. Warn the students and give memo to the teachers. Remove the students or teachers who exhibit unethical behaviour.
4. Call the respective parents, handover the students to their parents and get an agreement signed.
5. Call the related teachers, sit with them and talk, get a proper explanation for the unethical behaviour and get a solution.

If there are any issues with the organization, there should be a meeting with the concerned authorities. The issues that need solution, such as improving the facilities for staffs and students, revising salaries, providing leaves, and organizing for the training of the student, should be discussed to arrive at appropriate solutions.

13.16.3 Nursing Ethical Model for Nursing Education

The nursing ethical model for nursing education is shown in Fig. 13.10.

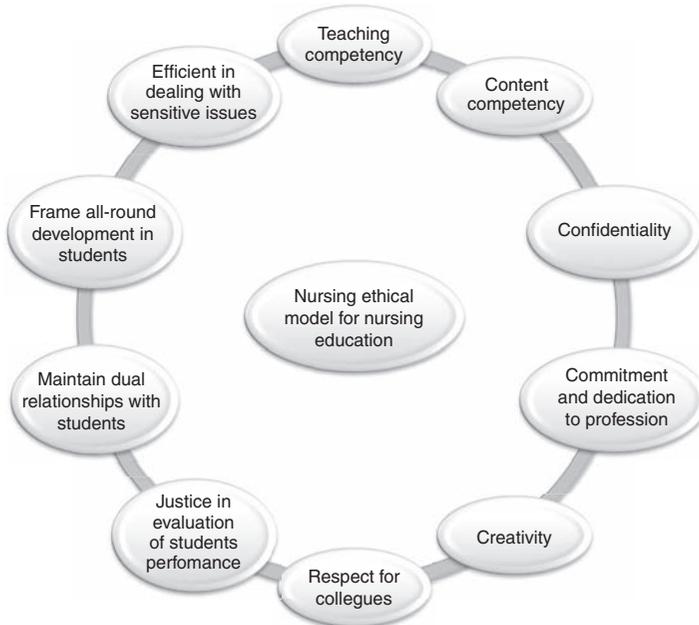


Figure 13.10 *Nursing ethical model for nursing education*

13.17 NURSING ETHICAL PRINCIPLES USED IN NURSING MANAGEMENT AND ADMINISTRATION

Administrative ethics means providing a framework to empower and improve the productivity outcome that is strengthened ethically by all the stakeholders and to eradicate illegal behaviour.

The basic ethical principles involved are as follows:

1. Autonomy: Respect for individual choice
2. Beneficence: Benefitting others
3. Non-maleficence: Not harming others
4. Justice: Being fair, honest and impartial

Administrative ethics is concerned with how these basic ethical principles are followed by the health care providers while delivering care to the patients, how these ethical principles influence health care providers and the caregivers, and how the members and the organization deal with the community and the government.

The following are the features of administrative ethics:

1. Duty or responsibility to those served
2. Patient rights and provider rights
3. Provider commitment to quality and standard
4. Provider compliance with values and laws

13.17.1 Administrative Ethics at Work

There are three ways by which administration and management influence ethical behaviour. They are as follows:

1. Requiring performance of unethical or illegal acts, that is, performing fraud or forgery such as showing duplicate staff at the time of an inspection
2. Unrealistic performance expectations, which means the work expected from each person is more than the standard level expected of that person
3. Being unclear about what is ethical and not offering guidelines, where even the administrator is not clear about the ethics to be followed in each issue

13.17.2 Goals of Nursing Administrative Ethics

The following are the goals of nursing administration ethics:

1. Develop and implement values, statements and philosophies that guide the ethical behaviour of each worker of the organization.
2. Frame the code of ethics to be followed by all nurses, such as codes for nurses and people, nurses and profession, and nurses and society, framed by the Indian Nursing Council. All nurses are obligated to follow these ethical codes, which guide not only the nursing practice but also the nursing administration and management.
3. Provide ethical education and training. Though all nurses have a formal education about ethics in the foundation course of nursing, there still is a need to have nursing ethics and behaviour as

a separate subject. Applied ethics knowledge and training should be given as in-service education and through conferences and seminars to all nurses in the organization, which will help to ensure that they follow ethical behaviour.

4. Form ethics committees. There is a real need to establish an ethical committee in every institution whether it is a hospital or a college. The nurse educators should be members of the ethical committees and their function is to monitor the ethical behaviour of all the staff members, frame updated standards and ethical guidelines to all staff, and evaluate the performance creating bench-marking institutes.
5. Appoint a staff ethicist and an ethical consultant. The institutions should appoint adequate eligible candidates who have specialized in nursing ethics. They can invite ethical consultants from different parts of the world to organize a formal meeting to have the ethical guidelines revived, to promote good positive outcomes, and to improve the performance of each employee in the organization.

13.17.3 Conflict in Administrative Ethics

It is a situation in which the employee is faced with a decision that is not agreeable or incongruent with the organization's values or constitutes a violation of the law. The causes of such conflicts can be as follows:

1. Long working hours
2. No offs or holidays
3. No maternity benefits
4. No pension plans

The source of an ethical issue can be in the form of an ethical problem or an ethical dilemma.

13.17.4 Administrative Ethical Issues

The following are some of the ethical issues faced by the employees:

1. Violating or breaking law, for example, late coming and absenteeism without informing
2. Getting involved in acts of negligence, forgery, fraud, malpractice or duplication
3. Not doing duties as per job description
4. Being dishonest and deceptive
5. Not being sincere and punctual

13.17.5 Steps to Solve Ethics Conflicts

The following are the steps involved in solving an administrative ethics conflict:

1. Identify all possible root causes of the conflict and acknowledge the conflict.
2. Explain clearly, record and define the conflict.
3. Clarify the ethical issues and dilemma.
4. Find all possible solutions and alternatives that abide by the policies of the organization and also suit the employee.

5. Be clear with all possible alternatives for the conflicts.
6. Check whether these solutions are apt by selecting an appropriate solution and implementing it to solve the ethical conflict.

The qualities of an administrative ethical nurse are as follows:

1. Good realistic performer
2. Ethical conflict resolver
3. Good leader and monitor
4. Good guide and counsellor
5. Strong nursing ethics leader

13.17.6 Administrative Ethics Nursing Model

The administrative ethics nursing model is shown in Fig. 13.11.



Figure 13.11 *Administrative ethics nursing model*

CONCLUSION

The subject of nursing ethical theories and models is a broad one, where each nurse needs to dig in and understand the needed ethical principles and follow the appropriate one; it can be in nursing practice, research, nursing education, or nursing administration and management. Each field of nursing has its own set of ethical principles, which are bounded as ethical models to guide the nurse to reach his/her goal and ultimately provide good care and be a good researcher, an excellent nurse educator, a good administrator, and, more importantly, a good citizen.

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REVIEW QUESTIONS

1. Define ethical theories and explain the meaning, goals and objectives of ethical theories.
2. Describe the approaches of ethical theories.
3. Explain consequentialism and hedonistic utilitarianism in detail.
4. Discuss the nursing ethical theories and models.
5. Explain the ADPIE ethical decision-making model in detail.
6. Enumerate and explain the role of nurses in ethical theories.

NURSING STANDARDS

LEARNING OBJECTIVES

1. Definition, meaning and terms used in standards
2. Importance and sources of standards
3. Characteristics and purpose of nursing standards
4. Types and elements of nursing standards
5. Steps in setting the standards of nursing care
6. Uses of nursing standards
7. Ethical principles of nursing standards
8. Indian standards of nursing care
9. ANA standards of nursing practice
10. Incorporating nursing standards in nursing process

14.1 INTRODUCTION

The code of ethics that all professional nurses are supposed to follow governs their ethical behaviour, whereas the nursing standards are framed to guide the ethical behaviour in nursing practice in order to provide the highest quality of care. Nursing standards help a nurse to evaluate the nursing care in any setting such as clinic, education, research, administration and management. The standards of nursing care measure the degree of excellence in nursing care. These standards are accepted, approved and framed by the experts and by state government laws, which any registered nurse is supposed to abide by in nursing practice. There are many professional nursing organizations that help to define, frame, evaluate, license, and accredit the nursing practice, for example, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Nurses Association (ANA). These organizations have framed universally accepted nursing standards targeted towards care that is health-oriented, systematic, humanistic, and holistic through the maintenance of therapeutic interpersonal relationship between the nurse and the patient, the physician, co-workers, etc. The care should be based on scientific principles in nursing and be implemented as an art. Important standards of nursing care are shown in Fig. 14.1.



Figure 14.1 *Standards of nursing practice*

14.2 DEFINITIONS

The following are some of the definitions of standards:

1. Standards are professionally developed expressions of the range of acceptable variations from a norm or criterion.
2. Standards may be defined as the benchmark of achievement that is based on a desired level of excellence.
3. Standard setting includes establishing fundamental definition in using and determining qualifications for education and practice. Administration encompasses interpreting these standards, developing mechanisms and tools for their enforcement, and conducting the actual processes for regulation.
4. According to ANA, a standard is described as a criterion used by general agreements as an acceptable level of practice or an established norm.
5. Nursing practice standards are descriptive statements that affect the nature of current nursing practice, current knowledge and current quality of nursing care.

14.3 MEANING OF NURSING STANDARDS

The word standard refers to the degree of care or competence that a nurse is supposed to maintain in the provision of care.

A standard can be expressed in a quantitative and qualitative measure against which someone or something is judged, compared or used to provide service or care.

S: Sufficient successful action taken to assist the patient to meet his needs

T: Typical provision of care with a clarity to meet the patient care objectives

A: Assertive and authoritative in planning the patient care

N: Nurturing the needs of the patient

D: Delegating definitive responsibilities to subordinates under nursing care

- A: Analytical critical thinking ability in the nurse
- R: Responsible and respect the needs and values of the patient
- D: Dedication towards nursing care and profession

Standards are the framed rules and regulations that are created for each nursing activity based on the scientific principles of nursing. They represent the degree of excellence in nursing care and serve as a basis for comparison of nursing care. Nursing standards are recognized nursing models for imitation and are the set of guidelines that evaluates and measures the nursing care level of performance against the actual performance.

14.4 TERMS USED IN NURSING STANDARDS

The following are the terms used in nursing standards:

Objective: An objective is a concrete statement of intention, an external goal towards which effort is directed.

Criterion: A criterion is the value-free description of a variable believed to be an indicator of patient care quality.

Norm: A norm is the current level of performance of a particular criterion, as determined by the description study of the target population.

Model: A model is a phenomenological analogy used to describe something that cannot be directly observed and about which deeper understanding is sought.

Patient Problem: A patient problem is an active or a potential need, condition or complication that derives from the patient diagnosis or care and indicates needs for intervention.

Nursing Problem: A nursing problem is a difficult situation encountered by the caregiver in pursuing a nursing goal.

Quality Improvement: Quality improvement is the process of establishing optimum standards of nursing practice and planning of providing care that meets those standards.

Nursing Order: A nursing order is a prescribed action issued in the form of a command by one nurse to other nursing personnel.

Nursing Audit: Nursing audit is the process of analysing data about the nursing process or patient outcomes to evaluate the effectiveness of nursing intervention.

14.5 IMPORTANCE OF STANDARDS

The standards in nursing are important because of the following reasons:

1. Provide direction to nursing care
2. Act as the foundation and baseline for nursing practice
3. Outline the nursing expectations
4. Develop competence in nursing care
5. Develop responsibility and accountability towards nursing care

6. Provide guidelines to frame and update the nursing process activities
7. Stimulate critical thinking to provide nursing care
8. Develop competence to be a professional nurse
9. Provide clarity at all the levels of care
10. Assure good delivery of nursing care by enhancing decision making

Provide Direction

Nursing standards act as a lighthouse. A ship finds its direction to the shore with the help of the lighthouse and reaches the shore safely. Similarly, the nursing standards help the nurse to provide efficient care and give directions for practicing of quality care.

Act as Foundation and Baseline

Nursing standards form the foundation of every nursing activity. Similar to a foundation pillar supporting the entire building, the nursing standards help the nurses to be the baseline to provide complete care.

Outline the Nursing Expectation

A nurse should practise the nursing care that is trained and taught in an universally accepted manner. The activities of a nurse should be as per the code of ethics and should fulfil the expectations of quality care, for example, a nurse should document the nursing process as per the North American Nursing Diagnosis Association (NANDA) standards.

Develop Competence in Nursing Care

The nursing standards help the nurse to develop competence in nursing by training and experience, and guidance from the nurse experts. A nurse must ensure that whatever care he/she provides is given in the right manner to the right person at the right time and the right place, for example, checking the vital signs and measuring it properly using the scientific principles will ensure that correct results are obtained.

Promote Responsibility and Accountability in Nursing Care

A nurse is accountable and answerable for every action of nursing care. Following nursing standards will protect the nurse from all legal and ethical issues and make him/her more responsible and accountable. For example, a nurse should record the medication given to the patient, the details of the drug and the patient's condition with time and signature. This action explains that a nurse is not only responsible but also accountable since he/she follows the principles and standards of nursing care, which ultimately helps the nurse to protect him/her from all medico-legal problems.

Update and Guide the Nursing Process

The importance of nursing standards in the nursing process is such that each and every activity of the nurse is standardized and regulated in such a way that the net result is quality care. Each activity involved in the nursing process, namely, assessment, diagnosis, planning, implementation and evaluation, should be guided by the nursing standards. For example, while doing assessment a nurse should get the complete data from the patient as well as from his/her family and friends and from the doctor's

reports and lab reports and should not guess the data. He/she should frame the nursing diagnosis based on the NANDA standards, identify the actual and the potential problems of the patient, prioritize the patient's problem as per the diagnosis, and form the objectives regarding treatment, for example, to relieve dyspnea in a bronchial asthma patient. If the nurse does not follow the standards of NANDA, he/she cannot frame the correct objectives to cure the patient's problems. A nurse should plan the short-term goals to tackle the acute problems and the long-term goals to relieve the secondary problems of the illness. Then, he/she should implement these goals with scientific rationale as the base, provide care as per the priority, and evaluate the same for its effectiveness to determine whether the objective is reached or not. Therefore, a nurse should be guided by the structured standard methods for providing care effectively.

Stimulate Critical Thinking in Nursing Standard

A nurse needs to be smart and alert in dealing with the all kinds of situations and needs skills such as information gathering, focusing, remembering, organizing, analysing, generating, integrating and evaluating the needs of the patient. A nurse might face a number of complex situations wherein he/she needs to use deep reasoning, thinking, listening, speaking, writing and reading skills He/she should think through and reason about nursing in greater depth and draw on deeper, more sophisticated comprehension of what it means to be a nurse in clinical practice. The components of critical thinking in nursing standards are shown in Fig. 14.2.



Figure 14.2 *Components of critical thinking*

The nursing standards help the nurse to be a good critical thinker with deep vertical and horizontal thinking, who uses all the concepts, ideas, and knowledge to think deeply, listens to others parallelly, speaks thoughtfully and writes meaningfully about patient care

Develop Professional Competence in Nursing

Nursing standards are used not only to practise the nursing care but also to uplift the image of the nursing profession. A professional nurse should develop sound knowledge, attitude and practise skills

throughout his/her profession by participating in the performance appraisal of quality care and nursing audit; conducting meetings with all professional nurses regarding the improvement of nursing standards, release of nursing journals about standards of care, publication of books regarding the same; creating awareness among the public about the quality of nursing care; and organizing the continuing and in-service education programs on nursing standards.

Clarity of Care at All Levels

The nursing standards help in clarifying the exact care required at all levels, whether it is in a hospital, clinic, or health care centre. The nursing care in the community is divided into three levels, namely, primary, secondary and tertiary. At the primary level, the nursing standards help a nurse to identify the problem in a patient in the pre-pathogenesis stage. Moreover, awareness is given to the patient about the diseases existing in the environment and the high-risk factors, through the means of health education. In the secondary level, a nurse provides care for a patient in the pathogenesis stage. He/she should use the nursing standards to screen the patient as early as possible to identify the cause and provide appropriate treatment with a goal to prevent further complications. In the tertiary level, that is, the post-pathogenesis stage, the patient will be in the recovery state or retains a disability due to the disease and requires rehabilitation and follow-up. The nursing standard provides clarity about the role of nurse in this stage.

Improve Decision-making Skills and Deliver Quality Care

Nursing standards play a very important role in the provision of nursing care and act as a source for obtaining good decision-making skills. While providing care, a nurse should formulate the nursing process plan in advance and good decision-making skills are needed to decide each and every step of the nursing care.

14.6 SOURCES OF STANDARDS

The sources of nursing standards can be local, state, national, or international professional organizations for nursing. Some of these organizations are as follows:

1. The Trained Nurses Association of India (TNAI) is a professional organization that is available at the state as well as the national levels. It has its headquarters in New Delhi. Trained nurses all over India should be registered as a member of the TNAI. The TNAI controls the Student Nurses Association (SNA), which is the subordinate body at all the state levels in India. It also has an SNA advisor from each state, with trained staff in-charge as vice-president, deputy vice-president, treasurer, and secretary as members. There are also local level office bearers in each state who are appointed and selected by election at all the levels. The main functions of this professional organization are to uplift the nursing standards by conducting in-service education, help the nurses by providing scholarship for higher studies in India and abroad, publish nursing journals that carry research abstracts and updated information about the nursing standards and circulate them to all the nursing institutions all over India, and conduct nursing conferences. They help voice the problems faced by the nurses all over India to the government of India.
2. The Indian Nursing Council (INC) is a licensing body. Its main functions are to inspect all nursing colleges and schools to check for the nursing standards and give the license to continue the affiliation, approve whether a course in nursing can be conducted or not, frame the syllabus as

per the requirements and needs of the society, revise and update it periodically as per international standards, and give guidance to all nursing colleges and schools in India about improving the nursing standards as per its requirements. The INC also represents all the nurses in India and gives its guidance to the government of India regarding the upgrade of the nursing profession and its standards to the highest level in terms of quality.

3. In India, the Ministry of Health and Welfare is a separate department allotted by the government of India to look after the needs of the nurse community at the local, state and national levels.
4. Health care agencies such as World Health Organization (WHO) and United Nations Educational, Social, and Cultural Organization (UNESCO) support to improve the standards of nursing care.
5. The nursing departments in all reputed hospitals set standards of quality nursing care and work towards achieving those standards.
6. Patient care units such as ICU/CCU/IMCU/NICU. They act as a source of standards because this is the area where patients with critical illness are treated. Therefore, the standards that are set are predetermined and anticipated, and care is implemented with evidence-based practice. A careful forecast is made to care for such patients admitted in such units; careless care will deteriorate the patient's life. Therefore, these areas help the nurses to think critically about how better the care can be improved to save the critically ill patients.
7. The ANA has framed the standards of nursing care for all nurses, which we will be discussed in a subsequent section of this chapter.

14.7 CHARACTERISTICS OF NURSING STANDARDS

There are many characteristics that facilitate nursing standards. The following are the important components and elements that encompass the characteristics of nursing standards, as shown in Fig. 14.3:

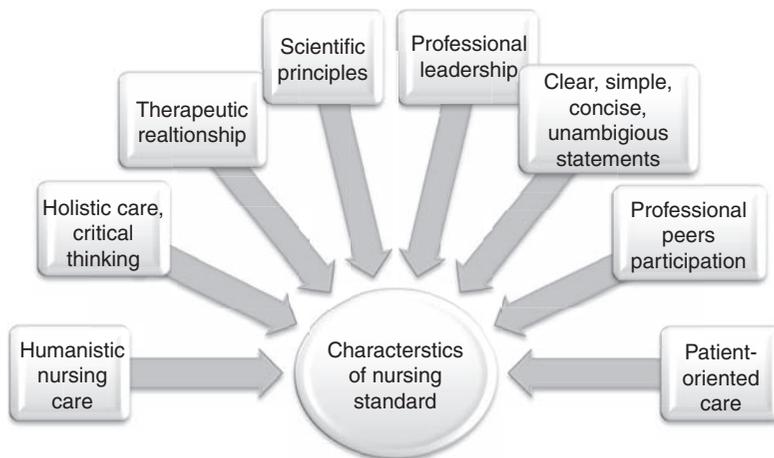


Figure 14.3 Characteristics of nursing standard

1. Provision of humanistic nursing care
2. Inculcation of scientific knowledge and principles in each nursing activity
3. Establishment of professionalism and leadership to manage and administer the nursing care

4. Construction of therapeutic relationship with the patient
5. Facilitation of a sense of well-being in the patient
6. Provision of holistic nursing care for all the patients
7. Use of critical thinking skills in nursing care
8. Development of skilled nursing practice
9. Provision of goal-oriented, affordable, acceptable, and flexible nursing care
10. Standards framed by members of nursing profession
11. Statements of nursing standards framed in positive phrases such as good and excellent
12. Statements of nursing standards framed in clear, simple, concise and easy to understand manner
13. Standards of nursing care updated with details based on current situation and scientific practice
14. Statements of nursing standards framed after research and analysis by nurse experts through evidence-based practice
15. Periodical review of the statements of nursing standards

Establish Leadership and Professionalism

The adaptation of the code of ethics by a nurse as per the nursing standards helps him/her to be a good leader and a nursing professional.

Humanistic Care

Nursing standards should uplift care with a concern towards humanity. Providing complete care should be the aim of each nurse and the standards help him/her to provide a humanistic approach and consider each human being as unique and treat him/her with dignity and respect.

Use of Scientific Principles

The nursing profession uses scientific principles that form the basic foundation for nursing knowledge. A nurse uses these principles to rationalize each care as per nursing standards.

Critical Thinking

A nurse should think, reason, listen, write and read critically to solve the health problems, meet the needs of the patients, and manage critical illnesses using the nursing standards in the nursing process.

Holistic Care

Holistic care means providing complete care and not just to treat the illness. A nurse should give complete physical, social, spiritual, and psychological care as per nursing standards.

Maintain Therapeutic Relationship

A nurse should maintain a good therapeutic relationship with the patients to provide care efficiently and effectively and with the physicians and co-workers to maintain the team spirit, called esprit de corps, as per the nursing standards.

14.8 PURPOSE OF NURSING STANDARDS

The following are the purposes of nursing standards, as shown in Fig. 14.4:



Figure 14.4 Purpose of nursing standards

1. To do the performance appraisal of the quality of care provided in any settings, for example, hospital wards, community centres, etc.
2. To do the benchmarking, which means comparing the standards of care between institutions and evaluating the best one, and framing standards of excellence out of it to improve the existing nursing practice
3. To improve independent functioning of the nursing practice
4. To provide updated and revised curriculum for the nursing educators thereby taking efforts to close the gap between theory and practice
5. To create an awareness in the society about the improvements in nursing care
6. To create an awareness to the public about the available resources and the expectations on nursing practice
7. To protect the nurses from medico-legal and ethical issues and problems
8. To develop a professional and therapeutic relationship with the patient
9. To enhance the research of evidence-based nursing, which acts as a source for nursing standards
10. To create enhanced professional responsibility and accountability towards nursing care among all the nurses

14.9 TYPES OF NURSING STANDARDS

A nursing care activity should meet the optimum standard level expected of that particular activity. For example, the acceptable level of nasocomial infection incident rate in a ward of a hospital is 10%; it is unacceptable if the level exceeds 10%.

The following are the different types of nursing standards:

1. Normative standards
2. Empirical standards
3. Ends and means standards
4. Structure, process and outcome standards
5. Legal significance standards

Normative: These are the nursing standards defined for the highest quality of practice and form standards of descriptive practices, for example, standards set by professional bodies for the recruitment of a nurse to work in any setting. Therefore, it is critical for the authorities to scrutinize the nurses and ensure that they recruit nurses based on the criteria of nursing standards for recruitment.

Empirical Standards: These are standards set and fixed based upon the empirical evidence or on evidence-based nursing practice. These standards help to provide the nursing care appropriate to the settings and the nursing care is checked for its performance, attainment, achievability, and acceptability. An example for such standards is the Medical Termination of Pregnancy (MTP) Act, 1971.

Ends and Means Standards:

End Standard: These standards are framed based on patient-centred care. Care should be patient oriented and based on the needs and requirements of the patient, which is ever changing and never constant.

Means Standards: These are the standards framed to describe the nursing care activities specific for each patient procedure and is nursing care oriented. It deals with what a nurse should do first based on priority and needs.

Structure, Process and Outcome Standards: These are standards formulated according to frames of references relating to the nursing structure, process and outcome.

Structure Standards: These standards are related to the framework, that is, the care providing system and the resources that support the actual provision of care.

Process Standards: These standards describe the behaviour of the nurse at the desired level of performance and the desired method for specific nursing interventions.

Outcome Standards: Descriptive statements of desired patient care results are the outcome standards. They reflect the effectiveness and results rather than the process of giving care.

Legal Significance Standards: Standards guide the nurses regarding what they should do and not do. A nurse should avoid negligence and malpractice. Legal standards are set to safeguard the nurse from medico-legal issues and provide safe and competent care.

14.10 ELEMENTS OF NURSING STANDARDS

The three important elements of nursing standards, as shown in Fig. 14.5, are as follows:

1. Structure
2. Process
3. Outcome



Figure 14.5 Elements of nursing care

Structure Standards of Care: These standards explain the criteria regarding the requirements of facilities that all health institutions such as hospitals and nursing colleges should possess to provide patient care. These standards are a must to sustain the successful operation of the institution and deal with the following:

- (a) Good infrastructure facilities such as physical, psychological, spiritual, diagnostic, and technological for patients in hospitals
- (b) Standard policies, rules and regulations based on the nursing standard criteria
- (c) Adequate staff recruited based on the INC requirements in all the departments of nursing in both private and public health sector
- (d) Adequate facilities for equipment and supplies in the hospitals
- (e) Standard administrative set-up and excellent communication channels
- (f) Good system of documentation of the nursing care
- (g) Good budgeting system
- (h) Updated requirements as per the current needs and demands of patients in health care

Process Standards: These standards refer to the activities involved in providing nursing care to the patients. Each activity of a nurse should meet the criteria of nursing standards and quality care should be provided. In planning the nursing care process, a nurse does the following:

- (a) Assess patient needs and problems
- (b) Diagnose actual and potential problems
- (c) Frame short- and long-term goals and objectives based on the diagnosis
- (d) Plan the nurse activity according to the priority based on the actual problems
- (e) Implement the nursing activity with scientific rationale behind each activity
- (f) Evaluate the care to determine whether the extent of care given was up to the standards expected of the nurse according to his/her educational qualification, experience, ethical behaviour and evidence-based research activities

Outcome Standards: These standards of care are patient oriented. They are related to both the quantity and quality of care given and are used to evaluate the outcome of patient care based on the following:

- (a) Ability of the patient to take care of his/her needs, prognosis of health, and the disability in patient after the provision of care
- (b) Existence of mortality and morbidity rate

Absence of complications and improvement in patient condition are outcomes that indicate that effective nursing care was provided to the patient. The outcomes of importance are the improvement in the patient's health and the level of satisfaction in the patient about the nursing care provided.

14.11 STEPS IN SETTING THE STANDARDS OF NURSING CARE

The following are the steps involved in setting the standards of nursing care:

1. Gather the group of nurses of the same category and conduct formal meetings at regular intervals in the hospital.
2. Identify the problematic areas in nursing care where there is a deficiency and a need for setting standards of nursing care.
3. Perform a detailed review of the nursing literature about the needed standards and their philosophy in relation to the goals and objectives of the hospital.
4. Perform a review on the current strategies of nursing care and the process of activities given for patient within a specification on the definite areas that need change or improvement.
5. Formulate the written statement, which are framed as standards of care, based on the criteria to erase the deficits along with the rationale behind it, which helps to check its relevancy.
6. Get guidance from experts about framed standards and with the help of the nurse administrator get the approval of the standards statement.
7. Develop a protocol for each procedure and supervise their proper practice. For example, frame a checklist for hand washing and evaluate whether the procedure is done as per the check list.
8. Test the validity of the tool with the help of a group of experts and also check its reliability and reusability.
9. Implement the developed standards of care and perform nursing audit on the quality of care.
10. Update and renew the standards of nursing care on a regular basis.

The various steps involved in setting the standards of nursing care are shown in Fig. 14.6.



Figure 14.6 Steps in setting the standards of nursing care

By using these steps, the nurse administrator will be able to develop and set standards as per the needs and demands for each procedure in nursing care.

14.12 USES OF NURSING STANDARDS

The following are the uses of nursing standards:

1. To do self-assessment of the nursing care performed. Each care has separate standards so that it is possible to evaluate whether the nurse has provided care in the correct manner and to examine how well the standards of care are met.
2. To do inspection and evaluation of the nursing care and performance appraisal. On the basis of the effectiveness of care provided, decisions are taken regarding retaining the staff and providing promotions.
3. To get accreditations from JACHO. If an institution does not have the license approval from JACHO, it means that it does not provide quality care.
4. To prevent intentional injury to the patient and to reduce mortality and morbidity rate
5. To safeguard the nurses and patients from medico-legal cases
6. To provide quality care to aid the patients
7. To upgrade the image of nurses and nursing care

14.13 ETHICAL PRINCIPLES OF NURSING STANDARDS

Nursing standards help to guide and provide quality care but the ethical principles guide the nursing standards. The ethical principles that govern the nursing standards are as follows:

1. Autonomy
2. Veracity
3. Beneficence
4. Non-maleficence
5. Fidelity
6. Justice
7. Confidentiality

Autonomy: The activities of a nurse are governed by this ethical principle. Nursing care should be given in such a way that a nurse respects the patient's rights, such as the right to information, the right of the patient to take decisions, and the right to importune the nurse. However, these standards should also reflect the independent functioning of the nurse. Nursing standards should give importance to the dynamics and stable automatic function of the nurse. The nurse should be trained to such a level that he/she is never a dependant or a physician's handmaid.

Veracity: This principle means that all activities of a nurse should be true to his/her knowledge and there should be no malpractice or negligence. A nurse should be truthful to the hospital, society, patients, and profession and towards self. He/she can be sued legally if he/she is found to be untruthful or indulges in any malpractice.

Beneficence: According to this principle, all activities pertaining to nursing right from the period of admission of a patient to his/her discharge should only benefit the patient. Nursing standards also advocate the principle of beneficence and state that a nurse should provide quality care that ultimately benefits the patients.

Non-maleficence: The activities related to patient care should not hurt or cause any injury to the patient. The nursing standards are set in such a way that following the scientific principles of nursing care will ensure that the activities never harm the patient at any cost.

Fidelity: This principle refers to the act of keeping the promises. A nurse who follows the nursing standards of practice will keep the promises and will be devoted to the objective of providing quality care throughout his/her career.

Justice: By following the principle of justice, a nurse should be fair to all patients and should not be partial to one particular group of patients. As per the standards, a nurse should treat all the patients as equal and provide care irrespective of their caste, religion, creed, age, sex, education, socioeconomic status, etc.

Confidentiality: This principle refers to the act of maintaining confidence about the details of the patient and not revealing any detail to any unknown person. As per the nursing standards, it is the duty of a nurse to keep all details safe and confidential.

14.14 INDIAN STANDARDS OF NURSING CARE

The following are the Indian organizations that frame the standards of nursing care.

14.14.1 Joint Commission International (JCI)

It is a US-based accreditation body that is organized to check and improve the quality of care given by the health care professionals all around the world.

The approval from JCI indicates Gold Standard of care, that is, the care provided is good and up to the required quality.

The following are the Indian hospitals with JCI accreditation:

1. Indraprastha Apollo Hospitals, New Delhi. This hospital got the JCI accreditation in August 2011.
2. Apollo Hospitals, Chennai. This is the first hospital to get accreditation in South India.
3. Apollo Hospitals Bangalore. This hospital got the accreditation in August 2011.

Goal of JCI

The main goal of JCI is to directly control the health care organizations to provide quality care and services in safe, efficient and well-managed facilities.

JCI assesses the hospital's quality and its nursing standards through a rigorous survey process in the following areas:

1. Easy access of health care to all people
2. Good and complete health assessment and excellent nursing care processes
3. Awareness and provision of education about the Patient's Bill of Rights by the hospital

4. Perfect management of information and human resources
5. Adequate facilities in the hospital per requirements
6. Good infection control programmes that are implemented successfully
7. Good quality collaborative integrated management system
8. Unique performance appraisal system for evaluating the entire health care events
9. Hospital management's approach towards the patients, their families, and the society and respect for the right of an individual

14.14.2 National Accreditation Board for Hospitals and Healthcare Providers (NABH)

NABH is a national organization set up to establish and operate accreditation programmes for health care organizations and works towards uplifting the nursing standards for the hospitals in India.

Goals

The following are the main goals of this organization:

1. To establish and implement the accreditation programmes for all health care organizations in India
2. To meet all the needs of the patients who receive care in the hospital
3. To establish excellence in nursing standards of care through benchmarking for the good progress of health organizations in the country

14.14.3 National Accreditation Board for Testing and Calibration Laboratories (NABL)

NABL sets the standards for accreditation of all the medical laboratories in the Indian hospitals. It provides accreditation in accordance with International Organization for Standardization (ISO) 15189:2003 for the quality and competence of the laboratories. Though this accreditation is not connected with nursing, it directly affects patient care, because the results of the laboratory tests should be reliable and valid. Therefore, the NABL council members inspect and provide accreditation standards that ensure high quality in medical testing.

14.14.4 ISO 9002

The ISO checks the quality of the functioning of the management in each hospital. The ISO is a network of national standards institutes of 151 countries on the basis of one member representing one country, with a Central Secretariat in Geneva, Switzerland that coordinates the entire system.

Objectives of ISO in Nursing Standards

The main objectives of the ISO include the following:

1. Check the quality of care by the nurses
2. Ensure that the hospitals meet the needs and requirements of the patients and satisfies the customers
3. Improve the facilities provided and upgrade hospitals as per the current demands and needs of the patients
4. Ensure cleanliness and patient safety at any cost

The first hospital to be awarded with ISO 9002 certification was the Apollo Hospitals, Chennai, as it met all the standards of nursing care.

14.15 THE INDIAN CONSUMER SUPERBRANDS COUNCIL (ICSC)

The ICSC includes some of the most eminent marketing, media and advertising professionals.

Goal

The goal is to provide superbrand status to those organizations approved by the National Accreditation Board. A hospital under the superbrand category indicates that it has met all the needed standards of nursing care.

14.16 ANA'S STANDARDS OF PRACTICE

The ANA has framed certain nursing standards to be applied to improve the level of nursing care. The areas where the standards of care are applied as per ANA are as follows:

1. Quality of nursing practice
2. Nursing education
3. Nursing profession and appraisal
4. Inter collaboration with nursing colleagues and team work
5. Integrating nursing ethics in the standards of practice
6. Nursing research
7. Nursing administration and management

Quality of Nursing Care: Quality care means care given to the right level to the right patient at the right time at right intervals. It is measured using the following criteria:

- (a) Record the nursing process of the patient care wherein the nurse demonstrates the ethical skills of being responsible, accountable, honest, practical, and sincere while providing care in an effective and efficient manner.
- (b) Use evidence-based nursing techniques and apply innovative nursing interventions identified through research while providing care and use critical thinking skills and innovation to improve nursing care delivery.
- (c) Participate in all quality improvement activities of nursing.

Nursing Curriculum: The curriculum should help to inculcate the nursing standards in the students. This can be done by improving the curriculum as per the current demands and requirements of the patients and the society. It should be prepared in such a manner that it incorporates the nursing standards that are applied to integrate knowledge in all domains of nursing practice, namely, the cognitive, attitude, and psychological domains. It will create the spirit of commitment to lifelong learning.

Nurses should do self-appraisal of their performance and determine their strengths and weaknesses. In order to improve the performance of practice, a nurse should do the following:

- (a) Follow the code of ethics appropriately and uplift the image of the profession.

- (b) Follow the professional organization's rules and regulations.
- (c) Upgrade the laws for professional conduct according to current practice.

Peer Involvement with Nursing Colleagues: The involvement and participation of nurses with their peers is essential and will help in the following:

- (a) Create a healthy and compassionate relationship with peer groups and enhances professional practice
- (b) Regularly conduct meetings to plan and formulate the standards of practice as per current demands
- (c) Create a conducive environment for nurses to work in peace
- (d) Establish strong association with colleagues that helps to voice the nurses' problems in their work areas
- (e) Publish professional journals stating all the standards of nursing practice

Teamwork Collaboration: Nurses can never work alone. To provide complete care, a nurse needs the help, support and encouragement of all team members such as the doctors, nurses, lab technicians, psychologists, social workers, physiotherapists and other paramedical workers. A nurse should maintain a healthy relationship with all the co-workers. The nursing standards and ethical behaviour can be practised only with complete cooperation from all team members so that they work with a sense of unity.

Integrating Nursing Ethics in Standards of Practice: Integrating all the nursing principles such as autonomy, veracity, fidelity, justice confidentiality, beneficence and non-maleficence to the nursing standards will ensure that the nursing activities are controlled and coordinated in an ethical manner without any incidence of malpractice or negligence of care. The code of ethics and ethical principles are the two sides of the same coin and there can be no nursing standards without ethical principles.

Nursing Research: There needs to be standards for nursing research because the research findings are integrated in the nursing practice, for example, evidence-based nursing. Therefore, it is important that a research is conducted in a qualified manner such that the findings can be used for innovative intervention.

Nursing Administration and Management: Nursing standards act as a key to guide the activities such as proper planning, organizing, staffing, directing, coordinating, reporting and budgeting, which are essential for good management.

14.17 INCORPORATING THE NURSING STANDARDS IN NURSING PROCESS

The nursing standards are incorporated in the nursing process through all the levels, namely, primary, secondary and tertiary care, in order to promote health, prevent illness, restore health and prevent complications, and enhance safety in the treatment and care of the patient. This is done through the following scientific processes, as shown in Fig. 14.7.

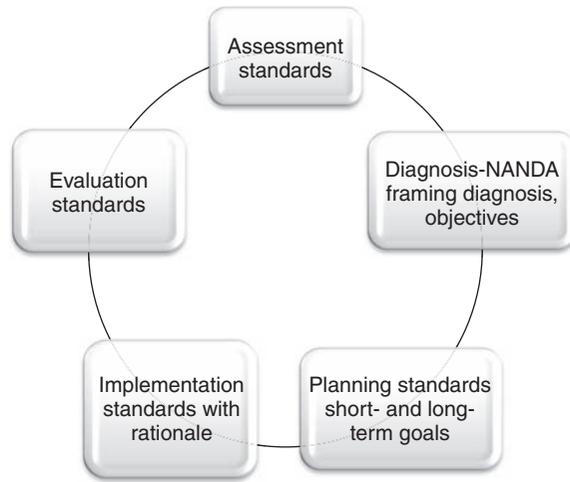


Figure 14.7 Standards in nursing process

Assessment

Collecting data through systematic subjective and objective methods with appropriate standard assessment techniques.

Diagnosis

During actual and potential problems based on NANDA standards, validating the diagnosis with other health care providers, anticipating the expected outcomes.

Planning

Formulating a plan of action based on the standards to frame short- and long-term goals, for example, in the case of bronchial asthma, the short-term goal is to relieve dyspnea and the long-term goal is to do pulmonary rehabilitation.

Implementation

Carrying out the nursing care based on scientific principles depending on the actual problems and needs of the patient. Each nursing activity should be rational and be goal oriented.

Evaluation

Perform subjective and objective evaluation to determine the effectiveness of the nursing care. The entire nursing process can be incorporated through the nursing standards. Understanding the nursing process alone is not enough but integrating the basic standards with the nursing process is important. Using the latest NANDA diagnosis, timely recording, and evaluating and reframing the diagnosis as per the patient’s condition are more important to maintain the high standards of nursing care.

CONCLUSION

Nursing standards are the guidelines that help the nurses to uplift the quality and image of the nursing profession. Learning the nursing care alone is not enough; a nurse should learn to practise it in the right manner according to the scientific principles and provide the care efficiently and effectively, with full satisfaction, to the right person at the right time at the right place and inculcate the same in the neophytes. Updating the knowledge and skill, developing positive attitudes towards nursing care, and participating in the development of nursing standards will help a nurse to reach the objectives of quality assurance and patient and job satisfaction.

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REVIEW QUESTIONS

1. Define standard and explain the meaning of standard.
2. Explain the importance of standards in nursing practice.
3. Discuss in detail about the various sources and classification of standards.
4. Describe the principles of nursing practice standards.
5. Enumerate the characteristics of standards.
6. Explain the incorporation of nursing process in nursing standard.
7. Discuss the responsibilities of a nurse in maintaining standards in nursing.

PATIENT'S BILL OF RIGHTS

LEARNING OBJECTIVES

1. Meaning of Patient's Rights
2. Purpose of Patient's Bill of Rights
3. Patient's Bill of Rights during hospitalization
4. Role of nurse in implementing the patients' bill of rights and the rights in the patients' bill of rights

15.1 INTRODUCTION

The Patient's Bill of Rights is the first bioethical statement emphasizing the rights of patients in today's health care system. It refers to the legal rights of patients such as the right to know about treatment details, to decide whether to take treatment or refuse, to informed consent before performing any procedure, and to be clarified. These rights were developed and standardized by the American Hospital Association. Though the patients have these rights, whether they are rightly executed, being used by the clients or allowed by the health care providers is a major issue in the health sector today. It is the prime responsibility of nurses, who form the major percentage of health care providers, to ensure that they are implemented. A nurse plays a vital role in providing awareness about patients' rights, respecting those rights, and executing them as mentioned. This creates a safe and secured environment for the patient, who will tend to voluntarily cooperate with all procedures and will develop faith, trust, and confidence towards the health care and the institution.

15.2 MEANING OF PATIENT'S RIGHTS

The term patient is derived from a Latin verb meaning "to suffer" and has traditionally been used to describe those who are recipients of care, whereas the term client is derived from a Latin verb meaning "to lean" connoting alliance and independence.

A patient has two types of rights—the moral and ethical rights such as the right to privacy and the legal rights such as the right to treatment.

15.3 PURPOSE OF EXECUTING PATIENT'S BILL OF RIGHTS

The following are the purposes of executing the Patient's Bill of Rights:

1. To make aware of the patient's rights and to use them appropriately when needed.
2. To ensure patient's dignity and respect and to improve the self-esteem.
3. To gain the patient's cooperation and willingness to participate in the health care system.
4. To legally protect the patient and the health care providers by adopting the patients' bill of rights.
5. To improve the patient's trust, faith, and confidence towards the health care providers.
6. To help the patient in decision-making regarding the treatment provided.
7. To keep the records of the patient's confidential and exercise privacy while performing any procedure for the clients.
8. To help coordinate with hospital rules and regulations.
9. To help ensure and continue the treatment as per the patient's interests and beliefs.
10. To help the patient analyse about the available health resources and their utilization.

15.4 PATIENT'S BILL OF RIGHTS DURING HOSPITALIZATION

The Bill of Rights allows the patient to his/her rights including the following:

Right to Admission: A patient has the right to know about the admission details in the out-patient department (OPD). If the patient wants to know about the procedure of the OPD, the nurse should clearly explain the details and make him/her feel comfortable. The patient should be free from stress throughout his/her hospitalization.

In-patient Department: When a patient is admitted in the ward, he/she should be informed about the details of care to be given to him/her, as a checklist for patient's verification. The patient should be informed in advance regarding the nursing procedures, who will be the nurse, etc. Informed consent is an important legal documentation of the patient's rights, wherein the patient is informed clearly both orally and in writing about the procedure to be performed and the signature obtained from the patient or his/her spouse, parents, or family members.

Privacy: A patient has the right to privacy, which is a right that extends to all aspects of his/her care, including care for his/her personal needs, screens should be provided during physical examination and the body should not be exposed unnecessarily.

Moral Privacy: This is the right to take decisions on his/her own without the interference of others.

Legal Privacy: This is the right to check on his/her own case sheet and reports and the right to choose the treatment methods.

Violating Privacy: The patient's privacy rights should never be violated. Details of patients should not be overheard or discussed in front of others.

Right for Attention: A patient has the right to be attended immediately when he/she calls and also the right to be provided information when he/she requests it.

If a patient calls for help but is not attended or is ignored, the nurse is liable to be sued under the law of negligence.

Right for Choosing the Treatment Methods: A patient has full rights to choose the treatment modalities for his/her illnesses. A nurse should be able to clarify the patient's doubts regarding the different kinds of treatments available, their cost, and their advantages and disadvantages. The patient has the right to choose or to refuse the treatment at anytime and should not be forced or misdirected to choose any treatment method.

Right to Get Orientation of the Hospital: When a patient gets admitted to a hospital, the surroundings are new to him/her, and therefore, a nurse should orient the patient to all the departments in the hospital. This is considered to be an important right of the patient to ensure that he/she does not feel neglected.

Right to Know About the Drugs Administered: A patient should be informed about the drugs being administered to him/her. It is the duty of a nurse to ensure that the patient is given details such as the dosage of the drug, the reason why it is administered, the action of the drug, its side effects, and how it can be taken safely and also to administer the drug to the patient on time.

Right to Access Documents: A patient has the right to access documents and reports when needed. Patient has the right to access the lab values and to know the normal or the reference range and also any deviation from the normal values.

Transcultural Care Rights: A patient has the right to get complete nursing care irrespective of his/her caste, religion, race, age, sex, ethnicity, etc. There should be no racial discrimination or differentiation shown towards the patients.

Right to Be Respected Throughout Care and Hospitalization: A patient should be respected and treated with dignity. He/she should be addressed by his/her name, and not by the colour of the dress, physical features such as height, or bed number.

Right to Get the Bills on Time: A patient obviously pays for the care provided to him/her during hospitalization. Hence, he/she has the right to know about the related charges, but some health institutions delay the settlement of bills. The amount should be informed prior, so that the patient can be prepared to pay at the time of discharge.

Right to Complain: A patient has the rights to express a complaint to the concerned hospital authorities about problems faced regarding treatment or care or regarding issues such as lack of respect. Every hospital should have an opinion box, which is used to obtain the patient's feedback about the hospital procedures and the nursing care.

Right to Get Discharged at Any Time: A patient has the right to get discharged from the hospital at any time he/she wishes before the end of the treatment. He/she cannot be compelled to stay in the hospital. The expected length of stay for the illness should be explained clearly to the patient, but the patient has the right to decide whether to continue treatment or get discharged from the hospital.

Right to Access the Available Resources from the Hospital: A patient should be informed about the available resources and their importance, for example, availability of the doctors, specialists, their arrival time, treatment details, etc. The patient should be informed about these details before he/she asks for it.

Right to Access the Emergency Services: A patient has the right to access the emergency services when needed.

15.5 ROLE OF NURSES IN IMPLEMENTING THE PATIENT'S BILL OF RIGHTS

The following are a nurse's rights and responsibilities in implementing the Patient's Bill of Rights:

1. Help the patient to understand about the Patient's Bill of Rights and its importance.
2. Provide care equally to all patients without any discrimination based on race, colour, religion, sex, nationality, disability, socioeconomical status or age.
3. Provide respectful care in a safe and hygienic environment to all the patients.
4. Be always alert and prepared to attend to any kind of emergency. A patient in emergency should be treated immediately without any delay.
5. Provide adequate needed information about the health care providers to the patient and orient the patient as to the details regarding the physicians, the health care professionals, and the hospital departments in advance, since the right of the patient to be informed should be understood and respected by a nurse.
6. Inform the patient about the procedures, ward routines, names of health care providers, and the rights of the patient to choose the physicians who provide care and to refuse care.
7. Provide complete information about the patient's assessment details, treatment and progress.
8. Explain the details of informed consent and the benefits and risks before getting the patient's signature.
9. Explain to the patient about his/her right to choose treatment modalities and to decide whether or not to continue treatment.
10. Explain to the patient about his/her right to refuse to get involved in research activities.
11. Explain to the patient about his/her right to be present while taking decisions regarding patient care.
12. Explain to the patient about his/her right to get a copy of medical summary regarding all aspects of treatment from the hospital.
13. Explain to the patient about his/her right to get bill details in advance.
14. Inform the patient that he/she can lodge a complaint or give feedback if he/she is not satisfied with the care provided by the hospital.
15. Explain to the patient about his/her right to provide authority to his/her family members and spouse to visit him/her.
16. Explain to the patient about his/her right to donate the organs after death and record his/her wish in the donor card that should be provided by the hospital to the patient.

15.6 BILL OF RIGHTS

The following are the rights mentioned in the Patient's Bill of Rights:

1. Right to get needed assistance from the hospital about using the patient's rights
2. Right to get treatment irrespective of the patient's sex, race, colour, nationality, religion, disability, socioeconomic status and age
3. Right to get respectful care under a safe and hygienic environment
4. Right to get immediate care in emergency situations

5. Right to get informed about the details of health care providers of the hospital
6. Right to decide the treatment modalities planned for the patient
7. Right to know and be oriented to the ward routines and procedures of the hospital
8. Right to know about the patient's diagnosis, observation, reports and treatment
9. Right to get the needed information before signing in the informed consent
10. Right to refuse any treatment provided to the patient
11. Right to participate or refuse in research and to withdraw at any stage of the research
12. Right to get copies of medical reports and summary documents of the patient's details
13. Right to get bill details of the patient in advance before discharge
14. Right to keep the reports and details of the patient confidential
15. Right to get and provide privacy for the patient throughout hospitalization
16. Right to complain regarding patient care to the hospital management
17. Right to donate organs and get donor card from the hospital
18. Right to provide authority for the close family members/spouse to visit the patient and they should be given priority in all aspects to visit the patient during visiting hours

CONCLUSION

The Patient's Bill of Rights refers to the important rights of the patient in the health care system. A nurse needs to know about these rights and should ensure that they are implemented. These rights help in improving the patient's self-esteem and ensure that he/she is treated with respect and dignity, which paves way for quality care.

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REVIEW QUESTIONS

1. Explain the concept, meaning and purposes of patients rights.
2. Discuss the Patient's Bill of Rights during hospitalization.
3. Describe the rights of the nurse in implementing the Patient's Bill of Rights.
4. List down and explain the Bill of Rights.
5. Discuss the role of a nurse in implementing the Patient's Bill of Rights.

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IV

ETHICS ISSUES IN NURSING

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ETHICAL ISSUES IN NURSING RESEARCH

LEARNING OBJECTIVES

1. History of ethical concern in research
2. Importance of ethics in nursing research
3. Human rights and consideration in research
4. The Nuremberg Code (1947)
5. Ethical principles concerned with nursing research
6. Causes of unethical behaviour

16.1 INTRODUCTION

Ethics is concerned with the conduct of a human being. All scientific activities, including those by social scientists, are conducted with the participation of human beings or have an impact on human beings and on the wider society and environment. For making an ethical judgment, the researcher relies upon various standards of ethics, which could be universal or specific to the cultures or localities. A researcher should have deep concern for human welfare and sensitivity for the rights of the research subjects. Sometimes, the ethical responsibility to safeguard the subject's rights conflicts with the efficiency with which one progresses with the research; it may affect the ultimate quality of the results.

16.2 HISTORY OF ETHICAL CONCERN IN RESEARCH

The period during the origin of ethical research is known as the dark ages of ethics. Slaves, prisoners, criminals, children and poor people were forcibly used as samples or experimentation subjects for the research activities. They were treated like animals and there was no consideration for their rights, consent, wishes, or values. This dark period of ethical concern is considered to be a big unhealed wound in the initial period of development of ethical research.

Between 1932 and 1972, there was a drastic and contagious spread of a sexually transmitted disease called syphilis. This disease was studied by researchers as a kind of retrospective cohort study to know the natural history of the disease, which has pre-pathogenesis, pathogenesis, recovery from acute disease or chronic existence of disease leading to terminal illness with disability or death. The research study titled “The Tuskegee Study of Untreated Syphilis in Negro Male” done in Macon County, Alabama, used 400 Black males as subjects. The main aim of the study was to determine the damage caused in the patients affected by syphilis if it was left untreated. The spirochete *treponema palladium*, which caused the disease, was injected into the subjects without their consent and they were left untreated. They were not given any information regarding the disease and were left to die or experience the course of illness, even though a proven cure was available for the disease.

There were other ethical issues during the Second World War period. Many prisoners in the German concentration camps were forced to participate in research studies, in which most of the subjects died or were permanently crippled. It included deliberate breaking of bones until no healing was possible, sterilization of women without anaesthesia, and, in case of twin children, using one child as control while the other was used as a sample for the medical experiments. We need to empathize with those patients who were forced to undergo such pain and suffering as a result of those research activities. Such examples stress the need for ethical principles and guidelines for research activities, especially on humans and animals. The research study should get the approval of an ethical team or organization before conducting the research. The American Psychological Association (APA) and the U.S. Department of Health and Human Services have established standard guidelines that should be followed in all kinds of research in the USA.

The Nuremberg trials in 1947 helped bring forth many hidden details regarding the ethical issues in the Second World War and paved way for the establishment of the Nuremberg Code. It became the foundation for future ethical guidelines regarding the use of human samples in the research study.

16.3 PRINCIPLES OF ETHICAL ISSUES AND CONCERNS IN RESEARCH

The following are the principles of ethical issues and concerns in research:

1. Following accurate ethical norms helps to promote the research objectives, that is, both horizontal and vertical widening of broad and in-depth knowledge. The ethical norms to be followed include adopting truth and honesty in conducting the research as per the principles and avoiding mistakes and errors, for example, copying the thesis of others without conducting actual research and misinterpreting research data.
2. An important task in research activity is collaboration and coordination, which can be achieved only by strictly adopting the ethical principles such as accountability, trust, mutual respect and fairness, because they favour unity. Coordination and combined efforts are needed to achieve the objectives of any research activity. For example, a researcher should go through the guidelines for authorship while reviewing the quality of a book, and if any copyright is needed, the required formalities must be completed properly. When information is taken from published books and journals, permission needs to be obtained from the concerned authors. Confidentiality must be maintained while doing the literature review. Such measures will protect the researcher from legal problems while doing any research activity.

3. Ethical norms also help the public. They ensure that the research is done in a safe manner. The norms are formed in such a way that the researcher is made answerable and accountable for any of his/her research activity towards public. The activities are legalized, licensed and securitized; the financial resources used for research work should be transparent and should be used fruitfully for the benefit of the study, which should ultimately give good outcomes to the public.
4. The scientific knowledge and educational background of the people today is so wide and deep that there is a lot of awareness about health. Any new research activity creates curiosity among the public and is generally supported by the public because they anticipate good outcomes, which depend upon the quality and integrity of the research activity. Innovations through research for health problems and their benefits through evidence-based practice will be supported by the people, provided the research work binds to ethical norms.
5. Ethical norms help to protect the public from any kind of harm because of fake results published, since the norms framed are so strong that they give importance to moral and social values, such as social responsibilities, basic human rights, animal welfare, compliance with law, health, and safety. The data that is obtained through the research should be collected ethically, relevantly, and accurately. Strictly following the research methodology and openly agreeing to the limitations will help to promote the health of the people.

16.4 CONSIDERATION OF HUMAN RIGHTS IN RESEARCH

Nurses are always present with patients and are under pressure to deal with all kinds of problems and issues during patient care. There is a need for each nurse to be well acquainted with the ethical principles and norms, so that they act as a shield and protect him/her from all the legal and ethical issues concerning patient care. Therefore, the nurse should update his/her knowledge about the new technology as well as the ethical issues affecting it.

The ethical considerations safeguarding the subject's rights must always be given the highest priority. Among human subjects, the rights that must be taken into consideration are as follows:

1. The right to choose whether or not to participate in the research and the option to withdraw without being penalized, in other words, freedom from coercion
2. The right to full information about the research, that is, what is to be expected, and the right to raise questions about the research as it progresses
3. The right for protection from unnecessary risk or harm as a result of participating in the research project
4. The right to be informed of any potential risk or harm that might be incurred as a result of participating in the research
5. The right for privacy, dignity and confidentiality
6. The right to be informed about the results of the research

16.5 ETHICAL ISSUES IN RESEARCH PROCESS

Ethical and legal issues play an important role throughout the process of research activity, right from the selection of the problem until its application. Always the boundaries rotate from input, throughout

and output, and throughout the entire research process, the legal and ethical issues will be kept hidden. Similar to the weapon used by the stone sculptors to carve the statue from the stone, the ethical principles in research process must remove the unwanted ethical issues and ensure a safe and harmless research process. The sculpting process is done in the following areas:

1. Identification and selection of the research problems and conceptual models
2. Determination of the research methodology and data collection
3. Publication of the research reports
4. Application of the research outcomes

Selection of Research Problems and Conceptual Models: This is a crucial period during the research process. Initially, it is not possible for the researcher to accurately estimate the expense for the research process when selecting a research statement. He/she should select a problem that is free from ethical issues, is affordable, is reasonable, has widely implementable outcomes and has more benefits to the public. Adequate time and expert guidance are needed to select the conceptual model for the research.

Ethical Research Concerning Research Methodology: There should be truth, honesty, and sincerity in collecting the data for the research process. Faking or fabricating the data is against ethical principles and becomes an ethical issue. The researcher should be evaluated at each step by the guide and co-guide. Duplicating the results may help the researcher to complete the project easily, but if the research data is found to be fabricated, it will ruin his/her future. Methodology means the design of research. The core of research should be clear, the methods should be enjoyable, and the subjects as well as the investigator should have full interest in the research.

Ethical Issues in Publishing Research Reports: The reports should be original, clear, and verified by the experts. The report should be relevant to the research statement and should be made known to the public.

Ethical Issues in Application of Research Outcomes: It should be possible to apply the findings of a research project in practice. For example, it was proved with evidence that changing the position of an unconscious or bedridden patient every two hours reduces the incidence of pressure sores. Thus, the finding should be constructive, creative, innovative, and useful. It should benefit the patient and be widely implementable. It should be ensured that the findings published in the report are not fake or duplicate, because implementing fake findings in nursing care may prove harmful.

16.6 THE NUREMBERG CODE (1947)

It is a code of research-related principles for doing human experimentation, which has been framed based on the Nuremberg trials that happened subsequent to the Second World War. This code is framed to protect the humans from being forcibly used as experimental subjects and to prevent them from being harmed or injured through human experimental research.

16.6.1 Origin of Nuremberg Code

In December 1946, an American military tribunal opened criminal proceedings against 23 German physicians and administrators who participated in war crimes and crimes against humanity.

They had conducted experiments on thousands of prisoners without their consent and most of the subjects died due to the human experimentation. As a result of the trial, the Nuremberg Code was established in 1947, which stated that voluntary consent of the human subject used for experimentation is absolutely essential. All the participants in the research have to be informed about the advantages and disadvantages before participating in the study. The medical experiments conducted under the disguise of scientific research by the German doctors fall under the following categories:

1. Medico-military research
2. Ad hoc experiments
3. Racially motivated experiments

The Nuremberg code is the first international document that advocated voluntary participation and informed consent and was framed based on the transcript given in the Doctor's trial. It has acted as a guide to ethical issues in research over the past seven decades.

16.6.2 Nuremberg Trials

After the Second World War, an international military tribunal was set up with judges from different countries such as United States, Britain, France and former Soviet Union, with a view to solving the emerging issues in human experimentation. Subsequent to this trial, the following three important physicians were involved in framing the medical ethics:

1. Leo Alexander, an American neuropsychiatrist
2. Werner Leibbrand, a German psychiatrist and medical historian
3. Andrew Ivy, an American physiologist

Contribution of Leo Alexander

Leo Alexander, an American physician who was born in Vienna, worked in the US Army Medical Corps in 1942. He worked for an intelligence organization called Combined Intelligence Objectives Subcommittee. It sent him to gather the evidence needed for the Nuremberg trials. He submitted a report titled "Ethical and Non-Ethical Experimentation on Human Beings" in which he postulated three important ethical, legal, and scientific requirements for conducting human experimentation. They are as follows:

1. To give the subject the right to get informed consent and the right to participate or refuse
2. Not to injure the subjects or to conduct research that might harm humans, based on the Hippocratic Oath
3. To follow good research practices

Contribution of Werner Leibbrand

In January 1947, Werner Leibbrand, a German psychiatrist and medical historian, explained to the court that German physicians had adopted biological thinking and treated patients as objects and not as humans. German doctors had no morality and respect for human life. He strongly condemned doctors who conducted experiments on patients without getting their consent.

Contribution of Andrew Ivy

Andrew Ivy presented three important research principles on research practices in his document titled “Principles of Ethics Concerning Experimentation with Human Beings”, which was adopted by the American Medical Association House of Delegates in December 1946. They are as follows:

1. The consent of the subject should be obtained with full explanation about problems. Small rewards in various forms have been provided as a rule.
2. Before performing on human subjects, the experiment should be first done on animals, with the knowledge of the natural history of the disease. It must be so designed that the anticipated results will justify the performance of the experiments, which will be for the good of the society.

16.6.3 The Ten Points of Nuremberg Code

The ten points of the code (all from United States National Institutes of Health) are as follows:

Voluntary Informed Consent: The voluntary consent of the human subject is absolutely essential. This means that the participant should give consent wholeheartedly to participate in the study, and not by force or compulsion. The researcher should give complete details about the research to be conducted, such as the nature, duration, purpose, advantages, and problems that participants may have to face in the research.

Beneficial Results: The research should yield results that benefit the society and should not be random or uncertain in nature. The researcher should anticipate the benefits and ensure that the experiment does not harm the humans or society.

Prior Experimentation on Animals and Prior Knowledge of Problem: The experiments should not be performed on humans without tests to determine their safety on animals, and the researchers should determine from prior knowledge the likely effects of the experiment. Thus, the problem under the study will justify the conduct of the experiment on humans.

Avoidance of Physical and Mental Harm: The experiment conducted on humans should ensure that it does not harm or injure them physically or psychologically. The researcher should justify and prove that the subjects are not made to suffer any harm, injury or insult during the research study.

Avoidance of Lethal or Disabling Experiments: Experiments should not be performed if there is an a priori reason to believe that death or disabling injury will occur. The exception to this rule is if the physicians performing the experiment also serve as subjects.

Limitation of Risk in Study: There should no increase in the degree of risk mentioned. The degree of risk should not be more than the benefits caused by solving the problem through the research.

Protection and Facilities for the Subjects Involved in Research: Adequate physical facilities should be provided for each participant to safeguard him/her from any possible injury, disability or death.

Performance of Experiment by Qualified and Experienced Persons: It is important that the research is conducted by a qualified as well as experienced researcher with good skill and knowledge about the research study through all the phases of the research process.

Freedom or Liberty for the Subjects to Withdraw: The participants of the study must have the freedom to withdraw from the study at any time if they feel physically or mentally unable to continue. This allows the subjects to choose what happens to them and to protect their rights.

Termination of Study at any Stage: During the course of the experimentation, the researcher must be prepared to terminate the study if there is a cause to believe, after careful judgement, that the continuation of the experiment might cause injury, disability, or death to the subjects.

16.7 ETHICAL PRINCIPLES CONCERNED WITH RESEARCH

The code of conduct and the ethical principles for research as published by the APA 1992 are as follows:

Planning Research in Use of Humans as Research Subjects:

Step 1: The entire blueprint of the research process should be planned in advance under expert guidance; it must be cleared without any harmful drawbacks.

Step 2: The researcher should submit the synopsis of the study and the possible ethical issues/problems and benefits arising out of it to the members of an ethical review board/committee and should get a clearance and approval to conduct the study.

Step 3: Human rights, values, respect and dignity of participants should be ensured. Confidentiality must be maintained throughout the research process.

Responsibility: The entire research content should be thoroughly analysed by the guide, co-guide and psychologist; the investigator has to get their full guidance. The psychologist has to scrutinize the tool used and determine whether it will harm the subjects physically, socially, or psychologically, which might affect their self-esteem and dignity. The psychologist should also ensure that the values and rights of the participants are respected throughout the research process and should anticipate any potential harm and guide the researcher accordingly.

State and Federal Law: All members involved in the research to be conducted such as the investigator, supportive researcher, the guide, co-guide, and psychologist should be familiar with the state and federal law and regulations. For example, if a research is conducted using any sedative drugs that cannot be experimented on children or old people as the state law prohibits it, the researcher and his/her team should follow and abide by the rules.

Provision of Any Benefit or Money to the Subjects: Even if the participants are provided any reward such as money for participating in the study, they should not be ill-treated. Irrespective of the provision of benefit, the participants must be ensured security and safety and must be given full information about the subject and its benefits and risks.

No Plagiarism in Reporting the Results of the Research: If the results of the research are erroneous, it will be the researcher's responsibility to correct it and publish the correct results. He/she should not fail to credit the citations for the work of other authors and should not resort to plagiarism.

Approval from the Institutional Ethics Review Board (IERB): A person involved in conducting research for a doctoral degree in an institution or for any other purpose should present a research proposal to the IERB. This organization has experts from all the areas such as medicine, surgery, pharmacology, pathology, microbiology, nursing, psychology and psychiatry, and specialized doctors from the field of obstetrics, orthopaedics, neurology and neurosurgery, nephrology, dermatology, ENT, ophthalmology, etc. They will assess the entire proposal. The researcher has to present the ethical issues

present in the research and the ways to solve them. The proposal should have a format of the informed consent and its details should be present. Once the IERB approval is obtained, the researcher can start the study ensuring that the subjects involved in the study are free from all injuries and risks and that their safety, values, dignity and human rights are respected and valued.

Use of Informed Consent in Research: The informed consent is a legal document. All participants are clearly informed about their role in the research and any potential harm/injury if present. They are assured of safety and confidentiality throughout the research process and are free to withdraw from the study whenever they want. The participants must also be allowed to view the results of the study. Many researchers do not give complete details to the participants as they are afraid of not getting samples. They just get the signature, take videograph, and give some money to the subjects so that they silently accept to participate. Nowadays, the informed consent form is available in the e-format in the World Wide Web. The subjects can click on the accept button and proceed to participate in the study or can click on the default button to withdraw from the study.

16.8 LIMITATIONS IN APPLYING ETHICS AND ETHICAL PRINCIPLES IN NURSING RESEARCH

The following are the disadvantages of ethics in research:

1. If the participants of the research are the workers of an institution, there are chances of them being psychologically harmed by the management when it comes to know about their performance through the results of the research.
2. All activities regarding the work might be revealed through the research on the work performance and a worker may lose job or promotion if he/she is found to indulge in malpractice or negligence through the research study.
3. Certain projects may reveal the sexual orientation of the subject, which is supposed to be kept confidential during the study. The researcher may disclose the sexual orientation of the subject and violate the principle of ethics.
4. Wrong information can be given by the participants if they are afraid of the management.
5. All ethical principles cannot be followed by all hospitals. Nursing care must always be practised with ethical principles but the policies of all hospitals are not the same, which will hinder following certain ethical principles.
6. The researcher may provide money to the subject to cooperate in the study, if the research is conducted among people of high status. The respect and safety during the research will be followed by the researcher in such cases because the money and status is valued. However, if people of low status or poor people who are admitted in government hospital are involved, the researcher may violate the ethical principles of non-maleficence, accountability and responsibility. There is no money offered by the researcher to such patients and the experiment is conducted for free on them as a part of treatment.

CONCLUSION

Research is searching something that is unknown. Nursing research is the stepping stone for quality care. Following ethical principles and gaining knowledge about ethical issues in the nursing research

are essential and will ensure that the outcome of the research is good and valid. This chapter deals with the many ethical issues in research that have been observed until now. It is the responsibility of a nurse to follow ethics in research and apply the relevant principles wherever needed, so that he/she is able to bring out an excellent nursing research activity, which leads to quality care.

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REVIEW QUESTIONS

1. Explain the history of ethical issues in research.
2. Discuss the importance of ethics in nursing research.
3. Discuss the consideration of human rights in research.
4. Explain the Nuremberg Code.
5. Describe the causes of unethical behaviour.

ETHICAL AND LEGAL ISSUES IN NURSING EDUCATION

LEARNING OBJECTIVES

1. Legal and ethical issues in the nursing education system
2. Ethical and legal responsibilities of a nurse educator

17.1 INTRODUCTION

Nursing education is the branch of science that deals with inculcating the specific scientific knowledge pertaining to teaching and learning nursing procedures and principles and the different methods of teaching, learning, and organizing the nursing curriculum; planning and implementing the teaching activities for the student nurses; framing the philosophy, objectives, policies, rules and regulations to ensure high quality infrastructure facilities for nursing colleges; providing eligibility and admission criteria for nursing students; developing skills for nurse educators; and controlling the nursing institution so as to develop outstanding nurses who excel in all three learning domains, namely, cognitive (knowledge), affective (attitudes), and psychomotor (physical skills) domains, and to inculcate these three domains in the teaching and learning methods. The ultimate aim of nursing education is to mould the nursing students into highly efficient nurses. However, there are a number of legal and ethical issues that corrupt the nursing education system such that though the quantity of students completing the course is high, their quality is not up to the expected standards. Poor quality in nursing care ultimately affects patient care. Thus, poor nursing education leads to decrease in quality of patient care, decrease in health, and increase in mortality and morbidity rate.

17.2 ETHICAL AND LEGAL ISSUES IN NURSING EDUCATION

The most important issue in nursing education is the negligence of nursing educators to take lessons as per the principles of teaching. The net result is a lack of interest in the student to learn. He/she learns out of compulsion and not out of interest, with the only goal being to pass the examination. So, there is a possibility of the student clearing the examination without a correct understanding of the nursing care. Some of the ethical and legal issues in nursing education are as follows:

17.2.1 Duplication in the Internal Marks

Internal marks are evaluated after regular assessment and evaluation of the student's knowledge and the marks are summarized. However, in many institutions, examinations are not conducted but the internal marks are given randomly because of the compulsion from the management. The practice of duplicating the marks and awarding the marks as per the wish of the teacher to favour the management indicates a corrupted system. A nurse student who has put in a lot of effort and hard work to obtain the highest score might not be adequately rewarded because correct evaluation methods are not practised. The students without proper knowledge and understand of nursing care will also be graduating from the institution. This will lead to poor quality of nursing care.

17.2.2 Money Versus Quality Education

This refers to the practice of the nursing college management expecting profits only in monetary terms and not caring for the quality of education given to the nursing students. As shown in Fig. 17.1, as the quantity of students increase, the college management will reap more profits, though the quality of education might suffer.

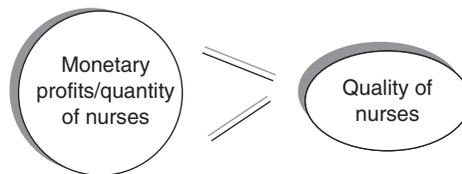


Figure 17.1 *Quantity nurses versus quality nurses*

Most of the nursing colleges, especially in India, are managed only with the objective of earning money. They spend a lot towards advertisement and publicity in order to increase the number of students getting admitted into their colleges. However, once the admission is over, they do not worry about the promises made in their advertisements. They do not provide proper classroom facilities, audio-visual aids, adequate qualified teaching staff, or exposure to training in a hospital. The teachers conduct classes without proper plans and teaching aids and do not bother about student participation. Moreover, the food given in the hostel is not of good quality, and there is no provision for potable water, hot water, study rooms, and visitors' rooms. All these factors create a stress in the student who is unable to concentrate on the studies because of the inadequacies of the college. The college management worries only about the collection of fees and does not bother about the quality of education, professional growth, or dignity of nursing profession. Therefore, students struggle to even pass the examination and have little or no knowledge about nursing care.

17.2.3 Forgery During Nursing Inspection

A college needs to have the state or national affiliation and should be registered in the Indian Nursing Council. In order to provide the affiliation, inspection will be conducted in the concerned nursing college to check whether it has all the facilities as per the requirements of the Indian and State Nursing Councils. However, some colleges do not have the necessary infrastructure facilities. On the day of inspection, they make temporary arrangements to portray the image of a fully equipped college. Laboratory equipments and other college articles are taken on rent. Laboratories and libraries are temporarily set up in the college. Though usually all staff members work from the same room, on the day of inspection, a temporary partition is made for the different departments, with name boards on each department. Moreover, some hospital workers are enrolled as duplicate staff by paying bribes to them. These workers come to the college on the day of inspection and act as the permanent staff of the college. Once the inspection is over, all rented articles are returned and the staff strength is reduced to its original number. In case an inspector finds that the college had indulged in forgery to get the affiliation, he/she is also bribed so that he/she does not complain about the college. Such is the level of corruption in certain institutions. This needs to change if the quality of nursing education is to improve in our country.

17.2.4 Learning Nursing in Absentia

In many colleges where nursing courses are offered in the regular stream, the attendance of the students is irregular. Some of the courses offered in the field of nursing are Bachelor of Science (B.Sc. Nursing—4 years), Post Certificate Bachelor of Science (P.C.B.Sc—2 years), General Nursing and Midwifery (GNM) and Auxiliary Nurse Midwife (ANM) courses, Master of Science (M.Sc. Nursing), and even the doctorate degree (Ph.D.). Though the number of courses offered has increased over the years, it is a big question whether the quality of education has simultaneously increased. Figure 17.2 shows the status of nursing education in India.

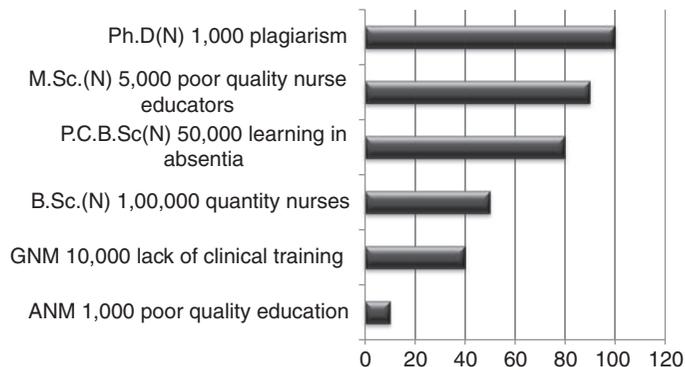


Figure 17.2 Tentative–present status of nurses output in India

The graph shows that as the grade of the professional course increases, the quality decreases. Many colleges allow irregular attendance of students; sometimes, students might be working in some other place and come to the college only to write the examinations. In some extreme cases, teachers write the examination instead of the students. Colleges need to check whether the students attend the college regularly (proxy attendance should not be allowed), and at the time of

examination the identity of the student must be verified to ensure that there is no fraudulent activity. Moreover, the evaluation of examination should be done in a strict manner. The invigilators and evaluators must not be allowed to take bribe and let the students get the degree without proper knowledge of nursing care.

17.2.5 Partiality and Discrimination Towards Student

According to Indian scriptures, a teacher is to be respected and considered next to parents. A teacher should be a surrogate parent, philosopher, and a guide to the students. He/she should be well disciplined, punctual, sincere, and humble and at the same time be a good mentor. Apart from imparting knowledge about the subject being learnt, a teacher should inculcate the principles of ethics in the students. However, it is sad to see that in many instances teachers themselves lack these principles and there is no justice, veracity, fidelity, confidentiality, beneficence, non-maleficence and autonomy in their actions. They also show partiality and discrimination towards students. The qualities that need to be present in a nurse educator are shown in Fig. 17.3.

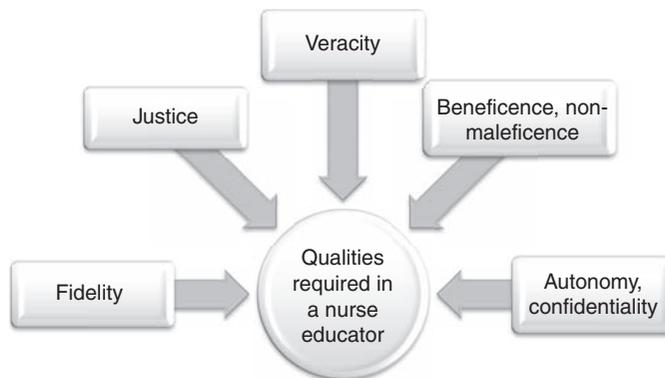


Figure 17.3 Qualities required in a nurse educator

It should be noted that not all teachers lack these principles. However, a few corrupt teachers can corrupt the entire institution and a few such corrupt institutions can in turn spoil the entire education system. A teacher should do good to the student, that is, display the qualities of beneficence and non-maleficence. He/she should have good teaching competence and apply it every day of his/her life, and ensure that the students are not harmed physically or psychologically. The following are some of the important principles to be followed by a nurse educator:

Justice: This refers to being fair to the self, students, and management. A teacher should not be partial towards students who get high marks nor should he/she accept money or some other benefit from a student. He/she should treat all students equally. Giving more marks to favourite students and less to others will harm the students psychologically and might affect their educational growth.

Veracity: This refers to the quality of truthfulness in conduct. A teacher should not encourage proxy attendance, even if lack of attendance might affect the internal marks of the student. Students must be encourage to attend the classes in person to ensure that they get the required knowledge.

Confidentiality: This is a very important principle that every teacher must possess. Communication and grades are treated with confidentiality. A teacher should not reveal the details about a student's conduct or his/her academic records to potential employers, give wrong impression about a student to others, discuss a student's grade or academic problems with another faculty member or gossip about the activities of the students. Such conduct might affect the future education, career and personal life of the students. Violation of confidentiality leads to mistrust, low morale and poor motivation to study.

Fidelity: This refers to being faithful towards one's duties and obligations and not breaking the trust. Students trust their teachers as much as their parents. However, in the case of corrupt teachers, trust is of no importance. Such teachers do not differentiate between the good and the bad and only work for their personal benefits. Therefore, it becomes impossible for the students to trust them.

17.2.6 Lack of Variety in Teaching Methods

Most of the nursing colleges use the very old method of "lecture" for teaching. In this method, only the teacher is dominant and the students are just passive listeners. There is no student participation. In some colleges, all students are grouped together in a single room and the teacher takes class on the stage with the help of a microphone. It will not be possible for the teacher to know what is in the students' mind, whether the student understands the topic, and whether he/she has any doubt regarding the subject. Colleges must try to use different modes of teaching using audio-visual aids such as computer-assisted teaching and teaching with television, flash cards, flannel graphs, and pamphlets. Use of demonstration, field trips, stimulation, microteaching, seminars, panel discussions, debates, workshops, and symposium showing live video from the operation theatre connected to classrooms will help the students gain interest in the subject and to learn it well. The students will also be able to understand the procedures better compared to plain theoretical learning in the classroom.

17.2.7 Stress Versus Interest

Another important issue found among the teachers is the lack of interest and lack of both content and teaching competency. A teacher should not just take the textbook or some handwritten notes and dictate the points from it. A nurse educator must be knowledgeable in the area to be taught and must have adequate educational preparation. He/she must understand that he/she is not only a teacher but also a collaborator, scholar, researcher, and motivator. A teacher must prepare a lesson plan, which has the details of the content to be taught with general and specific objectives, aids used, teacher and learner activities, post-evaluation questions, and references. The selected content areas must be current, accurate, representative and appropriate to the practice of the nursing profession. Teachers may not plan their lessons because of the following reasons:

1. There is no strict vigilance or supervision by the head of the department (HOD) or principal.
2. There is no written policy that requires a lesson plan before taking a class.
3. It is not made mandatory in the job description.
4. There is no supervision or correction of lesson plans prepared by the teachers.
5. There is no feedback evaluation from the students about the teacher's performance in the class in all aspects of teaching.

The most important factor for such behaviour from the teachers is their lack of interest. Self-enthusiasm is the key to mastering the content. A teacher might not adequately prepare for the classes because of the following reasons:

1. Trained in the wrong manner
2. No self-interest
3. No increment in salary
4. No appreciation from higher authorities about the teaching performance
5. A tight teaching schedule without any leave or permission

Inability to Complete the Syllabus: Revision of the nursing curriculum as per the current needs and demands is important. Though the nursing syllabus for all the nursing colleges throughout India is revised as per the recommendations of the Indian Nursing Council, many colleges do not cover all the topics mentioned. Some of the reasons for the entire syllabus not being taught are as follows:

1. No proper division and segregation of syllabus for each staff.
2. External teacher allotment for the year for the concerned subject not fixed early; the delay in appointment leads to lack of sufficient time to complete the syllabus.
3. Inadequate staff allocated to take the class and complete the syllabus.
4. No supervision by the concerned HOD or principal regarding the content of syllabus allocated to the teachers.
5. Frequent turnover of the staff; this leads to a lack of responsibility among the teachers to complete the portions on time.
6. No tests or assignments given periodically to the students to ensure that they understand the topic before proceeding to the next one.
7. No planning and shuffling of timetable in such a way that all the teachers get enough classes to complete their portions on time.

The teaching procedure must be framed such that it integrates theory with practice. Opinion regarding the syllabus must be sought from the teachers and nursing leaders through meetings and conferences. A syllabus that meets the current needs and demands must be framed to ensure good quality nursing education.

17.2.8 Lack of Integration of Theory and Practice

In many nursing colleges, there is no integration of theory and practice. As per rule, the nursing activities taught in the class, for example, vital signs such as temperature techniques, blood pressure measurement, respiration, and pulse theory, should be followed by a clear demonstration. The student must be made to do the same activity repeatedly during the practical session in the hospital. This is known as integration of theory and practice. However, this does not happen in many colleges. This is because they do not have an attached hospital or a parent hospital to do the practical sessions. In such cases, the colleges will have to approach the affiliated hospital, for example, government hospitals, where students cannot practise but only observe the patients lying in the bed. The students cannot get trained on real patients and all procedures are learnt using dummy patients. Such students end up with fear and anxiety and they lack knowledge, confidence, good nursing sense, and the attitude to serve the patient. In some colleges, there is no provision for even dummy patients and students learn the procedures only theoretically. Obviously, the learning outcome will be very poor in such colleges.

17.2.9 Poor Examination Evaluation System

Theory

Examination is the process that determines and evaluates a student's performance and reflects on the teacher's quality of teaching. How the evaluation is done and whether sincerity and discipline are maintained during evaluation are of concern. Many examiners do not go through the answers fully and some give marks based on good handwriting and neat presentation alone. The principles of veracity and justice are to be followed while evaluating the examination papers.

Practical

Practical examinations are not conducted in the appropriate manner in many colleges. It will take at least half an hour to evaluate a student's knowledge during clinical examination and hence only about 20 to 40 students can be evaluated per day. However, there are instances when some inspectors conduct practical examination for about 200 students in a day. As it is not possible to evaluate in such a short time, marks are given randomly according to the discretion of the inspector. In some instances, the college management tries to bribe the inspector so that all their students get good results and the good reputation of the college is maintained.

17.2.10 Lack of In-Service and Continuing Education

Many institutions do not provide facilities for the teachers to train and update their knowledge. Therefore, the students are also fed the old data instead of the updated one. When the students get into nursing practice or enter the clinical field, they tend to struggle because they do not have the updated knowledge and everything around them, right from the apparatus to the procedures, will seem to be new. Therefore, the need of the hour is a sharp, updated mind rather than the blunt, old mind and the management should facilitate in-service education and continuing education to the teachers as a compulsory procedure.

17.3 ETHICAL AND LEGAL RESPONSIBILITY OF A NURSE EDUCATOR

We have seen all the ethical and legal issues prevailing in the field of nursing education. Such issues need to be avoided and the main goal of nursing education should be quality. The following are roles and functions of nursing educators:

1. Improve teaching competency and content competency in the teachers. Before recruiting any teaching staff, it is the responsibility of the nursing educators to conduct a demo class by the candidate, strictly evaluate using the standard format and appoint only if the teacher is excellent in all aspects of teaching.
2. Conduct frequent supervision by the concerned HOD or the principal to check the teaching performance of the teacher, especially in the probation period. The lesson plan content should be checked and corrections must be provided wherever needed. The teacher should not be allowed into the class without a lesson plan and appropriate audio-visual aids. Feedback on the teaching performance should also be obtained from the students.

3. Check for the teacher's discipline such as teacher–student relationship. A teacher should maintain proper distance with the student and never be too friendly or too withdrawn. Teachers tend to be partial, especially in awarding marks, towards students with whom they are friendly. This should be avoided; the teacher should be warned for such acts and disciplinary action should be taken for repeated offense.
4. Provide a clear syllabus, divided according to the time in hours, and ensure that the teacher completes it within the allocated hours. The lesson plan and course plan must be cross-check and signed.
5. Shuffle the teachers by planning the timetable as per the requirement so that they are able to complete the portions on time.
6. Appoint and allocate adequate internal and external teachers. For example, anatomy and physiology can be taught only by qualified and experienced doctors or surgeons and biochemistry and microbiology by teachers who have specialized in those subjects. However, subjects such as nursing foundation should be taken by the internal teachers.
7. Appreciate each teacher's talents. Conduct regular meetings to know the progress of the education. Obtain reports from the teachers about the status of syllabus completion.
8. Consult with management authorities and be assertive in getting all the required facilities for the students such as audio-visual aids in each classroom, a students' guidance cell to correct the problematic students, proper mess facilities, a nutritionist/warden to check the quality of the food provided to the students, and provision study rooms, toilets, living room, visitors room, and sick room under the control of a warden.
9. Provide good clinical facilities to nursing students as per the clinical requirements mentioned by the Indian Nursing Council.
10. Maintain adequate staff and optimum facilities permanently to avoid duplication during inspection by local, state and national nursing bodies.
11. Encourage different methods of teaching other than the lecture method such as laboratory, demonstration, field trips, seminars, symposiums, workshops, simulation, and video-teaching.
12. Revise the salary and provide increments, perks, and benefits on a regular basis. Improving the working environment as per the requirement reduces the stress and increases the efficiency of the teachers.
13. Do not allow any irregular courses to be conducted and ensure that students attend adequate theory classes. Regular assessment through tests and assignments is essential. Nursing cannot be learned in absentia, and therefore, students must be encouraged to attend classes regularly. Attendance in class must also be given weightage in internal assessment marks.
14. Do not allow more than 40 students to be evaluated in a day for practical examination.

CONCLUSION

Nursing education is a branch of nursing science. The nursing students are like seeds and buds. Once they are planted in this quality field and are cared for and nourished properly, they grow up like a banyan tree that is strong and well supported. However, if the educational institution is corrupted and lacks ethics, it is similar to a grass growing on a rock; when it is exposed to the bright sun, it just withers away. Students coming out of such institutions will struggle and suffer when exposed to the real-life nursing scenario as they will lack the necessary knowledge and competence. The outcomes of a poor quality nursing education will obviously be poor.

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REVIEW QUESTIONS

1. Discuss the importance of ethics in education.
2. Explain ethical and legal issues in nursing education.
3. Describe the ethical role in the examination system.
4. Discuss in detail about the ethical role in providing quality education.
5. Enumerate the ethical and legal responsibilities of a nurse educator.

ETHICAL AND LEGAL ISSUES IN PAEDIATRIC NURSING

LEARNING OBJECTIVES

1. Ethical and legal issues in newborns
2. Ethical and legal issues in toddler, pre-schoolers and school age
3. Child labour issues
4. Legal and ethical rights of the child
5. Role of the state in provision of child rights
6. Major laws governing child rights
7. Role of nurses in protection and implementation of child rights
8. Laws to promote education for child

18.1 INTRODUCTION

Children are immature and incompetent to take legal or ethical decisions; they are dependent on their parents. There are many legal and ethical issues affecting the children, right from the foetus in the mother's womb through the stages such as the newborn, toddler, preschooler, school age, and adolescence. A paediatric nurse should have the knowledge about issues such as female foeticide and infanticide, physical and sexual abuse, child battered syndrome, child labour, juvenile delinquency, handicapped children, child with congenital defects, disability, and mentally upset children. If proper ethical care is not provided for such children, it might affect their growth and development. Many countries such as India have very few laws governing the legal rights of children. However, in developed countries such as the USA and the UK, there are stringent laws to protect the rights of the children. If a child complains of physical or verbal abuse, the abusing person will be sued or imprisoned, even if it were to be the child's own parents. Such is the importance given to the rights of the children. This chapter deals with all the legal and ethical issues related to paediatrics and paediatric nursing.

18.2 ETHICAL AND LEGAL ISSUES IN NEWBORN

The following are some of the ethical and legal issues related to newborn children:

1. Female foeticide and infanticide
2. Selling the newborn for financial profit
3. Child born to surrogate mother
4. Orphaned child
5. Assault of newborn
6. Child born out of extramarital relationship

The problem of female foeticide and infanticide is dealt with in detail while discussing legal and ethical issues in obstetric and gynaecological nursing. However, it is also an issue concerned with paediatrics. Parents tend to mercilessly destroy the female foetus or newborn for the following reasons:

1. It is expensive to raise a girl child and get her married; therefore, she is considered a burden to the family members.
2. Having a male child is considered to be an income and so parents resort to killing the female child expecting a male child the next time.
3. The family property will continue to remain within the family in the case of a male child; however, the property will go to someone else once a girl child gets married.

The following rights of the newborn, which are shown in Fig. 18.1, are affected or denied leading to legal and ethical issues:

1. Right to survive after birth
2. Right to get breast milk, nutrition, support and protection from the mother
3. Right to be respected
4. Right to not be injured
5. Right to be protected



Figure 18.1 *Rights of a newborn*

A nurse should never support female foeticide; it is equivalent to committing homicide. Some nurses agree to kill the newborns when they are offered money; this is considered to be unethical and illegal and action can be taken against them for malpractice.

The rights of the newborn are protected by the following methods:

Education: The public should be educated about the importance of having a girl child. Providing education to the female child is also important because it is equal to educating the entire family. Moreover, educated parents will never resort to female foeticide or infanticide.

Organizations Supporting Female Child: There are many organizations that work towards protecting the female child, for example, the Human Rights Commission. Members of such organizations are available as a team in all districts and states to help prevent female foeticide and infanticide. They have the rights to legally sue the persons involved in committing such crimes.

Implementing Schemes Encouraging the Delivery of Female Child: Schemes that benefit the female child will change the mindset of the public and encourage the birth of female children as they will no longer be considered a burden. The Government of India has benefit schemes such as the Janani Suraksha Yojana. There are schemes in which the government deposits money for the female child, provides free education for female child, and provides free cycle to female children who have studied until the 9th standard.

Advertising: The importance of the female child for the society must be made known to the public by advertisements through media. People should be made aware that legal action can be taken against those committing female foeticide and infanticide and they can be punished according to law.

18.3 ETHICAL ISSUES IN TODDLER, PRESCHOOLER AND SCHOOL AGE

The following are the ethical issues faced during the stages of toddler, preschooler and school age, as shown in Fig. 18.2.

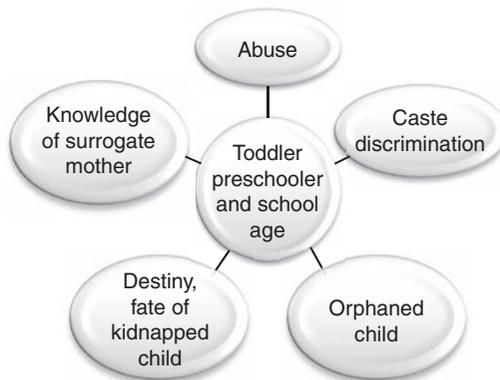


Figure 18.2 Issues in toddler, preschooler and school age

1. Orphan child growth
2. Status of kidnapped child
3. Knowledge of child about surrogate mother

4. Child battered syndrome; child physical, sexual and psychological abuse
5. Prohibiting education to female child
6. Showing discrimination towards a child with different caste by the parents, teachers, society, neighbourhood

Children may be subjected to physical harm when they are assaulted by their parents, step-parents, teachers, or other harmful elements in the society. Orphaned children are the most vulnerable group because they do not have anyone to protect or defend them.

The reasons for physical and sexual abuse of children are as follows:

1. Children left in streets who may be orphaned children or children of homeless people do not have enough protection and are easily abused.
2. Children belonging to families whose members had died in natural disaster such as tsunami or earthquake do not have anyone to care for them and need to fend for themselves. This can lead to others abusing them.
3. Poverty and famine may force children to give in to sexual and physical abuse in order to get food and shelter for them and their family.
4. As children resorting to substance abuse are unable to overcome their addiction easily, they are desperate to earn money. Such children are subjected to all kinds of abuse by adults.

The root cause of most of these problems faced by the children is the family, as shown in Fig. 18.3. A child may lose the support of his/her parents or family members due to any of the following reasons:

1. Natural disaster
2. Broken family
3. Orphaned child
4. Parents being handicapped
5. Accident

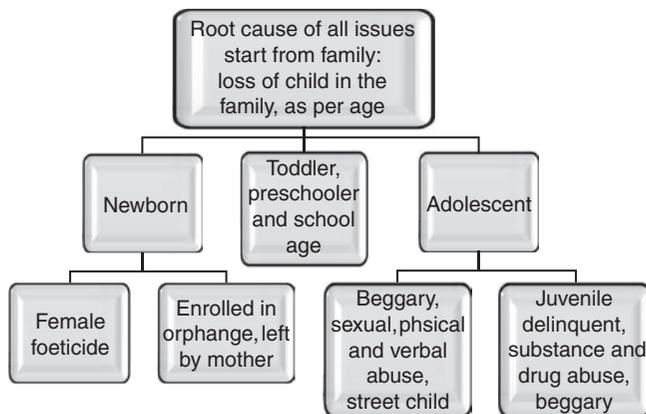


Figure 18.3 Root cause of most of the issues

Problems Faced by Internally Displaced and Refugee Children

Families are sometimes forced to emigrate from their homes to new surroundings; the migration might be from state to state or from country to country for any of the following reasons:

1. Bomb blast by terrorist attack
2. Earthquake
3. Floods or tsunami
4. Storm or cyclone

As a result of such issues, people are forced to leave their hometown and enter a new place where they cannot expect any of the following:

1. Respect
2. Good life
3. Good food
4. Shelter, education, and job

However, they face the following issues:

1. Negligence from other people
2. Verbal, physical, and sexual abuse, especially of the children
3. Child labour to earn food

The children of such immigrants and refugees are prone and vulnerable to the following social problems:

1. Beggary and battered child syndrome
2. Prostitution
3. Substance abuse and addiction
4. Stealing, robbery, and murder; adolescents become juvenile delinquents
5. Verbal, sexual, and physical abuse and torture of the child

18.4 CHILD LABOUR

Child labour is a very important problem faced by the society. Homeless children, children who have lost their family, street children, orphans, and children of broken families seek labour and resort to beggary to earn money for their survival. Some people kidnap such children and handicap them and force them to beg and earn money.

Definition of Child Labour

The United States National Child Labour Committee (USNCLC) defines child labour as any work by children that interferes with their full physical development, their opportunities for desirable minimum of education, or their needed recreation.

Types of Child Labour

The International Labour Organization (ILO) is an association that prohibits and spreads awareness against child labour. According to the ILO, the following are the four different types of child labour:

Domestic and Non-Monetary Work: Due to lack of finance and joint family, a child is kept for domestic non-monetary work such as baby sitting, keeping of domestic animals, washing and ironing clothes, cooking, gardening, and keeping the surroundings clean. The child is not sent for school because it may interfere with the domestic work.

Non-domestic and Non-Monetary Work: Due to poverty, famine, and loss of economy, a child along with family sets out to work in farms. Such children are used for supervising and grazing domestic animals and for field work such as weeding.

Monetary Work or Wage Labour: A child, instead of going to school, works for money for long hours; the child is made to work for 12 hours in coffee shops as cleaners, in hotels as servers, in cinema theatres as pickers, and in bricks factory to mould and cut the bricks. Children are also used in carpet manufacturing, book binding in press, fire crackers factory to make crackers, dye factories, rag picking in roads, and preparing and filling tobacco for beedi making.

Contract Labour or Bonded Labour: In some cases, parents sign a contract or bond from 5 to 10 years with a businessman who has a brick factory, dye factory, fields, or fire crackers factory, in return for a huge amount of money. Their children are forced to work in those factories or fields as a means of repayment of the money. They are treated badly and are misused by the owners of the factory. They are made to undergo much suffering and pain because of their parents' need for money.

18.5 LEGAL AND ETHICAL RIGHTS OF THE CHILD

The United Nations Commission on Human Rights has framed the rights of the child that was adopted by the General Assembly of the United Nations. Based on the survey done by it and the reports obtained regarding the problems faced by the children, it has framed the rights of a child; persons found to be violating these rights can be punished severely.

The rights of a child, shown in Fig. 18.4, are as follows:

1. Right for survival
2. Right to get complete development
3. Right to get protection and support
4. Right to participate in all family events
5. Right to get information
6. Right to get privacy
7. Right to be respected
8. Right to get education
9. Right to get equal care
10. Right to decide its future goals and wishes
11. Right to get education

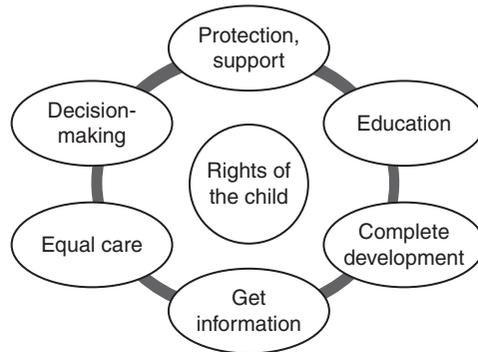


Figure 18.4 *Rights of the child*

Let us look at some of these rights in detail.

Right to Get Protection and Support: Every child has the right to get full support and protection from his/her parents, family and the society. Protection and support means that the child should have physical security and safety; should receive adequate food and shelter to live; should have psychological security, that is, the child is happy, enjoys leisure, plays, and gets all his/her small wishes fulfilled, but is not teased or maltreated; should have spiritual support to practise spiritual rituals; and should have social security by being allowed to participate in special gatherings, family functions and festivals. The various types of protection for the child are shown in Fig. 18.5.



Figure 18.5 *Types of protection*

Right to Get Education: According to Mahatma Gandhi, a school should provide activities that improve the physical, physiological, spiritual, cultural, psychological, and spiritual development of a child. Such a school is said to provide all-round development. The school should not show partiality or discrimination based on the colour, caste, economic status of the family, culture, scale, marital status, age, etc. of the students. Many schools encourage children to simply mug up their subjects instead of understanding it thoroughly. Children should be allowed to think and explore in different ways to ensure their overall development.

Right to Get Complete Development: As mentioned earlier, every child has the right to get a complete physical, physiological, psychological, social, physiological, sexual, spiritual, and cultural development. It is the responsibility of the parents, family members, school teachers, and guardians who take care of the child to ensure this complete all-round development. Those involved in preventing or prohibiting the development can be prosecuted by law.

Right to Get Information: Every child has the right to get adequate information about what is being done to him/her; it can be regarding the provision or non-provision of education, provision of treatment, or the different modalities of care. The child should be informed about the procedure to be done to him/her, and formal permission or informed consent with full explanation should be obtained before doing the procedure.

Right to Participate in All Family Events: The child should be allowed to participate in all the events of his/her family such as birth and death ceremonies, marriages, and festivals. This will help the child to understand the rituals of the family. The child should also be allowed to participate while making decisions regarding the treatment of any illness in the child.

Right to Decision-Making and Privacy: Though the child is not a major component in decision-making, the privacy of children above six years should be respected. Children should be allowed privacy while dressing up, changing clothes, or studying. Children in hospitals should not be maltreated or made to change dress in public or a common place. Unnecessary exposure of body during treatment or providing care should be avoided. The child's wishes and suggestions, if they are reasonable, should be considered in decision-making as well.

Right to Get Equal Care: The child should not be shown any discrimination in the family, in the house, in the school by the teacher or other schoolmates, in the society by the people, and in the hospitals by the health care providers. All children should be treated equally in spite of differences in their socioeconomic status, culture, religion, customs and beliefs. There should be justice in provision of care of child.

Right to Get Respect: Though the child is a minor, their right to choice of education, right to get privacy, and right to choose treatment modalities must be respected. A child has the right to be respected and not to be ill-treated by others.

18.6 ROLE OF THE STATE IN CHILD RIGHTS

There are many laws and regulations for the children in India. In 1974, the National Policy for Children (NPC) framed the rights of the Indian child. According to Article 39 of Directives Principles of State Policy, the government should ensure the rights of a child, shown in Fig. 18.6, in the following ways:

1. State parties all over India should consider every human being below the age of eighteen years as a child.
2. State parties should respect and ensure the right of the child, irrespective of the child's race, colour, sex, language, etc.
3. State parties should recognize that every child has a definite right to life and survival.
4. State parties should provide complete rights and ensure that every child has right to access health services; also each child should enjoy the highest attainable standards of care.

5. States parties should take adequate measures to fight diseases and malnutrition, strengthen primary health care, and ensure the availability of technology and provision of hygienic nutrition and safe drinking water for the children.
6. State parties should take steps to develop appropriate legislative, administrative and educative measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect, maltreatment or exploitation.
7. State parties should ensure that every child has the right to express his/her own view in the matters that affect the child.
8. State parties should ensure that all states provide free education and equal opportunity for all children to get education.

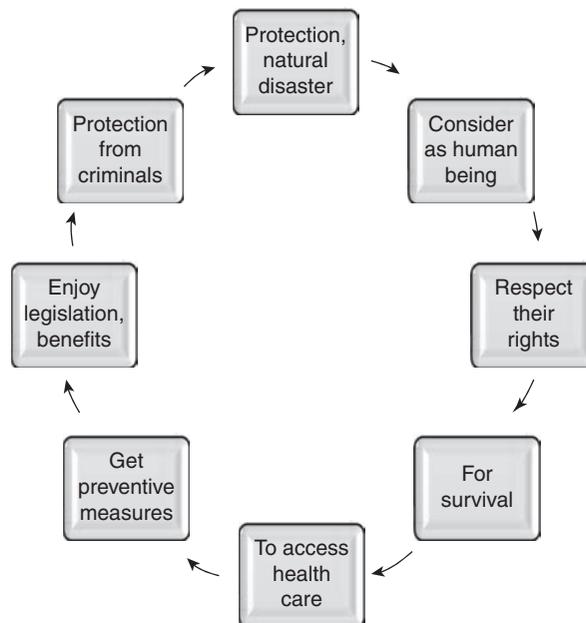


Figure 18.6 Legal rights of children according to NPC

18.7 MAJOR LAWS GOVERNING CHILD RIGHTS

Many laws have been framed to ensure the legal rights of the children and to protect them against criminal activities. The Indian Penal Code (IPC) is a comprehensive code that deals with all aspects of criminal law. It also deals with criminal activities such as robbery or stealing, murder, and physical or sexual abuse involving children. Some of the laws governing child rights are as follows:

IPC: According to Section 82, nothing shall be a criminal offence that is done by a child under the age of seven years. Moreover, Section 83 states that nothing shall be an offence that is done by the child above 7 years and below 12 years of age, who has attained sufficient maturity of understanding to judge the nature and consequence of his/her conduct on that occasion.

1986 Act of Juvenile Justice: According to this Act, juvenile is a boy who has not completed 16 years of age and a girl who has not completed 18 years. However, this was later amended so that now all children below the age of 18 years are treated as juvenile. If these children commit any criminal offence, they are called as juvenile delinquents and are tried in Juvenile Courts.

The Child Marriage Restraint Act, 1929: Marriage of a girl below the age of 18 years and a boy below 21 years is restrained under this Act. Child marriage has been made a punishable offence.

Mines (Amendment) Act, 1983: As per this Act, any child male or female under the age of 18 years shall be not hired to work in mines.

Labour Act, 1951 and Apprentices Act, 1961: According to these Acts, any person who hires a child under the age of 14 years to work in a factory or mine shall be punished by the court.

Child Labour (Prohibition And Regulation) Act, 1986: According to this Act, a child who has not completed the age of 14 years is prohibited by the laws of Indian government to work in the mines or factories involving certain processes such as manufacture of crackers, match boxes, and bricks, mills, building construction, basket making, weaving, and cleaning drainage and sewage.

18.8 NURSE'S ROLE IN PROTECTION AND SUCCESSFUL IMPLEMENTATION OF CHILD RIGHTS

A nurse plays an important role in the protection and successful implementation of the child rights. He/she is expected to adhere to the following:

1. A nurse should respect the laws implemented by the government and practise them wherever applicable. The nursing community should take initiative to spread awareness about these laws to the public and should implement them in all areas of nursing, namely, education, practice, research, administration and management.
2. Nurses should work hard as a social force to support and voice for the successful implementation of child laws and rights framed by the government of India. Every child should get their rights implemented equally and nurses should help the children to get these rights.
3. A nurse should apply the ethical principles to regulate the child laws and rights such as autonomy and informed consent, respecting the child's decisions, views, and suggestions in provision of care provided they are appropriate and reasonable. The main ethical principles to be followed are as follows:

Autonomy: Children have the right to be included in decision-making regarding their care and treatment. However, a nurse should be careful in getting the informed consent signed since most children are incompetent to decide regarding accepting or refusing treatment. Therefore, measures should be taken by the nurse to educate the details to the child as well as his/her parents and family members to ensure that they all understand the risks and benefits of the nursing care to be given to the child.

Beneficence: A nurse must perform only those activities that benefit the child and does not harm him/her. Beneficence is an inherent quality of almost all nurses. However, in child care, they need to take extra effort and ensure that the child is not injured even in a mild manner because of the nursing activities.

Non-maleficence: This principle refers to not harming a child physically, psychologically, socially or spiritually, but doing only good to the child. Children are easy prey for teasing or

hurting by abusing. Physically harming by beating the child or giving punishment by isolating the child causes harm to the child. As per the principles, such type of injury or harm should not be done to the child. Instead, a child should be handled with care and approached calmly. One should not punish them but should talk to them kindly.

Justice: A nurse should treat all children equally in spite of differences in their age, sex, colour, religion, culture, caste, tradition, socioeconomic status, etc. and provide equal care.

Veracity: A nurse should be truthful, honest, and sincere to the child; he/she should not give false information or false promises to achieve something or to reduce the temper tantrums of the child. A nurse should be truthful even in a painful situation and try to be a disciplined nurse.

Fidelity: A nurse must always keep the promises made. Building a truthful relationship will lead to having a therapeutic relationship with the child. This will help to get the complete cooperation and support of the child, which is very difficult to attain at all times of care.

Confidentiality: A nurse should keep all documents such as medical reports of the child and also the family details of the child confidential. They should not be revealed or gossiped about to any third person. If the principle of confidentiality is violated, the trust of the patient will be lost

4. It is the responsibility of a nurse to educate the public and create awareness about the rights of a child. The main aim of health education is to prevent the following:
 - (a) Child labour and slavery
 - (b) Physical abuse; battered child syndrome
 - (c) Sexual abuse; teasing or ill-treating the child
 - (d) Child marriage
 - (e) Female foeticide and infanticide
 - (f) Juvenile delinquents

It is important to protect the rights of the children and provide them support, protection, nutrition, shelter and education to improve their all-round development. It is the responsibility of the family and society to reduce the incidence of juvenile delinquents. Steps should be taken to educate the public about the importance of preventing child crime.

5. Family bonding should be enhanced, A nurse should teach the parents how a child is spoiled if parents do not spend enough time with their children and should teach them how to help themselves to come out of the trap of sexual abuse. Parents should spend enough time with their children and listen to their views and suggestions. This will reduce stress among the children and avoid the incidence of low self-esteem, stealing, and vulnerability. In the case of sexual abuse, most of the parents never listen to the child's views. The child's ideas may be wrong and if the parents fail to listen to the child, the child may continue with those ideas, which may lead to complications. For example, a child should be taught how to recognize a "bad touch" and a "good touch". If the mother does not teach her child about the differentiation, when the child is exposed to outer environments such as school, park, library, and tuition centres, he/she may innocently allow bad touch and the child may be physically and sexually abused. Therefore, parents should know what are all the problems faced by the child at each stage.
6. A nurse should take steps to research the child's legal and ethical issues, publish the results as articles in nursing journals and create awareness in the society.

7. Children's rights day is celebrated on the 20th of November every year by the United States Convention on the Rights of the Child (CRC). It aims to create awareness in the children about their rights. Therefore, the child can circumstance for this protection and survival.
8. As per the views of the Indian Labour Organization (ILO), 215 million children are working as child labourers. The main goal of the ILO is to reduce the incidence of child labour by 2016. Nurses should create awareness about child labour and encourage the parents to send their children to school instead of to work. June 12th is observed as the World Day against Child Labour and its theme is "human rights and social justice, let us end child labour". Keeping this in mind, nurses can educate the public and create social awareness about prohibiting child labour.
9. A nurse should know all the laws concerning child marriage. Creating awareness about child marriage laws is important because this practice is still in existence in some parts of India. The salient features of the Child Marriage Restraint Act, 1929, are as follows:

Section 1: This Act came into force on 1st April, 1930, and applies to all children in India.

Section 2: Under this Act, a person below 21 years of age if a male and below 18 years of age if a female is termed as a child or minor.

Section 3: A male child, that is, below 21 years of age, marrying a female child, below 18 years of age, will be punished with imprisonment for 15 days or with a fine of ₹1,000 or both.

Section 4: A male adult, that is, above 21 years of age, marrying a female child, below 18 years of age, will be imprisoned for up to three months and is also liable to a fine as ordered by the court.

Section 5: Any person who performs, conducts or directs a child marriage will be imprisoned for up to three months along with a fine ordered by the court, unless the family proves that it is not a child marriage.

Section 6: The person in charge of a child, whether a guardian or a parent, who conducts the child marriage will be punished by the law and will be imprisoned for up to three months with penalty as ordered by the court.

Thus, the aim of this Act is to prevent the incidence of child marriage and to protect the child's future.

10. In order to prevent the incidence of juvenile delinquency, Juvenile Justice (Care and Protection of Children) Act, 2000 was passed in India for the care and protection of children. This Act provides a special approach towards children with problems of juvenile delinquency, with main aim towards giving protection, treatment and rehabilitation of the child to mould them into good citizens. The Act was further amended in 2006 as Juvenile Justice Amendment Act, 2006. The salient features of this Act are as follows:
 - (a) A juvenile child's identity to the public by the media is prohibited.
 - (b) A juvenile child, both male and female, needs as much care and protection as a normal child.
 - (c) Any person who publishes the identity of a juvenile child's details such as name, address, or school to the public through media is liable to pay a penalty of ₹25,000.
 - (d) Under Section 29, each "Child Welfare Committee" consists of five members, with one member as the chairman and one member to be a woman, and their function will be as follows:
 - (i) Provide complete care, protection, and treatment if required; responsible for complete development.

- (ii) Provide rehabilitation physically, psychologically, spiritually and culturally, analyse the root cause of the delinquent action, and try to eradicate such acts by different therapeutic modes and mould the child to be a good citizen of India.
11. A nurse should be aware of the acts of social, physical, and verbal abuse in order to protect the child, to provide care and to create awareness in the children to protect themselves. The Immoral Traffic (Prevention) Act protects the child below the age of 16 years; it is an offence to use children for the purpose of prostitution. The important features of a survey report of Child Rights and You (CRY), which is an organization for child rights, given to the government of India are as follows:
- About 8,945 children are missing from Indian families every year.
 - About 5.5 million children are used for prostitution and commercial sex trade in India.
 - Out of 5.5 million, 2 million children in the age group of 5 to 15 years and 3.3 million children in the age group of 15 to 18 years are working as commercial sexual workers.
 - About 80% of the affected children are from the metropolitan cities such as Delhi, Mumbai, Kolkata, Chennai and Bengaluru and about 71% of the children are illiterate.

The situation in India is still poor. A law for protecting the rights of Indian children undergoing sexual and physical assault is still pending. The cabinet of India on January 26, 2012, cleared a legislation known as the Protection of Children Against the Sexual Offences Bill, which is the first of its kind, with the aim to protect the child from sexual harassment and abuse, and child pornography. The punishment for sexual abuse is five years imprisonment with a penalty of ₹50,000 and for fondling the child with the intention of sexual assault is three years of imprisonment. Using the child for pornography is a crime and imprisonment for three years is the punishment. The Bill has made it possible to catch and punish the offenders and serves as a warning to the public.

18.9 LAWS TO PROMOTE EDUCATION FOR CHILD

A child has the right to access education, which should be a quality education with good learning situation. According to the Right of the Children to Free and Compulsory Education Act, 2009, all children of India have the right to get free and compulsory education from 6 to 14 years of age.

Some of the organizations that work towards the development of children with the aim of providing food, education, and protection to children all over the world are as follows:

- CRC
- ILO
- United States Agency for International Development (USAID)
- United Nation's International Children's Education Fund (UNICEF)
- United Nation's Girl's Education Initiative (UNGEI)
- Education for All (EFA)

Human Rights and Laws for Refugee Children

Indigenous people have the right to full and effective enjoyment of all human rights as per the Universal Declaration of Human Rights. According to the Rights of Refugees under International Law, human

rights are similarly applicable even to the refugee child. The main aim is to build understanding, peace, tolerance, and friendship among all refugee children.

Rights for Street Children

These children are prone to criminal activities, since their basic foundation, that is, family, which should be a shelter, is broken down and vanished. They tend to be either passive and opt for sexual work for earning money or active and become criminals. The child helpline (1059) is used to report about such children. Once identified, they are secured in state government child welfare centres.

CONCLUSION

Children are considered to be God's gifts. They are immature, lovable, long for love and affection, and totally dependent on the adults for their growth, development and survival. Children form a vulnerable group for all kinds of abuse such as verbal, sexual and physical abuse and harassment. Their life will be spoilt if legal and ethical issues are not controlled. Therefore, strict laws need to be implemented in India. A paediatric nurse will come across different types of children with many issues, such as child from broken family, orphaned child, homeless child, and handicapped child. These children are subjected to physical and sexual abuse and harassment. A nurse should apply supporting legal and ethical principles and help the affected child to bring them out of such issues, protect the child by providing complete care in the hospital, assess the actual and potential problems, and identify the organization that can help to secure the child his/her life and rights.

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REVIEW QUESTIONS

1. Discuss ethical and legal issues of child health nursing.
2. Explain ethical issues of female foeticide and infanticide.
3. Describe the ethical issues of child orphan.
4. Enumerate and explain the rights of a newborn.
5. Discuss in detail about the ethical issues in toddler, pre-schooler and school age.
6. Define child labour and explain the types of child labour.
7. Explain the laws and regulations for child protection.
8. Describe the major aspects for child in the IPC.
9. Discuss the nurse’s role in child protection.
10. Explain the law to promote education for children.

ETHICAL AND LEGAL ISSUES IN COMMUNITY HEALTH NURSING

LEARNING OBJECTIVES

1. Ethical and legal rights of the people in the community
2. Legal and ethical issues in community health nursing
3. Responsibilities of a community health nurse in nursing ethics

19.1 INTRODUCTION

Community refers to a group of people living in the same geographical area and community health nursing deals with the people in a community, which can be urban or rural, where a registered nurse provides complete health care through the community health centres (CHCs). There are many legal and ethical issues that challenge the competency of the community health nurse. Therefore, nurses need complete knowledge about all these issues in order to safeguard the community as well as themselves. There are many ethical issues that are still under debate and may interfere in nursing action, due to which the nurse may end up with conflicts and legal problems. To avoid these problems, the community health nurse should know the basic rights of the people and implement the legal and ethical principles of nursing to provide health for all in the community.

19.2 ETHICAL AND LEGAL RIGHTS OF PEOPLE IN THE COMMUNITY

Basic knowledge about the legal and ethical rights of the people in the community is important for a nurse to safely practise community health service. A community is composed of a group of families, which in turn is composed of a group of individuals. The collection of the individual rights of the people reflects the rights of the community. The basic rights of the people, as shown in Fig. 19.1, are as follows:

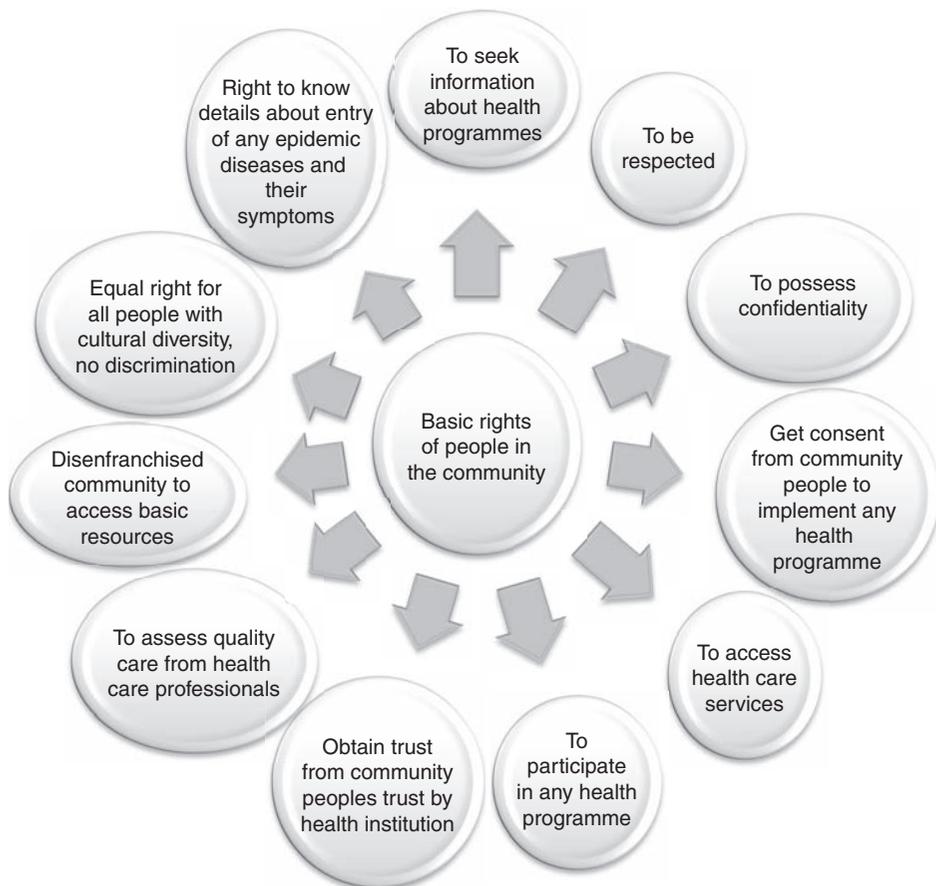


Figure 19.1 *Basic rights of people in the community*

1. The people in the community have the right to know the basic epidemiology of any diseases prevalent in the community, how it is transmitted and can be prevented.
2. The people in the community have the individual right to be respected.
3. Each person in the community has the right to participate and ensure the effectiveness of any community health programme and in the development of any policies.

4. Each person in the community, irrespective of the caste, religion, race, age, sex, occupation, socioeconomic status, should have the right to access the health care services, especially those belonging to a disenfranchised community and the tribes who live in the hills and mountains.
5. The people in the community have the right to seek information about the health policies that help to prevent illness and promote health.
6. The people in the community have the right to provide consent about any new health programme to be started in the community; the consent of the people are obtained after explaining the benefits and risks involved in implementing the programme.
7. The people in the community have the right to get information on time about the entry of any diseases (epidemic, endemic, pandemic or sporadic) and their symptoms from the health professionals such as community health doctors and nurses so as to access the health services available to protect themselves from the disease.
8. The people in the community have the right to incorporate a variety of approaches in developing health programmes that always respect the values and beliefs of the different cultures in the community.
9. The people in the community have the right to get a healthy physical, psychological, spiritual and social environment through the implementation of health programmes in the community.
10. Each person in the community has the right to confidentiality, that is, the details about the patient should not be disclosed by the health care professionals, except those that may harm the people in the community at large.
11. The people in the community have the right to get treatment from professionally qualified and experienced doctors and nurses in the CHCs, primary health centres (PHCs) and sub-centres of both urban and rural areas.
12. The people in the community have the right to get a trustworthy and good quality care. Such qualities should be possessed by the health care providers. The people have the right to establish a truthful therapeutic relationship with the community health team members.
13. The people in the community have the right to refuse any treatment and also the right to refuse to participate in any research conducted in the community.
14. The people in the community should get reasonable and continuous care and follow-up.
15. The people in the community have the right to request for needed health services.

These are the few rights that the community health nurse should follow and abide by as per the code of ethics.

19.3 LEGAL AND ETHICAL ISSUES IN COMMUNITY HEALTH NURSING

In both the urban and the rural areas of community, there are many legal and ethical issues that affect the health care delivery of the people in those areas. The issue starts with the individual, and spreads from the individual to other members in the family, and then from one family to others in the

rural and urban community. The legal and ethical issues in community health nursing, as shown in Fig. 19.2, are as follows:

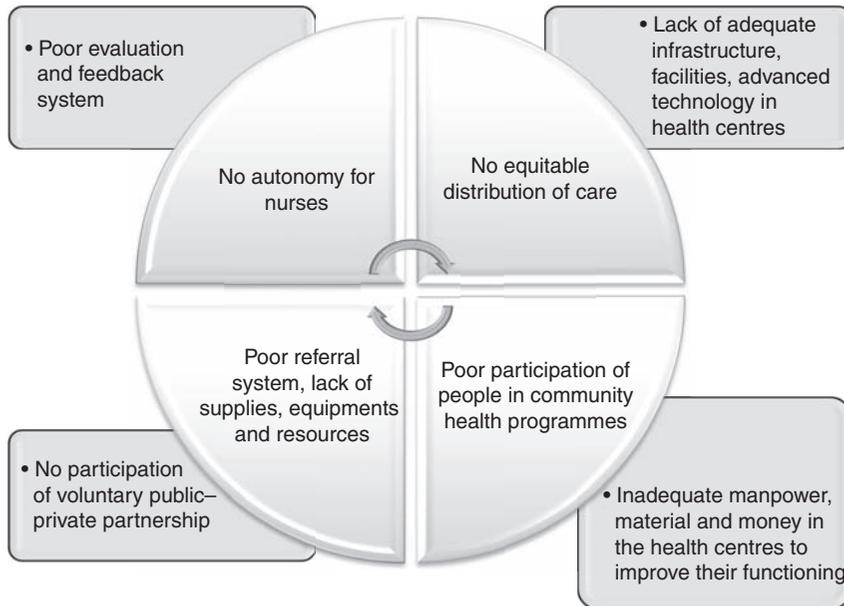


Figure 19.2 Legal and ethical issues in community health nursing

Equitable Distribution of Health Care Services: This is the main goal of any PHC and also that of the nurse in the community. However, in reality the distribution of health care services is not equitable and just. Though the government provides many facilities and services, whether it reaches the periphery of the population is a big question. For example, free lab test is to be done in the PHCs, but some doctors charge money. Many people are not aware of the free services and even of the services available in the PHCs. If there is equitable distribution, then the vision “health for all” would have become an old one, as the goal would have been achieved by now, but it is not.

No Real Community Participation: There is no representation and participation of people while developing policies and rules of any health programmes to be implemented in the community. Only a few members such as the panchayat leader, people with high socioeconomic status, and those who can afford money for personal benefits are actually involved. The opinion of every single person is important but it is not considered while introducing new programmes such as National Health Policy and National Polio Eradication Programme. The goal of the polio programme was to completely eradicate polio in India by the year 2010. However, it still exists in our country. The reason is that people were not consulted when this programme was introduced and there are still a few misconceptions prevailing in the mind of the people.

Superficial Care in the Health Centres: The care provided by the health care professionals is superficial. It is not fully accessible to everyone because there is no adequate staff to take care of the people, especially in the slum and rural areas. The distance from the slum or rural areas to the PHCs is far and people have to travel a long distance to reach the hospital. Even if they go to the hospital, there is no

adequate staff, equipments, and advanced technology to treat the patients. In many areas in the slum, not even adequate first aid care is given to the patients and sometimes the life is lost because of being given only superficial care.

Lack of Adequate Trained Staff in the Health Centres: Staff availability in the CHCs, sub-centres and PHCs is very poor. Many doctors work in their private clinics and come to the health centres only when they are free. This is unethical and punishable by law. Patients with serious illness who come to the CHCs and PHCs are left in the care of health workers due to the absence and non-availability of trained staff. It is also very difficult to coordinate the care.

Poor Referral System: This is very important because the patient is referred from the PHCs, CHCs or sub-centres to the hospitals that have all the advanced facilities. The patient and the summary of care that is given by the referring care providers should reveal the exact information about the patient and not just the superficial details. Since the patient comes in an emergency, it is important to have a good referral unit in each PHC, CHC, and sub-centre with qualified personnel.

Inadequate Supply of Resources to the People in the Community: The resources are planned and budgeted by the government and are sanctioned to the respective PHCs, CHCs and sub-centres. However, the intermediates between the government and the public swindle half the resources and finally only half of the original resources reach the people. For example, the Tamil Nadu government supplies free tablets for chikungunya illness, but these tablets are sold by the intermediates. There are many such instances happening in this country and the benefits of the government subsidy do not completely reach the people.

Inadequacies in the Health Centres: In both urban and rural areas, the health centres and their services are distributed such that there is one CHC for every 80,000 to 1,20,000 population and one sub-centre for every 30,000 to 50,000 population. Though the health centres are established all over India as per the population, there are issues of lack of infrastructure, manpower and finance to strengthen the existing health centres. This deficiency gives rise to the following issues:

- (a) Inability to cover the entire population
- (b) Lack of manpower in the health centres and, therefore, only superficial care to the concerned population
- (c) Difficulty in surveillance
- (d) Delay in implementing health programmes
- (e) Inability to evaluate the effectiveness of any health programme and therefore to implement any health care delivery system the health centres need
- (f) Inadequate quantity of qualified medical doctors, nurses and assistants
- (g) Lack of good infrastructure in all facilities
- (h) Infrequent evaluation of work performance and supervision
- (i) Inability to implement a good referral system, which is important for the health centre

The situation is in the control of the politicians who represent that area, but it is the duty of a nurse to provide as much care as possible using the existing facilities.

Lack of a Good System of Evaluation: A system of evaluation is not available to assess the reference, progress, efficiency, and effectiveness of the services. As corruption is rampant everywhere, there exist the issues of bribing and fake reporting. It is very rare to find a sincere and punctual health inspector. Steps must be taken to periodically review the health system to ensure that quality care is provided to the people.

Lack of Application and Installation of Advanced Technology in the Health Centres: Many health centres do not have proper channels to communicate; even the telephone facilities needed to convey messages to the referral units are not properly available, especially in hilly tribal areas. Every health centre should have advanced technology equipments implemented so that each person in the community stands to benefit by them. Computer, printer, photocopier machine and good communication systems such as fax machines and telephone facilities should be installed in both the urban and rural health centres and the staff should be trained to use them. Moreover, the equipments and instruments should be new and be of latest technology. This will help people to access the health care facilities and appreciate the work of the health care workers.

Need for Participation of Private and Public Health Care Institutions: The current situation is such that only the rich and those who can afford the high cost of health care can get good quality care. The poor and the middle class people approach the government hospitals since the care is free or is of minimum cost. Hence, there is a need for public–private partnership wherein there is a tie-up between private and public health institutions with the motive to help the poor who cannot afford the money for the health care. For example, a poor girl with a low socioeconomic status cannot afford a heart surgery, which costs lakhs of rupees, but a tie-up between the public and private institutions will make it possible for the poor girl to undergo the surgery successfully. However, this tie-up is not encouraged or generalized.

Lack of Autonomy: There is no provision for the nurses to act independently. If nurses have the power to provide nursing care independently, they can make a change in the community and work towards achieving the goal of a healthy community.

19.4 ROLE OF A COMMUNITY HEALTH NURSE

Nurses can do wonders since they are the change agents, with adequate knowledge. All a nurse needs is the support, cooperation, and collaboration from higher authorities such as the Ministry of Family Health and Welfare and all local, district, state, and national level health department officers. The concerned officials must consider the decision to give the power to a nurse to act independently and practise nursing care in the community.

An important role of a nurse is being an independent nurse practitioner. Most of the health centres are without doctors and the nurses manage the centres fulltime. As an independent practitioner, a nurse follows the standing orders, provides care for the people, carries out survey and assessment, formulates community nursing diagnosis, frames the objectives, plans the long-term goals, and implements the care by getting subjective and objective evaluation.

19.5 COMMUNITY HEALTH NURSING PROCESS

The community health nursing process involves the following steps, as shown in Fig. 19.3:

Assessment: A community health nurse does the assessment of the health situation in the community. Apart from assessing the people who visit the CHCs, he/she also visits 50 to 100 houses daily. One nurse is allocated for every 5,000 houses. He/she collects the details from each family, segregates the details, divides the illness as per priority groups, clarifies the illness, and conducts epidemiological investigation.

Diagnosis: On the basis of the final investigation report, the nurse finalizes the illness, locates the areas that has the illness and identifies the probable reasons for the illness. For example, diarrhoea

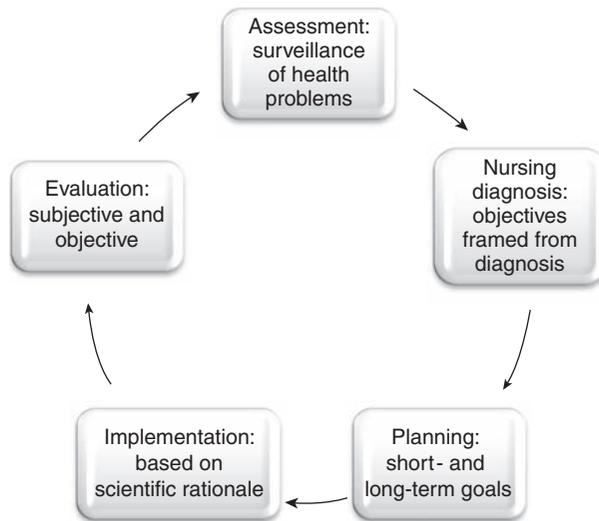


Figure 19.3 Community health nursing process

or dysentery might be caused because of contamination in the well water, and so the nurse sends the water for analysis, finds it to be cholera, and informs the health authorities.

Planning: The nurse plans short- and long-term goals. For example, in the case of cholera, the short-term goal is to reduce the transmission of cholera by disinfecting the well and the long-term goal is to prevent the incidence of cholera in the future. The nurse plans to advise and create awareness about the transmission of disease and the importance of boiling the water and washing the vegetables and fruits before consumption. He/she also educates the people to regularly disinfect the well and conduct frequent analysis of the water as plans for long term.

Intervention or Implementation: The community health nurse provides treatment to prevent the disease and complications on time. He/she surveys the high-risk group, especially children, and educates the people about consuming home-made fluids such as congee water with salt, butter milk with salt, dhal water, black tea without milk, tender coconut and barley water. The nurse also supplies oral rehydration salts powder and demonstrates the method to use it. In addition, the nurse also does the following:

- (a) Encourage consumption of boiling water.
- (b) Educate about the importance of hand hygiene and disinfecting the toilet.
- (c) Admit the sick person in the hospital and provide drugs to treat the illness.
- (d) Report to higher official in the health department about the incidence, prevalence, and the number of cases admitted. The entire situation is reported and funds are obtained to strengthen the intervention.

Evaluation: The nurse does regular follow-up, finds the progress of the disease and reports to the higher authorities. The list of patients who are in a serious condition is taken and they are referred to a good hospital. The nurse educates the public, involves the members to participate in the long-term goal, creates awareness about how the disease is transmitted through dramas, skits, or puppet shows, and gets feedback from the people.

19.6 RESPONSIBILITIES OF COMMUNITY HEALTH NURSE IN NURSING ETHICS

Through the community health nursing process, a nurse takes care of the following responsibilities:

1. Fulfills the right of the people to get individual care
2. Allows the participation and approval of each person in the intervention of any programme, by getting the consent signed
3. Gives informative warning signs on time and alerts and educates the public to be aware to prevent further transmission of the disease
4. Conducts home visits daily as per the requirement thus ensuring the right of each individual to access health care services in an equal manner
5. Educates the public through audio-visual aids and mass media about sanitation, hand hygiene, and prevention of transmission of communicable diseases, thereby ensuring the right of each individual to possess and maintain a healthy physical, psychological, spiritual and social environment
6. Maintains confidentiality and secrecy regarding the details of patient illness and never gossips to other people in the community
7. Ensures the availability of qualified and experienced doctors to the people for treating the illness, especially in case of emergency
8. Evaluates and follows up status of the illness through home visits and gives care to each and every individual in the community
9. Provides the services requested by the people in the community and ensures that they are free of illness

CONCLUSION

In spite of the availability of the PHCs and CHCs, legal and ethical issues still prevail in community health nursing. The important drawbacks are the lack of staff, money and material, of which staff recruitment is the most important requirement. Moreover, a community health nurse should be given adequate authority to practise care independently. Each nurse is trained, recruited, evaluated and licensed to practise the profession faithfully, but still in some countries including India such measures are not generalized. If the nurses are given authority to practise independently, many legal and ethical issues will be resolved easily and it is possible to achieve the goal of “health for all” in the community.

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REVIEW QUESTIONS

1. Explain the ethical issues in community health nursing.
2. Discuss the legal and ethical rights of people in the community.
3. Describe the inadequacies in health centres.
4. Enumerate the ethical role of a nurse in community.
5. Discuss in detail about the community health nursing process.

ETHICAL AND LEGAL ISSUES IN OBSTETRICS AND GYNAECOLOGY

LEARNING OBJECTIVES

1. Definition of obstetrics and gynaecology
2. Ethical and legal issues in antenatal period
3. Sexual abuse of antenatal care (ANC) mothers
4. Ethical principles
5. Need for surrogate mother
6. Role of a nurse in handling surrogate mother
7. Malnutrition and issues in cold chain system for vaccination in ANC mothers
8. Ethical dilemma and issues concerning foetus
9. Sexually transmitted diseases affecting the foetus
10. Ethical issues in pregnant women consuming alcohol and drugs
11. Ethical and legal issues involving pregnant women in medical research
12. Ethical and legal issues in mentally unhealthy pregnant women
13. Presentation of dead pregnant women as foetal containers
14. Neglect of foetus by the mother
15. Intranatal issues
16. Ethical principles that underlie the intranatal issues
17. Ethical issues in puerperium

20.1 INTRODUCTION

Maternal and child health is a crucial and fragile part of the health sector, where both the mother and the child are dependent on each other. Together, they form a group that is highly vulnerable to all kinds of diseases. The important areas in obstetrics are antenatal, intranatal and postnatal periods, while those in gynaecology include the problems in adolescent and reproductive ages and during menopause periods. The issues in these areas are sensitive and it is difficult to handle and to provide quality care. Some of the sensitive issues are sexual and physical assault, rape, miscarriage, surrogate mother, abortion and infertility. These issues affect the growth of the foetus, adolescent children, women in the reproductive age, and the menopausal women. Therefore, there is an important need for a midwife to tackle these issues carefully and solve them by applying the ethical principles and the legislations available.

20.2 DEFINITION OF OBSTETRICS AND GYNAECOLOGY

The word ‘gynaecology’ comes from the Greek gyno and gynaikos meaning woman and logia meaning study; so, gynaecology literally is the study of women. Obstetrics is the medical discipline focusing on pregnancy and childbirth, and gynaecology is the general care and management of the female reproductive system.

An obstetrician is a medical practitioner who delivers babies and is in the practice of obstetrics while a gynaecologist is a medical practitioner who specializes in treating diseases of the female reproductive organs. An obstetrician–gynaecologist is a physician who has specialized in obstetrics and gynaecology.

Obstetrics and Gynaecology Nursing

This refers to the art and science of nursing care given by the nurse midwife to manage pregnancy, labour and post-delivery of the mother.

Midwifery Nursing

Midwifery is a nursing care profession in which a nurse who is registered as a midwife offers care to the childbearing women during pregnancy, labour and birth, and the post-partum periods and also to the newborn. It includes measures aimed at preventing health problems in pregnancy, the detection of abnormal conditions, the procurement of medical assistance when necessary, and the execution of emergency measures in the absence of medical help.

20.3 ETHICAL AND LEGAL ISSUES

Let us look at the various ethical and legal issues faced by the mother and the child during various stages. Let us first look at the issues in obstetrics.

20.3.1 Antenatal: Mother

The following are the issues concerning pregnant women and mothers in antenatal period:

1. Sexual abuse of pregnant woman
2. Abortion
3. Surrogate mother

4. Failure of sterilization techniques (family planning)
5. Lack of cure for psychiatric mother

20.3.2 Antenatal: Foetus

The following are the issues concerning the foetus in the antenatal period:

1. Foeticide
2. Abortion
3. Loss of foetus by infertility techniques
4. Malnutrition
5. Vaccination
6. Sexually transmitted diseases affecting foetus
7. Neglect of foetal care by mother
8. Ethical and legal issues in mentally affected pregnant woman

20.3.3 Intranatal: Mother

The following are the issues faced by the mother in the intranatal period:

1. Delivery: Unfavourable circumstances in the hospital or home that affect the lives of the foetus and the mother
2. Negligence or malpractice during labour
3. Mishandling third stage of labour leading to primary pulmonary hypertension (PPH)
4. Forced lower segment caesarean section (LSCS)

20.3.4 Postnatal: Mother and Newborn

The following are the issues faced by the mother and the newborn in the postnatal period:

1. Post-partum blues; neglect in mother and newborn
2. Status of surrogate mother in post-partum period
3. Sale of newborn for money by mother
4. Neglect of mother to feed the newborn with breast milk
5. Physical and sexual abuse in newborn

Some of the legal and ethical issues faced in gynaecology from the stage of adolescence until reproductive period are sexual abuse, miscarriage, rape, and frequent abortion.

The following are the ethical and legal issues concerning the hospital care provider:

1. Not telling the truth when a foetus is diagnosed with a handicap or congenital anomalies
2. Delaying information about the death of the foetus
3. Being careless and making mistakes in lab reports
4. Using materials and drugs after expiry date

5. Providing treatment with the motive of monetary profit, for example, conducting LSCS instead of normal delivery
6. Showing discrimination based on socioeconomic status
7. Abusing patients physically, verbally and sexually

20.4 ETHICAL AND LEGAL ISSUES IN ANTENATAL PERIOD

There are many ethical issues related to the pregnancy period in a woman. A midwife nurse should be able to identify those issues to make sure that they do not affect the life of the mother or the foetus. The nurse should help the pregnant woman to go through the pregnancy period peacefully without any serious ethical and legal issues. Some issues are neglected by the parents, spouse, members in the family and even the health care providers, The following are some of the many factors that lead to ethical and legal issues concerning a pregnant woman and the foetus:

1. Sexual abuse of the pregnant woman
2. Physical assault of the pregnant woman by the spouse and the in-laws and not providing enough food to her
3. Curiosity to know the sex of the foetus in the antenatal period
4. Bribing the health care providers to know the sex of the foetus
5. Forcing the pregnant woman to abort the female foetus
6. Aborting foetus in order to go abroad, because of restrictions in immigration
7. Aborting foetus because of unwanted pregnancy as a result of failure in contraceptive devices or pills, or carelessness in parents
8. Failure of family planning procedures such as tubectomy
9. Pregnant woman being forced to work hard by the in-laws
10. Immigrant mothers not being explained by the health care providers during antenatal visit about abortion and the care to be taken during pregnancy
11. Neglect of health care providers to provide periodic check-up to mothers in the high-risk group
12. Sexual abuse and pregnancy because of rape are all criminal offences punishable by law, but are not punished or the verdict is delayed by the court

20.5 SEXUAL ABUSE OF PREGNANT WOMAN

Some women are sexually abused even they are pregnant. Moreover, if a woman gets pregnant because of rape, there is no motive for preserving the physical, mental and social health of the mother and foetus. Such women face abuse in their homes and in their working place.

A nurse needs to give meticulous care to such mothers, use proper communication skills such as listening to the mother, observing her, responding to her needs, and avoid insisting on knowing the cause of sexual abuse or giving unasked for suggestions about how the patient should have been protected from such abuses. The nurse should be careful in handling such patients physically and psychologically and avoid gossiping about them. He/she should apply the following ethical principles in providing care:

Obtaining Informed Consent Signed: Signature of the patient should be obtained in the informed consent form before doing any procedure such as internal vaginal, vulval or uterus examination,

perineal care, vaginal swabbing for culture, ultrasonography (USG) scanning to check the condition of foetus, human chorionic gonadotropin (HCG) test for pregnancy, or blood test.

Respect the Rights of the Mother: A nurse must respect the rights of the mother such as the right to get informed about pregnancy care, right to be oriented about ward routines, right to get privacy before doing any procedure such as vulval examination or USG scanning, right to decide the treatment modes either to continue the pregnancy or to terminate pregnancy, and right to be respected as an individual human being.

Beneficence and Non-maleficence: A nurse should do only good to the mother and not any harm, for example, provide complete care for the pregnant woman and know her wish to continue the pregnancy or not if such a decision needs to be taken. The nurse must inform the mother about the necessary changes in diet, exercise, rest, drugs and medicines to be taken, vaccination, and the signs of pregnancy, and care must be given based on the need.

Confidentiality: The details of the pregnant woman should be kept confidential. A nurse should avoid discussion with other colleagues or strangers, especially in front of other patients.

Veracity: A nurse must show trustworthiness and have a therapeutic relationship with the patient; he/ she must say the truth about the mother's condition.

Fidelity: A nurse should carry out the care in an honest manner and keep the promise regarding all matters discussed about the mother and her conditions; he/she must be a faithful nurse.

Some of the issues faced by a pregnant woman are as follows:

Not Being Provided Enough Food: Many pregnant women do not have enough food to eat, since their need and demand are very high. Whatever may be the situation, a pregnant woman has the right to consume food. There is no restriction for a pregnant woman to fast or starve for food even because of religious beliefs. If the mother starves for food, it might harm the foetus, because food gives of the required energy to the foetus. The foetus has the right to get all the nutrients from the food consumed by the mother. There are instances wherein a husband physically assaults his pregnant wife because of dowry problems and punishes her by not giving her any food. This leads to malnutrition and also to illness or deprivation of health in the mother and foetus. Such acts are punishable by law since ethically a pregnant woman has the right to consume food and protect the foetus at any cost. In such cases, the concerned mother should inform the police to take action against the spouse who is responsible for the malnutrition in the foetus.

Curiosity to Know the Sex of the Foetus: It is illegal and unethical in India to reveal the sex of the foetus. Female foeticide is prevalent in many places, which has led to creating a law that prohibits revealing the sex of the foetus. However, it has been observed that many health professionals take bribe and reveal it, thereby violating the law. In some cases, if the foetus is found to be female, the pregnant woman is forced to undergo abortion, which is unethical and is against the right of the foetus to live. The spouse who insists on knowing the sex of the foetus can be sued for acting against the law.

Abortion: In some cases, the foetus is aborted for the sake of improving social status or for the following reasons:

1. To get a male child
2. To get immigration visa ready

3. To terminate accidental pregnancy. Pregnancy might happen if the contraceptive pills were taken carelessly without prescription, the surgical tubectomy or vasectomy procedure was a failure, or if the couple was careless in wearing temporary family planning devices such as condoms or vaginal diaphragm.

Female Foeticide or Infanticide: This refers to the process of intentionally killing the female foetus or the female infant. The following are the most important laws against foeticide and infanticide:

1. In 1976, the Government of India banned the sex determination tests in government but not in private hospitals.
2. In 1988, the Maharashtra Pre-Natal Diagnostic Techniques Act was passed followed by similar acts by the governments of Punjab, Gujarat and Haryana to provide for regulation of pre-natal diagnostic techniques.
3. In 1994, the Government of India passed the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) (PNDT) Act that regulates the prenatal techniques and prohibits the determination and disclosure of the sex of the foetus.
4. In 1996, the Indian government gave permission for prenatal diagnostic scans only to detect genetic abnormality but has forbidden sex determination and declared punishment of imprisonment for five years and a fine of ₹50, 000.
6. In 2002, the Medical Council of India (MCI) authorized under Section 23 (2) of the PNDT Act to take action against medical practitioners who undertake sex-determination tests. According to the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, published in the Gazette of India on April 6, 2002, sex-determination, except for detecting genetic abnormalities, can lead to deregistration and criminal prosecution.

Though such Acts and laws are present, female foeticide is still prevalent and is even on the rise, because of the following reasons:

1. Preference is being given to the male child by the parents and family members.
2. It is believed that the female child incurs a lot of expense whereas the male child brings income.
3. It is believed that the male child will protect and look after the family since the culture and tradition in India is that boys stay with the family even after marriage, but a girl stays away from parents after marriage.

20.6 ETHICAL PRINCIPLES

A nurse or a midwife should be aware of all the law and Acts concerned with female foeticide and should act responsibly by advising the couples not to get curious about the sex of the foetus. The nurse should practise the following principles:

1. Obtain informed consent for USG and declaration stating not to request sex determination by the medical practitioner.
2. Respect the right of the couple to know about the growth and development of the child.
3. Be truthful and show veracity in delivering the reports of the scan to the pregnant woman; reveal only the details regarding health status of the foetus and not the sex.
4. Keep all details regarding the sex of the foetus confidential, If the nurse observing the USG scanning procedure is asked by the patient about the sex of the foetus, the nurse should not

reveal it or show any interest in replying to questions about sex; instead, he/she must educate the patient about the measures to be taken to improve the health status of the foetus.

5. A nurse must always act in ways that are beneficial to the patient. In case any genetic anomalies or congenital defects have been identified in the foetus, after the concerned doctor explains the USG report to the parents, the nurse must clarify all the doubts of the parents and give them true details regarding the anomaly or defect identified.
6. A nurse must practise non-maleficence, that is, he/she should not harm in any manner. A nurse should not take any bribe or money to reveal the sex of the child; if found and caught, the concerned nurse is liable for punishment. Revealing the sex of the foetus may indirectly cause harm to the foetus, because the couple may be unfavourable towards a female child and may opt for abortion, which is against ethics and morality. Irrespective of being male or female, a foetus is a living human being and, therefore, has the right for healthy survival. Aborting or destroying the foetus or killing a female infant is a homicide, which is punishable by law. The concerned medical practitioner and the spouse who agreed to such an act will be held liable in court for foeticide.

20.7 NEED FOR SURROGATE MOTHER

The need for a surrogate mother arises because of the inability of married couples to conceive after unprotected coitus.

Indication

Either male or female or both are found to be infertile; sperm count is less, female uterus is weak, or congenital abnormality such as small uterus or bicornate uterus because of which the female cannot bear the child normally. In such cases, the couple opts for surrogate mother.

Procedure

The following is the procedure to opt for a surrogate mother:

1. Informed consent from the couple and surrogate mother is to be obtained to start this procedure.
2. Agreement form is signed by surrogate mother declaring that the child will be handed over to the couple immediately after birth. All expenses towards maintaining the health of the foetus during the pregnancy period will be borne by the couple and money will be paid after the birth of the child. The pregnant woman should pay attention to the growth and development of the foetus.
3. Semen analysis of male is done and drugs are given to promote semen count and strength. Healthy sperms are taken from the male and the zygote is obtained from the ovum of the female. Through the process of in vitro fertilization, the zygote is injected or placed into the fundus of the uterus after a series of injections of HCG, oestrogen, and progesterone to prepare the endometrium for the arrival of the zygote and to facilitate its implantation.
4. After zygote implantation is successfully performed by the doctors, the mother is kept in the hospital for observation to check the growth of the embryo into foetus.
5. A series of scanning is done to confirm the foetal heartbeat and the surrogate mother is discharged though she is kept under the control of the couple or the hospital until term.
6. The baby is delivered and is handed over to the couple without allowing the newborn to breast-feed, since breast feeding will break the agreement.

7. The surrogate mother is treated in the post-partum period, money is settled as per the agreement and the communication between the couple and the surrogate mother is stopped.

Ethical Principles Involved in Surrogate Mother and Foetus

1. The surrogate mother has the right to own the child since she gives life to the foetus. She may decide to withdraw the agreement anytime and to own the pregnancy and foetus for herself. She should not be forced emotionally or tortured physically to handover the baby to the couple.
2. A surrogate mother has the right to get bonded with her child since she has given birth to the child. Their relationship starts at the time of conception and gradually increases during the antenatal period. A surrogate mother should handover the child wholeheartedly to the concerned couple as per the agreement, and separating the child from her against her wish is against the law.
3. Every newborn child has the right to be with the mother and get breastfed. However, in the case of the surrogate mother, the baby is not breastfed, which is considered to be an unethical and immoral act that violates the right of the newborn to get support, protection and nutrition from the mother.
4. If it is revealed to the child in the future that he/she was born to a surrogate mother, it might result in an emotional disturbance throughout the child's life, which might affect his/her growth and development.

20.8 NURSE'S ROLE IN HANDLING SURROGATE MOTHER

A nurse should neither support nor go against the surrogate mother. He/she should ensure that there is no confusion once the informed consent is signed and legal agreement is made between the two parties. However, if the nurse is still in a dilemma regarding whether to support or go against for it, he/she should do the following:

1. Get the informed consent signed from both surrogate mother and the couple.
2. Ensure that the surrogate mother has agreed by self and not by force and support the mother at any cost.
3. Check for any conflict between the two parties.
4. Never reveal the details regarding the surrogate mother or the couple to any third party.
5. Never neglect or degrade the surrogate mother or gossip about her or the couple.

It is the duty of a nurse as a care provider to respect the right of the concerned parties to get information, orientation, privacy, and take decision. The nurse should be supportive and give psychological care and act as a guide, counsellor, advocate, and change agent.

20.8.1 Foetal Loss

The loss of foetus might be due to failed contraception or careless family planning practices.

Ethical Issues Involving Foetal Loss

The foetus is also a living being and has the right to live. Unintended pregnancies might happen because of the failure of contraceptive devices or oral pills, or the careless intake of pills by the couples. However, this cannot be taken as an excuse for abortion as the couple is responsible for the situation and not the foetus. The couple should ensure careful selection of contraceptive pills knowing the

advantages and disadvantages or opt for family planning methods such as surgery. Awareness about abortion is important because intentional abortion is similar to killing the foetus, which also has the right to live, and is, therefore, considered to be immoral.

20.9 MALNUTRITION AND LACK OF VACCINATION IN THE ANTENATAL PERIOD

A foetus is entirely dependent on the mother for its survival. It is the duty of a mother to protect the foetus from all kinds of infection. A pregnant woman should take proper nutrition; moreover, the spouse should cooperate by providing good healthy diet to her. The foetus has the right for healthy growth and survival through the help of the mother. Therefore, any condition such as conflict with spouse or starving a pregnant woman will lead to malnutrition, which will affect the health of the foetus.

A woman with malnutrition faces a lot of issues during pregnancy, as shown in Fig. 20.1.

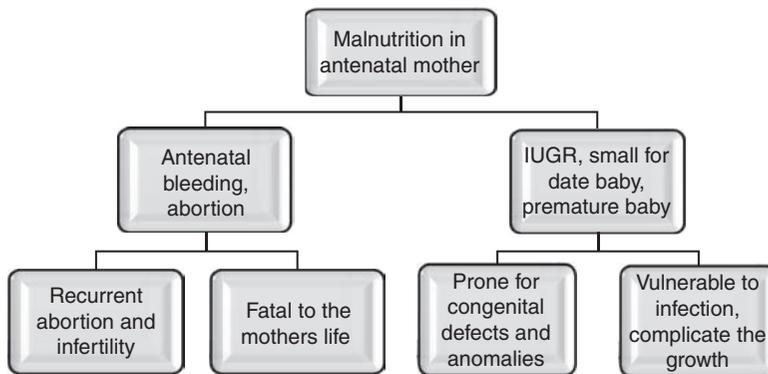


Figure 20.1 Issues because of malnutrition in antenatal mother

Malnutrition impairs the physical, social and psychological health of the mother. It might lead to antenatal bleeding, weakness that may be fatal to the mother, abortion, congenital defects and anomalies in the foetus or intrauterine growth restriction (IUGR), that is, the baby will be small for gestational age.

Vaccination is very important for foetus protection. Tetanus Toxoid (TT) vaccines are given during the second and third trimester to the pregnant woman to protect the mother and the foetus from all kinds of infection. It is unethical to prevent or prohibit a mother from being vaccinated. It is the responsibility of the nurse who takes care of the pregnant woman to educate her and advise her to get vaccinated properly. The vaccine should be preserved at the recommended temperature; if it is kept in an impaired cold system, its potency will be affected and the vaccine will not function properly, that is, it will not protect the mother and the foetus against infection. The foetus will be vulnerable to infection and the growth might be complicated. Moreover, the foetus will be prone to congenital defects and anomalies. Injecting such a vaccine is a kind of negligence and malpractice and is considered to be an immoral activity.

The issues concerned with an impaired vaccination system or cold chain are shown in Fig. 20.2.

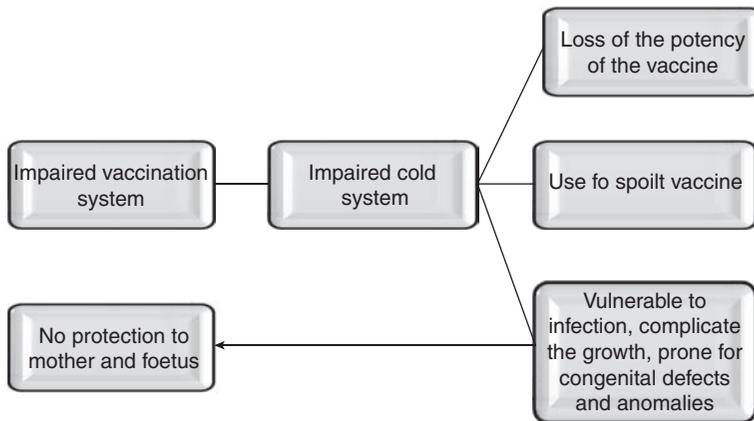


Figure 20.2 *Impaired vaccination system or the cold chain issues*

20.10 ETHICAL DILEMMAS AND ISSUES CONCERNING FOETUS

A pregnant woman has the right to get food and nourish the foetus. She should be respected and cared for. She also has right to be informed and oriented about nutrition and vaccination and about how to handle the prenatal period. The following are the rights of the foetus:

1. A foetus has the right to survive and needs full nutrition, support and protection of the mother.
2. At any cost, the foetus should not be injured unless the growth of the foetus is fatal to the mother's life.
3. A foetus should not be left to die.

Loss of Foetus Due to Artificial Reproductive Techniques

Artificial reproductive techniques (ARTs) are used for the couples who are unable to reproduce normally. Techniques such as in vitro fertilization are used to produce multiple foetus. However, there is no assurance that all these foetuses will get complete nutrition and can be protected from all infections. The outcome may affect or injure the foetus. The ethical issues involved here are as follows:

1. The foetus has the right to survive.
2. The foetus made by ART has the right to get complete nutrition and protection. Such techniques might result in the following:
 1. Abortion
 2. IUGR
 3. One foetus may survive and the other may die due to twin to twin transfusion syndrome

These ethical and legal issues might cause direct injury to the foetus.

Nurse's Role

The following are the responsibilities of a nurse:

1. Protect the foetus from injury.
2. Educate the mother to consume healthy diet and provide menu with balanced diet.
3. Vaccinate the mother at the right time.
4. Protect the mother from all kinds of infection by educating hygiene practices.
5. Frequently monitor the growth of the foetus and avoid intentional injury to the foetus.

20.11 SEXUALLY TRANSMITTED DISEASES AFFECTING THE FOETUS

The sexually transmitted diseases (STDs) that affect the foetus are syphilis, gonorrhoea, chlamydia, trichomoniasis, human immunodeficiency virus (HIV), herpes simplex virus (HSV), and human papilloma virus (HPV). These diseases are acquired due to unprotected intercourse by the affected couples. The most affected groups who are at high risk are as follows:

1. Prostitutes
2. Lorry drivers
3. Beggars
4. Juvenile delinquents

Ethics Concerning STD

The STD-related ethics deals with issues arising from all kinds of interpersonal relationship and sexual relations with persons affected with and diagnosed to have STDs.

When a woman with an STD gets pregnant or a pregnant woman gets affected with an STD, there are chances of the foetus too getting affected, which might result in the following conditions:

1. Infected foetus, leading to intrauterine foetal death
2. IUGR
3. Foetus with congenital anomalies
4. Mentally retarded child

Issues in STD-infected Mother

The following are the issues in STD-infected mother:

Informed Consent: A pregnant woman should take steps to prevent STD and undergo treatment if infected. Mothers should understand the seriousness of the sexually transmitted disease in the antenatal period, since transplacental transmission affects the foetus with serious infection such as the HIV. Early diagnosis and treatment can prevent the perineal transmission of illness and complication in the foetus.

Confidentiality: If a pregnant woman affected with syphilis undergoes treatment and gets cured but again comes with the same complaint, then her partner also needs to be treated to prevent reinfection and complication during pregnancy. If the partner refuses to undergo diagnosis or treatment, the

physician provides medications to the patient to take to her partner without the health care provider first examining the partner. This is known as expedite partner therapy (EPT).

The following are the issues for pregnant women:

1. Right to autonomy and privacy
2. Right to access any technologically available prenatal test

Therefore, diagnosing the illness in the mother prenatally prevents complication.

Ensuring Pregnant Woman and Foetus Safety

A pregnant woman infected with any of these STDs will undergo serious complications such as the following:

1. Premature labour
2. Abortion
3. IUGR

To prevent such risk, the mother should be educated about the disease and its treatment. Confidentiality of the disease must be maintained and meticulous high-risk care approach should be provided. Aseptic techniques should be employed to prevent the transmission. Forced LSCS delivery or conducting illegal abortion should be avoided as it further complicates the mother's life.

A nurse must educate a pregnant woman about the following:

1. The ways by which the STDs are transmitted
2. Signs and symptoms
3. Complications of placental transmission and foetal problems
4. Importance of treating the partner to prevent reinfection

20.12 ETHICAL ISSUES IN PREGNANT WOMEN CONSUMING ALCOHOL AND DRUGS

Many states have tried to punish the pregnant drug and alcohol users for illicit drug use and child abuse. According to The Center for Reproductive Rights (2000):

1. Prosecuting the pregnant alcohol or drug users does not particularly protect the well-being of the foetus.
2. Threatening pregnant drug users with punishment may well only deter them from getting prenatal care and especially drug treatment, which thereby further harms their children.
3. Poor and minority pregnant women are disproportionately tested for drugs and threatened with punishment

Pregnant women addicted to drugs are called 'crack moms' and their children are called 'crack babies'. Consumption of alcohol, smoking cigarettes and cocaine abuse prenatally expose the foetus to harmful substances and have teratogenic effects, which results in the following:

- (a) Mentally retarded child or foetal alcohol syndrome (FAS)
- (b) Child with foetal tobacco syndrome (FTS)

The survival of an FAS child will be very difficult and challenging. The child will have lots of anomalies such as congenital heart defects, delayed thinking, speech, movement and social skills, poor intrauterine growth, and poor muscle tone and coordination.

In the case of FTS, the foetus is exposed to smoking by mother or undergoes passive exposure. This results in the birth of a child with mental retardation and congenital defects. The incidence of FTS is reported high in countries such as the USA and the UK. In India, such incidence is less and is found only in people living in slums, beggars, and juvenile delinquents. A nurse should educate and counsel a pregnant woman about the harmful effects of alcohol or drug abuse, show videos of affected children, and prevent incidence of child with FAS and FTS by encouraging the mother to refrain from smoking and using alcohol or drugs.

20.13 ETHICAL AND LEGAL ISSUES INVOLVING PREGNANT WOMEN IN MEDICAL RESEARCH

There are many ethical and legal issues concerned with pregnant women in research activities. In order to conduct a safe research and to prevent issues or problems that are caused by research on pregnant woman, a nurse must adhere to the guidelines for such research developed by the National Commission on the Protection of Human Subjects of Biochemical and Behavioral Research (NCPHSBBR) in 1974. The federal regulations for research with human subjects state the following:

Using Pregnant Woman as a Subject: A research can be conducted on pregnant women provided the women's rights are respected and the purpose of the research is therapeutic and should meet the health needs of the mother and foetus.

Involving the Foetus as a Subject: Though the foetus is an unborn child, all the clinical trials conducted on pregnant woman will directly affect the foetus through placenta. Therefore, the purpose of research, either therapeutic or non-therapeutic, should meet the health needs. However, if the only purpose of the research is to know the side effects of drugs, for example, if a drug is given to test its effect on the mother and foetus, it is considered to be unethical. Consumption of drugs such as thalidomide by mother affects the foetus and the child is born with anomalies such as mental retardation, learning disability and limb deformities.

Ethical and Legal Issues in Foetal Surgery: Foetal surgery is done on the foetus in the uterus to correct any anomaly diagnosed through USG and alpha-fetoprotein (AFP) test. For example, spina bifida meningocele is an anomaly where the meninges comes out through the unfused spinal vertebrae due to folic acid deficiency. This deformity can be corrected by surgery, by closing the gap in the vertebrae, and thus, the disability after birth can be prevented. However, the surgery also equally complicates the life of the mother and foetus during and after surgery. Furthermore, undergoing the surgery leads to ethical and legal issues such as risking the life of foetus and mother and the accountability and responsibility of health care providers towards the foetal and mother's life and health and their duties of care.

20.14 ETHICAL AND LEGAL ISSUES IN MENTALLY UNHEALTHY PREGNANT WOMEN

The issue of autonomy arises in mentally unhealthy pregnant women or those with psychiatric illness; informed consent cannot be obtained from a pregnant woman with illness such as schizophrenia or

mania. The mother's mental condition does not understand foetal growth and she may not take care of the foetus, which leads to dilemma regarding the following rights:

1. Right to continue the pregnancy
2. Right to decide abortion as option
3. Right of the foetus

The ethical issue is that the self-deciding capacity of the mother is dominated by the doctors, her spouse or her family members. In such cases, a mentally retarded mother is forced to take a decision. If the mother continues to take psychiatric drugs, it will harm the foetus. However, if she stops them, it will upset her. The following is the nurse's role in such cases:

1. Involve the mother and her family in the decision-making regarding whether to continue or terminate pregnancy.
2. Get informed consent from the spouse, family members, parents or guardians.
3. Counselling for permanent family planning such as tubectomy can be an option to prevent further pregnancy.
4. If the option is to continue the pregnancy, the informed consent is obtained from the spouse, family members, or parents, who are directly related to the pregnant woman. All aspects of care and the possible risks such as abortion and self-neglect of the mother are explained; it must be ensured that all her self-care needs are met. The nurse should also ensure frequent screening of the mother with USG, and prenatal genetic screening should be done to diagnose any genetic illness.

The mother is incapacitated to give concern to continue the treatment; in such cases, a surrogate father or mother should take action or the spouse can be a surrogate parent and take care of the pregnant woman.

The ultimate aim is to get good outcome out of good prenatal care and ensure that both the mother and the baby are healthy. Unnecessary foetal loss must be avoided. However, legal abortion can be done provided the growth of the foetus affects the life of the foetus or the mother.

20.15 PRESENTATION OF DEAD PREGNANT WOMAN AS FOETAL CONTAINER

If the pregnant woman had a brain death, due to some unexpected circumstances, the mother is sometimes kept alive physiologically through ventilators with the aim to confirm the gestation. This gives rise to the following issues concerning the mother:

1. The mother's right to dignified death is denied.
2. The mother is viewed as a foetal container.
3. The mother never gets to know the birth or the sex of the child.

The foetus has the right to live with the support of the mother. However, in this case, the mother cannot provide complete care to the foetus, as she is made to live through ventilators. Thus, the life of foetus is at risk and it is difficult to separate the foetus from mother. Here, the mother's legal rights to get informed consent, self-respect, and autonomy all are overridden.

20.16 NEGLECT OF THE FOETUS BY THE MOTHER

Though there is a lot of talk about motherhood, there are instances when a mother neglects a foetus, which was formed because of the following reasons:

1. Extramarital relationship
2. Premarital relationship
3. Sexual abuse or rape
4. Immoral sexual relationship in teenage adolescents with multiple partners

When such women give birth, they abandon the newborn in the hospital or leave them in a basket in the road or in orphanages. This leads to ethical issues regarding the following rights of the child:

1. Right to live
2. Right to get nourishment from mother

This is a very important social problem, especially in India, and it is found that it is the female child that is neglected or abandoned in most of the cases.

The role of a nurse is to identify such cases and report them. The child should be cared for in neonatal intensive care units and expressed breast milk from other mothers should be given to the child. With the approval of the court, such children should be handed over to government orphanages or private voluntary child orphanages.

20.17 INTRANATAL ISSUES

The maternal mortality is a serious issue. The mortality rate in the pregnant women, especially in the high-risk group, is high. Though there are many reasons to justify this, it leads to serious ethical and legal problems.

20.17.1 Unfavourable Circumstances in the Hospital or Home During Delivery that Endangers the Foetal Life

The following are some of the unfavourable circumstances in the hospital or home that endanger the life of the foetus and the mother:

Unhygienic Practice: Practices such as conducting delivery in an unhygienic and septic manner, use of unsterilized articles, unclean hands without hand hygiene, and in case of post-partum haemorrhage, bleeding due to delayed episiotomy suturing or incomplete suturing endanger the life of the foetus as well as the child. Such acts are considered to be unethical and immoral because they amount to negligence and malpractice.

Mishandling the Third Stage of Labour: In the third stage of labour, when the delivery of placenta occurs, the care provider might try to guide delivery by pulling the cord with a great force.

Incomplete Removal of the Placenta: This leads to profuse bleeding in the post-partum period.

Using Unsterilized Equipments: Using unsterilized or blunt equipments for performing episiotomy results in a large uneven wound, leading to excessive bleeding. The rights of the mother concerning delivery are as follows:

- (a) Right of the mother to decide the mode of delivery
- (b) Right of the mother to get hygienic delivery; outcome should be healthy mother and healthy newborn
- (c) Right of the mother to get informed consent before delivery
- (d) Right of the mother to know the present status of the foetus survival

20.17.2 Conducting Forced LSCS for the Sake of Financial Profit

Nowadays, LSCS is conducted not as an alternative for safe normal delivery but for reasons such as follows:

1. Delivery time decided on the basis of astrology
2. To earn profit, because the surgical mode of LSCS is costlier than normal delivery

In some hospitals, the entire hospital management plans such events, especially for patients from the families of high socioeconomic status, for the sake of earning profit. The doctor informs the pregnant woman and her family that LSCS helps deliver in an easy manner; moreover, they say that they are not responsible if anything goes wrong during normal delivery and so it is better to opt for LSCS. Therefore, the mother also decides to opt for LSCS. In some cases, the hospital policy is such that the nurses are forced to arrive with the decision option for LSCS. For instance, in a hospital with a deluxe ward for VIP patients, the nurses are not allowed to perform any main intervention without the doctor's presence. Therefore, the main interventions should be taken before the doctor leaves for the day even in the case of normal delivery and the condition is favourable for the mother. However, the doctor cannot wait until the delivery happens, and if it happens when the doctor is not on duty, the nurse is not allowed to intervene because it is a VIP ward. This creates a problem for the nurse. Hence, if a VIP patient arrives with a 3-cm dilatation in the cervix, pitocin is given intravenously to dilate the vaginal canal, which suffocates the foetus and hence decision is taken to opt for LSCS.

20.18 ETHICAL PRINCIPLES THAT UNDERLIE THESE ISSUES

Intranatal period is a very crucial period for a pregnant woman because any complication at this time may even cost the life of the mother or the child; therefore, activities performed should aim to not harm the mother but to promote safe delivery, thereby ensuring good health of the mother and the child. The important ethical principles that underlie these issues are as follows:

Informed Consent: The signature on the informed consent must be obtained before conducting the delivery after explaining the details of mode of delivery, the risks and benefits associated with it, the role of the mother and the nurse in labour, and the need for arranging blood pints since blood loss is anticipated to happen more during labour. Therefore, these details should be explained to the mother and the signature obtained in the informed consent.

Autonomy: This refers to the respect for mother's rights such as right to get respect, right to get informed and oriented, and right to take decision regarding the mode of delivery. However, the mother should be provided with adequate information about all modes of delivery and the risks and benefits associated with them.

Beneficence: This means doing only good to the mother during delivery. All the nursing interventions should be directed such that they only benefit the mother and the newborn, such as explaining all the options and allowing the mother to take decisions, getting informed consent signed, using sterilized articles, conducting delivery using aseptic hygienic practices, and motivating the mother by giving positive comments to facilitate normal delivery.

Non-maleficence: This principle refers to not doing any harm to the mother. The nursing care activities should not intentionally or unintentionally harm the mother. The following should be avoided:

- (a) Allowing mother to deliver without facilitating or providing needed care
- (b) Unnecessary intervention
- (c) Use of sharp, fresh, autoclaved scissors

While performing episiotomy, timing is of utmost importance because if it is done later it will cause perineal tear.

Veracity: This is the quality of being truthful to the mother in all the nursing activities.

Justice: Nurses should be impartial to all the mothers in provision of nursing care. There should be no discrimination.

Fidelity: This refers to the quality of being faithful and keeping the promise about the care. A nurse must develop a trustworthy relationship with the mother.

Confidentiality: Confidentiality must be maintained regarding all details of the mother. A nurse should not reveal or gossip about the details of the mother.

Accountability and Responsibility: The most important function of the nurse midwife is to manage the mother to ensure the good health of the mother and the child. If anything goes wrong during care such that the life of the mother or the foetus is at risk, the nurse will be held legally liable. Therefore, he/she should conduct safe delivery based on the standard protocol, and record the document with signature, date and time.

20.19 ETHICAL ISSUES IN PUERPERIUM

There are many ethical issues that affect the puerperal period. They are shown in Fig. 20.3 and are as follows:

1. Psychiatric illness in mother such as post-partum depression
2. Status of the surrogate mother

3. Sales of the newborn for the financial profit
4. Physical assault of or killing the new born, that is, female foeticide

Post-partum Depression

The mother is totally incompetent to take care of the newborn and to take decisions regarding the care of baby.

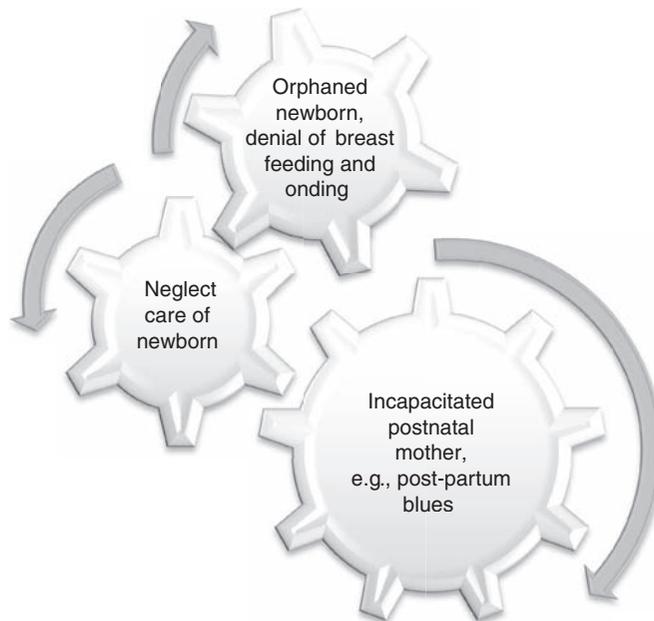


Figure 20.3 *Ethical issues in puerperium*

Need to be Breastfed is Denied

The mother will be taking psychiatric drugs that will secrete through the breast milk, which will be harmful to the growth of the newborn. Hence, the baby is not breastfed.

Separation of Baby from Mother and No Rooming-in

The mother may harm the baby, for example, she may drop the newborn since she is mentally upset. Therefore, the mother is separated from the newborn and there is no rooming-in.

Impaired Parenting and Bonding with Newborn

There is a mental split between the mother and the newborn. A big gap is created between the mother and the child since breastfeeding, rooming-in, and bonding are denied.

Status of Surrogate Mother after Delivery

In this case, as per agreement, the newborn will be separated from the mother for financial profit and will be given to the couple who opted for it.

Issues Affecting the Newborn

The legal and ethical issues that affect the newborn are as follows:

Right of Surrogate Mother to Own the Newborn: A surrogate mother cannot own the child since she has agreed legally to handover the child after delivery. Here, there is a conflict between the legal action and the right of the surrogate mother to own the child. However, considering morally and ethically, the surrogate mother has given life to the foetus and has safeguarded the foetus until birth; she has undergone severe pain during the delivery and has given birth to the child. These actions cannot be compensated by money; if the mother wishes to get the child back, the child should be returned to her though a legal agreement has been signed.

Sales of Newborn for Financial Profit: Newborn babies in many government hospitals are sold for money to infertile couples, who adopt the baby. Many people do it illegally by stealing the babies from the hospital and selling them for a high price. This affects the right of the newborn to get nourishment from original mother, which is denied in such cases.

Assault or Foeticide of the Newborn: Many newborn babies in India are killed if they are female. Investigators and researchers have found that it is a common practice in Usilampatti in Salem, Tamil Nadu, to give cactus milk to newborn female babies.

The following rights of the newborn child are denied because of foeticide:

- (a) Right to survive
- (b) Right to be protected
- (c) Right to be breast fed

CONCLUSION

Obstetrics and gynaecology nurses will face many ethical and legal issues during antenatal, intranatal, and postnatal period but they should be careful and adopt ethical and legal principles to safeguard the mother and the foetus.

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REVIEW QUESTIONS

1. Explain the issues in the antenatal period.
2. Describe the issues involving the surrogate mother.
3. Illustrate the issues in the unborn foetus.
4. What are the issues in the post-partum period?
5. Narrate the issues in the intranatal period.

ETHICAL AND LEGAL ISSUES IN PSYCHIATRIC NURSING

LEARNING OBJECTIVES

1. Definition and legal and ethical rights of mentally ill patients
2. Medical laws for psychiatric patients
3. Ethical and legal responsibilities and role of a psychiatric nurse

21.1 INTRODUCTION

Mental health nursing is a field that is very complex and difficult to handle since it involves patients with different psychiatric illnesses, and the related ethical and legal issues are also important. A registered nurse experienced in psychiatric nursing should know all the legal rights and responsibilities of a psychiatric nurse, the legal and ethical issues that affect the care, the laws that control and regulate the care, and the ethical nursing principles to be followed. Psychiatric nursing is very difficult to understand. A psychiatric patient cannot be treated within a day or a month. A lot of patience and knowledge is needed. A psychiatric nurse acts as an advocate for the patient as he/she has a mutual understanding with the patient and as a facilitator who improves the patient's physical and mental stamina. Moreover, he/she is a protector who helps the patient to meet all the self-care needs and a coordinator in the psychiatric health care team. There are a number of laws connected with psychiatry as it is a complex field. Ethical dilemmas still exist, which have to go in parallel with the ethical principles. The nurse should understand these dilemmas and issues and be aware of the laws for the mentally unsound persons, in order to provide quality care.

21.2 DEFINITION

Mental illness is defined as a maladjustment in normal living procedures that creates disharmony in the patient’s ability to meet the human needs comfortably or effectively and function within a culture.

21.3 ETHICAL AND LEGAL RIGHTS OF MENTALLY ILL PATIENTS

Mentally ill patients are a vulnerable group, and there are a number of legal and ethical issues that affects the patient’s health and survival. This chapter deals with such issues and the measures to be taken to protect the legal and ethical rights of the psychiatric patients.

Legal Rights of Psychiatric Patients: According to Jones, the legal rights for psychiatric patients, as shown in Fig. 21.1, include the following:

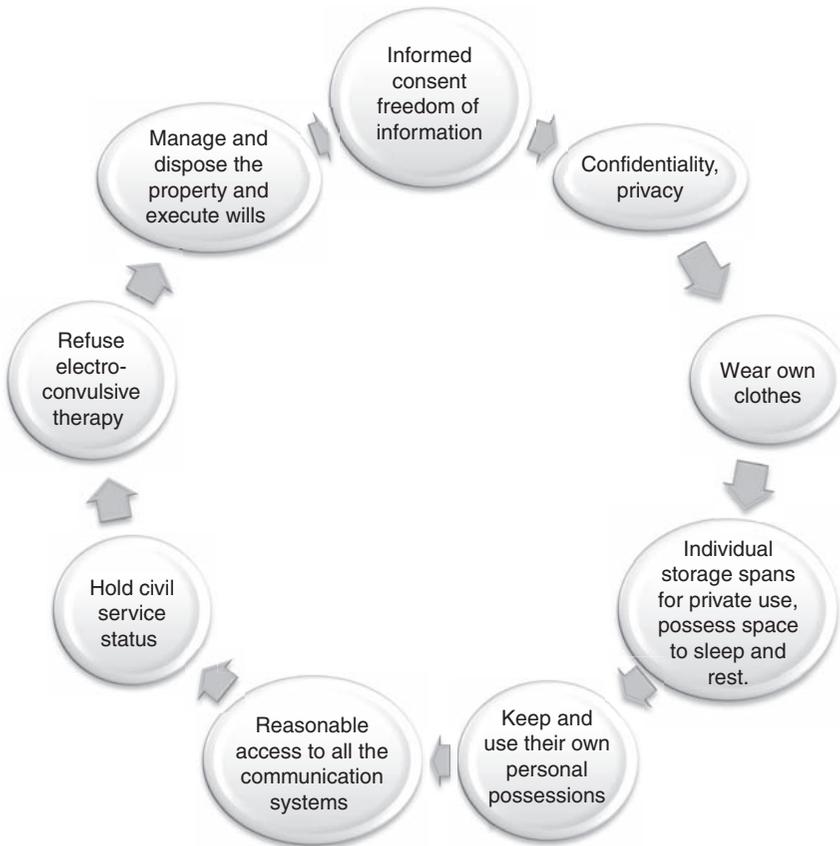


Figure 21.1 *Rights of psychiatric patients*

1. Right to informed consent
2. Right to freedom of information

3. Right to confidentiality
4. Right to privacy
5. Right to get treatment and refuse scan
6. Right to decide one's destiny
7. Right to be clothed and to wear own clothes
8. Right to have individual storage spaces for private use, that is, space to sleep and rest
9. Right to keep and use one's own personal possessions
10. Right to have reasonable access to all communication systems such as telephone
11. Right of mentally ill to vote, that is, to hold civil service status
12. Right to refuse electroconvulsive therapy (ECT) if ordered for the patient as a part of treatment
13. Right to manage and dispose property and execute wills

Though there are many rights for the mentally ill patients, because of their mental status, they are considered low and are treated like an animal or vegetable in many circumstances. Denying these rights during nursing care is unethical and immoral.

21.3.1 Ethical and Legal Issues Affecting Patients with Psychiatric Illness

The following are some of the ethical and legal issues affecting patients with psychiatric illness:

1. Forced drugging and involuntary treatment is equivalent to undertaking medical treatment without patient's consent.
2. Mentally ill patients are also human beings. They too have the right to get respect. However, this is denied to them and they are abused verbally, physically and sexually.
3. The mentally ill patients mostly live in a unhealthy environment, where it is difficult to survive. They are mostly homeless and resort to beggary and substance abuse. The society does not seem to care for or help the psychiatric patients and they are forced to live in the streets, without proper food, water, and shelter, even from stray animals.
4. Many families leave their mentally ill member in hospitals as orphans. Their right to proper medical care is denied. Most of the times, the families do not even bother to enquire whether the patient gets proper treatment or not. The hospital becomes the permanent home for the patient. As there is no follow-up on the treatment, the health care providers also do not bother to provide correct and complete care. In many cases, the patients die in the hospital and their family members do not even know about it. This lack of apathy towards the mental health of the patient is a very important legal and ethical issue.
5. The psychiatric patients have the right to get informed consent and information. Though they may be unable to understand the meaning of informed consent or incompetent to provide informed content, they too are human beings. It is the duty of the nurse to explain to the patients and their family members, parents, and spouse the treatment to be given to the patient. For example, a schizophrenia patient requires ECT according to the doctor's orders. However, if the patient refuses the treatment, the decision should be accepted. The patient's family members can try to make him/her understand the necessity of the treatment, but forcing the patient or abusing verbally to accept ECT is unethical. The patient can be given counselling and psychotherapy or can be shown another patient who willingly takes up ECT. It may be not possible to take

individual approval since the patient is mentally ill, but it is the nurse's duty to explain and get cooperation from the patient and his/her family members.

6. The condition of mentally ill patients, especially in community houses, is very pathetic and painful in many circumstances. Such patients, especially female, are vulnerable to sexual abuse by the hospital care providers including male attendants and sweepers. As these patients are not in a position to call for help, many such incidences happen in the hospital premises. It is a shameful act because the mentally ill are like children. They are also humans; sexually abusing and harassing them is illegal and unethical. However, this happens not only in hospitals, but also in houses by the family members or relatives and in the streets by the people in the society. It has been found that sexual abuse happens mostly in mentally ill patients. This is an important legal and ethical issue affecting them.
7. Mentally ill patients are vulnerable or prone to be used as a prey or sample for experimental research. The reasons are as follows:
 - (a) They are incapable of giving informed consent or refusing participation.
 - (b) They lack the ability to understand people or situations.
 - (c) There is nobody to take accountability or responsibility for the patients or to question if any harm or injury happens to them.
 - (d) They are unable to fight for their rights.
 - (e) They are easily available.

If it is found that a researcher is using mentally ill patients without proper approval for his/her research, he/she is liable for prosecution and punishment. Testing the effectiveness of newly found vaccines or drugs on mentally ill patients is not allowed. The side effects of these drugs are not known; it may even harm the patient's life. These patients are not in a position to understand the consequences of such experiments and so they should not be conducted on such patients.

8. There is no privacy, respect, or protection for mentally ill patients and their self-care needs are not met. They are not cared for properly in many mental hospitals, especially government hospitals.

No Privacy: All mentally ill patients are put together in the same cell or ward. There is no privacy for the patient. One patient may be violent, one may be depressed and another one may be maniac or euphoric. If they are all in the same ward, there is more chance for quarrels, conflicts, and physical assault. Thus, the right of the patient for privacy is violated here.

No Respect: Since the mentally ill patients have lost their ability to comprehend things, society feels that they do not need any respect. There is a social stigma attached to mentally ill patients and they are treated like animals. Even family members do not give them respect but physically and verbally abuse them. If mentally ill patients are seen on the road, some people ill-treat or tease them and sometimes tie them in the tree for hours and do not give them proper food and shelter.

No Protection: In many places in India, psychiatric patients in their homes, and even in hospitals, are tied by iron chains to protect others from the patients. However, the people or society does not offer any protection for these patients. There are many mentally ill patients on the streets without any food, water, shelter, dress, or protection from stray dogs. If these patients are hurt or wounded, they are left in the open, either in the streets or near the ditches or open drainage, where they are prone to all kinds of infection.

Self-care Needs Not Met: Self-care needs such as oral care, bathing, and perineal care and meeting the nutritional, emotional, safety, psychological, spiritual needs are very important for a normal human being. However, such care is not provided for the mentally ill patients in hospitals. For example, when mentally retarded women in the reproductive age gets menstrual periods, they will not be in a position to take care of themselves because they are mentally unsound. In many hospitals, they are left to bleed; in some cases, the patients pass urine and motion in the same cell where they eat. It is the responsibility of the nurse in such hospitals to provide care for such patients, but many nurses neglect it.

9. There is a breach of confidentiality about the psychiatric patients' illness, which is a common legal and ethical problem prevalent in the hospital among the nurses. During therapeutic interpersonal relationship, the nurses may come to know about all personal and professional details of the patients and the history of their families, through direct interview, interaction with patients' relatives or indirect sources. Such details about the patients and their families must be kept confidential. However, the nurses tend to share these secrets or gossip about them to others, sometimes for personal gain or other purposes. The nurses must realize that revealing such sensitive information may jeopardize the social life of the patients.
10. There are many areas in which malpractice or neglect by health care providers happens during the provision of care. Inadequate supervision is an important act of negligence seen in the hospitals, where complete supervision is important to prevent the following:
 - (a) Patient attempts to commit suicide
 - (b) Failure to observe progress or deterioration in illness along with treatment modality
 - (c) Injury or conflicts between the patients
 - (d) The absconding of patients from wards
 - (e) Failure of the patient to consume drugs
 - (f) Failure to take up or meet the self-care needs
 - (g) Failure to observe any accident or injury to the patients in the ward
 - (h) Misuse of psychoactive drugs by the patient
 - (i) Failure to report any abuse that happened in the ward

21.4 MEDICAL LAWS CONCERNING PSYCHIATRIC PATIENTS

Laws are formed to regulate the code of conduct of health professionals, protect the patients, and prevent incidences of negligence and malpractice.

21.4.1 Basic Laws of Mentally Ill Patients

The first law framed for the mentally ill was the Lunacy Act, 1890, in England. The Mental Health Act (MHA) was passed in 1981, amended in 1982, and came into force on 22nd May, 1987. The following are the main objectives of MHA, 1987:

1. To provide legal and ethical protection and support to mentally ill patients
2. To provide all facilities for the caretakers of psychiatric patients (guardians) since they are incapable of managing their own affairs

3. To protect the public from dangerous manifestations of the mentally ill
4. To protect and safeguard the citizens from being detained unnecessarily without any proper cause or reason
5. To control and regulate all activities of health providers and the management of psychiatric hospitals
6. To establish psychiatric hospitals and nursing homes
7. To control and regulate the licences for psychiatric hospitals
8. To provide laws to safeguard the mentally ill patients
9. To regulate the procedure of admission and discharge of psychiatric patients in the hospitals

21.4.2 Universal Declaration of Human Rights

According to Article 25(1) of Universal Declaration of Human Rights (UDHR), ‘everyone has the right to standard of living adequate for the health and well-being of himself and his family’. This includes food, clothing, housing, medical care and necessary social services. Moreover, Article 5 states that no human shall be subjected to torture or cruelty, inhuman or degrading treatment, or punishment.

Article 66(1) UDHR, Persons with Disability (PWD) Act, 1995, states that the disabled patients should be helped economically by the government and local authorities; steps should be taken to rehabilitate the disabled so that they are able to earn their living.

21.4.3 Civil Laws Relating to Psychiatric Disorders

The following are the civil laws relating to psychiatric disorders:

1. Provisions as to accused persons of unsound mind, Section 328–339
2. Section 84 of Indian Penal Code, 1860, states that ‘nothing is an offence which is done by a person who, at the time of doing it, by reason of unsoundness of mind is incapable of knowing the nature of the act or that he is doing what is either wrong or contrary to law’. There are certain criteria that a nurse should know in order to determine the mental illness of the patient.
 - (a) McNaughton rule
 - (b) Irresistible impulse act
 - (c) Durham’s rule or product rule
 - (d) American Law Institute (ALI) tests

McNaughton Rule

The McNaughton rule arises from the attempted assassination of the British Prime Minister, Robert Peel, in 1843, by Daniel McNaughton, who instead shot and murdered Peel’s secretary Edward Drummond. McNaughton was not found guilty because he had the delusion that the Prime Minister was conspiring against him. The House of Lords asked a panel of judges headed by Chief Justice Tindall a series of questions to check whether the delusion was real. The court finally acquitted McNaughton on the ground of insanity. The principles expounded by the panel came to be known as the McNaughton rule. There are two components to this rule:

1. Nature and quality, that is, the psychiatric patient at the time of committing the crime did not know the nature and quality of the act he/she was doing.
2. Right from wrong, that is, the psychiatric patient did not know that what he/she was doing was wrong.

Irresistible Impulse Act

According to this rule, the psychiatric patient may know that the act is illegal, but, as a result of mental impairment, is unable to control his/her action.

Durham Rule or Product Rule (1956)

This rule states that an accused is not criminally responsible if his unlawful act was the product of a mental disease or defect. However, the causal connection between the mental abnormality and the alleged crime should be established.

American Law Institute (ALI Tests)

This rule states that a person is not responsible for criminal conduct if, at the time of the act, as a result of mental disease or defect, the person lacks substantial capacity to appreciate wrongfulness of the conduct or to conform the conduct to the requirements of law. According to this rule, mental disease or defect does not include an abnormality that is manifested only by repeated criminal offence or antisocial conduct.

21.4.4 Laws for Illegal Trafficking of Narcotic Drugs and Psychotropic Substances

According to the Narcotic Drugs and Psychotropic Substances Act, 1985, it is illegal to produce, possess, transport, import, sell, purchase or use substances such as opium, poppy, straw, cannabis, cocaine, and psychotropic substances. A person is liable to imprisonment for 10 years and a fine up to ₹1 lakh for handling of ganja and 15 years of imprisonment and a fine of ₹1.5 lakh for repeated offence.

The other laws that are related to the mental state of a person are as follows:

1. Attempted suicide is an offence punishable under Section 309 of the Indian Penal code.
2. Others laws are of testamentary capacity. A mentally sound person with good memory, orientation and concentration can write a valid will. A doctor or nurse is appointed as a witness to test the insight and orientation of the ailing person.
3. The laws connected to marriage and mental health such as the Indian Divorce Act, 1869, and the Hindu Marriage Act, 1955, state that divorce can be obtained if the spouse is found to be of unsound mind.
4. According to Article 326, 102 of the Constitution of India, a person with unsound mind cannot vote or stand for election.

21.5 ETHICAL AND LEGAL RESPONSIBILITIES AND ROLE OF THE PSYCHIATRIC NURSE

Psychiatric nursing is a challenging speciality where the nurses are daily confronted with unexpected legal and ethical issues of different kinds. Hence, it becomes an important necessity of the psychiatric

nurse to learn about the laws and the legal and ethical issues in psychiatric nursing, which helps him/her to prepare and manage the patient successfully and prevent further issues in the patient. The important functions of a nurse are as follows:

1. Be aware of all medical laws related to psychiatric nursing in the state, rights of psychiatric patients, criminal and civil responsibilities of the patients, and legal recording of all patient details, which helps the nurse to protect the patient from liability and unnecessary detention and mistreatment of the patient.
2. Get the informed consent signed by the patient at the time of admission and also whenever required. As the patient is of unsound mind and incompetent to give informed consent, it is the responsibility of the nurse to explain the nature of diagnosis, the purpose of the treatment, and the risks and benefits associated with it in a simple language. The consent should also be taken from caretakers such as the spouse, parents, guardians and friends.
3. It becomes necessary to get substitute informed consent signed when the psychiatric patient is not capable of giving consent. In such cases, the consent signature can be obtained from the spouse, parents, relatives or guardians. The consent should be obtained for the following reasons:
 - (a) Admission of a psychiatric patient on voluntary basis
 - (b) Performance of therapeutic procedures such as ECT, lumbar puncture for cerebrospinal fluid analysis, or any psychosurgery
 - (c) Performance of narco analysis (pentothal analysis)
 - (d) Administration of therapies such as aversion therapy using disulfiram
 - (e) Administration of any drug as a trial for research purposes
4. A very important function of the nurse is to keep safe and confidential all the details of the patient such as the patient's identity, information, family history, socioeconomic status, past and present medical illness, psychiatric illness, personal history, medical reports, and lab reports. A nurse should be careful in handling these reports and in documenting them. The statements should be recorded non-judgementally and in an objective in nature. They should be clear, simple, concise, and unambiguous with date, time and signature. He/she should avoid gossiping about details that may affect the patient's future such as his/her employment, marriage, or insurance benefits.
5. The quality of beneficence is dealt with throughout the book and it has already been mentioned that it refers to the act of doing only good ethically, legally, and morally. The following are the ways to initiate the ethical principle of beneficence in the case of psychiatric patients:
 - (a) Analyse the present condition of the patient; record all the findings, treatment modalities, and patient reactions.
 - (b) Carry out all interventions as per order by maintaining good interpersonal relationship.
 - (c) Use standard established protocol to provide quality care.
 - (d) Find the root cause of the legal and ethical issues and solve them using ethical decision-making models pertaining to psychiatry.
 - (e) Work collaboratively as a team.
 - (f) Practise and follow all psychiatric laws as stated by the government.
 - (g) Accept the patient as he/she is and provide high quality holistic care.

- (h) Maintain all reports and records safely.
 - (i) Always give importance to patient welfare.
6. A nurse should practise non-maleficence, that is, not harm the psychiatric patient during nursing care, not get involved in any malpractice or fraud, and not do any physical, psychological, social and spiritual harm or injury to the patient. He/she should take the following steps to avoid harming the patient:
 - (a) Observe the patient for any injury because of conflicts between the patients and signs of attempted suicide.
 - (b) Report immediately any unusual change observed before, during and after any procedure performed on the patient and record the same with date, time and signature.
 - (c) Record the serum level of the psychiatric drugs and look out for any abnormal changes, improvement or deterioration of patient's illness.
 - (d) Obtain the informed consent for any procedure to be performed on the patient.
 - (e) Obtain the faith, cooperation and trust of the patient and avoid breach of confidentiality.
 - (f) Report any kind of physical assault, sexual abuse, or verbal abuse done to patient by others.

All these activities are directed towards not harming the patient directly or indirectly and benefiting the patient as well as the nurse.
 7. A nurse should protect all the rights of the patients. A nurse should be aware of the rights of the mentally ill and strive towards getting them for the patients. He/she should act like a legal protective shield and protect the patient from all legal and ethical issues.
 8. A nurse needs to be truthful, honest, punctual, sincere, patient, polite, humble and obedient. As psychiatric illness cannot be cured in a day or month and recovery takes its own time, he/she should be truthful in doing the procedure. It is easily possible to cheat without giving proper care because the patients will not be able to complain about it. However, this amounts to violating the principle of veracity and the nurse is considered to be involved in fraudulent activities, which should be avoided.
 9. Fidelity means keeping up promise and maintaining trustworthiness in patients. The actions of a nurse should make the patients or their family members feel comfortable and at home. He/she should not act like a stranger who cannot be trusted. The care provided should not be superficial and the nursing activities should create trust and faith in the patients.
 10. A nurse is accountable and responsible for every action related to patient care right from the time of admission until discharge. He/she should be skilled enough to tackle the legal and ethical issues that affect the psychiatric patients and never escape from responsibility by saying that he/she was not aware of the issue. The principles of accountability and responsibility protect the nurse from all legal and ethical problems.

CONCLUSION

Legal and ethical issues are prevalent everywhere and are ready to intervene and affect the vulnerable if given the slightest chance. These issues will disturb the complete health equilibrium. Therefore, a psychiatric nurse should be knowledgeable and have the necessary skills to practise the ethical principles, to fight against these issues and to protect the psychiatric patients from such issues.

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REVIEW QUESTIONS

1. Define mental illness and explain the need for ethical consideration in mental health nursing.
2. Discuss the ethical and legal rights of the mentally ill.
3. Discuss the medical laws for psychiatric clients.
4. Explain McNaughton rule in mental health.
5. Discuss and describe the ethical and legal responsibilities and role of a psychiatric nurse.

ETHICAL AND LEGAL ISSUES IN NURSING ADMINISTRATION AND MANAGEMENT

LEARNING OBJECTIVES

1. Definition and ethical and legal issues in management
2. Ethical issues in practice
3. Dependent versus independent functioning
4. Unethical practices in nursing
5. Laws that help to prevent legal issues
6. Role of a nurse administrator

22.1 INTRODUCTION

Nursing administration and management is a branch of science that deals with manning skills for the nursing profession, which has its own scientific knowledge and background, to perform the management process in any nursing institution or hospital. The image of a nurse has gradually changed from that of the physician's handmaid in the olden dark days to the current golden one as the nurse manager, leader and administrator. This growth is a crown to the nursing profession. Today's nurses are working as independent nurse administrators, entrepreneurs, and owners of their firms. Thus, there has been a great growth in the nursing profession especially in countries such as the USA and the UK. However, the scenario in India is different. Are the nurse managers and administrators in Indian hospitals and

educational institutions allowed to function independently? Is the change completely accepted by all management authorities and other member of the organization? Is the role of a nurse manager just a namesake and, if so, why? There are issues still affecting the function of a nurse manager. This chapter deals with these issues and the ways to resolve the legal and ethical issues that affect the management process and the functioning of a nurse manager or leader.

22.2 DEFINITION

22.2.1 Nursing Management

Nursing management is defined as the role of a nurse manager to control, coordinate, supervise, and lead the nurses under him/her to provide quality nursing care.

22.2.2 Nursing Administration

Nursing administration is a specialty in nursing that integrates nursing science, business, principles, organizational behaviour and resource management to prepare nurses to participate as full partners in managing and leading health care organization.

22.2.3 Nursing Administrator

The nursing administrator has a degree in nursing administration. He/she will be trained in organization development, management principles, employee relations and finance, which will help him/her to supervise and manage his/her team effectively as well as help in policy planning for the health institution.

22.3 ETHICAL AND LEGAL ISSUES IN MANAGEMENT

There are many ethical and legal issues that directly affect the functioning of any nurse leader or nurse manager. Most importantly, there is no autonomy to carry out the work of nursing. The following are the major issues that affect the work of a nurse administrator:

Handling Conflicts among the Staff, between Staff and Management, and Vice Versa: The nurse administrator has to solve the issues according to the nursing ethical decision-making model. He/she should not be favouring anybody and the solution given should be reasonable to both the parties at conflict. For example, there may be a conflict between sweepers and nurses. The sweeper may not clean the floors and toilets properly and may be negligent in work. The nurse may repeatedly warn the sweeper about his/her negligent action. If there is no change, the nurse may complain to the nurse administrator. The sweeper might have been active and good at work at the beginning but might have later on lost interest and hence neglected work. Conflicts can arise from any issue; the nurse administrator should be skillful in tackling the issues exhibiting the qualities of justice, veracity, and beneficence to the affected people in the conflicts.

'Whistle-Blowing' Issues: Whistle-blowers are those who alert or disclose internal or external danger, malpractice, corruption, bribery, theft, fraud, negligence, resource wastage, misinterpretation, and safety violation done by an employee or the authorities of management to the public and the concerned authorities. Anyone can make mistakes, but we have to follow certain ethical principles to regulate the

behaviour of the workers. The nursing activities of the nurses, especially the newly appointed ones, are evaluated, controlled and supervised to check their eligibility for being made permanent and for promotions. The employee will not know that he/she is being observed. The attitude, behaviour, approach, and working ability towards patient care will be evaluated by the nursing administrator who will then decide whether to continue with the staff or not. In whistle-blowing process, there will be an officer or administrator to evaluate the concerned staff every day.

Unethical Behaviour: Issues such as libel, slander, negligence, malpractice, ill-treating patients, theft, fraud work, bribery, wasting the hospital resource by staff, validating safety measures, misinterpretation of patient results are all important legal issues.

22.4 ETHICAL ISSUES IN PRACTICE

The following are the ethical issues in nursing practice that result in conflict:

Libel: This refers to the false and harmful written reports given by the nurse with an intention of hurting the colleague's reputation in nursing practice.

Slander: This is the false and harmful oral report about one nurse given by another nurse with an intention to hurt his/her reputation in nursing practice.

Malpractice: This refers to the failure in performing professional duties or the lack of skill or practice that causes injury or harm to the client or patient.

Negligence: This means failure of the nurse to administer or provide nursing care in the right time to the right patient at the right place; it is also called as carelessness.

Bribery and Corruption: This refers to the act of violating the legal and medical laws towards the patient care, such as performing illegal abortion against the Medical Termination of Pregnancy (MTP) Act by an untrained nurse and getting some gift or money as bribe from the affected patient.

Forgery and Fraud: Getting the signature from the patient in the informed consent form is an important procedure. If the nurse signs instead of the patient or if he/she signs in the register for another nurse, it is called forgery or fraud.

Wasting Hospital Resources: The resources of the hospital should not be wasted. For example, solutions such as dettol, savlon, betadine, and spirit should be used limitedly and should not be intentionally wasted. Moreover, cotton, gauge, gloves, plaster, and disposable needles should not be used without proper planning.

Theft or Stealing: It is quite common in hospitals to find that cotton, gauze, solution, unused sanitary pads, etc. disappear from patients' side lockers; it can be taken by the sweepers, attenders, and even nurses.

Misinterpretation: Healthcare providers such as nurses or co-workers should not confirm the diagnosis before the physician confirms and informs the patient, because misinterpretation of report results and diagnosis leads to conflicts in the health care system.

Violating the Safety Needs: The main aim of a nurse should be to protect the patient from all hazards. Among these are slippery floors and faulty and non-repaired apparatus such defibrillator. For example, if the faulty water heater in the bath room is touched unknowingly, it might lead to the patient's death.

Similarly, absence of side rails in the bed or side rails not being fixed properly may harm the patient because he/she might fall off the bed. A nurse should ensure the safety of the patients in the room and should immediately take action against the following:

- (a) Presence of inflammable substance in the ward besides the O₂ cylinder
- (b) Inadequate protection from stray animals, for example, dogs and snakes
- (c) Inadequate lighting in the wards and bathrooms, and no washing facilities or hot water supplies when needed

Criminal Acts or Tort: A nurse should never indulge in a forbidden act that is punishable by law. Any wrongdoing, which results in injustice or harm to the patient, in return for gaining benefits in the form of money or resulting in any profit to the hospital should be avoided.

For example, a nurse may try to induce labour in a pregnant woman admitted for normal delivery even before the warning signs of labour start. The nurse might promise the patient to deliver the child at the time favourable to the child according to astrology and inject the drug pitocin intravenously without diluting it. This forces the baby out unnaturally but hurts the mother; sometimes, the uterus may be ruptured and the patient might have to go for Lower Segment Caesarean Section (LSCS). As the profit for the hospital is much more in the case of LSCS than a normal delivery, a nurse may indulge in such acts, which is wrong, unjust and a crime.

These issues are brought to the notice of the hospital authorities by the whistle-blowers. However, mostly they do not take any action and instead do the following:

- (a) They try to cover-up the wrongdoing.
- (b) They try to destroy the evidence. Whistle-blowing is a deliberate voluntary disclosure of individual or organizational malpractice by a person who has or had privileged access to data, events, or information about an actual, suspected, or anticipated wrongdoing within or by the hospital organization that is identified within its ability to control. However, the principles of justice and veracity should be used to deal with such issues as it is important to safeguard the whistle-blowers.

Safety of Whistle-Blowers: Though whistle-blowing is a burning issue, it is equally important to protect the safety and integrity of the whistle-blowers. The False Claims Act, 1863, revised in 1986, includes a whistle-blower protection provision. As per this law, the whistle-blowers are protected from being harmed by the person who is being accused for wrongdoing. It can be a nurse, sweeper, attender, or even doctor. The accused person is answerable to the law for his/her actions.

22.5 DEPENDENT VS INDEPENDENT FUNCTIONING

An important issue faced by the nurse administrators is the freedom or the lack of it to function independently. The following are some of the issues faced by a nurse administrator:

1. A nurse administrator is never allowed to function independently. He/she is always dependent on the management authorities in taking any decision. Though a nurse administrator is trained theoretically to function independently, he/she is not allowed to practise it in real situations, such as staffing.
2. One of the main functions of a nurse administrator is staffing, which means selecting and recruiting the staff as per qualification, experience and requirement in the hospital. However,

the nurse administrator cannot decide any appointment without involving management authorities. There is no prime importance given to the nurse administrator in decision-making regarding the appointment of staff or fixing the salary.

3. Apart from the nurses, so many others are involved in the planning of policies, rules, and regulations about nursing activities. A nurse needs to totally depend upon the management authorities to carry out the functions. Nurses are considered inferior and are thought to not make any difference by becoming a nurse leader or administrator.
4. In delegation of any responsibilities to other co-workers, a nurse administrator or leader needs the approval of higher authorities, which degrades his/her respect among the co-workers. Most of the times, only the quantity of work is valued and not the quality of nursing care.
5. The nurse administrator is supposed to coordinate the work of the health team and take decisions regarding holidays, offs, and duty schedules. However, there is some interference from the hospital management. If they prefer the work of certain staff they ask personally to appoint the same nurse for continuous duty or night shifts. A nurse administrator should shuffle the staff and classify the duty schedule as per patient classification system, but he/she is forced to give preference to somebody over others in order to fulfil the wishes of the management authorities.
6. The reports given by the nurse administrator is not valued by the management authorities, for example, action is not taken regarding the reports of staff inadequacy in the ward, need of supplies and equipment, staff salary or increment, or improving the working environment. These reports reach the management authorities' desk but are never considered or welcomed and sometimes are thrown as trash without even being opened.
7. In the case of budgeting, only the plan is given by the nurse manager but he/she has not control over its implementation. The nurse administrator is not allowed to handle any money. The management authorities never consider a nurse to be skilled enough to implement budgeting activities.

22.6 UNETHICAL PRACTICES IN NURSING

The nurse administrator is responsible for staffing, recruiting, and retaining the staff. The ethical issues faced during recruitment are as follows:

1. Procuring registration by false means
2. Procuring the certificate in another person's name
3. Use of fake name and registration number by a nursing person
4. Representation of registrant as a medical practitioner

Today, the issue of duplicate certificates is present in all courses. Duplicate certificates are issued for money. These certificates look similar to the original ones and the fraud will come to light only when the respective nursing councils enquire about it. Duplicate mark sheets and certificates can be obtained even for the 10th and 12th standards. This is an offence and the agents who are involved in such work do it only for earning money. The innocent people who fall into this trap and get duplicate certificates are liable to be punished by law, if they are caught.

The following are the six legal authorities that guide legal and ethical nursing practices that facilitate good nursing administration and management, as shown in Fig. 22.1:

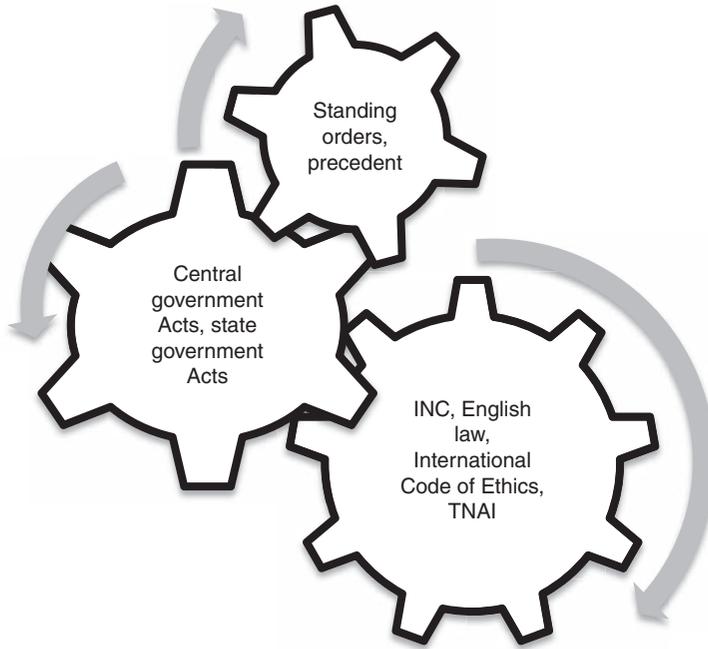


Figure 22.1 Authorities that guide legal and ethical nursing practice

1. Central government
2. State government
3. International Code for Nurses by the Trained Nurses Association of India (TNAI)
4. Hospital institutional rules and regulating
5. Standing order for nurses
6. Precedents

They give guidelines to ensure that legal and ethical nursing care is practised and help in dealing with such issues as and when they arise.

22.7 LAWS THAT HELP TO PREVENT LEGAL ISSUES

The following are the legal authorities and the laws that help the nurse administrator to follow ethical nursing practice:

Central Acts of India: The central government does not act on its own but takes inputs from Conduct Rules and from Indian Nursing Council (INC) Act through English law.

Government Servants' Conduct Rules: These rules state that each staff should be dedicated and devoted to his/her work and practise high standards of ethical nursing care.

The INC: The national legislation for nurses controls the nursing practice for Indian nurses. It gives licence to practise nursing after the nurse registers in this council. The INC controls all the state nursing councils, conducts inspection in nursing institutions, provides nursing syllabus and curriculum, removes licence or registration of nurses who are found to involve in illegal activities. Such nurses can also be imprisoned and levied penalty or fine.

English Law: The English law is very specific and controls the nursing practice and ensures that there is no negligence, malpractice, slander, libel, crime, or theft. According to this law, the medical practitioner indulging in such activities can be punished with imprisonment and/or fine. The important rights of a nurse according to this law, shown in Fig. 22.2, are as follows:

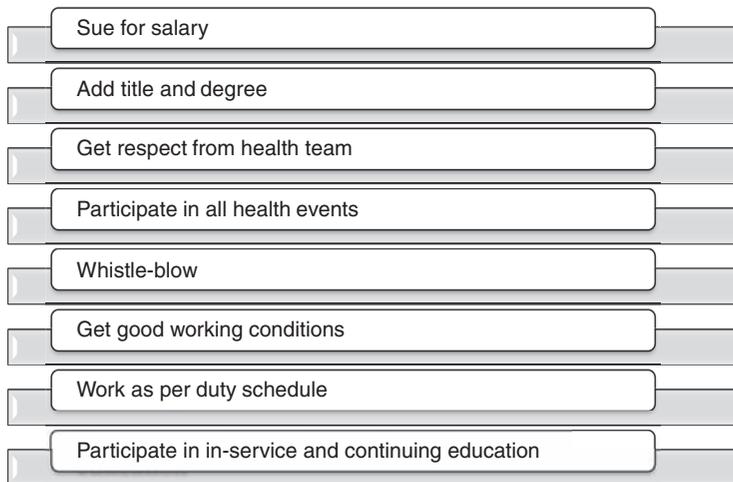


Figure 22.2 Rights of a nurse

1. Right to sue for salary or fees.
2. Right of a nurse to add title and degree to show his/her qualification in nursing and the position.
3. Right to get respect from members of health team.
4. Right to participate in all health events in the hospital.
5. Right to whistle-blow or complain about unethical practice to the concerned authorities with evidence.
6. Right to get all facilities to provide good nursing care.
7. Right to take rest, holidays, and offs as per the duty roster.
8. Right to participate in in-service and continuing education.

The fundamental duties of a nurse are as follows:

1. Use adequate knowledge and skill to treat the patients.
2. Continue the therapeutic relationship with a patient effectively until the patient is discharged.
3. Never ignore a call and pay attention to all the needs of the patients.
4. As per Indian Penal Code, keep all poisonous drugs safely labelled and marked.

5. Keep all documents regarding the patients safe and confidential.
6. Report and record the abnormalities in patient on time; this prevents incidence of legal and ethical issues and protects the nurse.

22.8 ROLE OF NURSE ADMINISTRATOR

A nurse administrator has an important role in the health system. He/she has the following responsibilities towards the nursing practice and profession:

Prepare Success Model: The management authorities of the hospitals, especially the nursing department, strive to obtain a successful model of working to achieve the status of “bench marking” through quality assurance and autonomous functioning and by implementing the standards of nursing care in the best possible manner. An independently function nurse manager and should plans and organizes a useful and implementable model of operation for the nursing team of the hospital, formulates the nursing standards of care, policies, rules, and regulations that help in achieving high quality and excellence in nursing care, shows a good output through the success model such as good quality patient care, good patient satisfaction, and job satisfaction.

Accreditation from National Hospital Accreditation Council: This is an association that gives licence to a hospital and permission to continue its service and practice care after a thorough evaluation of the functioning of the hospital. It definitely cannot be obtained by nurses alone but can be done only as a team; the nurse should develop a healthy team with the motto ‘esprit de corps’, which leads to unity. Once the approval is obtained, success automatically follows, because the quality of service provided will bring fame and popularity One of the first hospitals in India to obtain such an accreditation is Indraprasad Apollo hospital, Delhi.

Nursing Audit: A nurse should organize the nursing audit for evaluating the total functioning of the nursing activities; this will help to check and ensure the quality of care given to the patients. Based on the audit, feedback is given to improve the nursing activity of the nurses.

Improving Nursing Skills: A nurse should never wait for an opportunity to showcase his/her skills and knowledge. Nurses have the power, knowledge, skill, good passion, and attitude to serve people, which are taught to them from the beginning of their journey. According to the saying ‘do not wait for your ship to come in, swim out to it’, a nurse should be ready to struggle and succeed. Through hard work and evidence-based practice, a nurse must carry out the nursing work. Updating knowledge, developing good attitude towards work, practising the skill to provide care, empathizing with patients’ problems, developing efficiency in speaking and assertiveness in implementing nursing care, and evaluating the care given are all activities that act as a protective shield to the nurse. He/she must develop trust through his/her nursing activities and care. A good leader must first be a good servant, that is, a good nurse leader must first be aware of the duties and responsibilities of a nurse and act accordingly in providing nursing care.

Be a Good Administrator: A nurse administrator must be a good role model in following the codes of ethics and ethical principles and must inculcate them in all others nurses and those in the administration and management. A nurse administrator must ensure the following:

Earn the Respect of the Society: A nurse managing the nursing service in the hospital and community should plan excellent modes and strategies to improve the patient care unit in the hospital and

community and should set up emergency and disaster management unit. Such activities will earn the respect of the people in the community.

Standardize Nursing Practice and Profession: The nurse administrator must resort to standardize the nursing profession. He/she should improve the nursing care by applying the principles of human resource management, recruiting staff with good experience and qualification, ensuring continuance of such good staff by giving promotions, increment, and positive reinforcement with good plans for superannuation, and providing standardizing protocol for selected nursing staff at different levels as per the requirements and demands based on the patient classification system. The staff should be given standard job description to carry out nursing care responsibilities. Staff welfare department must also be maintained; this should take care of staff welfare activities to ensure that the nurse is satisfied with his/her job and strives to provide high quality care.

Control and Manage the Co-Workers with Full Coordination: The relationship between the nurse manager and the co-workers should be only professional. The manager should not get too friendly and affectionate. He/she should control the activities of the subordinates by doing regular nursing rounds and should exchange nursing knowledge with other staff to improve patient care. Nursing protocols must be framed as per evidence-based practice. A nurse manager must supervise, direct and lead the subordinates to ensure a unity of command and direction with a goal to improve the quality care. A standard Programme Evaluation and Review Technique (PERT) system must be framed to evaluate the functioning of the subordinates. The efficiency of each nursing activity must be measured using a standard activity plan chart such as Gantt chart. The talented subordinates who are good at their work must be appreciated and they must be sustained by giving them rewards, good words of appreciation in front of others, increment, etc.

Following Ethical Principles in Nursing Administration and Management: There are many legal and ethical issues that interfere with nursing care. Nursing is a noble profession and hence a nurse should support only ethical activities in nursing administration and management.

Respect the Subordinates Rights: Though the nurse administrator is given the authority to control the nurses, he/she should give respect to the rights of the subordinates such as right to be informed about rules and regulations of hospital management, right to take decision in provision of patient care, right to refuse the job, and right to have personal privacy and confidentially. When a nurse is given the position of in-charge, consent must be obtained from the nurse and his/her signature obtained after he/she goes through the details such as work load, responsibilities, risk, holidays, etc.

Beneficence and Non-Maleficence: A nurse administrator should direct his/her actions such that they are only beneficial to the staff and the patients. He/she should not harm the subordinates or the patients indirectly by not being alert in planning proper duty schedule; the patients should not be left unattended. The objective of a nurse administrator should always be achieving quality care. Hence, he/she should get permission from the management authorities to recruit, select, appoint, and shuffle the staff as per patient needs and demands and must also ensure that no staff is overloaded or underloaded with work and has adequate offs.

Justice and Veracity: A nurse administrator should be fair and treat all the nurses and subordinates equally without any discrimination or difference, without giving preference to only certain nurses. For example, if the nurse administrator is a Kannadiga, she might prefer to talk or discuss only with Kannadiga staff. This may creates some conflict with other nurses. Hence, the nurse administrator

should treat all nurses in the same way, irrespective of their age, sex, culture, language, religion, race, marital status, educational status, and social status. He/she should be truthful, honest, punctual, polite, and humble and at the same time assertive, but not passive or aggressive.

Fidelity and Confidentiality: An important quality of a nursing administrator is to keep the promises and his/her activities must be confidential. He/she needs to behave in such a way that he/she gains the trust of and develops a faithful relationship with the management, subordinates and patients. The nurse administrator plans the standards and protocols for the staff, does staffing, plans patient care strategies, organizes the human resource management process, does budgeting for the entire management process focusing on cost–benefit analysis, which plays an important role in the material management, to coordinate and manage the equipment and supplies needed for the hospital and patient care, does the supervision to control the staff, retains good-working staff, and provides training for the staff whose performance is not up to the expected standards. Thus, the nurse administrator needs to maintain fidelity and confidentiality in all the activities of management process.

Accountability and Responsibility: A nurse administrator cannot escape from responsibility and accountability since the position has its own standards and authority to plan not only the patient care services in the hospital and community but also the entire management process in relation to patient care. A nurse administrator is responsible and answerable for not only his/her mistakes but also for that of the subordinates. For example, if the subordinate nurse fails to inject insulin drug in time for a hyperglycaemic patient, the patient's blood sugar shoots up and this might even harm the patient's life. Similarly, if the nurse administers insulin in an unconscious diabetic patient having hyperglycaemia but fails to feed the diet via the nasogastric tube, within half an hour after injection the patient is at risk of hypoglycaemia, which again might be fatal. A nurse administrator cannot just blame the subordinate but is also answerable to such kind of nursing action by the subordinates. Hence, controlled supervision of the subordinates, frequent nursing rounds and patient visit schedules, and a good evaluation system help the nurse administrators to be ethically safe and also be responsible and accountable towards the nursing care.

CONCLUSION

It is not possible to be a nurse leader and administrator just by gaining knowledge in the nursing administration and management. Instead, the nurse should follow the code of ethics and legal and ethical principles, update nursing knowledge, and be a role model of an excellent nurse to obtain quality care in nursing. He/she should also be a whistle-blower, identify slanders, libels, and fraud nurses, and report to higher authorities to establish safe and efficient nursing care.

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REVIEW QUESTIONS

1. List and explain the laws and regulations that help to prevent the legal and ethical issues in nursing administration.
2. Illustrate the role of the nurse administrator.
3. Describe the burning issue 'whistle-blowing'.
4. Explain the prevailing issues in nursing administration and management.

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V

SPECIAL ETHICAL ISSUES IN NURSING

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ABORTION

LEARNING OBJECTIVES

1. Definition and the various types of abortion
2. Issues in abortion
3. Ethical principles in abortion
4. Historical beliefs about abortion
5. Religious beliefs concerning abortion
6. Ethical dilemmas in abortion

23.1 INTRODUCTION

Abortion is one of the most sensitive bioethical ethical issues in under-developed countries, especially among the illiterates. It is an evil and considered to be a sin in Roman Catholic religion. Abortion is the conscious killing or termination of a viable foetus against law and justice. Many foetuses are killed or made to be killed mercilessly for many reasons that are unethical. It is a burning ethical issue and every nurse should be well aware of and have a thorough understanding about abortion, the ethical and unethical issues and dilemmas surrounding it, and the legal and ethical principles framed to prevent and tackle the issues associated with abortion.

23.2 DEFINITION OF ABORTION

Abortion is defined by the World Health Organization (WHO) as the expulsion or extraction from its mother of an embryo or foetus weighing 500 gm or less when it is not capable of independent survival. Figure 23.1 illustrates the various types of abortion.

Spontaneous Abortion

This is defined as the involuntary loss of the product of conception prior to 28 weeks of gestation, with the weight of the foetus being less than 1000 gm or less.

Spontaneous abortion or miscarriage falls under the following two categories:

- (a) Isolated, sporadic or non-recurring abortion
- (b) Recurrent abortion

Isolated, Sporadic or Non-recurring Abortion: This refers to a single, sporadic event. Often, an isolated miscarriage occurs due to a chromosomal error in the egg or sperm. This chromosomal error results in non-recurring abortion.

Recurrent Abortion: This is defined as three or more miscarriages of foetus before 20 weeks of gestation. For example, if a woman endures three consecutive miscarriages, the miscarriages are considered recurring.

Induced Abortion

Induced abortion was legalized in India according to the Medical Termination of Pregnancy (MTP) Act of 1971, which was revised in 1975. Induced abortion means deliberate termination of pregnancy either by medical or by surgical method before the foetus becomes viable.

Legalized Abortion: Legal abortions are performed in India after the MTP Act of 1971 (revised in 1975) was passed; it is a deliberate induction of abortion prior to 20 weeks of gestation by a registered medical practitioner in order to save the life of the mother that is at risk due to the growing foetus in the mother's womb.

Illegal Abortion: An illegal abortion may be self-induced, induced by someone who is not a physician or not acting under his/her supervision, or induced by a physician under conditions that violate the state laws governing abortions. Illegal abortions are often associated with life-threatening complications.

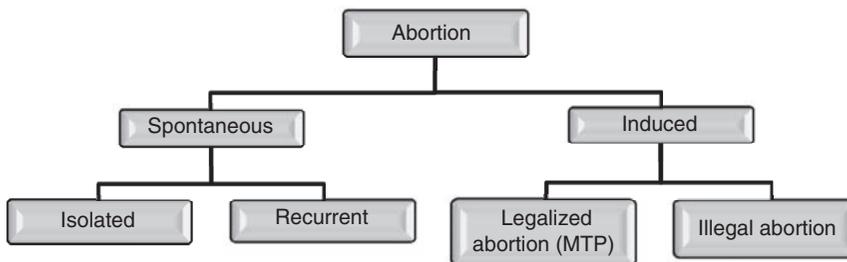


Figure 23.1 Types of abortion

23.3 ISSUES IN ABORTION

There are various issues that surround the topic of abortion. The following rights of the foetus are not protected:

1. Right of the foetus to survive
2. Right of the foetus to be respected
3. Right of foetus not to be harmed

4. Right of the foetus to get treatment for survival
5. Right of the foetus to get nutrition, safety and comfort

The foetus is killed mercilessly for personal reasons. In the case of female foeticide, the foetus is aborted as it is found to be female because there is a preference for male child. However, abortion is made legal in the following conditions as per the MTP Act, 1975 (revised):

1. Condemnation of pregnancy that involves serious risk or danger to the mother's life
2. Mother is psychologically unsound or mentally ill with psychiatric illness, for example, psychosis.
3. The foetus is found to have serious physical deformities, or congenital or chromosomal anomalies, which will endanger the survival of the foetus or will result in a handicapped life.
4. The pregnancy is a result of rape or sexual abuse of a major girl (above 21 years), a minor girl below 18 years of age, or a mentally imbalanced woman.
5. The pregnancy resulted because of failure of contraceptives, where the pregnancy cannot be continued safely and it will harm the woman's life.

Absolute Indications as per the MTP Act

The MTP (Medical Termination of Pregnancy) Act provides the absolute indications in a pregnant woman that allows induced abortion to be performed in order to save her life. According to this Act, induced abortion is allowed when the mother is diagnosed with and is undergoing treatment for the following conditions:

1. Serious cardiac diseases, with history of decomposition in previous pregnancy
2. Chronic glomerulonephritis
3. Severe uncontrolled hypertension
4. Intractable hyperemesis gravidarum, which might harm the mother's life
5. Cervical and breast cancer
6. Diabetic mellitus with retinopathy
7. Convulsion and epilepsy
8. Psychiatric illness, for example, schizophrenia or bipolar disorder (manic depression)

Sociological Indications

The absolute sociological indications are as follows:

1. Pregnancy by rape or sexual abuse
2. Failure of contraceptive use

Absolute Criteria for Foetus

Abortion is allowed when the foetus has structural abnormalities such as microcephaly, chromosomal abnormalities such as Klinefelter syndrome, Turner syndrome, or Down syndrome, or genetic abnormalities such as haemophilia. Induced abortion can also be performed in case the foetus is

exposed to chronic radiation of gamma rays in early pregnancy, foetus toxicity by teratogenic drugs, poison intake by mother, or if rubella, a viral infection, is diagnosed in the mother in the first trimester.

Terms of Abortion as per the MTP Act, 1975 (Revised)

According to the MTP Act, the following points need to be adhered to when an induced abortion is being performed:

1. The MTP should be performed by a registered nursing practitioner who is qualified, has assisted in at least 25 termination of pregnancies in an authorized centre, has certificates with required details, and has licence from the Medical Council.
2. The MTP can also be performed by a qualified registered medical practitioner who has undergone at least six months of training in obstetrics and gynaecology as a house surgeon.
3. A qualified registered medical practitioner who has got a diploma or degree in obstetrics and gynaecology is also allowed to perform the MTP.
4. The MTP can be done only when consent is given by the pregnant woman on whom the abortion is to be performed.
5. MTP can be done only if the informed consent is given by the pregnant woman; the husband's consent is not required.
6. Pregnancy in case of minor girls by rape or sexual abuse or women with psychiatric illness can be terminated by obtaining informed consent from the parents or legal guardian.
7. The MTP is permitted only up to 20 weeks of pregnancy. If the gestational age is beyond 12 weeks, the medical opinion of another qualified and experienced medical practitioner is required.
8. The details of abortion are kept confidential by the medical practitioners and the reports are submitted to the directors of health services of the particular state in the prescribed abortion form.

Illegal or Unsafe Abortion

This refers to the abortion that is done against the MTP Act, violating all the indications and laws and is done according to the preference of the pregnant woman, spouse, parents, or guardian.

The following points have been observed about illegal abortion:

1. It is usually performed by a person who is untrained in doing abortions.
2. It involves using unnatural and unsafe devices to remove the foetus.
3. The persons who perform illegal abortion are not registered in the Medical Council and are not recognized by the state government; if caught, they are liable to be sued under law and can be imprisoned.
4. An illegal abortion may be called a “back-alley”, “backstreet” or “backyard” abortion. India records a whopping 5.7 million illegal abortions every year and over 80 percent of the pregnant women do not get hygienic antenatal care or are left uncared. Every year 6.7 million abortions take place in India but the sad part is that of this 5.7 million are illegal.

23.4 ETHICAL PRINCIPLES OF ABORTION

National Abortion Federation (NAP)

This is the professional association of abortion providers in North America. The board of NAP has developed a document of ethical principles as a guide for practitioners. These principles help the care providers in a challenging situation.

A care provider is expected to practise higher professional conduct with compassion and respect the dignity of each affected individual. The following are the guidelines recommended by the NAP:

1. Maintain mutual, healthy physician–nurse–patient relationship.
2. Ensure that informed consent is signed not by force but of the own free will of the mother.
3. In case of incompetent patients such as a minor girl below 18 years of age or a woman with psychiatric illness, informed consent must be obtained from the parents or guardian.
4. While getting the informed consent signed, there are certain principles to be followed such as providing complete details about the abortion procedure, treatment method, and alternatives that are appropriate for the patient.

Important Standards in Informed Consent

The following are the important standards in informed consent:

- S_{1a}. The physician must make sure that he/she has given accurate information about the risks, benefits, and possible complication of abortion in detail.
- S_{1b}. The information is given either individually or in a group meeting.
- S_{2a}. There must be standard documentation signed by the patient that he/she understands the full details of the abortion procedure, the alternatives, the potential risks, benefits, and possible complication. The decision made by the patient is not by force but is of her own will.
- S_{2b}. The language used in the informed consent for abortion is simple and easy to understand.
- S_{3a}. The patient should be given privacy and opportunity to discuss freely about the issues and problems of undergoing abortion.
- S_{3b}. The nurse should allow a trusted family member of the patient, an advisor, or an expert counsellor who can assist the patient to take decisions regarding abortion. Moreover, the signature of witness in the informed consent form can be the person who assists the patient to take the final decision regarding abortion.

Getting Informed Consent from Incompetent Patient

A nurse should understand that every patient has a capacity to make decisions, except under the following conditions:

1. Any psychiatric illness
2. Girl less than 18 years of age
3. A minor orphan has no right to take decisions since he/she has a guardian to take care of him/her, whereas a major orphan can take his/her own decisions.

4. Handicapped, blind, deaf, or dumb
5. Fracture of hands or absence of hands (phocomelia)

In such cases, depending upon the type of incompetency, informed consent is given by the ‘surrogates’; the surrogate can be parents or guardian. A nurse should adhere to the following guidelines:

1. The nurse should give adequate explanation about abortion. As patient is capable of communicating, the nurse should find the patient’s preference and give best professional judgment.
2. The nurse can get the informed consent form signed by the surrogate who is trusted by the patient.
3. The nurse can decline abortion if the patient and surrogate disagree on the issue. The nurse can take appropriate action by consulting with the expert in the hospital to arrive at a decision.
4. If the nurse feels that the patient is not capable of decision-making and has no surrogate, he/she should follow the legal and ethical procedures to do abortion and adopt the procedure for appointment of surrogate.

Getting Consent from Minor Child

The following are the guidelines for getting the informed consent signed in case of abortion in a minor child:

1. The nurse should respect the autonomy of the minor child and help her to understand the informed consent dialogue statement.
2. The nurse should encourage the child to seek support from a trusted parent or an expert counsellor.

Reporting of Sexual Abuse in Minor or Incompetent Patients

The appropriate guidelines for reporting of sexual abuse in case of minor or incompetent patients are as follows:

1. The nurse should understand the situation that has its own legal obligation and should immediately report the abuse to the concerned authorities as per the jurisdiction.
2. The nurse should report to the concerned authorities if the minor or incompetent patient is not capable of giving the informed consent.
3. The nurse should report to the government about the ongoing risks of abuse and neglect of minors and incompetent patients.
4. Before reporting to the government, the nurse has to communicate clearly with the minor or incompetent patient with good faith and effort. These details about the client will not be revealed by the nurse.
5. Once judgment is obtained from the court, the surrogate is decided.

Confidentiality

In case of abortion, which is a serious bioethical issue, the principle of confidentiality is important. A nurse should not disclose any details of the patient or discuss details regarding the patient to others, except the legally appointed surrogate; he/she can provide details to the court, if required, with legal permission.

Referrals

If the facilities for abortion are not available in the health care institution, based on good faith and professional judgment, a nurse should refer the patient to a hospital that provides high quality service and is also a trusted hospital. The referral should not be made for financial improvement in the hospital but for safe abortion to save the mother's life.

Avoiding Misconduct and Malpractice

A nurse should adhere to the following guidelines while providing care:

1. A nurse should not do abortion for money nor do abortion service in a misleading manner.
2. A nurse should not verbally or physically abuse the client.
3. A nurse should not make sexual comments or sexual approaches to the patient.
4. A nurse should not provide care if he/she is addicted to drug or alcohol.
5. A nurse should not practise abortion with unpermitted drugs or use drugs beyond their expiry date.

If a nurse is found to indulge in misconduct or malpractice, he/she is liable for punishment.

Non-Discrimination of the Affected Patients

A nurse should ensure the following:

1. A nurse should not differentiate, show partiality, or provide or refuse care based on the sex, age, race, ethnicity, religion, culture, language, marital status, socioeconomic status, or any disability of the patient. He/she should treat all patients as equals.
2. A nurse should help the women in poverty and must perform abortion in a good and safe manner.

Provision of Safe and Secured Environment for All Affected Patients

A nurse has the following duties with regard to the environment:

1. It is the nurse's responsibility to provide a good and safe environment with good security for the patient and staff.
2. A nurse should protect the affected woman from all kinds of threats.
3. A nurse should act as a caregiver, counsellor, advocate, comforter, and surrogate mother to the affected client.

Nursing Ethical Principles Involving Abortion Care

The following are the nursing ethical principles involving abortion care, as shown in Fig. 23.2:

Autonomy: Respect the rights of the patient and give freedom of choice regarding treatment.

Beneficence: Do only good to the patient and provide good choice of treatment.

Non-maleficence: Do not knowingly or unknowingly harm the patient.

Informed Consent: Get the informed consent signed after providing full explanation; the consent should not be obtained by force.

Confidentiality: Keep all details regarding the patient safe and confidential.

Veracity: Always say the truth, report accurately, and do not indulge in fraud.



Figure 23.2 Nursing ethical principles of abortion care

Fidelity: This refers to maintaining a trustful and faithful therapeutic relationship with the patient, not revealing the patient’s details and keeping all the details in confidence.

Accountability: Be answerable and responsible to each and every act during the abortion procedure.

Justice: Act in a fair manner to all patients and treat them equally.

Respect for Person: Provide respect with dignity and do not tease the patients.

Rights of the Foetus

The following are the rights of the foetus:

1. Right to live
2. Right to be respected

3. Right to get treatment
4. Right to get nutrition

Ethical Principles Concerning Foetus

The following are the ethical principles concerning the foetus:

Autonomy: Right of the foetus to grow and be alive

Respect: Right to get respected as a living being

Beneficence: Do only good; abortion is to be done only if the life of the mother or foetus is at risk or if the foetus has abnormalities that make its survival difficult.

Non-maleficence: Not to be harmed or physically injured; doing illegal abortion without a solid reason or not fulfilling the criteria of the MTP Act harms the foetus.

Justice: A nurse should be honest and truthful in all his/her actions concerning the abortion and should educate the mother regarding the growth of the foetus.

Ethical Principles Concerning the Mother

The following are the ethical principles concerning the affected mother:

Autonomy: The mother needs to be respected as a person, should be given freedom of choice regarding undergoing abortion, and should be allowed to make her own decision. She should be guided by the nurse with adequate information.

Informed Consent: The mother should be informed clearly about the procedure, benefits, risks, treatment methods, and alternatives. The mother should ensure that she understands the complete details regarding abortion and should agree to it of her own free will and not because of force by parents, family, friends, spouse, or guardian.

Confidentiality: In most cases, abortion is not a happy procedure but is an unpleasant feeling and is disgraceful to the mother, and so, she will be sensitive about abortion. Therefore, the nurse should not reveal any detail regarding the abortion to his/her colleagues, other patients, or friends. The details can be disclosed only with the patient's consent; however, if the court requires the details, it can be given, but only with the approval of the medical practitioner who signs the consent. Otherwise, all the details are to be kept confidential.

Beneficence: Since legal abortion is done to save the life of the mother, it amounts to doing good to her.

Non-maleficence: This ethical principle states that the nurse or health care provider should not do any harm by doing abortion; if the abortion is done under illegal circumstances or under infectious conditions by an untrained person, it might harm the mother and her life might also be at risk.

23.5 HISTORICAL BELIEFS ON ABORTION

There were many beliefs regarding abortion in the ancient period. It was not accepted by the Greeks and Romans. The Old Testament states that persons causing miscarriage leading to abortion in a woman must pay a fine to the husband of the woman; but, if they cause the woman to die, then they are liable to be killed. The various beliefs and practices regarding abortion in the various countries are as follows:

England

The English Common Law did not accept abortion, which was considered to be a crime. An English law enforced in the 1803 states that abortion after quickening is a criminal offence that requires death penalty, but is less punishable if it is before quickening. However, in 1837, the law considering abortion to be a crime along with the death penalty for abortion was abolished. In 1920, a law was enforced that states that abortion can be done if the mother's life is at risk and is done with good faith.

The USA

In the USA, performing abortion was common, but it was kept secret because of the strict laws against unmarried sexual relationship and activity. By the second half of 1800s, laws against abortion were enacted. By the 1900s, performing abortion became illegal in every part of the USA, except when it was done to save the mother's life. In 1967, an Abortion Act was passed in England that states that abortion can be done by a doctor, with an approval of another two doctors, only for the following reasons:

1. The growth of the foetus will be a risk to the mother's life and can cause physical and mental harm.
2. The mother is mentally unsound.
3. The foetus is known to have mental or physical abnormalities, for example, any handicap or congenital disease, such that the child might not survive after birth.

By 1970s, abortion was legalized in most of the European countries and Japan, Abortion was permitted until six months of pregnancy in the USA under a law passed by the Supreme Court in 1973.

The UK

An Abortion Act was passed in 1967 stating that abortion can be done up to 28 weeks of pregnancy. The declaration of Oslo, by the World Medical Association, in 1970 made it clear that therapeutic abortion can be done only to save the mother's life; a competent physician permitted by an appropriate authority can perform the abortion.

India

Abortion was not allowed in India unless medically indicated, until the MTP Act was passed. In mid-1960s, the government of India appointed an abortion committee under the leadership of Dr. Shantilal Shah to provide the statistics of abortions done illegally. The report was submitted on 30th December, 1966. On the basis of the ultimate needs, in order to avoid illegal abortion and to safeguard the mother's life, the MTP Act was enacted in 1972 and revised in 1975.

23.6 RELIGIOUS BELIEFS CONCERNING ABORTION

There are many religious beliefs that influence the performing of an abortion. A nurse should be oriented towards such religion beliefs.

Roman Catholic Christians

The Catholic Church strictly prohibits abortion. According to its beliefs, life has begun once the fertilization is over. The foetus is independent and unique and has its own genetic code, and nobody has the right to kill the foetus mercilessly. Doing abortion is considered to be a sin, and even now many hospitals of the Catholic missions never do MTR or even tubectomy.

Hinduism

Hinduism is based on the principle of ahimsa, which means non-violence, and therefore, the beliefs of Hinduism are strongly against abortion. Hindus believe that all lives are holy and sacred and should be respected. Therefore, killing a foetus is considered to be evil. However, abortion is practised by certain groups of Hindus in India because of their preference for male child. Female foeticide has become common in certain places in India.

Islam

Muslims were never allowed abortion after 120 days of pregnancy, but Islam allows abortion to save the life of the mother and it is justified with the following reasons:

- (a) Mother is the one who gives origin to the foetus
- (b) Mother's life is only important
- (c) Mother has duties and responsibilities
- (d) Mother is a part of the family
- (e) If the mother's life is at risk, allowing the mother to die will also kill the foetus. Thus, abortion is permitted only if the life of the mother is at risk. These Muslim laws are known as Sharia laws.

Sikhism

In Sikhism, abortion is forbidden. According to their holy text, Guru Granth Sahib, the practice of abortion is forbidden and is a sin. Though the religion is against abortion, there is a practice of aborting the female embryo to get male children in the family.

Judaism

Jewish law permits abortion in the first 40 days of pregnancy. The life of the embryo at that stage is considered to be of little value, but the religion does not permit abortion on demand. Again, Judaism permits abortion only if the growing foetus risks the life of the mother. Apart from that, the religion says killing the foetus is breaking the God's command and image and is destroying a part of the God's creation. It is an unjustifiable act of wounding and it is wrong to injure the foetus.

Learning about all these religious beliefs will help a nurse to react appropriately when she/he provides care for a patient of a particular religion.

23.7 ETHICAL DILEMMAS IN ABORTION

There are many ethical dilemmas against and favouring abortion.

23.7.1 Ethical Dilemmas Against Abortion

There are certain issues in abortion that are in dilemma or under debate. A nurse must have knowledge about such issues and handle them carefully. Some of the issues are as follows:

1. Killing an innocent life is wrong. As human life begins at conception, the foetus is a living being, which is very innocent. Therefore, doing abortion is wrong and is a merciless act.

2. Foetus is a person. People consider the foetus as a unique genetic code and a unique individual, and therefore, it should not be destroyed.
3. If not killed, the foetus would also grow into a human being and have a future similar to others; therefore, it is wrong to kill the foetus and destroy its future.
4. It is wrong to cause pain and discomfort to the foetus. Since the foetus can feel pain by 18 weeks, carrying out abortion after 18 weeks of pregnancy will cause pain to the foetus.
5. Legalized killing of foetus is wrong as legal killing reduces or decreases the respect for life. It is bad for the society and contributes to mercy killing called euthanasia and genocide, and increases the mortality rate of children. Therefore, abortion is always considered to be wrong.

23.7.2 Ethical Delimitation Favour of Abortion

Though there are arguments against abortion, there are certain cases where abortion is done with scientific rationale such as the following:

1. A pregnant woman has the right to survive. In certain cases, if abortion is not done, the foetus will harm the life of the mother. In such cases, the mother has the right to abort the foetus; she has the right to the ownership of her own body, right to decide her own future, and right to take decisions without any moral or legal intervention.
2. Foetus is only a potential human being and hence does not have the rights similar to human beings.
3. Foetus is not necessarily considered as a 'person' with the right to live. A collection of human cells does not have any 'right' to live though it belongs to a human. In case of a patient with diabetic ulcer wound in the leg that is gangrenous, the doctor will advise to amputate the leg in order to save the patient's life. Similarly, if the growth of the foetus is harmful to the mother, the doctor will advise abortion. A foetus never attains the stage of development that makes a person a moral human being and hence can be aborted.
4. It is not always wrong to end the life of an innocent person. For example, in the case of conjoint twins, that is, thoracopagus, where two foetuses are joined together, effort is made to separate the twins. Sometimes, only one child can be saved and the separating process may lead to the death of the other child.
5. There are cases where abortion is done since there is a serious medical problem to mother or the foetus such as the following:
 - (a) Pregnancy that might lead to the mother's death, for example, eclampsia, uncontrolled convulsion, untreatable hyperemesis that risks the mother's.
 - (b) Presence of too many foetuses in the uterus, where it is difficult for all of them to survive.
 - (c) Defective foetus that will die if pregnancy is continued.
 - (d) Defective foetus such that the baby will not be able to survive after birth.
6. In some cases, abortion is done because the child will be not be normal and healthy to be able to survive. The child might suffer from serious structural or mental abnormality, which makes its survival difficult, for example, down syndrome or mental retardation.
7. There are cases where abortion is done since the pregnancy was totally unintentional such as the following:
 - (a) Pregnancy because of rape.
 - (b) Pregnancy that happened due to the failure of the contraception.

- (c) Pregnancy that resulted because of unsuccessful vasectomy.
 - (d) Pregnancy in a mentally incapable woman, for example, pregnant woman with psychiatric illness such as psychosis who is not of a sound mind to take care of the foetus.
8. Abortion is also done in cases where the pregnancy was unintentional, but the risk was taken by the parent. The reasons are as follows:
- (a) Pregnancy due to usage of failed contraceptives, even after knowing all the advantages and disadvantages of the contraceptive before using it.
 - (b) Pregnancy resulted because of careless use of contraception.
 - (c) Pregnancy resulted because of not using contraception.
9. In some cases, abortion is done because the pregnancy affects the lifestyle of the mother such as follows:
- (a) Coping up with a disabled child is difficult for a pregnant mother
 - (b) Difficulty in bringing up the child because of poverty

Thus, the arguments, debates, and ethical dilemma still continue. However, a nurse should support and go with legalized abortion, at the same time enquiring and ensuring that the reasons for abortion are legal.

CONCLUSION

Abortion, of course, is a serious issue that deals with two lives, namely, the mother and foetus. Killing any life is wrong and is against the ethical principles. However, legalized abortion is done only to save the life of the mother or to prevent the birth of a child whose survival will be very difficult. A nurse should be aware of all the laws concerning abortion and the ethical issues, dilemmas, and principles associated with it. They help the nurse to guide the behaviour and provide guidelines for reacting towards abortion. The nurse should provide good care to the mother who has undergone abortion, create awareness about the illegal or unsafe abortion practices, and prevent the foeticides and save the life of the mother and the child.

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REVIEW QUESTIONS

1. Define abortion and explain the different types of abortion.
2. Explain the causes of abortion.
3. Discuss the ethical principles of abortion.
4. Enumerate the nursing ethical principles for abortion.
5. Describe the religious beliefs on abortion.
6. Explain the ethical dilemmas in abortion.

EUTHANASIA

LEARNING OBJECTIVES

1. Definition, meaning and types of euthanasia
2. Ethical principles underlying euthanasia
3. Reasons and legal status for euthanasia
4. Ethical issues for euthanasia
5. Ethical issues against euthanasia
6. Role of nurse in euthanasia

24.1 INTRODUCTION

Euthanasia is not a happy incident; it is the act of killing a life and is known as mercy killing or providing peaceful death. It is done to chronic or terminally ill patients for whom no more treatment methods are available for their survival. The patients themselves will request to end their lives, since they are not able to cope up with the clinical manifestation of such diseases, which cause intolerable pain and suffering. Euthanasia is done voluntarily with the agreement of the patient. Taking action to cause the patient's death is called active euthanasia, whereas not taking any action to save the patient or the withdrawal of medical treatment thereby letting the patient to die is called passive euthanasia. All human lives are valuable and everyone has the right to live. Then, why is euthanasia practised? Why mercy killing is done? Is it ethical and legal to do mercy killing? Is it practised in India? Euthanasia is discussed in detail in this chapter.

24.2 DEFINITION OF EUTHANASIA

Euthanasia is defined as intentional killing by act or omission of a dependent human being for his/her alleged benefit. It can also be defined as follows:

1. The act of putting to death painlessly or allowing to die, as by withholding extreme medical measures, a person suffering from an incurable, especially a painful, disease or condition.

2. The act or practice of killing or permitting the death of hopelessly sick or injured individuals in a relatively painless way for reasons of mercy.

24.3 MEANING OF EUTHANASIA

The word ‘euthanasia’ comes from the Greek word ‘eu’ meaning good or well and ‘thanatos’ meaning death; hence, euthanasia means good death. The term explains that it is an intentional termination of life by another at the explicit request of the person who wishes to die.

24.4 TYPES OF EUTHANASIA

The following are the different types of euthanasia:

Voluntary: This is carried out at the request of the person to whom it is to be applied.

Non-voluntary: This happens when the patient is unconscious or otherwise unable to make a meaningful choice between living and dying, and an appropriate person takes the decision on the patient’s behalf.

Involuntary: In this case, the patient’s life is terminated for his/her own sake against his/her wishes or views.

Physician-assisted Suicide: This refers to cases where the person who is going to die needs help to kill himself/herself and asks for it. The suicide is facilitated by means of a drug prescription or by information provided by the physician. It may even be as simple as putting the necessary drugs within the reach of the patient.

Euthanasia by Omission: This is intentionally causing death by not providing necessary and ordinary needed care of food and water.

Active Euthanasia: This is the active acceleration of a ‘good’ death by use of drugs, etc. whether by oneself or with the aid of doctor. Active euthanasia entails the use of lethal substances or forces, such as administering a lethal injection, to kill a person.

Euthanasia by Action: This is intentionally causing a patient’s death by performing an action such as giving a lethal injection.

Passive Euthanasia: This refers to withdrawing medical treatment with the deliberate intention of causing a patient’s death, that is, withdrawing any active treatment that the patient receives for survival, for example, dialysis. The order ‘do not resuscitate’ is also an example of passive euthanasia. There are two forms of passive euthanasia:

Withdraw Treatment: This refers to the act of disconnecting any treatment or any machine (such as O₂) connected to the patient.

Withhold Treatment: This is not carrying out any extra heroic measures or additional treatment to sustain the life of the patient.

The different types of active euthanasia are shown in Fig. 24.1.

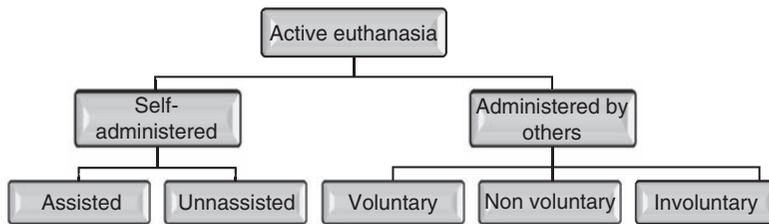


Figure 24.1 Types of active euthanasia

The different types of passive euthanasia are shown in Fig. 24.2.

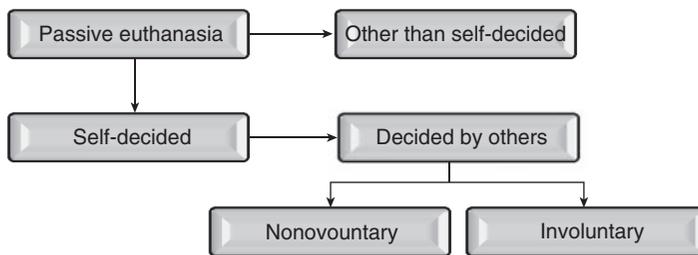


Figure 24.2 Types of passive euthanasia

24.5 ETHICAL PRINCIPLES UNDERLYING EUTHANASIA

There are many ethical principles that govern euthanasia in the medical profession. All health care providers are supposed to follow certain ethical principles:

Beneficence: One should act in such a way as to do good or benefit to others and not to harm others. According to this principle, a patient should not be allowed to die in order to benefit somebody else in the family. The health care provider should not indulge in intentional killing for money as a favour to the family members. Though there are many chances for malpractice when a patient's life is a question, a nurse, being in a noble profession, should never be involved in unethical behaviour and should take all attempts to save the life of the patient.

Autonomy: A patient has the right to act according to his/her wish or will and take decision regarding his/her treatment in order to survive or to die. The duty of the nurse is to respect the patient's autonomy and the right to take decision regarding his/her survival. For example, suppose a patient has a chronic kidney disease and needs dialysis, which is not only painful and causes much discomfort but is also expensive. As there is no further care for this chronic kidney disease, the patient may wish to disconnect the dialysis or prefer not to undergo dialysis. His/her wish should be allowed and respected, and the nurse should not further interfere and force the patient to undergo dialysis.

Non-maleficence: This is the principle of refraining from doing harm to others or not doing any harm to others. Here, the term 'others' refers to patients. A nurse should do only good to the patient and should not harm the patient intentionally. Suppose there is a bedridden patient who is paralysed for life and has decubitus ulcer too. In this condition, the patient needs comfort devices and his/her position has to be changed every two to four hours in order to prevent further bed sores or ulcer wound. If the

nurse neglects to take the necessary measures thinking that as the patient is anyhow bedridden and is nearing death, his/her neglect will not make any difference, then it is doing harm to the patient, which is an unethical behaviour. A patient who is about to die should also be given complete care as given to other patients.

Justice: Here, justice means treating all the patients equally and showing no difference or partiality in provision of nursing care. The nurse must be honest and provide equal care to the patients approaching death such as cancer patients in their last stage. He/she should treat them like the other patients, irrespective of their caste, creed, religion, race, age, sex, marital status, and education socioeconomic status.

Saving Life or Preservation: It is the duty of a nurse to preserve the life of the clients at anytime. As per the Nightingale Oath, which a nurse is obligated to obey, he/she has promised to save the life of all patients under his/her care. A nurse should not neglect or ignore any patient, especially those with terminal or chronic illness and approaching death. Ignoring their needs and not taking any action to save their life is unethical behaviour, which is not expected from a nurse. Since the nurse is present with the patient all the time, careful observation of the patient and timely reporting will save the patient's life.

Informed Consent: A patient who has to give informed consent for euthanasia is in a difficult stage. A nurse should be neutral and should not provide suggestions to the patient to say yes or no for euthanasia. As a nurse's responsibility is to save life, he/she should explain the possible treatments and modalities available to protect the life; however, he/she should not force the patient to take any treatment. Moreover, if the patient has given written informed consent, it should be respected by the nurse. In most cases, the patient who undergoes euthanasia will be in a handicapped state to give the consent for euthanasia and would have given a *living will*, which is a declaration signed by the patient stating not to provide any life-sustaining treatment if there is no significant hope for recovery.

The informed consent is normally a 'will to live' consent taken by the nurse from the patient to live and continue treatment, but a 'living will' given by the patient who needs euthanasia is the will to die and not to live. It is a painful but at the same time a merciful act. The nurse should be neutral and should neither go with nor against the living will.

Living will given by the patient is so powerful that it gives the physician and patient the right to discontinue, withhold, or withdraw the existing treatment, so that the patient is allowed to die.

Confidentiality: It is important to safeguard the details of the patient and not to disclose any facts and figures of the patient's details of death to anyone. It may create conflicts and problems among the patient and his/her family members. It is the responsibility of the nurse to keep confidential matters safe.

24.6 REASONS AND LEGAL STATUS FOR EUTHANASIA

There should be a valid reason for euthanasia, which should fulfil certain criteria. However, the criteria are still under dilemma. The following are the indications in patients that might lead to euthanasia:

1. The unbearable pain in cancer patients where the analgesics medications given to the patient has less threshold for pain or the patient is allowed only a limited dose of analgesics. The patient will want to take up large doses of analgesic or sedative that reduces the pain as he/she cannot tolerate the discomforts of pain. This might lead to a situation where the patient himself decides to end

the life, because active treatment and other heroic measures fail to improve his/her condition. As no further treatments are possible, it makes the patient to think about ending the life.

2. A patient who suffers from a terminal illness might be poor and unable to afford the cost for health care. However, the health care system demands money for sustaining the life but gives no guarantee to prolong life. In such situations, the patient might prefer to die in peace as the patient does not want to waste money to sustain life as his/her financial condition will not permit it.
3. Family members might force the doctor to do mercy killing. If the patient is not conscious, for example, the patient is in coma stage where continuing the treatment will not give any prognosis, the family members of the patient might give consent for euthanasia.
4. The patient might demand the right to end his/her life, but the health care provider will give no chance to the patient to commit suicide. Euthanasia is not about the right to die but is about the right to kill, it is about letting, the patient to have his/her own preference or mode of death.
5. The patient might prefer to have a dignified and peaceful death, instead of suffering from pain or being in a vegetative state.

Countries Where Euthanasia Is Legal

The countries that have made a type of euthanasia, that is, physician-assisted suicide, legal are as follows:

1. Belgium in 2002
2. Germany in 1751
3. Netherlands in 2002

Countries Where Euthanasia Is Illegal

The countries that regard euthanasia as illegal are as follows:

1. Australia
2. Canada
3. Colombia
4. India
5. Israel
6. Italy
7. Russia
8. Spain

All forms of euthanasia, including physician-assisted suicide, are made illegal in these countries.

Law for Euthanasia in India

Euthanasia is held to be illegal in India. The doctors involved in euthanasia will be punished under Section 300 of the Indian Penal Code (IPC), 1860. Nobody has the right to take one's life knowingly or unknowingly. Even mercy killing that is done for the good of the patient with his/her concern is considered to be illegal in India. A doctor involved in voluntary euthanasia will be held responsible under Section 304 of the IPC, 1860; in the case of involuntary and non-voluntary euthanasia, the doctor will be held liable under Section 92 of the IPC. Therefore, it is legal because mercy killing is not

suicide, but an attempt to do mercy killing, which is not concern under section of 309 IPC, and this is the law followed for euthanasia in India.

Revised Supreme Court Decision for Passive Euthanasia in India

In India, the Supreme Court has legalized passive euthanasia after the tragic incident of the physical abuse of a staff nurse Aruna Shanbaug. She was a nurse working at KEM Hospital, Mumbai. On November 27, 1973, she was sexually assaulted by a sweeper named Sohanlal Walmiki. Since Aruna was strangled with a chain in the neck during the attack, there was severe deprivation of oxygen, which has left her in a vegetative state ever since. All attempts made for her revival failed, and she has been in the bed since the incident and is kept alive by feeding tube. Considering her condition, Aruna's friend Pinki Virani, a social activist, filed a petition in the Supreme Court asking for euthanasia for Aruna. As she is not able to live her life in dignity, Pinki Virani pleaded that she have at least a dignified death. The Court rejected the plea for euthanasia and instead gave guidelines to do passive euthanasia that included withdrawal of treatment or food that would allow the patient to live. In India, Veerappa Moily, the Minister for Law and Justice, has advocated serious political debates over this issue. Accordingly, the following guidelines have been framed for passive euthanasia:

1. The decision to do passive euthanasia can be taken only by the parents, spouse, or close relatives or friends of the patients. In their absence, the decision can be taken by the doctor who takes care of the patient. However, the decision to die should be taken by the patient and informed consent should be signed by him/her.
2. An approval from the High Court is needed to do passive euthanasia, if the decision is taken by relatives, friends or doctors.
3. To issue on order for passive euthanasia, once such a case is filed in the High Court, the Chief Justice of the High Court will appoint a bench of two judges to decide whether to grant an approval for passive euthanasia or not. Furthermore, the bench of judges will appoint three qualified medical practitioners to give the exact report of the patient who needs passive euthanasia. The reports by the doctors are kept confidential. Once the hearing is over between the two parties, the verdict is given by the High Court regarding the passive euthanasia.

Methods and Drugs Used in Euthanasia:

There are many ways of providing drugs for euthanasia. The most common methods used in countries that have legalized euthanasia are as follows:

1. Lethal injection, that is, the practice of injecting a person with a fatal dose of drugs such as potassium chloride (KCl).
2. Inhalation, that is, by allowing the patient to inhale carbon monoxide (CO₂) gases such as Sarin and Tabun.

These modes of euthanasia do not cause any pain or discomfort but result in a painless death.

24.7 ETHICAL ISSUES FOR EUTHANASIA

In the ethical issue concerning euthanasia, the following are the arguments that support it:

Patients have the Right to Die: There are patients who are diagnosed with terminal or chronic illness where care is not possible and alternative treatment will make no difference in the prognosis of

the illness. Examples of such cases are as follows:

- (a) Unconscious patients in coma or vegetative state
- (b) Conscious patients in terminal stage of malignant cancer that is painful

Such patients have the right to take a decision to end their life.

Euthanasia will Cause No Harm to Others: Other than the patient, no other person can interfere with the patient's decision regarding euthanasia. The decision to die is solely taken by the patient if he/she is conscious. When the patient willingly gives consent to die by euthanasia, it will not harm others in any means.

Euthanasia Is Legalized and Regulated by Law: This avoids and eradicates duplication of incidence of passive euthanasia or criminal passive euthanasia. As it is legalized, the state legal authority thoroughly checks the background and then provides the approval for euthanasia. Thus, there is no chance for criminal offence. An innocent person cannot be given passive euthanasia unnecessarily by his/her foe or anyone else.

Euthanasia Reduces the Unnecessary Financial Burden on the Patient's Family: A patient might opt for euthanasia because he/she is poor and his/her family members are unable to afford the money to provide the care, which anyhow will not make any progress or improvement in the patient's condition. Thus, the treatment will only result in waste of money, and hence, the patient decides for euthanasia, thereby reducing the financial strain on the family.

24.8 ETHICAL ISSUES AGAINST EUTHANASIA

The following are the arguments against euthanasia:

Doctors Take Advantage of Euthanasia: All terminally ill patients may be at risk as the doctors might decide for euthanasia even against the patient's wish as they are given the liberty to take such decisions. Therefore, euthanasia should not be sanctioned so easily without proper scrutiny of the situation.

Approval for Euthanasia Given by Patient's Free will or by Force: In many cases, the patients give consent to die considering the financial burden for the family, as continuing his/her life will further increase the cost. In other cases, patients with intolerable pain, for whom other medication fails or the side effects of pain killers will further deteriorate the patient's condition, give the consent to die. However, in the case of persons who are more than 75 years old and can hardly read, how is it possible for him/her to give consent after thorough reading and understanding of the informed consent form? In such cases, it is difficult to decide whether the patient has understood the complete content of the informed consent for euthanasia.

Euthanasia Is a Form of Rejection of Precious Human Life: All health professionals know the value of human life. Every life is precious and each day should end peacefully without any pain, especially in the case of cancer patients where the pain is intolerable. Since the lifespan of such patients is very less, they prefer to die rather than suffer the pain. However, when the patient prefers the option of euthanasia, the value for the life is lost. This is why many countries including India are against euthanasia, except Belgium, Germany and The Netherlands.

Euthanasia Is Only for The Patients in Terminal Stage but Not for All Those Who are Affected with Terminal Illness: Euthanasia is only for patients with illness in the terminal stage, this is, the patient's

life can be sustained for only six months or less. However, all patients diagnosed with terminal illness need not opt for euthanasia. Thus, euthanasia is to be opted only for those patients for whom the doctors have anticipated the day of death or the patient's life span and the patient leads a hopeless and meaningless life with an incurable disease.

Euthanasia Is a 'Curse' and Not a Boon for Health Care Providers: Everyone knows that health care has a cost; without money, no one can afford or seek health care. In countries such as the United States of America, a lot of money is spent towards health care. Many poor and middle class people do not have medical insurance; therefore, the bonuses of the doctors are used for providing care to those people. When doctors have the liberty for making decisions regarding euthanasia, in such cases, the doctors may opt for euthanasia as money is not wasted in long-term care.

24.9 ROLE OF A NURSE IN EUTHANASIA

Euthanasia is a very important ethical issue and a nurse should be clear about his/her role. The areas where the nurse will face the ethical issues of euthanasia are as follows:

Do Not Resuscitate Order: This means not to take any active measures such as cardiopulmonary resuscitation to sustain the breath and the pulse rate.

Withdrawing and Withholding the Drugs and Food: A nurse is never told to withhold or withdraw drugs and food when it is required to sustain or prolong the life. A nurse is taught that passive euthanasia is against the code of ethics. However, in case of patients in negative state where further no treatment is possible, the patient needs a dignified death. Therefore, the nurse has to obey the decision taken by the patient, his/her relatives, or the doctor and provide care accordingly.

Pain Control and Management of Patient for Euthanasia: Pain is the most discomforting sign that the patient cannot tolerate his/her illness. A patient suffering terminally from chronic pain needs pain relief and comfort. A nurse has to provide the analgesics, for example, administering morphine sulphate for a cancer patient reduces pain initially and gives comfort but later on it has its own side effects that are enough to take away the patient's life; he/she does not even need euthanasia. Therefore, the nurse needs to be accountable and responsible for each and every action and needs to be careful in administration of medication for the patient who has asked for euthanasia and act as per the code of ethics and ethical principles. The nurse has to provide care, relieve the patient's discomfort, and, at the same time, safeguard the patient from all kinds of side effects of the drug.

Nurse Cannot Decide for Patient Regarding Euthanasia: A nurse cannot force a patient for euthanasia or even suggest it; it is against ethical and moral law.

Right to Die Issues: A nurse has to be neutral and should neither support nor go against the patient's wish for euthanasia. The patient has the right to take his/her own decision to die or to live, and a nurse cannot and should not intervene in the decision of the patient.

CONCLUSION

Euthanasia or 'mercy killing' is a major ethical issue. There still is an ethical dilemma regarding whether to support or to go against it. A nurse should understand the actual problems in euthanasia, the reasons for euthanasia, and the policies, rules, regulations, and laws concerning euthanasia in the state.

A nurse should never ever support or force euthanasia but, at the same time, should respect the patient's decision or the decision taken by the practitioners through the High Court. However, the nurse should not be ignorant and should act according to the legislation of euthanasia that varies in each case.

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REVIEW QUESTIONS

1. Define euthanasia and explain the meaning and types of euthanasia.
2. Explain the ethical principles underlying euthanasia.
3. Describe the ethical issues against euthanasia.
4. Discuss the role of a nurse in euthanasia.

ORGAN TRANSPLANTATION

LEARNING OBJECTIVES

1. Meaning and definition
2. History of organ transplantation
3. Methods of organ donation
4. Stages in organ transplantation
5. Ethical issues in organ transplantation
6. Religious beliefs on organ transplantation
7. Types of organ transplantation
8. Roles and responsibilities of a nurse in organ transplantation

25.1 INTRODUCTION

Organ transplantation is replacing the faulty organ in a diseased person with a good one received from a donor. The donor can be a cadaver who has already given consent for organ transplant or it can be a living person who wishes to donate an organ, for example, in case of donation of one kidney, the other kidney of the donor is enough for him/her to survive. The recipient is a diseased person. Since his/her organ has failed to function, an organ transplant is made for the patient's survival. A person who agrees to donate the organs after death displays good morality because organ transplant makes an important difference between life and death in many patients. The transplant is made from the dead person in order to give a fresh lease of life to another one who is otherwise likely to die. There are many ethical and legal issues that interfere in the organ transplantation between the donor and recipient. A nurse should learn about such issues and should give good care to the donor and recipient.

25.2 DEFINITION OF ORGAN TRANSPLANTATION

An organ transplant is a surgical operation in which a completely failed or damaged organ is removed and replaced with a functioning one; the source of the organ may be a deceased donor, a living donor, or an animal. In some cases, an artificial organ is used.

Organ donation is the donation of biological tissue or an organ of the human body from a living or dead person to a living recipient in need of a transplantation.

25.3 MEANING OF ORGAN TRANSPLANTATION

Organ transplantation is a surgical operation, which is a medical procedure involving an incision with instruments and is performed to repair damage or arrest disease in a living body.

Organ donation means that a person pledges during his lifetime that after death, organs from his/her body can be used for transplantation to help terminally ill patients and give them a new lease of life.

25.4 HISTORY OF ORGAN TRANSPLANTATION

Organ transplantation has its own history, which can be enumerated as follows:

1. It started from the period before Christ when a Hindu surgeon performed autologous skin graft on a patient who had burns and conducted a facial plastic surgery.
2. In 1905, the first corneal transplant of the eye was done in Boston for a day labourer, which added eight more years to his life.
3. In 1967, Dr. Christian Barnard from South America performed the first heart transplant on a 54-year old grocer named Louis Washansky, who, however, died of pneumonia 18 days later. However, this created a ray of hope, stunned the people in the medical profession, seeded the fruits of organ transplant, and encouraged many others to perform transplantation.
4. In 1981, the first successful heart–lung transplant was performed by Dr. Bruce Reitz and Dr. Norman Shumway. This achievement created a hallmark in the history of heart surgery
5. In 1986, a double lung transplant was performed on Ann Harrison by Dr. Joel Cooper in Toronto, Canada. Many people used to die of lung cancer or chronic obstructive pulmonary disease (COPD). This transplantation created hope for a fresh lease of life among the patients who are eligible for lung transplants.
6. In 1995, the first successful laparoscopic liver donation was performed by Dr. Lloyd Ratner and Dr. Louis Kavoussi in a patient with cirrhosis and liver cancer.
7. In 1998, the first live donor partial pancreas transplant was performed by Dr. David Sutherland in Minnesota, USA.
8. In 1999, the first successful tissue-engineered bladder transplant was performed by Dr. Anthony Atala in Boston Children’s Hospital, USA.
9. In 2005, the first successful partial face transplant was performed in France.
10. In 2006, the first jaw and bone marrow transplant was performed by Dr. Eric M. Genden in Mount Sinai Hospital, New York.
11. In 2008, a complete full double arm transplant was performed by Dr. Edgar Biemer, Christoph Hohnke and Monfred Stangl.
12. In 2008, the first baby was born out of a transplanted ovary. This was a boon for women with infertility because of problems of ovary such as polycystic ovarian disease or cancer of ovary.
13. In 2010, the first full facial transplant was performed by Dr. Joan Pere Barret and his team of doctors on July 26, 2010, in Barcelona, Spain.

25.5 METHODS OF ORGAN DONATION

There are two methods of organ donation, depending upon the source. They are as follows:

1. Living donor
2. Cadaver donation

Living Donor

When the organ is taken from a living donor, there are certain limitations. The donor has to retain organs that he/she needs to sustain his/her life and to function normally. Hence, it is possible to donate only one kidney, a portion of pancreases, a part of liver, etc. The following can be organ donors:

1. Preference is given to the blood relatives of the recipient such as brother, sister, parents and children, according to the Human Organs Act, 1994.
2. Donor can also be from outside. In such cases, there should be a match between donor and recipient in blood grouping, tissue typing, etc.

Cadaver Donation

A person can give testimony in the presence of a witness consenting to donate his/her organs after his/her death. In such cases, once the persons' death is confirmed, the body can be used to transplant kidney, eyes, heart valves, skin, bone, bone marrow, ovary, connective tissue, middle ear and blood vessels.

25.6 CRITERIA FOR ORGAN DONATION BY THE CADAVER

The following criteria need to be adhered to in the case of organ donation by the cadaver:

1. Complete death of brain functioning, that is, irreversible cessation of all brain functions to be diagnosed and confirmed.
2. Patient is to be kept in ventilator after the brain death to oxygenate the organs that are to be transplanted and keep them fresh and functioning.
3. No time is to be wasted once brain death is confirmed and arrangements are to be made for organ transplant immediately.
4. Anyone can be a donor irrespective of the gender, caste, religion, colour, status, etc. provided he/she is more than 18 years of age.
5. The age of the donor should be 18 years and above for the donation to be legal. If it is below 18 years, then legal consent from the parents/guardian is needed.
6. The cadaver donor should be medically fit to donate the organ, that is, he/she should be free from all contagious diseases such as human immunodeficiency virus (HIV), hepatitis, tuberculosis, typhoid, malaria, any sexually transmitted disease, or any other medical illness such as diabetes mellitus or hypertension.
7. The donor should have given legal consent before his/her death with two eye witnesses. The patient's relatives should produce the donor card after death.
8. The approval of the cadaver's family for donating the organs is also important.
9. The family members of the cadaver usually do not donate the organs for money, but it is given as a gift to the recipient.

10. The doctor should assure the family members that there will be no disfigurement of the cadaver after organ donation.
11. The blood group, cross matching, and tissue typing and matching should be done for the cadaver's organs aseptically and the lab reports should be valid.
12. Only those recipients with following terminal disease of organs can undergo organ transplantation:
 - (a) Heart failure → heart transplant
 - (b) Valvular disorders of heart → heart valves transplant
 - (c) Terminal end-stage lung disease → lung transplant
 - (d) End-stage renal diseases → kidney transplant
 - (e) Severe burns injury → skin (graft) transplant
 - (f) Blindness → corneal transplant
 - (g) Liver failure → liver transplant
 - (h) Diabetes mellitus → pancreases transplant
 - (i) Bone marrow failure → bone marrow transplant
 - (j) Infertility due to ovarian failure → ovary transplant, which is done rarely

25.7 THE STAGES IN ORGAN DONATION

The following are the stages in the organ donation process (Fig. 25.1):

Stage 1

The hospitals that have done the organ donation registration should coordinate the process of cadaver organ donation. They should initiate the process of donation for organ transplant in the recipient.

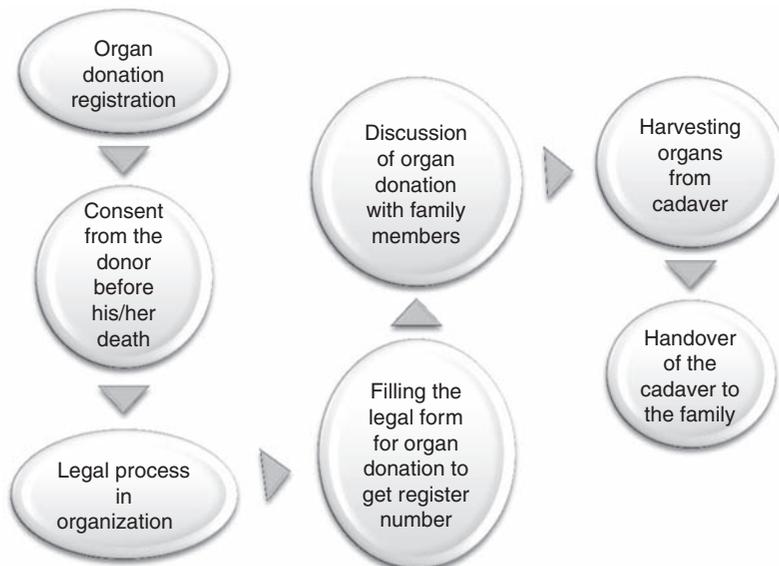


Figure 25.1 Stages in organ donation process

Stage 2

Consent to be taken from the donor. There are two types of donation and consent is to be taken accordingly:

1. If the transplant is from a cadaver, the consent must have been given when he/she was alive. It must also be taken from his/her family.
2. If the organ donation is from a live donor, consent must be taken from him/her.

Stage 3

The legal process in organization should be completed. If the donation is from cadaver, when the person was alive, he/she should have signed the consent in the presence of two eye witnesses of which one should be a blood relative; the other can be a friend. The consent form should be filled and sent to the hospital for registration.

Stage 4

The legal form for organ donation that is filled by the donor should be sent to the hospital for organ donation registration. It should be registered by the hospital and the registration number to be given to the donor.

Stage 5

After the person's death, there should be a discussion of organ donation with the family members before taking the organs from the concerned cadaver. The relatives should be informed about the donor card and a written consent for cadaver organ donation should be obtained from them.

Stage 6

The organs from the cadaver should be harvested by the transplant team. Once brain death is confirmed, the cadaver should be connected by ventilator, the entire body should be oxygenated, and the needed organs should be removed within few hours.

Stage 7

The cadaver body should be handed over to the relatives in a dignified way without any disfigurement by the transplant team.

25.8 ETHICAL ISSUES IN ORGAN DONATION

There are many social, moral and ethical issues that affect organ donation such as the following:

1. Organ supply versus organ demand
2. Inappropriate allocation of available organs
3. The risks and benefits of organ donation from living donor and appropriate acceptable method to increase organ donation from the deceased through the adoption of principle presumed consent
4. Right method of providing acceptable appreciation and compensation for fellow humans
5. Utilizing acceptable ways of stem cell transplant from adult versus foetal donor
6. Tissue engineering, use of organs from animals, and xenotransplantation

The involvement of the entire team in data provision for organ donation and transplant can be more useful. The ethical issues concern the following various categories of organ donation:

1. Ethical issues involving donor such as the following:
 - (a) From the cadaver
 - (b) From living minor, adults, mentally disabled
 - (c) From anencephalic infant
2. Ethical issues involving the recipient
3. Ethical issues regarding allocation of limited resources such as the following:
 - (a) Criteria for selection
 - (b) Use of animals for organ transplant
 - (c) Use of artificial substitutes for tissue and organ
 - (d) High cost, universality and justice
4. Ethical issues regarding procurement of organ and tissues such as the following:
 - (a) Selling and buying of organ and tissue
 - (b) Advertisement in the media
 - (c) Mode of consent such as voluntary consent, expressed consent, family consent, presumed consent, required request counselling and routine enquiry consent
 - (d) Presence of fear and confusion and the need for education

25.9 RELIGIOUS BELIEFS CONCERNING ORGAN DONATION AND TRANSPLANTATION

There are various religious beliefs concerning organ donation and transplant. A nurse should have knowledge about such beliefs and respect them and act accordingly. The following are the beliefs of various religions:

Anglican Christian Community: Organ donation and transplantation are acceptable in this religion. A nurse should respect the role of hospital chaplains as members of the professional team and help in maintaining the spiritual and human dimensions of the organ transplant process.

Buddhism: The belief in this religion is that organ and tissue donation is a matter of individual conscience; it places high value on acts of compassion. Buddhists believe that consciousness remains in the body for three days after death, so the body cannot be touched. However, organ donation and transplant depends on the individuals and their families, and if they wish to donate or transplant, the religion will never restrict it.

Catholic Christian Community: According to this religion, organ donation and transplant is acceptable. They believe that to donate one's organs is an act of love that is morally licit, so long as it is free and spontaneous. Transplantation is a decision to offer, without reward, a part of one's own body for the health and well-being of another person. Pope John Paul II of Roman Catholic Church, the head and leader of Catholic Christian community, has stated about organ transplant that we all should rejoice that medicine, in its service of life, has found in organ transplantation a new way of serving the human family.

Hinduism: Organ donation and transplantation is acceptable in Hinduism, based on the Hindu 'Law of Karma' and reincarnation. The Hindus believe that the soul lives forever, is immortal and gets reborn in a new physical form. Moreover, organ donation and transplant is an act of an individual's decision.

Islam/Muslim: Organ donation and transplantation is acceptable. The Muslim Religious Council initially rejected organ donation by the followers of Islam, but it has reversed its position, provided the donor's consent is obtained in writing prior to his/her death. The organs of Muslim donors must be transplanted immediately. The religion strongly believes in the principle of saving human life.

Judaism: In this religion, the decision on organ donation and transplantation is left to the individuals. According to Rabbinical Council (Orthodox), 'if one is in the position to donate an organ to save another life, it is obligatory to do so, even if the donor never knows who the beneficiary will be'. The basic principle of Jewish ethics, that is, 'the infinite worth of the human being', also includes donation of corneas, since eyesight restoration is considered a life-saving operation. In 1991, the Orthodox approved organ donations as permissible, even required, from brain-dead patients.

25.10 TYPES OF ORGAN TRANSPLANTATION

A nurse should be aware of the serious legal and ethical issues concerning organ donation and transplantation. He/she should update his/her knowledge about the transplantation and about the basic criteria that should be met before, during and after transplant, which are applicable for the donor as well as the recipient.

The organs that are commonly transplanted are kidney, pancreas, liver, heart, lung, and intestine. Sometimes, even double transplants are done, such as both the kidneys or the heart and both the lungs together. The organ is from a living donor in the case of a single transplant, whereas it is from a deceased donor in the case of multiple transplant.

Today's advancement in medical technology is so challenging and a nurse needs to keep pace with it. He/she should be talented enough to assist the physician in transplanting the organs, help the patient, meet the needs especially the legal clearance from the donor, clarify all the legal and the ethical dilemmas related to the donor, act intelligently by following the ethical nursing principles, and meet the needs of the recipient who undergoes the transplantation. The nurse should provide the needed help to meet the requirement to donate the organ on time, by getting full support and cooperation from the family members after explaining the real need of donation and conducting the donation process safely, and, at the same time, help to handover the deceased donor body in a dignified manner to the family members. He/she should provide psychological support and meet all the needs of the living donor and discuss the details with the family of the living donor. They may be donating the organ for financial favour. A nurse should keep all the details confidential and provide meticulous nursing care for the donor and the recipient before and after transplantation.

The following are the different types of transplant:

1. Domino transplants
2. Split transplants
3. Autograft, autologous graft or autotransplant
4. Allograft, allogeneic graft or a homograft
5. Isograft or syngraft
6. Xenograft, xenotransplantation or heterograft

Domino Transplants: This is a type of multiple organ transplant, where the living donor has given consent for the donation. The organ is donated to the person who is first in the waiting list.

The transplantation centre utilizes the organs, facilitates multiple organ transplant for multiple organ failure patient, and uses the working organs of the recipient for other patients who need it at the time of retrieval of the organ. Domino transplant is one of the most suitable types of transplants for patients with cystic fibrosis where both lungs and the heart are to be replaced because cystic fibrosis causes both lungs to fail. The patient needs transplant of both lungs and heart, but the recipient's heart is functioning normally. It is surgically and technically easier to transplant lungs and heart in cystic fibrosis patient. The heart from the recipient is removed and is transplanted to someone who needs a heart transplant.

Split Transplants: This is not a commonly done transplant. The organ is split into two and is divided for two recipients, for example, liver transplant. Since a piece of liver is enough as it grows by itself, it can be divided, though it is found that transplanting the whole liver is more successful. This type of transplant is called as split transplant; however, the transplantation of the whole organ is more preferable as it is more efficient.

Autograft, Autologous Graft or Autotransplant: A tissue or an organ is grafted into a new position in or on the body of the same individual. This is called as autologous graft or autotransplant. The needed tissue is taken from one part of a person's body and it is transplanted to a different part of the same person. The examples are vein extraction, skin transplantation, and coronary artery bypass graft surgery.

Allograft, Allogeneic Graft or Homograft: This is the transplantation of an organ or tissue from one person to another with a different genotype. The source of the allograft include the cadaveric or deceased patient and living unrelated donors. The basic criterion is that the organ recipient must take an immunosuppressant to protect the immune system from risk and prevent transplant rejection, which is a serious complication that the recipient will face after transplantation.

Isograft or Syngraft: This is a kind of surgical transplantation of histocompatible tissue between genetically identical twins, such as monozygotic twins. The surgical grafting is done between individuals of the same species that are found to be genetically identical.

Xenograft, Xenotransplantation or Heterograft: The tissue or organs from an individual of one species is transplanted into or grafted onto an organism of another species, genus, or family. For example, the use of pig heart valves in humans for patients with valvular disorders and a graft from a baboon to a human can be called as xenograft.

25.11 MEANING OF GRAFT

Graft refers to any tissue or organs used for implantation. The following are the examples of the different types of grafts used in transplantation or implantation:

Autodermic and Epidermic Grafts: It is a layer of epidermis and dermis taken as a graft from the patient's own body.

Bone Graft: It means bone and bone marrow are transplanted from one site to another.

Cutis Graft, Dermal Graft or Delayed Graft: It is a skin graft that is sutured back into its bed and subsequently used after several days.

Fascicular Graft: It means a nerve graft in which bundles of nerve fibres are approximated and sutured separately.

Filler Graft: It means the graft used for the filling of defects, such as the filling of depressions with fatty tissue or of a bone cyst cavity with bone chips or dried cartilage.

Full-thickness Skin Graft: It consists of the full thickness of the skin with little or none of less subcutaneous tissue.

25.12 DONATION OF ORGANS AFTER BRAIN DEATH (DOBD)

Some patients are diagnosed with irreversible loss of brain function (brain death) but still have good functioning of cardiovascular system. Such patients are eligible donors of organs such as heart, lungs, liver, pancreas, intestines, stomach and kidneys.

Setting for DOBD

Organ donation is possible only after brain death and that too only if the patient has died in the intensive care unit (ICU), emergency department or causality setting and the patient's body is kept fresh by topical cooling of the lungs and by mechanical ventilation. The patient and family consent and the final death declaration certification are important to proceed for DOBD.

Donation after Cardiac Death (DCD)

In this kind of donation, the organs are taken after declaration of cardiac death, which is ensured by the absence of apical pulse and carotid pulse in electrocardiograph reports. In this type of organ donation, there is no need to fulfil the criteria needed for brain death.

Criteria for DOBD

The generalized criteria for DOBD are as follows:

1. Patient had suffered irreversible loss of brain function known as brain death, for example, cerebrovascular accident or stroke.
2. Patient should be been maintained on a ventilator with intact circulation.

Contraindication for Organ Donation: Contraindications for organ donation may be observed in patients with the following conditions:

1. HIV positive
2. Cancer
3. Hepatitis, malaria, typhoid, sexually transmitted diseases such as syphilis, gonorrhoea, and TORCH (toxoplasmosis, rubella, cytomegalovirus and herpes)
4. Medical illness such as diabetes, hypertension, and renal failure

A nurse needs to collect the following details for organ donation and transplant from the donor and recipient or from their families:

1. Patient's full details including complete identification data, name and gender
2. Age and date of birth
3. Blood grouping and cross-matching reports
4. Status of brain death testing

5. Details of past medical history about the illness in the past six months
6. Blood reports giving complete blood count
7. Report giving the cause of death
8. Details of treatment taken from the period of admission till date
9. Family medical history and needed details

Age Criteria for the Donors: The following are the age criteria for donors for the various transplants:

1. Heart donor: up to 60 years
2. Heart/lung and single lung donor: up to 65 years
3. Liver donor: up to 80 years
4. Pancreas donor: up to 50 years
5. Pancreas islet cell donor: up to 70 years
6. Intestines/stomach donor: up to 55 years
7. Kidney donor: up to 80 years

Legislation Criteria for DOBD: A nurse should be aware of the following:

1. The confirmation of brain death of the patient must be certified by two medical practitioners, with more than five years of experience; the medical practitioners should independently carry out the clinical examination of the patient.
2. It is important to refer to and fulfil the requirements as per the state/territory legislation for jurisdictional requirements to do the organ donation; legal rights will be obtained by the hospital authorities.
3. The informed consent must be obtained from the following persons:
 - (a) Deceased patient, who has already given the consent by wish, has filled the organ donation forms, and has donor card with the registration number, which can be verified with the hospital organ donation register
 - (b) Family members of the deceased patient
 - (c) Concerned Coroner, who is an officer of the peace whose principal duty is to enquire, with the help of a jury, into the cause of any violent, sudden or mysterious death, or death in prison, usually on sight of the body and at the place where the death occurred and produce a report to the jury
 - (d) The Designated Medical Officer, who will be a registered medical practitioner, medical superintendent or administrator of the hospital, and must give authorization for the organ donation to happen. His/her function or duty is to give consent in writing for the removal of any of the organs and tissues after satisfying the following criteria:
 - (i) The death has been certified according to state legislation.
 - (ii) The donor had no objection to donate the organs and tissues.
 - (iii) The donor has consented to donate organs and tissues prior to death.
 - (iv) The family members of the donors have no objection in the organ donation of the patient.
 - (v) A legal consent from the Coroner's officer has been obtained.

25.13 LEGAL AND ETHICAL ROLE AND RESPONSIBILITIES OF NURSE IN ORGAN DONATION

A nurse plays a vital role as she is an active member who witnesses the organ donation and transplant. It will be a painful and unpleasant experience to the patients' families but a nurse has many roles and responsibilities to tackle in such situations.

Act as Client Advocate: A nurse helps the patients' families to clarify any matter regarding the details of the organ donation and transplant.

- (a) It is essential to inform and get the consent of the family members though the patient has given the consent before death.
- (b) It is the responsibility of a nurse to explain the gift of new lease of life to the recipient and ensure that there will be no disfigurement in the body once the transplantation is over.
- (c) It helps to clear the doubts and feelings of family members about the reason for the death of the patient; otherwise, they may suspect that for the sake of transplant the donor has been wrongly said to have died. Evidence such as scan reports confirming that death occurred because of valid cause should be given to them. This clarification is more important before transplant in order to reduce the fear and anxiety of the family members and it also avoids conflicts.

Respect the Rights of the Family and Maintain Confidentiality: A nurse should respect not only the dead patient's rights but also his/her family member's rights.

- (a) The nurse should provide privacy for the patient's family members to access the patient's body and not allow strangers to view the dead patient.
- (b) The nurse should empathize with the patient's family members and must respect the grief procedures, religious taboos and cultural beliefs, allowing the spiritual practices related to the death of the patient.
- (c) The nurse should ensure that the family members sit comfortably in a calm and quiet private room where they can express their grief for the patient's death. A nurse should console them and, at the same time, maintain neutrality in showing the emotions to the family members.
- (d) The nurse should not use any medical terminology while discussing the organ donation details and cause of death of the patient. He/she should be truthful and should not hide or exaggerate any details of death.
- (e) Give the family members some time to decide about donation and not to hurry them at any cost. They should be given a reasonable time limit to make a decision.
- (f) The family members of the patient should be appreciated for such approval of organ donation.
- (g) The members of the patient's family should be given a chance to view the body after organ donation.
- (h) All the details concerning the donation and transplant should be kept confidential by the nurse.
- (i) The nurse should assure the family members that the operation is conducted in aseptic conditions in a clean manner and that complete respect will be given to the body at all the times.

Use Good Communication Skills: A nurse should use good communication skills while communicating with the family members of the patients.

- (a) The nurse should avoid medical terminology such as harvest, cadaver, corpse, remains, coma breathing, respirator, artificial life support, and deeply comatosed while in discussion with the family members regarding the organ donation.
- (b) The nurse can use suitable alternatives such as calling the deceased's patient by name, ventilator, retrieval, procurement and donation.
- (c) The nurse should listen carefully to the family members' conversation and should not interrupt while they talk. He/she must use a polite and balanced tone.
- (d) Show the donor card to the family members as the deceased patient had wished to donate the organs and also the entry in the hospital registration for organ donation.

Obtain Informed Consent from the Family Members of the Deceased Patients: It is important to fill the informed consent and get it signed by the family members after a short period of discussion and clarification. The details about the cause of death, operating conditions, benefits to the recipient, consent given by the donor, and the assurance that there will be no disfigurement in the dead after the transplant is completed are explained in the legal informed consent, which should be signed by either the parents, spouse, blood relative or guardian, with the signature of a witness.

Solve the Medicolegal Problems in the Donation: It important and a must to inform the court and produce the death certificate, register the death, and obtain the legal permission from the court by the hospital authorities. The nurse will be a member who witnessed the death of the patient. If the court needs any report from the nurse, he/she has to inform the cause of death as recorded in the case sheet.

Maintain Fidelity in Organ Transplant: It important to keep the promise that is made for the deceased patient and the family members or for the living donor. The nurse should carefully handle the dead body and should ensure proper cleaning. The operation theatre nurse and the entire organ retrieval team should take all efforts to prevent any disfigurement in the deceased person.

Show Accountability and Responsibility in the Handover of the Dead Body and Respect the Bereavement of the Dead Patient: The nurse who takes care of the deceased patient should provide complete death care such as proper cleaning with antiseptic solution and good drying, covering the patient with a clean cloth, closing the nostrils with cotton, and tying the two toes together. The nurse should check for any disfigurement in any part of the body such as any gap in the sutured area or any bloodshed, and if present, he/she should inform the transplant retrieval team and ensure that there is no disfigurement in the patient's body. The nurse should send the patient out in a dignified manner, remain with the patient's family members throughout the procedure of handover and respect the family's bereavement. He/she should not show disinterest, hurry or negligence in handing over the dead body after the transplant.

Care of Living Donor: In the cases when the donation is form a living donor, a nurse should take care of the following:

- (a) Obtain the informed consent signed by the living donor and witnessed by the family members after explaining all the details of risks and benefits to the recipients and the blood loss. The nurse should ensure that there is no risk of death because of any complications during and after retrieval.
- (b) The nurse should act with justice and help the donor get financial benefit from the recipient. Most of the donors donate their organs for financial benefit. If the living donors need such benefit, the nurse has to act according to the hospital policies and help them in getting the money

agreed to be paid from the recipient. The details of money transaction should be transparent. The nurse should never show any partiality in such money transactions.

- (c) The nurse should be of benefit to the living donor by providing aseptic care before, during and after the retrieval of the organs. The living donor's life is important after the retrieval of the organ. The nurse should take up the responsibility and provide meticulous care that is aseptic care in pre-, intra-, and postoperative states and, thus, prevent the patient from getting nasocolonial infections and complications of surgery.

A nurse's role towards the donor of organ transplantation is shown in Fig. 25.2.

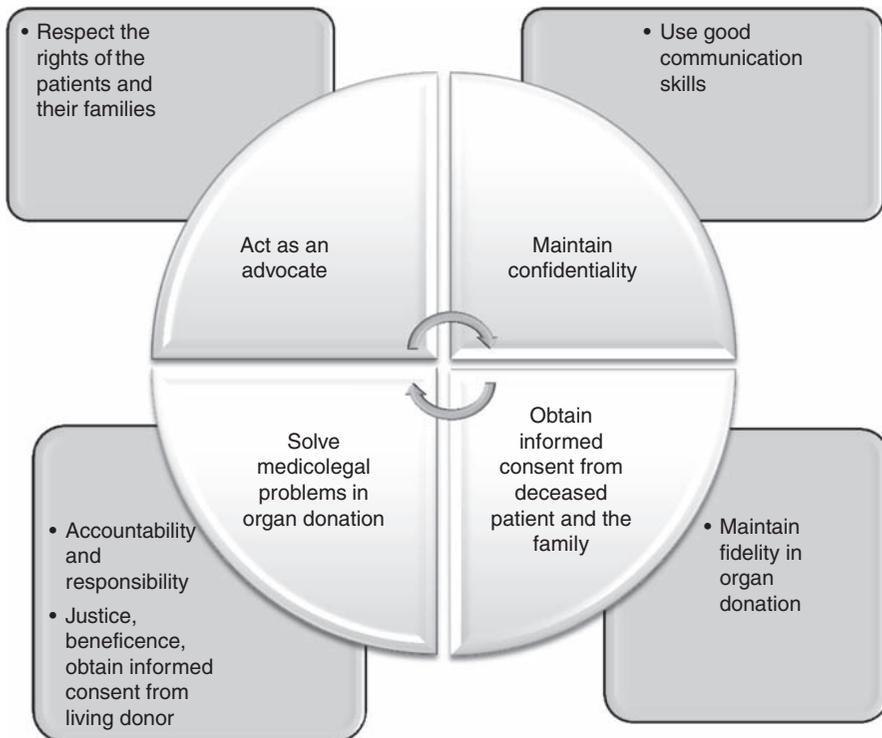


Figure 25.2 Nurse's role in organ donation

25.14 LEGAL AND ETHICAL ROLES AND RESPONSIBILITIES OF A NURSE TOWARDS THE RECIPIENTS OF ORGAN TRANSPLANT

The nurse has to give care not only for the donor but also for the recipient and hence has to gain knowledge about the suitable recipient.

Segregate the Suitable Recipient: A nurse should ensure the following:

- (a) Be expert enough to prioritize and follow the policies of the hospital in segregating the recipient's list for transplant.

- (b) Educate the recipient and the family members about the importance of transplant and its benefits.
- (c) Complete the eligibility criteria for the transplant and keep the patient medically fit for transplant, for example, conduct the lab test to check normal levels of haemoglobin, blood grouping, cross-matching with the donor, serum electrolyte levels and ensure that all scan reports are favourable for transplant.

Obtain Informed Consent: It is important that the nurse get the informed consent signed by the recipient conveying his/her willingness to accept the organ transplant from the donor. The nurse should provide complete explanation about the risk of death during the transplant due to the effects of anaesthesia or due to the transplant process, blood loss and the need for blood during and after surgery and hence the need for the pints of blood being kept ready, and the rejection of transplanted organ and the complications that can occur. Furthermore, after the transplant, there is equal chance of survival and death. The nurse should ensure that the recipient and his/her family members fully understand the details of the organ transplant. A witness signature should also be obtained from any of the family members, such as parents, spouse, guardian or blood relative.

Keep the Details of the Transplant and Donation Confidential Throughout the Process: A nurse should not reveal any matter regarding the donation or transplant to any strangers, other patients or anyone else without the consent from the patient. It is natural that the recipient's family members will be curious about the donor's history such as religion, culture, race, sex, age, socioeconomic status, marital status, and occupation. However, a nurse is not supposed to disclose any such details unless it is wanted by the court.

Maintain Veracity in Recipient's Prognosis after Transplantation: A nurse should be truthful and act honestly in handling the issues regarding the prognosis of the recipient's condition or death after the organ transplantation. The nurse, doctors and the entire team should have cooperation in revealing the facts about the actual prognosis of the patients, but the final report will be from the transplantation team doctors. Therefore, the nurse should follow the doctor's order while communicating about the prognosis and should not show urgency in reporting the results by personal judgment or gossip about the death or prognosis of the recipient, as it is considered to be unethical. The nurse should speak the truth as mentioned by the doctor to prevent any unnecessary conflict.

Maintain Accountability and Responsibility in Care of the Recipient after the Transplant: The nurse should provide meticulous care by following aseptic techniques, apply critical thinking skills, make intelligent observation of the vital signs, rationalize each and every procedure by applying the scientific principles in provision of the postoperative care, record each and every prognosis of the patient, develop a nursing care plan, and provide care as per nursing process framed depending on the condition of the patient. If the nurse observes any discrepancy, he/she should inform the physician about it immediately. He/she should show responsibility in carrying out the nursing orders and take up accountability in answering the details of the patient's recovery without showing any negligence or malpractice.

Show Justice: A nurse should show justice in providing the care irrespective of the caste or creed of the patient. He/she should respect the patient as a human and give meticulous care and should never show any difference in treating the patient after the transplant.

Show Fidelity after Transplant: A nurse should act with trust and keep the promise of trustworthiness throughout the hospitalization of the patient. He/she should maintain a good therapeutic relationship with the patient and provide quality care.

Show Beneficence and Non-Maleficence in Provision of Care: Most of the patients' lives are at risk after a transplant. A nurse should act according to his/her consciousness and provide good care that will only benefit the patient. He/she should not harm the patient by neglecting the patient's needs.

A nurse's role towards the recipient of organ transplant is shown in Fig. 25.3.



Figure 25.3 Nurse's role towards the recipient of organ transplant

CONCLUSION

Organ transplant and donation is a life-saving procedure that involves serious legal and ethical issues. A nurse should be familiar with all these issues and apply the ethical principles as per the need in organ transplantation and donation.

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REVIEW QUESTIONS

1. Define organ transplantation and explain the meaning and history of organ transplantation.
2. Explain the methods of organ transplantation.
3. Describe the criteria for organ donation by the cadaver.
4. Discuss the stages in organ donation.

5. Enumerate the ethical issues in organ donation.
6. Explain the religious beliefs concerning organ donation and transplantation.
7. Describe the various types of organ donation.
8. Describe the donation for organ after brain death.
9. Explain the legal and ethical roles and responsibilities of a nurse towards the donor in organ transplantation.
10. Describe the legal and ethical roles and responsibilities of a nurse towards the recipient of organ transplantation.

ETHICAL AND LEGAL ISSUES IN ONCOLOGY NURSING

LEARNING OBJECTIVES

1. Definition and meaning
2. Concept of oncology
3. Side effects of cancer treatments
4. Legal and ethical issues in oncology nursing
5. Issues in various aspects of oncology nursing care
6. Role of a nurse in handling, managing, and preventing legal and ethical issues

26.1 INTRODUCTION

Oncology nursing has always been a challenging speciality in nursing and is an important branch of the nursing profession. It deals with the care of patients with cancer, its diagnosis, treatment, and prevention of complications, with an aim to improve the quality of life of the patients. Oncology nursing gained its popularity not because it has lots of perks and benefits, but because autonomous practice helps those advanced practice nurses to become advanced oncology certified clinical nurse specialists or advanced oncology certified nurse practitioners. They have good scope to become nurse entrepreneurs and to establish nursing clinics and consulting services. Oncology nurses are paid well for their quality care and hard work. The daily work of the oncology nurses is so challenging that legal and the ethical issues arise throughout their practice. They are vulnerable to cause serious injury, for example, mishandling the chemotherapeutic drugs can cause vesicant extravasation injury in patients while administering the drugs and managing the pain and discomfort in the patient. Therefore, following good standards of nursing practice is important to avoid the incidence of negligence, malpractice, tort, and criminal offence by the oncology nurses.

26.2 DEFINITION

Oncology is the branch of science dealing with patients diagnosed with tumours.

Cancer Cell

This is a cell present in the neoplasm possessing characteristics that differentiate it from the normal tissue cells, such as the degree of anaplasia, irregularities in shape, indistinctness of cell outline, nuclear size, changes in the structure of the nucleus and cytoplasm, increased number of mitoses, and ability to metastasize.

26.3 MEANING OF CANCER

The word cancer is often abbreviated as Ca. It is synonymous with the term malignant neoplasm; other terms suggesting the same are tumour, malignancy, carcinoma and aberrant cell growth.

Cancer is a collective term that describes a large group of diseases characterized by uncontrolled growth and spread of the abnormal cells. The following are the features of the diseases in this group:

1. They arise from different tissues and organs.
2. They differ greatly from one another in appearance and growth.
3. They respond differently to a variety of therapies applied.
4. They follow different courses of developments in the patients.

The word neoplasm is derived from the Greek word 'neos', which means new, and 'plasia', which means growth or formation; thus, neoplasm means growth or formation of new tissue. It is defined as an abnormal growth of tissue that serves no useful purpose but may harm the host organism. A neoplasm can be malignant or benign:

Benign is defined as a usually harmless growth of tissue that does not spread or invade other tissues.

Malignant tumour is defined as a harmful and painful tumour that can spread and invade other tissues and organs via the circulatory system.

26.4 CONCEPT OF ONCOLOGY

The concept of oncology is explained in the following paragraphs.

Site of Origin of the Cancer Cell

Cancer cells affect all organs such as brain, lungs, heart, bones, liver, blood, pancreas, stomach, pharynx, larynx, mucus membrane of the mouth, skin, lymph glands, small and large intestine, and uterus in females and prostate in males.

Fate of the Cancer Cells

If the cancer cells are found to be benign, the condition is treatable, and the cells can be removed by surgery and drugs. However, the benign tumour is at a high risk for conversion to malignancy if the cancer is not found and treated in time.

In patients with malignant tumour, if the disease is found in the early stages, it is treatable. It is possible to prolong the life of the patient to some years with surgery and palliative treatment with drugs such as chemotherapeutic drugs. In general, there are five stages of tumour-neoplasm classification (TNC), as shown in Fig. 26.1.

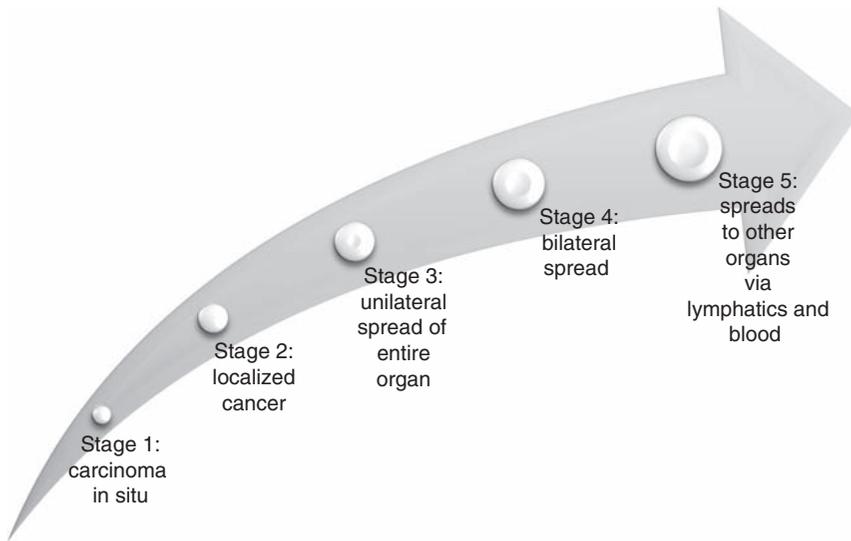


Figure 26.1 Metastasis: stages of the cancer

For example, the following are the different stages in lung cancer:

Stage 1

Carcinoma in situ in the epithelial cells of the lung parenchyma

Stage 2

Cancer cells infiltrate locally around the area of origin, multiply and invade a lobe of the lungs

Stage 3

Cancer cells spread to other lobes of the same lung

Stage 4

Cancer metastasis to both the lungs

Stage 5

Cancer cells spread via lymphatic system and blood circulation to other organs such as oesophagus, trachea, heart, great blood vessels, brain, bones, liver, and kidney.

If the patient is found to be with malignant tumour in the fourth or fifth stage, it is very difficult to treat the patient since the cancer would have spread to other organs. It is difficult to control the metastasis. Hence, the death of such cancer patients is predecided, as there is no cure for malignant cancer.

26.5 PSYCHOLOGICAL STAGES IN MALIGNANT CANCER PATIENTS

The five psychological stages in the terminal illness or malignant cancer patients are as follows:

Stage 1—Denial

The patient is in a denial mode about the disease and, therefore, approaches different doctors to confirm the diagnosis.

Stage 2—Anger

The patient gets angry with all the family members, and the activities of daily living are affected.

Stage 3—Bargaining

The patient comes to the stage of helplessness and vulnerability and fights with reality to accept that he/she has cancer.

Stage 4—Acceptance

The patient finally accepts that he/she has the disease and cooperates for the treatment.

Stage 5—Depression

The patient understands that the disease cannot be cured and for best survival needs dreadful treatments with lots of side effects.

Not only the patients but also their loved ones go through these stages, which are shown in Fig. 26.2.

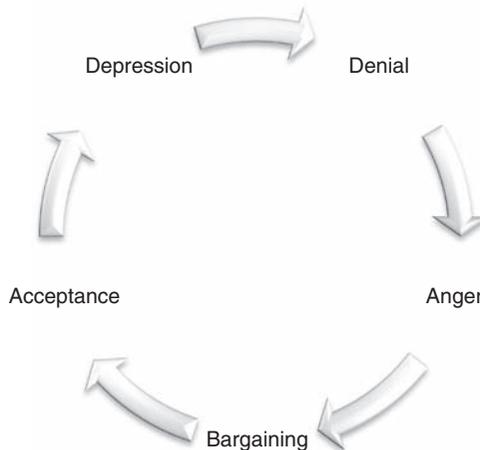


Figure 26.2 *Psychological stages in terminal illness or malignant cancer*

26.6 SIDE EFFECTS OF CANCER TREATMENTS

Cancer that is diagnosed to be malignant is harmful and painful. Though there are various treatment options, they all have severe side effects. The following are the treatment options and their side effects:

Surgery

Surgery might be performed in order to remove the tumour. For example, to remove the tumour in the brain, craniotomy is performed via burr hole mode, osteoflap surgery, or craniectomy. After the surgery, the patient may lose speech if the tumour is removed from the speech area called Broca's area, be paralysed, or lose all sensation since removal of the tumour can also cause injury to other normal tissues. The patient's face might be disfigured after surgery; he/she will have to be bald for some time because of the surgery. Moreover, the patient and his/her family will have lots of fear and anxiety about the outcome of the surgery.

Radiation Therapy

This causes alopecia, fatigue, anorexia leading to weight loss, further disfigurement and tiredness in the patient.

Chemotherapy

This uses very dangerous drugs that are to be handled with care while being administered. They are effective in destroying the cancer cells and their replication, growth and development. However, the side effects are more; the patient is unable to cope with and adhere to the therapy because of systemic therapeutic effects, for example, nausea, vomiting, anorexia, stomatitis, alterations in taste buds functions, weight loss, dermatitis, hyperpigmentation, photosensitivity in the skin, arrhythmias, pneumonitis, cirrhosis of liver, hepatotoxicity, anaemia, thrombocytopenia, sterility, impotence, and ototoxicity.

These side effects are explained to the patient in advance. However, in spite of the adequate explanation given, the patient might not be able to withstand and cope with the side effects. Therefore, the oncology nurses should be careful in providing care to such patients.

26.7 LEGAL AND ETHICAL ISSUES IN ONCOLOGY NURSING

The major goal of oncology nursing practice is the safe delivery of patient care. The nurses are instrumental in promoting the patient's safety. There exist many high risks in handling cancer patients, and the nurses are liable for legal and ethical issues because of the side effects and the risks involved in handling the therapeutic measures. The nurses are also equally at risk to the radiation exposure. The spillage of chemotherapeutic drugs might lead to serious injury even in the nurses. There should be proper documentation of the patient care. Therefore, the nurse should be careful in handling issues such as the following:

1. Errors in chemotherapeutic drug administration and handling those errors
2. Managing hypersensitivity and infusion of antineoplastic drugs
3. Preventing and managing vesicant extravasation
4. Reporting errors in nursing care and adverse events
5. Managing high-risk environments in oncology nursing
6. Handling informed consent and issues in applying ethical principles
7. Managing pain and discomfort
8. Managing terminal illness, death and dying issues

26.8 ISSUES IN ERRORS OF CHEMOTHERAPEUTIC DRUG ADMINISTRATION AND HANDLING ERRORS

The following are the issues in errors of chemotherapeutic drug administration and handling errors:

Problems and Issues Regarding Analysing the Safety Measures and Prevention of Injury

The cancer patients are prone to all kinds of injuries since they are often weak and fatigued, with impaired mobility and less immunity. They are also prone to all kinds of accidents, exposure to radiation effects, adverse effects of chemotherapeutic drugs, and injury due to errors of medication administration.

Safety Measures

The following are the safety measures that need to be taken while treating cancer patients:

1. Provide side rails that are to be locked and secured especially while transferring the patients from the stretcher to the bed and vice versa.
2. Ensure that restraints applied for the semiconscious patients are not too tight or too loose.
3. Never leave any sharp instruments such as needles, scissors, forceps, blades, ampoule cutter, or knife at the patients' bedside.
4. Signal bell/alarm should be present and well-functioning.
5. Never leave the patient alone in the bed and inform the caretaker about the risks.
6. Avoid slippery floor; provide foot stool when the patient wishes to get down from bed to floor or gets into the bed from floor.
7. Check for any open electrical sockets hanging at the patient's bedside, in the floor or in the bathroom.
8. Provide a good and well-ventilated room.
9. Keep the bathrooms clean, well ventilated, tidy, and non-slippery with good light.
10. Check the temperature of the water before bathing; never lock the bathroom or toilet leaving the patient alone. Instruct the caretaker to be near the door when the patient is in the bathroom.
11. Check the functioning of the alarm in all the devices such as diginfusa, ventilator, and pulse oximetry.

Hazardous Effects of the Medications on the Patients

Chemotherapeutic drugs are not safe drugs to be handled casually. Therefore, skilled registered nurses who are aware of proper barrier techniques are only eligible to give these drugs.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has established national patient safety goals for maintaining the patient's safety while administering the drugs. They are as follows:

Identifying the Right Patient

The right patient should be identified with at least two specific identifiers, that is, the case sheet in the patient's room that should be compared with the medicine index card with the nurse. The two should

be compared at least three times, that is, before, during and after the administration of the drugs to the patient. The nurse should follow the five rights, namely, right patient, right dose, right route, right time and right drug, which are shown in Fig. 26.3.

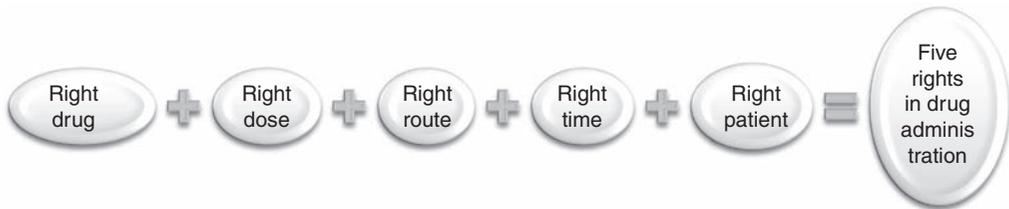


Figure 26.3 *Five rights in administration of chemotherapeutic drugs to cancer patients*

These rights are to be followed to prevent chemotherapeutic medication errors. Chemotherapy is the treatment given to improve the quality of the patient's life since it destroys the cancer cells and prevents the replication of the tumour cells. Medication errors arise under the following circumstances:

- (a) Incorrect preparation and mixing of the drug
- (b) Administering a wrong drug
- (c) Right drug with overdose or underdose
- (d) Drug with underdose given at incorrect time to a wrong patient

For instance, error in medication was reported for a patient with testicular cancer. Instead of giving the right amount of drug, fourfold dose of cyclophosphamide was given to the patient by the nurse. The patient's family sued the hospital and the court ordered the hospital to pay a penalty of \$7.9 million as a compensation for the error.

There might also be a mix up of drugs due to similarity in their names. Another study reported the death of three patients due to a mix up of the drugs caused by similarity in the drug name. For example, drug cisplatin might be administered instead of drug carboplatin, since the drugs look and sound alike.

Another error reported providing the drug underdose, which resulted in no response in the patients. For example, for two patients with hairy cell leukaemia, the drug cladribine was given for one week. However, there was no response since the dosage was very low; this deteriorates the patient's status.

Mistakes might also happen when interpreting the orders. For instance, a nurse was supposed to use five 10-mg vials of drug vinorelbine to prepare a 50-mg dose; instead, the nurse used two 50-mg and three 10-mg vials. In another instance, a nurse provided the drug infusion of epirubicin and vincristine for one day instead of four days. Such errors will complicate the patient's life and the concerned nurse can be sued for negligence. These kinds of errors are preventable by having proper orientation of the drug storage, handling, and administration, using the generic name instead of the trade name, triple clarification of the drug, and following the five rights. If a drug is wrongly administered to a patient, it should be reported faithfully. The nurse should admit the truth so that the patient can be saved on time. Creating separate shelves for each drug, especially for those that sound alike, labelling the shelves, administering the drug in an unhurried manner, clarifying the doubts as and when they arise, strictly adhering to the hospital policies, planning and implementing the risk-reduction strategies, and informing the concerned authorities when there is a need for improving the working environment will help

in preventing such errors. Maintaining adequate staff, supplies and equipment, conducting frequent in-service education programmes, and updating the knowledge about the latest drugs are important ways to prevent such medication errors.

Improving Skills in Communication and Establishing Good Channels of Communication to Prevent Misinterpretation of Drug Orders and Patient Care

Active listening, thinking, and reasoning, being assertive while administering the patient care, and applying critical thinking skills prevent the errors in interpretation of the drugs such as over- and underdose of the drugs.

Ensuring Safety Measures in Stocking, Ordering, and Dispensing the Drugs on First Come, Last Served Basis

The nurse should label all the drugs clearly after storing in a waterproof container, document with an waterproof ink and not with an ink pen, and mention the expiry date. The nurse needs to ensure the following:

- (a) Check the expiry date and use the drug that has the earliest expiry date; the drugs are to be used in the first come, first served basis.
- (b) Create a separate shelf for each drug and label the drugs boldly; use the generic name since most of the drug names sound alike and they also look alike.
- (c) Never delegate drug distribution to undertrained staff or to the student nurse.
- (d) Record and report the details of daily stock, distribution, any accidental spillage, broken vials, and expired drug with signature, date and time.

Taking Measures to Improve the Systems of Alarm Function and other Equipments

The nurse should always check for proper functioning of alarms, alerting systems, and calling bells, because lack of checking might result in delayed reach of patient care in case of any emergency, which can cause serious ill effects in the patient's condition. The nurse needs to check the working condition of all equipments such as mechanical ventilator, suctioning apparatus, pulse oximetry, and defibrillator; if any apparatus is found to be not functioning properly, the concerned department must be called to repair it. Moreover, alternative machines and equipments should always be available and functioning.

Preventing Identification Errors and Providing Care to the Correct Patient

This error happens when the caregiver misinterprets the patient's identity and provides drug for a wrong patient. Most importantly, in the case of a patient booked for surgery, the site of the surgery should be marked and the identity of the patient should be double checked and cross-checked with the preoperative nurse. Another check should be done before administering the anaesthesia. Similarly, for patients undergoing radiation therapy, each patient should be given the radiation at a different site; therefore, wrong identification can lead to ill effects in the patients.

Following Safety Measures in Handling Important Nursing Procedures

If a junior nurse is using intravenous infusion pumps, nasogastric tube feeding, or suctioning, or providing tracheostomy care, a senior staff needs to supervise if the care is given in the correct manner.

The nurse should have the required knowledge, skills, and attitude towards the patient care and must be able to adopt the scientific principles and perform the care as per standard protocols. Such abilities of the nurse are evaluated. The procedure should not be done in a hurry and the protocol should be checked if there is any clarification. The junior staff should also consult with the superiors or the physician if any doubt arises, follow only the written order, and notify the physician if any deviations are observed from normal, such as vesicant extravasation injuries.

Following Aseptic Techniques

A nurse should ensure that aseptic and sterile techniques are followed while providing treatment and care, especially before starting any procedure in the patient such as wound dressing. Using a surgical hand wash and wearing cap, mask, goggles, apron, and gloves protect the nurse and the patient from all kinds of cross-infection and prevent the exposure of the chemotherapeutic drug if spilled accidentally.

26.9 ISSUES IN HYPERSENSITIVITY REACTIONS

Hypersensitivity is defined as unexpected reaction with signs and symptoms not consistent with known toxicity of the drug. The drugs used in chemotherapy are prone to hypersensitivity reactions. For example, cancer patients will receive chemotherapeutic drugs such as asparaginase, bleomycin, taxanes, platinum components and monoclonal antibodies. Such patients will undergo serious reactions such as urticaria, skin rashes, hypotension, chest tightness, dyspnoea and bronchospasm. Therefore, a test dose of 0.1 ml of 20 units/ml dilution should be given intradermally to avoid such risks. Prior information should be given to the patient and consent should be obtained.

Nurse's Role

A nurse should have the knowledge and skill to handle hypersensitivity reactions and its side effects, use appropriate test dose, administer premedication on time to reduce the side effects, promptly recognize the side effects, take the intervention time, stop the infusion and notify the physician immediately.

If a hypersensitivity reaction is suspected, the nurse should prepare the emergency measures to treat the patient, follow the standing orders, and closely monitor the patient. He/she should be aware if the patient has any known history of allergen and should get the informed consent signed before starting any treatment.

26.10 VESICANT EXTRAVASATION ISSUES

Extravasation

This is the escape of fluid into the surrounding tissue while administering the chemotherapeutic drug.

Vesicant Extravasation

This is the formation of blisters due to the escape of fluid from the vein into the surrounding tissue. Incorrect administration of chemotherapeutic drug causes extensive damage to the patient. It occurs when the nurse shows a hurry in placing the intravenous cannula, without checking the backflow of blood. It is important to check for cannula patency every time before administering the chemotherapeutic drug. If it is not checked and if there is a block in the cannula, vesicant extravasation occurs, leading to formation of extravasation injuries.

Causes of Vesicant Extravasation

The following are the causes of vesicant extravasation:

1. Block in the cannula
2. No backflow of blood or venous return before administration
3. Vein damage
4. Movement by the patient leading to dislodgement of the intravascular device
5. Thrombus formation at the catheter tip thereby leading to backtracking of the vesicant
6. Fault in the catheter, port, or infusion pump or in the administration set
7. Incomplete placement of needle or cannula in the vein or counter punctures of the vein

Effects of Vesicant Extravasation

The effects of vesicant extravasation are blisters, rashes, tissue injury, erythema, tissue necrosis requiring skin grafting, and extensive tissue damage, which delay the cancer treatment. The nurse can be sued for malpractice since he/she knows the ways of administration of the drug and hence should have avoided vesicant extravasation injuries. Hence, the nurse should check for the return of blood once the intravenous cannula is inserted. If, after confirming the presence of the device in the vein, the blood does not return, the nurse should take prompt measures to reinsert and check for the blood return. Extravasation injury can result in the death of the patient. In one instance, a nurse did not bother to check for the backflow of the blood before administering the drug; it caused septic extravasation in the superior vena cava. Though the X-ray reported that the catheter tip was in good position, the catheter had perforated into the superior vena cava due to which the patient got infected with the septicaemia and died. The nurse and the hospital were sued and the hospital had to pay a penalty of \$500,000 for malpractice.

Prevention of Vesicant Extravasation Injury

It is possible to prevent vesicant extravasation injuries by ensuring the following:

1. Check the five rights and triple check before, during and after administering the drug.
2. Implement the care as per the hospital protocols.
3. Ensure that the intravenous port is in the vein before administering the vesicant. Never administer the vesicant if there is no evidence of backflow of the blood or if there is any doubt about the patency of the drug.
4. Ensure that the administration of the drug is done only by an experienced nursing professional.
5. Use de clotting agents to remove the clots.
6. Use the radiologic studies to ensure the placement and the patency of the catheter in the vein.
7. Closely monitor the patient before, during and after the administration of the vesicant for erythema, swelling, skin rashes, blisters, colour change in the skin, pain, injury, sloughing of tissues, or any bleeding.
8. Advise the patient to restrict movement while administering the drug and apply restraints to prevent the dislodgement of the intravenous port, especially in children; the appropriate restraints should be applied and informed to the parents.

9. Instruct the patient and his/her family members to restrict the movement of the limb that has the intravenous port for vesicant administration.
10. Record the details of the device insertion, the number of attempts made to insert the device, the location of the device, assessment about the quality of functioning of device during infusion and the patient's reaction.
11. Stop the vesicant administration if there is any reaction and immediately notify the physician; photograph the area of the reaction and do the necessary follow-up. Refer the patient to the plastic surgeon or hand surgeon as needed.
12. Ensure that the informed consent is signed, after explaining all the details clearly before the administration of the drug.

26.11 ISSUES IN FAITHFUL REPORTING OF ERRORS AND ADVERSE EVENTS

In Section 26.10, we dwelt with errors in medication administration and handling, Oncology nursing is one of the challenging areas where the nurse needs to be competent enough to carry out good nursing care. One such activity is faithful reporting and recording of errors and preventing repetition of such errors in future. There are certain legal organizations that check for such errors. They are as follows:

Food and Drug Administration (FDA): MedWatch is the FDA's programme for online voluntary reporting of serious adverse effects of actual and potential errors in any drugs, their quality, usage problems, or any faults in the devices used. The quality will be checked by the MedWatch.

Institute for Safe Medication Practices (ISMP): This organization initiates the Medication Errors Reporting Program (MERP), which is operated by the pharmacopeia in each state, for example, the United States Pharmacopoeia in the USA and the Indian Pharmacopoeia in India. It is a confidential voluntary reporting program organized in order to report errors in medications and provide analysis report about the root cause of the medication errors.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO): It is an international accreditation body for quality care practice; it checks and evaluates the hospital functioning and gives licence to run the hospital. The first Indian hospital to get such accreditation for quality care is the Indraprastha Apollo Hospital in Delhi.

The following are the reasons for unfaithful reporting:

1. There is a fear of embarrassment, reprisal, and loss of job.
2. The nurse will have to face lawsuit claim and imprisonment if malpractice is reported.
3. Any kind of malpractice, negligence, tort, or criminal offence will be revealed to the public.

Measures to Improve Faithful Reporting and Recording

The following are the measures to be taken to improve faithful reporting and recording of errors:

1. Hospital protocol should be clear without any errors in drug administration and should frequently be revised as per the known errors to prevent repetition of such errors. All such strategies planned should be approved by the JCAHO, FDA and ISMP for safe drug administration.

2. Well-trained and good quality staff with experience should only be permitted to administer the drug.
3. A nurse should be aware of the liability and vulnerability for legal problems and, therefore, should be alert and competent, update the knowledge, and record the drug given with date, time and signature.
4. Lack of communication with patient allows for misinterpretation, especially identification errors and drug errors. Therefore, a nurse should establish good channels of communication to prevent such errors.
5. In case of any reactions observed in the patient, the nurse should make an honest attempt to report it to the higher authority. He/she should also provide an honest and compassionate explanation for the error and pay the penalty as per the claim.
6. Root cause analysis (RCA) system should be used to find the root cause of the problem. This involves repeated evaluation of why such an error occurred through retrospective analysis, evaluation of the incidents, considering the several prospective, with a goal to identifying all possible factors that contribute for an error other than omission error. The in-depth analysis leads to the cascade of reasons with multiple factors, for example, increased workload, less staff, lack of supplies, faulty device, etc.
7. The failure modes and effects analysis (FMEA) technique should be used to identify proactively the potential problems within the system.

Nurse's Role

A nurse needs to be faithful and disciplined and report the causes of the errors honestly and faithfully to the superior, without any embarrassment or fear of loss of job. Hence, the nurse will be less liable to face a lawsuit.

26.12 RISK MANAGEMENT STRATEGIES IN ONCOLOGY NURSING

Today's advancement in science and technology pertaining to oncology nursing is so complex and challenging that there is more potential for human errors. Therefore, there is a need to conduct medical and nursing audit in the hospitals with a goal to provide quality care and to avoid such errors that are prone for legal and ethical issues. The following are the risk management strategies:

1. Automated system and information technology should be used. The oncology nursing team members should be trained to use the automated dispensing machine, electronic communication devices, and the bar coding system and to enter the records and reports in the computer and to save all the details in the compact disc.
2. The complexity in medication administration should be reduced by following the standard protocols, index cards system, automated computerized drug delivery system, minimized and standardized stock inventory, and the use of generic name rather than the trade name.
3. Constraints should be included in the system to avoid the medication errors. For example, it is better to use the automated computerized drug delivery system that has an alarm; when over- or underdose is used, it beeps and checks for proper drug delivery. Using drug abbreviations should be avoided and it should be clearly outlined as to who can deliver the drug.

4. The health care provider and the entire oncology nursing team should be educated about the safe administration of the medications and standards of nursing care through nursing conferences and in-service programs. Moreover, comprehensive orientation should be provided to the newly appointed employees, and their knowledge, skills and attitude towards the patient care should be evaluated.
5. Promotion of continued quality care should be monitored by ensuring that the hospital has recruited adequate staff as per the ratio stated by the Indian Nursing Council, that is, 1:3 in the general ward of non-teaching hospitals and 1:5 in teaching hospitals, and 1:1 in the intensive care units. The hospital management should ensure that qualified and experienced staff are recruited and appointed, standard patient classification system is followed, staff is maintained as per the duty rotation schedules with good skill mix of personnel, and reliable and well-maintained equipment and supplies that provide appropriate alarm when needed are used.
6. Infection control system should be practised to prevent the incidence of nosocomial infections by following strict aseptic techniques, surgical asepsis, and maintenance of good central sterile supply department (CSSD) to avoid the break in the sterile chain and ensuring apt sterilization of the articles used for the patient care.
7. All the procedures and their risks should be assessed periodically and the health care team should be prepared to face any emergency.
8. Non-punitive error reporting should be implemented.

26.13 ISSUES IN COMPLIANCE AND LITIGATIONS (NAMING, BLAMING AND SHAMING)

The patients have full rights to complain about the nursing care, any medication error, or any kind of malpractice by the nurse.

Litigation

It is a legal action taken by the patient with the help of a lawyer with regard to the malpractice claim or lawsuit alleging patient injury following the medication errors, vesicant injury, or hypersensitivity reactions. It involves the nurse's names and the supervising personnel will also be blamed. The nurse will have to face the embarrassment. The patient who complains about malpractice by the nurse is called as the plaintiff, and the nurse who is the accused is called the defendant and is liable to be answerable and accountable for his/her actions. For example, if the documentation of the medication given is not recorded by the nurse, which is a legal evidence in the court, the nurse will be sued since there is no evidence that care is given. There is a saying that the 'palest ink is always best than the best memory'. Inaccurate, incomplete and contradictory documents create confusion in the health care providers and also increase the legal liability; therefore, careful documentation of the care given is required when the medical documents are screened by the judge in the court room.

26.14 ISSUES IN PRIVACY PROTECTION IN CANCER PATIENTS

The respect for privacy is a very important ethical principle; however, it is violated in several situations. For example, the patient's name and the diagnosis are listed and posted in prominent places in the hospitals. Moreover, gossiping about the details of the patients and revealing information to strangers or to other

patients will create confusion and mistrust in the patient, which violates the principle of patient privacy as per Health Insurance Portability and Accountability Act of 1996 (HIPAA). Therefore, the privacy of the patient is protected by holding the patient's details confidentially, avoiding writing the patient's name in large boards in public or prominent places in the nursing stations, using 'sign in' procedure that covers the name of the patients, maintaining medical records in secure positions, and password protecting the computer that is properly shutdown after use on safe software and having copied the details to a compact disc.

Control of Pain and 'Double Effect' Dilemma in Nurse: Chronic pain is the main problem faced by the cancer patients. Inadequate pain management occurs frequently due to lack of knowledge of the nurses who take care of the patient, their inappropriate concerns about the side effects of opioids, and their focus on the disease treatment rather than symptom management. For example, a physician was held legally responsible since he provided acetaminophen, a mild analgesic, for an elderly cancer patient with severe pain and the court asked the physician to pay penalty. In another case, the judge found that a nurse had shown negligence and had failed to provide medication to control the pain in a cancer patient who finally died. The nurse had withheld opioid and had instead given placebo. The patient's family had filed a malpractice claim, and the jury awarded around \$1.5 million as penalty compensation from the hospital as the nurse was held liable. While trying to manage the pain effectively, the nurse might have a dilemma about the double effect of opioids given to dying patient, which may hasten death but will also relieve the patient of pain. Instead of the dilemma, the nurse should follow the doctor's order and reduce the pain in the dying patient.

Cancer is a terminal illness, which is frequently malignant. The cancer patient undergoes the dying process; the life span is controlled by cancer cells and the patient faces terrible pain. The following are the issues that line up during the dying process:

Do not Resuscitate (DNR) Order: A physician may write the DNR order, which means not to resuscitate as per the patient's consent or the consent given by the family members. The nurse undergoes an ethical dilemma regarding whether to continue the treatment until death or to obey the DNR order.

Euthanasia: The root cause for mercy killing issues is the intolerable pain suffered by the patient, fear of death, and the inability of the patient to withstand the negative state due to cancer. Hence, in such cases, either the patient gives the consent to euthanasia or the patient's spouse, parents or legal guardian initiates passive euthanasia. Euthanasia is not legalized in India, but in countries such as Germany, Russia, the UK and the USA, the patient's consent is valued and the right of the patient to die with respect and dignity is respected.

Palliative Care Issues: In advanced stages of cancer, the patient's treatment shifts from cure to care to control of the symptoms, and not to cure of the disease. Since cancer is incurable in most of the cases, the nurse should be able to manage specific signs and symptoms such as pain, dyspnoea, anxiety, myoclonus, delirium, and death rattle or excessive respiratory secretions during the last hours of life. The nurse will be held liable to answer for any kind of malpractice or negligence shown during the palliative care. There are many barriers that arise as issues in provision of palliative care, as shown in Fig. 26.4, such as follows:

- (a) Patient and family
- (b) Health care providers
- (c) Access to cancer health services
- (d) Economic status of patient



Figure 26.4 *Types of barriers in provision of palliative care in oncology patients*

Let us look at some of the barriers that hinder the cancer patient from receiving quality care:

Patient and Family Members as Barriers: When the word cancer is mentioned, the patient feels it to be a death sentence, and therefore, the patient and his/her family do not hope for any cure but only think about facing death. Their barriers are lack of knowledge about treatment, lack of understanding about the disease and the available resources to get care, lack of awareness about the Patient Self-Determination Act. As per this Act, the patient has the right to know about all possible treatment modes and about palliative care to maintain quality life.

Health Care Providers as Barriers: There are many blocks in the professional health care providers to ensure a successful palliative care, such as inadequate knowledge and skill in palliative care, lack of awareness about transcultural issues, difficulty in dealing with death and dying, delay in the referral services, and lack of training in dealing with the legal and ethical issues in the cancer patients. Therefore, the End-of-Life Nursing Education Consortium (ELNEC) was founded in February 2000, which was funded by The Robert Wood Johnson Foundation in America. The aim of the ELNEC is to train the nurses in the following areas:

- (a) Nursing care at end of life
- (b) Pain management
- (c) Symptom management
- (d) Handling ethical and legal issues
- (e) Gaining awareness about transcultural nursing considerations in end-of-life care
- (f) Channelizing good communication system
- (g) Managing grief, loss and bereavement in the cancer patient's families
- (h) Achieving high quality at the end of life
- (i) Preparing good quality care at the time of death, good death care

The modules given by the ELNEC educate the nurses and are found to be effective in reducing the issues raised by palliative care in cancer patients.

26.15 ROLE OF A NURSE IN HANDLING, MANAGING, AND PREVENTING LEGAL/ETHICAL ISSUES IN CANCER PATIENTS

The role of the advanced oncology certified nurse practitioner is vast and dynamic. He/she provides care for all types of cancer and special care for patients who have benign and also harmful benign cancer. In a nutshell, the advanced oncology certified nurse practitioner gives care to terminally ill patients progressing towards death. Handling such patients is difficult and challenging and there will be lots of trials and tribulations in the form of legal and ethical issues. Therefore, the nurse assumes different roles to handle such issues.

Oncology Advanced Practice Nursing Roles (OAPN)

The nurse who completes her graduation in oncology nursing acts as an expert practitioner, nurse educator, nurse consultant, nurse researcher, and manager or leader. Such nurses possess outstanding clinical skills that serve as the foundation for clinical practice and the roles of nurse practitioner, clinical nurse specialist and oncology advanced practice nurse. The Oncology Nursing Certification Corporation (ONCC) in America provides certification for the nurses who can play such a blended role.

The following are the different types of care given by the nurses:

Primary Care: This involves the prevention, screening and risk assessment to identify the cancer patients in order to reduce the incidence of morbidity and mortality of cancer.

Secondary Care: This involves active treatment of identified cancer patients at an early stage and provision of regular follow-up care.

Tertiary Care: This involves provision of acute care to cure the symptoms and to maintain good quality palliative care in chronic cancer patients.

A nurse should ensure that the following are provided to the patient:

- (a) High quality palliative care
- (b) Good hospice care
- (c) Dignified and peaceful death process

The different types of care provided by the oncology nurse are shown in Fig. 26.5.

Provision of Good Quality Palliative Care in Cancer Patients

Palliative care begins with initial identification of incurable illness and concludes as illness ends in death and bereavement. Therefore, palliative care provides protection from the internal and external threats to the patient precipitated by the disease and its treatment. The main goals of a nurse in palliative care are as follows:

1. Carry out the palliative care without any barriers.
2. Provide patient-centred care.
3. Acknowledge dying as a normal part of life and manage the psychological stages of death and dying.
4. Provide effective care that postpones death and improves the quality of life; early recognition and proper intervention save the patient from reaching the death stage soon.
5. Support the family following the patient's death; manage loss, grief and bereavement.

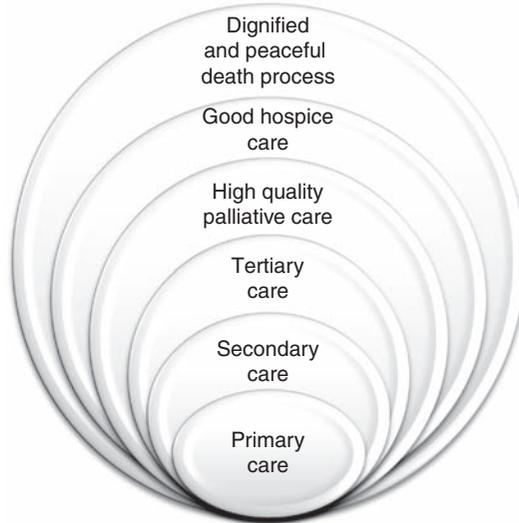


Figure 26.5 *Types of care given by the oncology nurse*

The palliative treatment involves surgery and the medical treatment to reduce the severity of illness temporarily but not to cure the entire illness.

The nursing action should be directed to provide only benefit and to help the patient to attain a good quality of life. The nurse should provide the following ethical care, which is shown in Fig. 26.6:



Figure 26.6 *Role of a nurse in provision of ethical care*

Autonomy: This refers to the process of helping the patient to take decisions that are right regarding palliative care and respecting the patient's right to take autonomous decisions.

Beneficence: A nurse should help the cancer patient to seek the benefits and balance them against the risk of harm; beneficence is doing only good and not injuring the patient. This is done through provision of comprehensive care, dedicated palliative care and, after discharge, a good hospice care, which is the care given in a special hospital and is also called extended health care. The patient in the dying stage is discharged and admitted in a hospice centre, where care is given to the dying patient and their actual psychological and medical needs are met.

Therefore, combined hospital palliative care is united with community-based hospice programme, where the nursing care is transferred and provided from palliative care to hospice care. A nurse should be aware of all the rights of cancer patients such as the rights for information, orientation, privacy, confidentiality, respect, refusing treatment, and equal care through all stages of care in curative therapy of cancer patients.

The hospice care should be accredited by JCAHO. The Death with Dignity Act, 1997, was passed to care for the patients in hospice centres. The hospice care was included as a nationally guaranteed benefit under health care reform proposal in 1993 in the USA.

Justice in Provision of Palliative and Hospice Care: This refers to the distribution of resources in a fair and reasonable manner by utilizing the strength of interdisciplinary resources in spite of cultural diversity.

Veracity: This refers to the quality of being a truthful nurse in reporting, caring and recording the patient's care; this principle prevents the nurse from being sued for malpractice.

Fidelity and Confidentiality: This refers to keeping the promise and creating a faithful and trusted therapeutic relationship with the patients. A nurse should maintain all the details of the patients safe and confidential and not reveal any detail to media or press, or gossip about the patient to others.

Accountability and Responsibility: A nurse is held accountable and responsible for each and every nursing action. If the nurse is punctual, sincere, honest, and takes up full responsibility of the patient care, he/she will never indulge in negligence, malpractice or tort. Therefore, the nurse should follow the scope and standards of hospice and palliative nursing practice guidelines to provide effective and efficient care.

Getting the Informed Consent Signed: A nurse should be aware of the informed consent for palliative and hospice care, ensure all details of care are understood by the patient, and get the patient's signature. The signature of a witness should also be obtained to confirm that the patient had signed without any objection.

Signing the Living Will: The living will is the legal consent signed by the patient to carry out the care during dying process. If the patient is incapable of taking decisions or is not eligible to give the consent, the patient designates a surrogate to give the consent regarding withholding or withdrawing the treatment and the act of passive euthanasia, or continuing the treatment even in the vegetative state.

Designating a Power of Attorney by the Patient: The patient appoints a legal surrogate approved by the court, who is given the power for taking finance-related actions and for giving approval to treat or not treat the patient. The surrogate can be a parent, spouse or guardian.

Advanced Directives (Ads): The ADs given by the patient as per the hospital policies include writing living wills and giving the power of attorney to the surrogate. The duty of the nurse is to check whether the ADs are added in the patient's case sheet and get them notified by the physician. The nurse is accountable for such actions because the ADs added to the patient's treatment modes will interfere with legal and ethical issues.

Manage Grief, Loss and Bereavement: A nurse should know the psychological stages of the terminally ill patient, namely, denial, anger, bargaining, depression and acceptance, and provide psychotherapy or alternative treatment modes such as biofeedback, guided imagery, yoga, meditation, and ayurvedic treatment, focussing on relieving the patient's signs/symptoms. In order to reduce the discomfort, the nurse should try to focus the patient's mind and body towards the quality of life, rather than towards increased anxiety and depression, and help the patient to a painless and peaceful death.

CONCLUSION

An advanced oncology certified nurse practitioner has many roles to play such as complete holistic caregiver, hospice care manager, palliative care provider, nurse educator, nurse leader/manager and nurse researcher. As a nurse takes care of the terminally ill patients progressing towards death, all the activities of the nurse should respect the dignity of the patient, by following the ethical principles, law, and regulations of patient care. The nurse should be aware of all legal and ethical issues and handle them intelligently to provide quality care.

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REVIEW QUESTIONS

1. Explain the issues in vesicant extravasation injuries.
2. Explain the types of care given by the oncology nurse.
3. Illustrate the issues in death and dying process in cancer patient.
4. Describe the issues in hypersensitivity and infusion-related reactions.
5. Explain the role of a nurse in handling legal and ethical issues in cancer patients.

ETHICAL AND LEGAL ISSUES OF THE ELDERLY

LEARNING OBJECTIVES

1. Developmental tasks of the elderly
2. Issues concerning incapacity in ageing
3. Clinical issues of geriatric nursing care
4. Ethical issues in geriatric nursing
5. Responsibilities of a geriatric nurse
6. Ethical principles involved in geriatric care

27.1 INTRODUCTION

Every age has its own beauty. Growing old is not getting older but getting still younger. Ageing is a complex and dynamic process with intricately interrelated and inseparable physiological, psychological and sociological components of human life; it is a normal process that implies continued growth, development and adaptation until death. The older adults have a multitude of needs and problems that require gentleness and care from the nurse to promote their health, well-being, recovery from illness or disability, and successful development towards sustaining a healthy life. Ageing is accompanied by a gradual and progressive slowing of behaviour and functioning. Hence, older adults are faced with great stress and are vulnerable to diseases. The general attitude in the community about ageing is that it is a downward and degenerating process that leads to incompetence, negative self-worth and low self-esteem with death as the ultimate outcome. Many legal and ethical issues intervene in the case of geriatric nursing such as being negligent, abusing physically, verbally, and sexually, showing lack of respect and dignity, teasing their inability, pointing nearness to death, and delay in attending to their needs. Therefore, instead of enjoying a healthy life, the aged people are vulnerable to be abused and prone to medical illnesses that interrupt their physical, psychological, social and spiritual life.

27.2 DEFINITION

Gerontology is the branch of science that deals with the problems of aged people.

Geriatric nursing or gerontological nursing is concerned with assessing the nursing needs of older people, planning and implementing nursing care to meet those needs, and evaluating the effectiveness of such care to achieve and maintain a level of wellness consistent with the limitations imposed by the ageing process.

27.3 DEVELOPMENTAL TASKS OF THE ELDERLY

Ageism is defined as the process of systematic stereotyping or discrimination against old people. As people become old, issues arise because their functional capacity will decrease.

Though ageing is a natural ongoing process, it has its own problems and associated issues. As ageing slows down the people's physical, physiological, psychological and spiritual well-being, they are under stress and it becomes a challenge to fulfil the activities of daily living. Furthermore, the geriatric group is similar to the paediatric one because their immune status, physical status and mental status become immature. They are vulnerable to all ageing-associated diseases such as bronchial asthma, hypertension, diabetes mellitus, and arthritis. They cannot withstand any communicable disease such as tuberculosis, malaria, typhoid, dengue, or chikungunia, which compromises the person's condition and causes disability or leads to death.

The normal developmental tasks of ageing include the following:

1. Adjusting to full retirement life.
2. Accepting help from the family members or others graciously and comfortably with increasing dependency.
3. Learning new affectionate roles with one's children.
4. Establishing satisfactory affectionate roles with grandchildren and family members.
5. Facing loss or death of one's spouse.
6. Being a good companion to an ageing spouse.
7. Finding and preserving mutually satisfying friendship outside the family circle.
8. Choosing or maintaining ongoing social activities, which are appropriate to their health and interest.
9. Maintaining a sense of moral integrity when faced with any disappointment or hindrance in fulfilling the basic needs of old age life.
10. Learning and adopting healthy life style activities to reserve the vitality and energy of the ageing body, mastering new awareness and learning new methods to face the physical surroundings if there are occasional or permanent disabilities, and finally preparing for the eventual and inevitable cessation of life by adopting a philosophy of life that allows the ageing person to live and die in peace.

These are the normal developmental tasks. If the elderly are unable to comfortably perform these tasks, many issues intervene and affect their geriatric life.

27.4 ISSUES CONCERNING INCAPACITY IN AGEING

It is well known that ageing is a natural ongoing process that occurs gradually for all people, but it naturally slows down the physical, physiological, psychological and social functioning of the individuals. Therefore, many problems arise in the individuals. Many geriatric patients become incapable

of giving consent or become weak and are unable to give consent to the treatment because of the following reasons:

1. Illness that affects their thought process, thinking, reasoning and judgement such as Alzheimer's disease, myasthenia gravis, Parkinson's disease, or multiple sclerosis. These are a few degenerative diseases that affect the brain leading to dementia, delirium, and loss of memory and orientation.
2. Illness that causes abnormal cell growth such as malignant cancer. The risk factor for diseases increases with ageing. Their psychological, physical and social well-being and their role in the family are lost.

The present status of the geriatric age group is shown in Fig. 27.1.

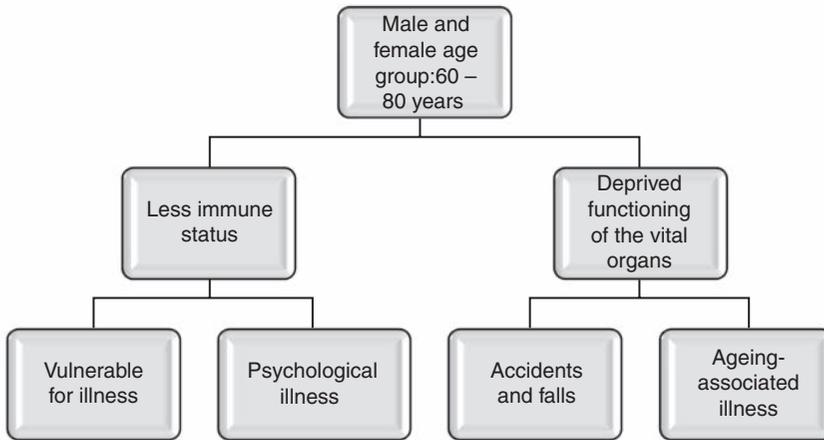


Figure 27.1 Present status of geriatric age group

A nurse should be aware of the problems of geriatric nursing and of the legal and ethical issues in gerontology.

27.5 CLINICAL ISSUES OF GERIATIC NURSING CARE

The issues in clinical setting are malpractice, slander, libel, criminal offence, negligence, and abuse, which are shown in Fig. 27.2. Though a nurse learns a lot about geriatric nursing and the problems of the elderly in theory, it is important in practice to rule out the possibility of the legal and ethical issues and protect the elderly by applying the ethical principles of nursing care.

Geriatric Abuse

This includes acts such as health care providers assaulting the geriatric patients physically and harming them using any weapons or intentionally restraining them, harshly removing the mackintosh under the linen causing tearing of the skin in bed-ridden patients, and pricking the vein for blood collection without providing any explanation.

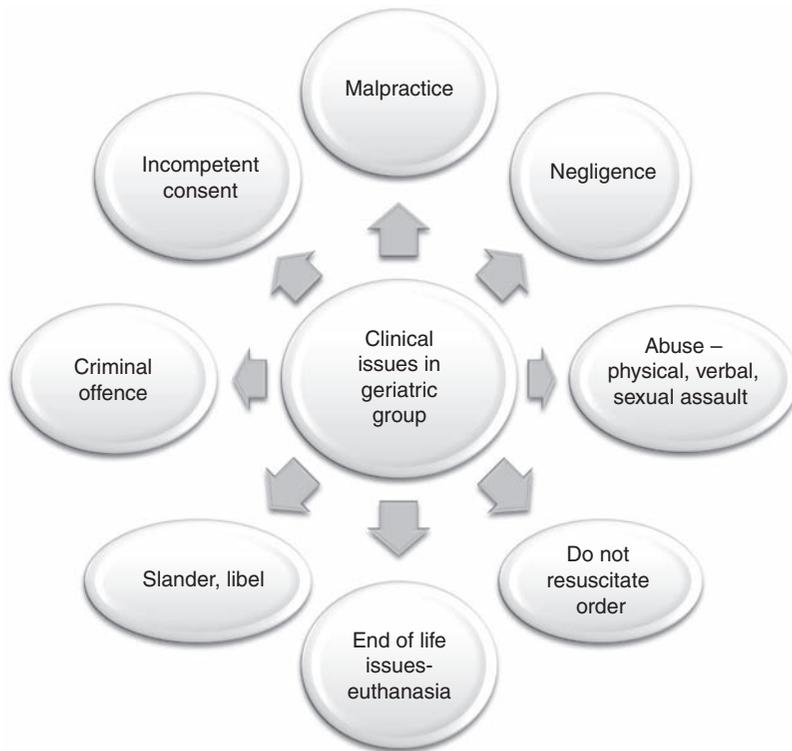


Figure 27.2 *Clinical issues of geriatric nursing care*

Verbal Abuse

This is the act of insulting the geriatric patients by using awkward words or words that hurt their ego, especially in front of others.

Sexual Abuse

This includes giving sexual torture to older adults or teasing them, harassing the patient, exposing the body during examination without informing the patient, unnecessary exposure without using screens, or not giving privacy for any procedure such as perineal care.

Negligence

This includes carelessness in handling the geriatric patients, for example, not locking the side rails of the bed, not providing the footstool for the patient to step down from bed to floor or to climb the bed from the floor, or dropping the medications on the geriatric patient while withdrawing from the vial, especially if the patient is unconscious. The patient may not react to the nurse whatever he/she does; the patient may not be able to see, hear or feel. Therefore, it is in the hands of the nurse to provide proper care. The patient in the intensive care unit is totally dependent on the nurse; however, there are many nurses who ill-treat those patients or are careless in handling them, which is unethical.

Slander

This refers to the false report given by one nurse about another nurse regarding the patient care, which is given to the higher authorities with an intention to spoil the nurse's reputation.

Libel

This means giving a written false report about the patient care given by a nurse to the higher authorities with an intention to hurt his/her professional growth.

Malpractice

This refers to the failure of the nurse to care for the geriatric patients, leading to any injury or harm to the patient, such as giving drugs without checking the dose, routes, side effects, indications and contraindications. For instance, in a 70-year-old patient diagnosed with myocardial infarction, isosorbide tab (5 mg) sublingual is given for coronary vasodilatation and for reducing chest pain during emergency. However, the side effect of this medication is hypertension. Hence, the nurse should check the vital signs, especially the blood pressure, before administering the drug to the patient. If the blood pressure of the patient is 90/70 mm Hg, the drug should not be given. If the nurse gives it since it is written in the doctor's order sheet, it deteriorates the patient's condition instead of improving it. Therefore, a nurse needs to rationalize each activity with scientific principles and justify his/her action to avoid malpractice. Another example for malpractice is following wrong techniques or steps in wound cleaning when taking care of a wound, that is, cleaning from a more contaminated area to a less contaminated, thereby inducing infection to the patient. If the nurse cleans the wound as he/she likes or never cleans the wound, or does not follow the correct techniques and behaviour during cleaning such as washing hands and wearing gloves, gowns, etc., it might result in nosocomial infection to the wound, which directly injures the patient. Any activity of the nurse that violates the scientific nursing principles for the nursing procedure is called malpractice.

27.6 ETHICAL ISSUES IN GERIATRIC NURSING

The following are the ethical issues in geriatric nursing:

Criminal Offence or Crime: This refers to any action that is forbidden and is punishable by law or any omission of nursing care that is required by law. A good example is end-of-life issues or euthanasia. For instance, consider the case of a geriatric patient with cancer of brain. The patient has no consciousness and is kept alive physiologically with the support of the ventilator; as the patient's brain is dead, he/she cannot give informed consent either to continue the treatment or to stop it. Such a condition is called incompetency. In such cases, the patient's relatives or spouse asks the doctor for euthanasia, which is forbidden by law in India. Even if the patient had earlier, when conscious, given consent for euthanasia in case of deterioration of his/her condition, it is still illegal. As per Indian law, there is no provision to end a patient's life since the life of the patient is respected until death.

Do Not Resuscitate Order: This is a kind of passive euthanasia, where no heroic measures are taken to continue the life of the patient. As there is no treatment to prolong the life of the patient or reduce the progress of the disease, the doctors may leave the patient's condition as it is and allow the patient to die. This is a very important issue and a nurse is in a state of dilemma. The objective of the nursing profession is to take all measures to sustain the life of the patient, but the doctor's order is not

to resuscitate. Which is the right direction to follow? Is it unethical to obey the doctor's order? The informed consent is an important ethical principal followed before applying any nursing procedure to the client. Therefore, if the patient is incapacitated to provide consent, for example, the patient is unconscious or under coma, it is not possible for him/her to give the written or oral consent to either continue or stop the treatment. In such cases, therefore, the consent is given by the surrogate, who can be a spouse, parent or guardian, appointed by the patient. The health care provider should ensure that the patient or the surrogate is provided with all details of the informed consent; for example, in the case of craniotomy, the details of duration of surgery, anaesthesia used, its effects, complications that might arise during surgery, blood loss and the amount of pints of blood needed, and the advantages and disadvantages of the surgery should be explained. Though these details may scare the surrogate, it is a nurse's duty to explain them and get the consent signed.

The following factors affect the process of informed consent for geriatric patients:

- (a) Defect in hearing and vision (sensory defects)
- (b) Aphasia, dysphonia, impaired ability to ask questions
- (c) Memory loss, amnesia, difficulty in remembering
- (d) Confused or disoriented patient

The following are examples of disability in the geriatric patients regarding the content of the informed consent:

- (a) Clarity, chances to understand the contents again or repeated manner.
- (b) The patient values and beliefs are not considered and the content of the consent is not clarified by the nurse to the geriatric patient before getting the consent signed.

Decision-making Capacity in Older Adults

A nurse should keep in mind the following points:

1. Every geriatric patient has the right to take decisions governing the health care as long as he/she retains the decision-making capacity.
2. Verification of decision-making capacity is required when the patient refuses to give consent for treatment; the ability to voice a choice or preference should be checked.
3. Adequate explanations about the content should be given before getting the consent form signed.
4. The ability to understand and grasp specific information by recollecting content, manipulating information and appreciating the situation should be checked and clarified to ensure that the content of informed consent is clearly understood by the patient despite the geriatric illness.

Refusal of Treatment: Adults with decision-making capacity have the right to refuse treatment. Measures must be taken to improve the decision-making capacity of the geriatric patient while obtaining the informed consent. When a geriatric client is admitted with complicated illness, for example, diabetic coma, advance directives are given to decide the treatment modes once the patient's decision-making capacity fails. These directives allow the health care providers to take appropriate decisions. The commonly used directives are as follows:

- (a) Living will
- (b) Durable power of attorney for health care (DPOAHC) also known as health care proxy

A combined directive called advanced health care directive is also used at times.

Advanced Directives: This is given as per Patient Self-Determination Act (PSDA), 1990. This law has mandated the following in all hospitals, nursing homes, health agencies, and hospice programs and health maintenance organizations (HMOs) participating in Medicaid and Medicare programmes:

1. Provide adult patient with written information concerning their right to make decision about their care
2. Ask patients whether they have an advance directive and to record the details in the medical records
3. Maintain written policies
4. Honour the advance directives
5. Educate the patient about advance directives
6. Conduct community education
7. Provide care and not discriminate against patients whether or not the patient has executed an advance directive
8. Living wills provide specific details about the particular kind of treatment intervention that the patient requires or not requires to prolong or to sustain life and are used to declare the wishes of the patient and to refuse, limit or withhold life-sustaining treatment under certain circumstances, should the individuals lose their capacity to communicate
9. Designate a surrogate with DPOAHC or health care proxy. This is done by the geriatric patient before his/her death to handover the power of taking decisions on his/her behalf to a person designated by the patient as his/her surrogate formally or informally.

Format for advanced directives living wills, donor form

Living Will

Declaration made this ____ day of _____, 2____, I, _____, wilfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am mentally or physically incapacitated and ____ (initial) I have a terminal condition, or ____ (initial) I have an end-stage condition, or ____ (initial) I am in a persistent vegetative state, and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I do ____, I do not ____, I do not ____ desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

It is my intention that this declaration be honoured by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name _____

Street Address _____

City _____ State _____ Phone _____

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional):

(Signed) _____

Witness _____ Witness _____

Street Address _____ Street Address _____

City _____ State _____ City _____ State _____

Phone _____ Phone _____

At least one witness must not be a husband or wife or a blood relative of the principal.

Designation of Health Care Surrogate

Name: _____

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

Name _____

Street Address _____

City _____ State _____

Phone: _____

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name _____

Street Address _____

City _____ State _____ Phone _____

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; or apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional instructions (optional):

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Name _____

Name _____

Signed _____

Date _____

Witnesses: 1. _____
2. _____

At least one witness must not be a husband or wife or a blood relative of the principal.

Uniform Donor Form

I, the undersigned, hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires:

I give:

- (a) _____ Any needed organs and/or parts.
- (b) _____ Only the following organs and/or parts for the purpose of transplantation, therapy, medical research, or education:

- (c) _____ My body for anatomical study if needed. Limitations or special wishes, if any:

Signed by the donor and the following witnesses in the presence of each other:

Donor's Signature _____	Donor's Date of Birth _____
Date Signed _____	City and State _____
Witness _____	Witness _____
Street Address _____	Street Address _____
City _____ State _____	City _____ State _____

Health Care Advance Directives

I, _____ have created the following Advance Directives:

- _____ Living Will
- _____ Health Care Surrogate Designation
- _____ Anatomical Donation
- _____ Other (specify) _____

~~~~~ FOLD ~~~~~

**Contact**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Formal Appointment by the Court of Health Care Proxy or Agent:** In certain cases, the surrogate of the geriatric patient is appointed by the court; such a surrogate is referred to as the health care proxy or agent and is given the power to take financial decisions regarding the treatment for the patient.

## 27.7 LEGAL AND ETHICAL RESPONSIBILITIES OF A GERIATRIC NURSE

The most important responsibilities of the geriatric nurse are to recognize the legal and ethical issues in geriatric nursing care, solve ethical dilemmas using ethical decision-making models or processes, help the geriatric patients to overcome these issues, and provide moral ethical care by applying the ethical principles. The following are some of the rights of the geriatric patients, as shown in Fig. 27.3:

1. Right to be respected and treated with dignity by all.
2. Right to take decision in treatment and illness.
3. Right to privacy.
4. Right to get support and protection especially during disability and illness.
5. Right to participate in all nursing care decisions.
6. Right to justice in provision of geriatric care.
7. Right to give advance health care directives such as living wills or DPAHC and formally designate surrogate as health care proxy.
8. Right to give informed consent.
9. Right to refuse any treatment.
10. Right to access health care.



**Figure 27.3** *Rights of a geriatric patient*

## 27.8 ETHICAL PRINCIPLES INVOLVED IN GERIATRIC CARE

A nurse should be aware of all the rights of the patients and respect them, create awareness about those rights and help the aged people to get those rights implemented.

### *Applying Principlism Focusing on Geriatric Ethical Decision-making*

Principlism is a system of ethics that focuses on four important general ethical principles, namely, autonomy, beneficence, non-maleficence and justice.

**Autonomy:** Here, autonomy means respect for the geriatric patients. They should be treated as autonomous agents, though they are with diminished capacity because of old age. Respect for old age is exhibited by respecting their rights such as the right to give informed consent. A nurse should get the consent signed by giving adequate knowledge about the procedure, purpose, risks, benefits, and alternatives and also provide opportunities for the patient to ask questions. Moreover, the patient has the right to withdraw the procedure whenever he/she wishes. The nurse should play the roles of health educator, informer, communicator, advocate and change agent.

**Beneficence:** Any action taken during of patient care should be directed towards doing benefit to the patient. It can be done by providing a complete holistic care to the patient, which means not only treating the signs and symptoms but also treating the whole patient. For example, if an elderly patient gets admitted with hyperglycaemia and diabetic coma, the role of a nurse is not only to treat hyperglycaemia and coma, by administering insulin as ordered, but also to prevent its occurrence in future and to protect the patient from future complications. He/she should educate the patient to take measures for adhering to healthy lifestyle modalities in relation to diabetes health care. The nurse should provide complete physical, psychological, social, spiritual, and cultural care, which involves alternative modes of therapy such as medication, yoga, and ayurveda. Thus, he/she acts as a complete health care provider and provides only benefits to the patient by treating the whole patient.

**Non-maleficence:** This is the principle of not doing any harm to the patients. A nurse should refrain from doing any harm to the patients. For example, if the nurse is careless and neglects to give insulin injection in time for a diabetic patient, he/she does harm to the patient. This is unethical and is called as negligence. Another example is not checking whether the oxygen cylinder is empty or not replacing it on time. This is also known as malpractice and the nurse injures the patient instead of protecting him/her, which is a violation of law. Similarly, not changing the position of an unconscious patient regularly thereby allowing him/her to get bed sores and suctioning the tracheostomy patient for a long time are activities that are unethical and injure or harm the patient, which a nurse is not supposed to do.

**Justice:** This refers to moral rightness based on the ethics; it is being fair with all the geriatric patients and providing equal treatment, in spite of difference in caste, creed, race, age, marital status, social status, and gender. A nurse must treat all patients in the same manner and provide equitable distribution of time. For example, a Punjabi nurse should not give more attention to and spend more time with a Punjab geriatric patient and ignore other patients. Such an activity is a violation of justice for the geriatric patient.

Apart from these four principles, the other ethical principles that a nurse needs to follow during geriatric nursing care are as follows:

**Confidentiality:** This refers to keeping the patient's personal and health details confidential and not disclosing or gossiping about the details to others. A nurse should respect the patient's values and beliefs and ultimately maintain confidentiality

**Fidelity:** This is the act of keeping the promise and creating a faithful and trusted relationship with the patient. It is important to develop a therapeutic nurse–patient relationship in order to provide high-quality care. This can be achieved by using communication skills such as listening to the patient's needs, not interrupting the patient while interacting, not arguing, and allowing the patient to ventilate his/her feelings.

**Veracity:** This refers to being truthful towards patient care. A nurse should report and record the details correctly and not misinterpret the results of a report, as this will compromise the patient's condition. The nurse should be truthful, honest, disciplined, punctual, and follow the code of ethics.

**Sanctity of life:** Geriatric patients with terminal illness go through a terrible time. They will have to undergo heavy stress about death, grief, and depression. At times, patients do not prefer to take any treatment and they trust that God will take care of their terminal illness. However, a nurse should respect the sanctity of life. He/she should not let the patients discontinue the treatment that is required and provide good care for them until the end. Most of the old patients are left to die, which is against the right of the patient to survive.

**Dignity for Elderly:** Geriatric patients also have the right to be respected and be dignified until death. They should not be ill-treated or disrespected because of their old age. In many cases, the views of the aged persons are least considered or, even worse, not considered at all. The issues concerning euthanasia, do not resuscitate order, and end-of-life issues are all taken for granted since they are elderly patients and have attained the age of death; however, it is violating the right of an aged person to survive.

**Euthanasia:** A geriatric patient may wish to die and sign the informed consent or give living will, power of attorney for health care, or advance directives to discontinue the treatment if there is no hope for survival and to end the life with passive euthanasia. However, a nurse is the person who takes care of the patient right from the beginning. She should know the actual wish or willingness of the geriatric patient to take or refuse treatment and should ensure that there is no coercion or force to opt for euthanasia.

**Hospice Care:** This is the extended care to home setting applied for geriatric patients where today old aged people are pushed by their families. Geriatric patients are forced to live in old age homes or orphanages to survive. A nurse should provide a holistic care in hospice care units. He/she should care for the patient until death in a dignified manner and ensure that legal and ethical issues do not affect the patients.

## CONCLUSION

In general, geriatric people are weak and are vulnerable to all diseases. This leads to a number of ethical issues. A nurse has to recognize these issues, solve such issues and conflicts, and help to give good quality care by applying all the ethical principles of geriatric nursing. It should be remembered that 'old age is the golden age and nurse is the goldsmith that shines the gold to make it glitter'.

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## REVIEW QUESTIONS

1. Define ageing and explain the normal developmental tasks of ageing.
2. Explain the ethical and legal issues of the elderly.
3. Discuss the issues concerning incapacity of ageing.
4. Describe the clinical issues of geriatric nursing care.
5. Enumerate the role of a nurse in geriatric care.
6. Discuss the ethical responsibilities of a nurse in protecting the elderly.

# ETHICAL AND LEGAL ISSUES IN INTENSIVE CARE UNIT

## LEARNING OBJECTIVES

1. Meaning, concept and different levels of care in ICU
2. Types of ICU
3. Equipments used in ICU
4. Members in ICU
5. Ethical and legal issues in ICU
6. Role and responsibility of nurses in ICU

## 28.1 INTRODUCTION

The Intensive Care Unit (ICU) is a specially staffed and equipped hospital ward dedicated to the management of patient with life-threatening illnesses, injuries, or complications. Intensive care unit is a specialized department requires special training in handling the patients with serious illness, for example, shock, coronary illnesses, respiratory failure, emergencies in Gastrointestinal Tract (GI) tract, neurologic disorders, obstetric and gynecological disorders, acute venal failure, endocrine disorders, infection and immune disorders, severe multiple trauma, metabolic and haematologic emergencies, and environmental injuries. Therefore, ICU nurses are given extensive training in such a way that they will be able to tackle any kind of emergency situations. The ICU will be present as a separate unit for each specialty, for example, in cardio thoracic unit there will be an Intensive Coronary Care Unit (ICCU), for neurologic conditions—neuro ICU, for medical conditions—Intensive Medical Care Unit (IMCU), and for pediatric—Neonatal Intensive Care Unit (NICU). Hence, for each specialty there will be an ICU unit attached. The nurses are highly trained in critical care and are managed to be present as permanent staffs and get familiar in handling critical ill patients. ICU care there are many legal and ethical issues involved in ICU care. Therefore, critical thinking and scientific reasoning along with prompt intervention specific for each patient care is expected in the work of the ICU staff.

## 28.2 MEANING OF ICU

The ICU stands for Intensive Care Unit. The meaning of ‘intensive’ is close and maximum care is given to the needy patients in order to overcome the crisis, by intelligent care or observation over vital signs and taking interventions accordingly in order to protect the life and prevent them from further complication.

## 28.3 INTENSIVE CARE NURSING

Intensive care nursing is defined as the care given by ICU nurses for critically ill patients to provide continuous treatment, close monitoring of patient’s illness, attached apparatus, perform dynamic analysis and synthesis of complex data, with anticipation of complicating prompt decision making, execution, evaluation of nursing interventions to minimize adverse effects, to enhance the speed and quality of recovery and support the critically ill patients if progressing to death and dying process.

## 28.4 CONCEPT OF ICU CARE NURSING

It is important to be clear with the concept of ICU before dealing with ethical and legal issues prevailing in intensive care nursing.

### 28.4.1 Cost Containment—Economics in ICU

The ICU is designed to provide critical care for seriously ill patients and help them to recover in short period of time, therefore, ICU is designed with costly, expensive equipments and machines to sustain and improve the patient’s life to obtain ICU services and improve their life. For the people from low class family obtaining the ICU services is difficult. For example, the cost of the ICU nursing care service is four times higher than the general ward service, this is because the work load of staff is high and use of machinery and their maintenance are expensive, which in turn add heavy financial demand for the hospital management, therefore, ICU care is costly for low class people.

## 28.5 CONCEPT OF DIFFERENT LEVELS OF CARE IN ICU

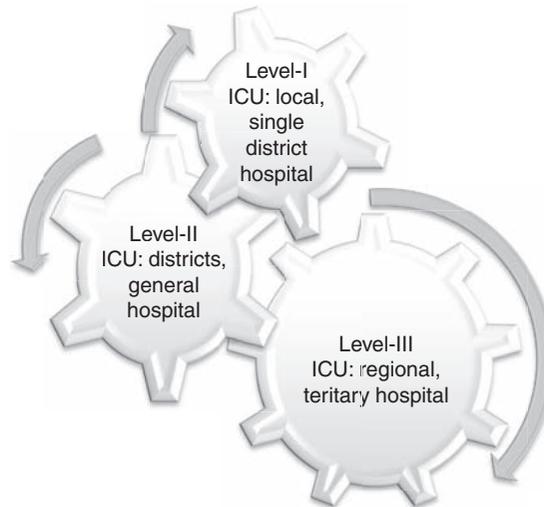
There are ICU unit setups at different levels—I, II, and III, such as local, district, and regional levels, respectively, as per the levels the facilities increase in each levels. The different levels of ICU (Fig. 28.1) are as follows:

**Level-I ICU:** This setup of ICU is present in the local and district hospitals. These hospitals have facilities to treat only the minor illness, provide services such as basic first aid activities. It is called as high dependency unit and it provides facilities to treat short period of cardio respiratory support of critically ill patients, with limited and simple invasive cardiovascular monitoring procedures, since this level ICU has limited number of staffs, equipments, machineries, facilities for prolonged time period.

**Level-II ICU:** This type of ICU is present in the general hospital, which covers the population of several district, provides high standard general invasive care, with multiple life supporting systems. It acts as a regional centre for acute trauma and general surgical care, but it does not have facilities to treat the complex illness and do the investigations. This level ICU is controlled by residential medical officer. It has pathologist, physiotherapist, and radiology therapist with 24-hour scanning facilities. There is no

multi-specialist care available and therefore, the patients are referred to the concerned specialist for the treatment of specialty critical illness.

**Level-III ICU:** This type of ICU is present in the tertiary hospital, which covers region or regional hospital population. It provides all the aspects of multispecialty management and has full time specialist working in the hospital. This level ICU has all the facilities to manage all complex illnesses, completely equipped with all the machinery, and supplies adequate staffs.



**Figure 28.1** *Different levels of ICU care*

## 28.6 OTHER TYPES OF ICU

**HDU:** HDU stands for high dependency unit. It is the unit that intermediates the care between the ICU and the general ward, for example, a patient with single organ failure is admitted in the HDU unit will be provided immediate resuscitation, manage the unstable condition or critical illness for short periods of time, once the condition is stabilized the patient is shifted from the HDU to the general ward, if the condition suddenly deteriorates, the patient from the general ward will be transferred to HDU and then to ICU depending on the severity of the illness.

The link between the ICU, HDU, and general ward, in treating the patient's illness is shown in Fig. 28.2.



**Figure 28.2** *Link between the ICU, HDU, and general ward*

**NICU or PICU:** It is neonatal intensive care unit or pediatric care unit. It is the critical care unit where high risk newborn, premature infants, and children who has undergone surgeries children diagnosed with serious medical illness are admitted and treated

**Obstetrics and Gynecologic ICU:** It is abbreviated as OBGICU. It admits the pregnant mother and mother with serious medical illness after delivery is treated here.

**ICCU:** It stands for intensive coronary care unit. The patients with the cardiac illness and complications are treated in this unit.

**RICU:** It stands for respiratory intensive care unit. This unit is to treat the patients with cardiothoracic illness.

**Ortho ICU:** It is the unit for treating patients with fractures and those admitted after surgery, especially musculoskeletal conditions.

**Renal ICU:** In this unit, patients with serious illness in the urinary system are admitted and treated.

**Neuro ICU:** It is the unit for treating patients with serious illness in the neurological system.

**Burns ICU:** It is the unit for treating patients injured by burns.

**Trauma care ICU:** It is the unit for treating patients with trauma or those involved in traffic accidents.

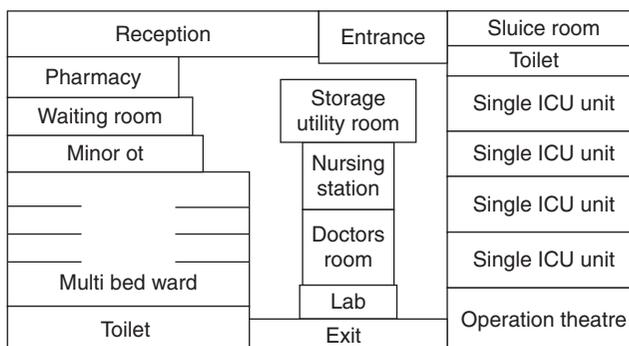
Ortho ICU, Renal ICU, Neuro ICU, Burns ICU and trauma care ICU.

The infrastructure of hospital is shown in Fig. 28.3.

## 28.7 INFRASTRUCTURE OF AN ICU

An ICU is a critical care unit. It can be a single ICU unit or a multiward unit, with both major and minor operation theatres attached nearby. It has a nursing station, doctor’s room, lab, storage room, waiting room, and specialized pharmacy. It also has toilet facilities, sluice room, and a reception with a wide entrance and exit.

Usually, ICU is a clean unit. Nurses and doctors who enter the unit have to wear a separate dress, footwear, cap, and mask before providing care to the patient. If any procedure has to be performed, aseptic techniques are to be followed. Visitors are prohibited and are allowed only at a limited time to observe the patient but are not allowed to interact much with the patient.



**Figure 28.3** Infrastructure of hospital

## 28.8 EQUIPMENTS USED IN ICU

Many types of equipments are used in ICU. Some important equipments used in the ICU are as follows:

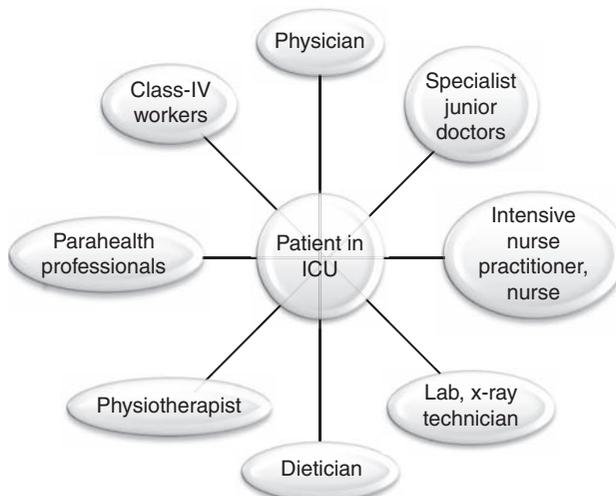
- (a) Equipments used for monitoring devices are as follows:
  - Bedside and central cardiac monitor
  - ECG 12 lead recorder
  - Intra vascular ICP monitor devices
  - Computers
  - Pulse oximeter
  - Pulmonary function monitor devices
  - CO<sub>2</sub> analyzer
  - ECG monitor
  - Patient/bed weighers
  - Temperature monitor
  - Enzymatic blood glucose monitors
- (b) Equipments used for radiology are as follows:
  - X-ray viewers
  - Portable x-ray machines
  - Image intensifier
- (c) Equipments used for monitoring respiratory function are as follows:
  - Ventilators-n pressure or volume or time-cycled portable with monitors
  - Alarm set-up for O<sub>2</sub> cylinder to detect any failure in the working conditions or misconnections, to check for empty and filled O<sub>2</sub> cylinders, to check the working of humidifiers, etc.
  - Tracheal intubation trolley, airway devices
  - Manual self-intuiting resuscitator and ventilator systems
  - Fibre optic bronchoscope
  - Suction apparatus
  - Chest drainage and anesthesia machine
- (d) Cardio vascular monitoring devices are as follows:
  - Cardio pulmonary resuscitation (CPR) trolleys
  - Defibrillators
  - Cardiac paring facilities
  - Intra-aortic balloon pump devices
  - Infusion pumps, syringes and vascular equipment
- (e) Temperature control equipments are as follows:
  - Heating/cooling blankets
  - Patient transport devices—stretcher, wheel chair, etc.
- (f) Equipments used in dialytic therapy are as follows:
  - Haemodialysis machine

- Peritoneal dialysis
  - Continuous haemofiltration devices
- (g) Lab devices are as follows:
- ABG analyzer
  - Selective ion electrode analyzer
  - Osmometer
  - Haemetocrite centrifuge
  - Microscope and haemometer
  - Thromboelastography (TEG)

## 28.9 MEMBERS OF ICU

The members of ICU (Fig. 28.4) are as follows:

1. Medical directors
2. Doctors of different specialties
3. Junior doctors
4. Nurses—managers, specialists, educators, critical care nurses
5. Allied health professionals—physiotherapist, pharmacist, dietician, social workers, and respiratory therapist
6. Technicians (e.g., Biomedical Engineering)
7. Senatorial—ward clerk, accountant, typist
8. Radiographers
9. Class IV workers—sweepers, cleaners, dhobi, security staff, etc.



**Figure 28.4** ICU team members

### 28.9.1 Ratio of Staff in ICU

Each patient is taken cared by one nurse, that is, the patient-nurse ratio is 1:1. As per the complexity of the ICU and based on the patient classification system the ratio of the staff patient is determined.

- Level-I ICU: 1:5 (mild)
- Level-II ICU: 1:3 (moderate)
- Level-III ICU: 1:1 (severe)

Allied staffs, class IV workers should be available on 24 hour basis. They are managed to work as per shift system.

## 28.10 ETHICAL AND LEGAL ISSUES IN THE ICU

Ethics is a science of moral ethical behaviour that analyses, judges moral thinking's, and examine right or wrong. Medical ethics is the application of ethical and moral principles in order to practise medicine and such ethical obligation to govern good mode of ethical conduct in the practice of intensive care. There are so many issues that complicate the decision-making skills and comprise the ethical behaviour. The ethical and legal issues are as follows:

- Informed consent and costly care issues
- End of life, Do Not Resuscitate (DNR) order
- Euthanasia, death and dying, and futile treatment issues
- Providing privacy and confidentiality
- Malpractice and negligence in nursing care
- Faithful recording and reporting
- Problems faced by the patient in ICU

### 28.10.1 Informed Consent

Patient's consent to treatment underpins the relationship between doctor, nurse, and the patient. Therefore, getting the consent signed from the critically ill patient will be a difficult task for the nurse because all the patients arrive to the ICU either confused, disoriented, fear and anxiety, semi-conscious or unconscious, serious illness or febrile illness.

The mental state to listen the content in consent and sign it based on the choice of the treatment is impossible, therefore, nurse has the difficulty and dilemma that what she should do since the patient is not mentally stable to listen. Hence, the nurse has to get sign from patients spouse or parents or legal guardian. A quick decision or approval is made to decide the surrogate for the patient to give the consent; also she should get sign from the witness. The witness can be other nurse or patients relatives or friends to check whether the consent is obtained by force or own wish of the patient, therefore, the nurse should be clear in her duty to explain the content of informed consent, about the procedure, risk, benefits, etc., for example, performing endotracheal intubation, attaching a mechanical ventilator, and especially the cost of ICU services are explained. Sometimes the patient may refuse the care given since he/she may not be able to afford the cost. For example, if the charge is ₹1,000 per day to use the ventilator then it would be very difficult for a coolie worker or patients belonging to a poor or middle class family and hence they refuse the ventilator care. However, this situation may worsen the patient's health and lead to death or more critical stage. The issue arises here. The ventilator care could be given

to the patient only when the money is paid, especially in some private hospitals, till the money is being paid for the ventilator, the nurse in the ICU gets 'double-effect' either to support hospital policy or to initiate ventilation care, since the duty of a nurse is to save the life of the patient as per the ethical principles of nursing ethics. In addition, a nurse should respect and follow the patient's rights, some of which are as follows:

1. Right to give informed consent signed.
2. Right to refuse to sign informed consent or to refuse the care.
3. Right to take decision about the treatment.
4. Right to seek and informed prior about the treatment modes, especially the cost of services and alternative modes based on cost.
5. Right to get privacy.
6. Right to get orientation about intensive care unit.
7. Right to get full respect and dignity.
8. Right to get quality care from the ICU staffs.

Based on these rights, nurse has to respect the patients' rights, if the patient is conscious then she should get the informed consent signed by giving possible information and if the patient is incapacitated, the consent obtained from the surrogates, though the patient wish to start the treatment or not it is the duty of the nurse to inform accurately and give appropriate information.

### 28.10.2 End of Life Issue, DNR Order

Majority of the patients, who enter the ICU with the terminal illness progressing to death, even the acutely ill also progresses to terminally ill. The reasons for this are many, it can be the condition of patient itself or patient not able to afford the needed money to pay for the entire care, therefore, progressing to terminal illness, the doctor may order for DNR when there is a diagnosis made for permanent brain damage that cannot be reversible, therefore, simply perfusing the organs, ventilating the lungs, keeping the body in the vegetative state, may not be dignified. Hence, the patient may give consent to end of life or to have a peaceful death. Here, the role of a nurse is to identify the DNR order, root cause, and follow the order.

### 28.10.3 Euthanasia

It is defined as a direct cut to terminate life with a primary intent, they are as follows:

1. Voluntary euthanasia or intentionally killing of those who have expressed a competent freely made wish to be killed.
2. Physician assisted suicide—doctor initiates the death of the patient with consent of the patient giving poison drug or gas or withholding treatment.
3. Non-voluntary euthanasia—it is an act of killing the patient without approval, but from the approval of patients, patient's family, and relatives.
4. Euthanasia in ICU is rare, it is considered as illegal in many states, some countries has legalized euthanasia, best effort to save the patient's life is made and method of euthanasia is directed to dignify the patient's death when all the extra interventions taken to sustain the life of the patient is failed. For example, a patient has brain damage irreversible, decision for euthanasia choice is made, but not compulsory chance, patient's consent, and advanced directives are received before euthanasia decision.

5. Advanced directives (AD)—this is the written statement witnessed, oral, written, and recorded document made signed by the competent patient regarding his/her choices of treatment when the patient is ill or incapacitated. This AD's includes the following:
  - (a) Living wills
  - (b) Designating the power of attorney
  - (c) Health care proxy agents

Living wills are made in advance by the patient to treat or withhold the treatment, decision to treat by the surrogate parent or spouse or legal guardian.

#### *Designating Power of Attorney, Health Care Proxy Agent*

1. Following living wills, patient gives the power of attorney to designate the surrogate to sign the consent when the patient's condition is deteriorated or seriously ill or incapacitated, but the problems in advanced directives are there is lack of knowledge of future incapacitation and precision. For example, consider a patient diagnosed with diabetes mellitus who has been admitted with serious complications in an ICU. He/she has already given a living will. According to the will, if the condition of the patient is life threatening and has no chance of survival but can be kept alive in a vegetative state, the patient has opted for euthanasia and no steps should be taken to continue any treatment as it will be a waste of money. The patient's family does not have enough money to afford the ICU care treatment. It becomes an issue because morally and ethically the patient should get continuous treatment, even though the patient has made a notification in the living will to discontinue the treatment.
2. Nurses or health care providers will be held legally responsible in the court if they disregard the advance directives given for refusing treatment, which is applicable to the clinical situation.
3. Duty of the staff to inform the doctor about AD's given by the patient, but advanced statements or directives that do not refuse treatment has no legal binding, and it should be respected.
4. Minors and mentally challenged also have the same rights and law just as the adults, but the consent will be given by the parents or the spouse or the legal guardian.
5. Relatives or patient's family members nobody can overrule an advanced directive.

#### 28.10.4 Futile Treatment Issues

Futile treatment means the extra resuscitation measures implemented to save the life of the patient with futile illness is of no use, has no purpose, is a failure or futile to sustain his/her life when there is no chance of any improvement. For example, when there is a brain death, CPR initiated to survive the heart beat is of no use, in case of resuscitation. Severe hypovolemic shock, initiating CPR is of utter waste since there is no use of doing the resuscitation, since there is no adequate volume of blood to circulate, therefore, measures are to be taken to improve the blood volume, by the time patient is intubated mechanical ventilation, patient may go for permanent brain death, therefore, initiating futile treatment may not give progress to the patient's illness and it is a moral and ethical way of dignifying human life until natural death occurs by itself.

#### 28.10.5 Breach of Confidentiality Issues in ICU

1. The ICU staff has moral and legal duty to observe the patient's confidentiality and follow the principles of confidentiality. ICU staff can only record the patient's information that is needed for the patient care, whatever details recorded are kept safe in a file and locked.

2. The computerized details of the patient are saved in a file, with a password protection, where only ICU staff can operate it.
3. Computer is shut down when the work is over.
4. Informed consent from the patient, if the patient is required to participate in research or any quality assurance programs.
5. Patient information in case needed by the third parties, consent from the patient as well as a legalized court order is needed.
6. Patient's information is needed in the court for any forensic activity, a consent form from patient, a written order from the medical officer's signature, and approval is required for presenting the details in the court.
7. Patient's document should be recorded carefully with waterproof ink, written, typed simple, concise manner, information is loaded in CD, and also the file is kept safe
8. Any breach of information is considered as a malpractice, that is, if the patient complains that the nurse gossiped patient's details, nurse will be charged under the malpractice claim for breaching the confidentiality.

### 28.10.6 Faithful Recording and Reporting in ICU

The ICU is a place where intensive care is provided by entire team members, mainly ICU nurses, medical practitioners, and anesthetists. Timely recording and reporting of the patient's signs and symptoms is the important duty of the nurse, since we cannot predict the condition of the patient. He/she may go suddenly seriously ill or may progress or recover well. If the nurse found to neglect in observing any, she will be held liable for their negligence. For example, commonly used scoring system in ICU is *Glasgow Coma Scale (GCS)*. This scale is used to determine the level of consciousness, verbal, eye opening and muscle integrity. The nurse should be alert in determining the scores and inform the physician, so she has to do it at regular intervals. There are also several therapeutic scoring and evaluation systems apart from GCS. They are as follows:

***Therapeutic Intervention Scoring System (TISS)***: This will evaluate the nursing work, able to determine the accountability, and responsibility of the nurse. Faithful recording and reporting will be revealed through such type of evaluation system. The ICU staff should be eminent to use a standard scoring system for appropriate illness, alert the physician to initiate the treatment and save the life of the patient.

*Examples:*

- (a) Acute physiology, age and chronic health evaluation (APACHE 1, 2 and 3) to measure the severity of the illness.
- (b) Simplified Acute Physiology Scores (SAPS)
- (c) Organ failure scores
- (d) Sepsis Related Organ Failure Assessment (SOFA)—changed to segmental organ failure assessment to track the changes in morbidity of the patient.
- (e) Scores to assess the injury and trauma, for example, Injury Severity Score (ISS) and trauma injury severity score.

Though there are many scoring and evaluating systems, an identical thing in the hospital policy is that the nurse should be familiar and trained to observe the patient for any changes and notify the physician immediately.

### 28.10.7 Problems in Post ICU

There are vast ranges of problems present in ICU that are unbearable such as night mares sleep disturbances, loss of body image, disfigurement such as patient after treatment in the ICU come out with tracheostomy—hole in the trachea, impaired mobility, loss of hair, loss of appetite, taste and smell dysfunction, etc. Much research has been conducted about life after ICU using the tools like quality of life, Hospital Anxiety and Depression (HAD), Perceived Quality of Life (PQOL), since it is important to assess the patient's satisfaction or dissatisfaction of care in ICU about the ICU stay.

1. Tracheostomy—it is a temporary or permanent opening made surgically to save the life of the patient, to aid mechanical ventilation once the endotracheal intubation fails. Patient surviving with tracheostomy disturbs the body image, the ability to speak, and each time patient has to cover the tracheal opening to speak.
2. Immobility, joint weakness, joint pain, stiffness of the joints, and muscle weakness are the problems of the prolonged critical illness because it is bed ridden state, poly neuropathy may be responsible for prolonged weaning from ventilator support and delay rehabilitation, therefore, the patient present with muscle weakness and muscle wasting.
3. Hair loss, severe pruritus and nail ridging—these are the minor problems that results after the ICU stay. They occur due to imbalance in nutritional status since the patient was under Nil Per Oral (NPO), total parenteral nutrition (TPN), the patients survived with only IV fluids that allow the patient to face problems such as alopecia, severe pruritus and abnormalities in the nail, since the fluids lack many essential nutrients.
4. Loss of taste, anorexia, and stress ulcer—these are the major problems in the patient because they are under nasogastric (NG) feeding the illness, the side effects of the medication given to the patient creates a loss of taste sensation, anorexia follows due to hospitalization, stress ulcer is the main problem in the unconscious patient, once the patient gain consciousness, stress ulcers result due to hyper acidity of gastric acid, decreased secretion of gastric mucus. Therefore, the nurse should recognize the common problems faced by the patient, empathize the patient's problem, and provide treatment to prevent stress ulcer.
5. Other problems are hypotension, fatigue, malaise, scaring in the face, due to the compression of endotracheal tube and weight loss.
6. Psychological problems—loss of memory, fear and anxiety, depression, delusion, and post-traumatic stress disorders. These problems are started in ICU stay, continues till post ICU, therefore, the nurse should be an advocate, change agent, counsellor and good communicator to provide psychological support and quality care.

## 28.11 ROLE AND RESPONSIBILITY OF NURSE IN ICU

The role and the responsibility of the ICU staff is vast, wide, and challenging since she/he fights with life and death, to sustain life, takes up lots of struggles and hard work to strengthen the patients' life. Great emphasis is placed on the technical skills and professional competence and tackles the critical care with the intelligent handling, provides multi-dynamic care.

Different types of care provided are as follows:

**Primary Care:** This is the type of care provided in the level-I ICU. The nurse follows the ethical principle of the autonomy, it means respect the patient rights to take own decision about the treatment,

right to refuse the treatment, She/he does the referral if the illness is so critical after performing a first aid and gives faithful reporting and summary to the hospital where the patient is referred.

**Comprehensive Care:** In this type of care, the nurse provides care in such a way that she covers all the aspects of health such as physical, psychological, social, spiritual, and cultural, with an aim to deliver a complete care. Benefits to the patient is nothing but following the ethical principle of beneficence and non-maleficence the spirit of doing only good to the client and not harming the patient.

**Holistic Care:** This means treating the patient as a whole instead of a part, includes body, mind, and the spirit. She not only treats the physical condition of the patient but also considers the totality of the patient such as mental, emotional, spiritual, social, cultural, physiological, contextual, and environmental.

**Individualized Care:** In this type of care, the nurse establishes the individualized care in recognizing and identifying the uniqueness of the patients illness, patients preferences, conditions, physiologic and physical status, therefore, providing complete quality of care with an aim—not to harm the patient but to follow the ethical principle of beneficence, and respect the autonomy of the patient, all the rights to get the qualified care of providing complete unique care so that every patient has all the rights to get high quality care, which should be complete and unique for each patient and should be as per his/her needs and demands. No patient should be left uncared or harmed.

**Cultural Care:** In this type of care, the nurse must possess knowledge about the transcultural nursing, bio-cultural and the linguistic difference in the diverse population, and learn to respect values, beliefs, customs, traditions and taboos of the patient. This means that the patients must be treated without any cultural discrimination, which means to provide care with justice, that is, to treat the patients equally, without showing any partiality to one particular culture or religion. For example, a Tamil nurse gives care and preference to Tamil patient and ignores other patients.

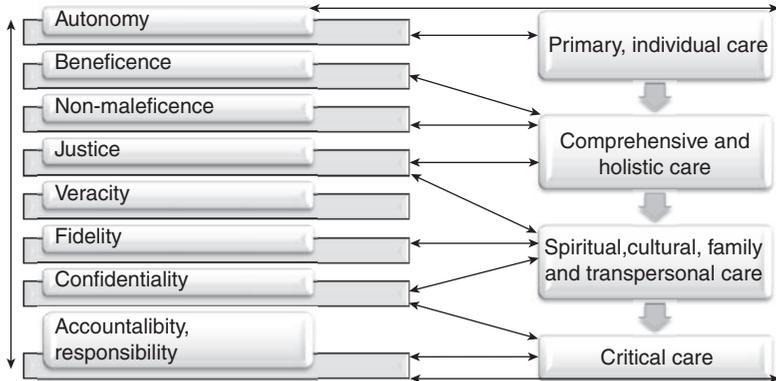
**Family Care:** This type of care involves all the family members, especially the care takers of the patient to decide the treatment modalities and in decision-making it involves bridging a trustful relationship called fidelity with the patient, performing an honest trustful relationship with patient, being truthful to the patient, maintaining a good therapeutic relationship with patients and family members, honest recording and reporting with accuracy called as veracity in each and every nursing action without any discrimination the nurse acts with justice, without getting any consent from the patient or the care taker. The nurse never proceeds for any procedures, she gives importance to explain the content of the informed consent, involves family members to sign the advanced directives if the patient wishes, and if the patient become unconscious the patient need to appoint a surrogate from the family members to sign the consent as per advanced directives. Therefore, the nurse is truthful—veracity, behaves trustful—fidelity and shows justice in all aspects of nursing care.

**Spiritual Care:** Spirituality offers a sense of connectedness intrapersonal, (self) interpersonal (with others and environment), and transpersonal (connected to unseen God). This means respecting the patients' spiritual ritual, allowing the patient to conduct spirituality related activities because it creates confidence and courage in the patient, reduces fear and anxiety, prevent psychological problems of depression and social withdrawal after post ICU. The role of the nurse is to treat the entire patient equally by showing justice, and by providing truthful and trustful care.

**Transpersonal Care:** It is a high-quality care provided by establishing truthful communication through veracity, justice, and fidelity by applying skills and techniques to maintain good therapeutic interaction by the nurses in ICU in order to obtain full co-operation from the patient to do intensive care procedures successfully.

**Critical Care:** In this type of care, the nurse develops critical thinking skills to manage critical illness in ICU such as developing prioritization skill, knowing when to call the physician, doing documentation in effective and truthful manner, anticipating the critical illness, reporting the abnormal findings, and intelligent handling of unexpected patient outcomes. The ICU nurse is accountable and responsible to develop critical thinking skills by adhering to intellectual standards, proficiency in using reasoning, showing full dedication, commitment care patients by developing and maintaining intellectual traits of mind and habits of thought, competent in using the critical thinking skills and applying those abilities for sound clinical judgment and safe decision making.

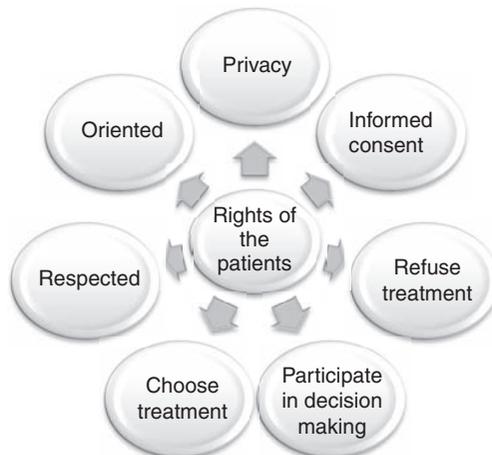
The link between legal and ethical principles with the ICU care is shown in Fig. 28.5.



**Figure 28.5** Link between legal and ethical principles with the ICU care

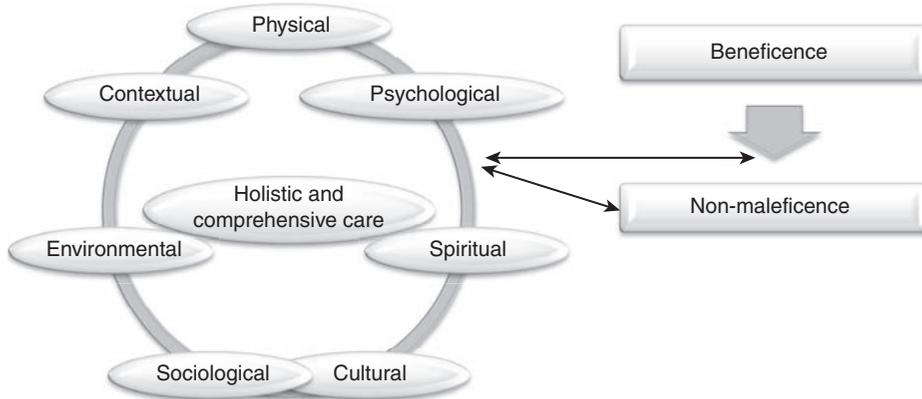
Application of ethical principles in improving the intensive nursing care is as follows:

- (a) Autonomy—respecting all the rights of the patients in the ICU such as rights of the patient to get respect, to be informed, to give or to refuse the informed consent, to get privacy, to get oriented, to participate in decision making about the treatment.



**Figure 28.6** Rights of the patients

- (b) Beneficence and non-maleficence—the nurse follows all the principles of critical care directly, she does benefit to the patient and does not harm the patient. She balances the harm and avoids injury to the patient. The nurse gives a complete comprehensive and holistic care and follows the principles throughout the hospitalization of the patient.



**Figure 28.7** *Holistic and comprehensive care*

- (c) Nurse shows veracity, fidelity and justice in provision of spiritual, cultural and total family care. The nurse is truthful in patient care, does a faithful recording and reporting, maintains a trust-worthy relationship with patient and family members. She never shows any discrimination towards caring the patients.
- (d) Confidentiality, accountability and responsibility in critical care nursing—the nurse should not breach the confidentiality about the patient details, should keep all the patient records and reports in a secured manner, should not gossip or should not reveal details of any patient to other patients or nurses, should be dedicated, hardworking with full commitment to tackle the critical illness using the nursing knowledge and appropriate decision making skills. For example, critical case management method, uses critical thinking skills and applies nursing process methods such as:

*Step-1: Assessment*—prompt identification and collection of data from the patient, family members, and medical records.

*Step-2: Nursing diagnosis*—the nurse formulates the nursing diagnosis statements to frame the actual and the potential problems of the patient.

*Step-3: Planning*—plans short and long term goals to reach the objective.

*Step-4: Nursing implementation*—implement the goals that is planned as per priority and patient need with scientific principles as a base to rationalize each nursing implementation.

*Step-5: Evaluation of nursing care*—includes both subjective and objective to determine whether the extent of care given was effective or not, documenting the care given reflects accountability and responsibility of the ICU nurse towards caring the patients.

## CONCLUSION

Critical Care nurses are supposed to provide high-quality care with appropriate nursing behaviour, follow the code of ethics, practise to behave morally and ethically good, and apply the critical thinking skills with holistic attitude. The nurse who thinks critically apply the techniques of simple touch, use of good channels and skills of communication will provide a better patient care and never give a bitter experience after ICU stay, therefore, the nurse should gain and update knowledge about ICU setup equipments and supplies used, techniques of handling complex equipments and machinery, establishing expertise in clinical reasoning and judgment, truthful recording and reporting, and use of all ethical principles in order to provide a selfless care.

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## REVIEW QUESTIONS

1. Write briefly about intensive care nursing.
2. Explain the concept of different levels of care in ICU.
3. Write a brief note on the equipments used in ICU.
4. What are the ethical and legal issues associated with ICU care?
5. What is the role and responsibility of a nurse in ICU?

# ETHICAL AND LEGAL ISSUES IN AIDS (HIV)

## LEARNING OBJECTIVES

1. Definition, concept and ethical dimension of HIV/AIDS
2. Psychosocial issues among HIV/AIDS patients
3. Psychosocial approaches of nurses in HIV/AIDS patients
4. Legal and ethical issues in HIV/AIDS patients
5. Different roles of nurses in protecting HIV/AIDS patients
6. HIV/AIDS issues in different age groups
7. Specific role of nurses in the care of HIV/AIDS patients

## 29.1 INTRODUCTION

One of the ever last dreadful, communicable, and sexually transmitted diseases is human immune deficiency virus. There are many other diseases which enter in the form of Sexually Transmitted Diseases (STD) such as bacterial—syphilis, gonorrhoea, virus and human papilloma virus, above all the most devastating global STD is Human Immunodeficiency Virus (HIV), which is difficult to cure and still no complete care is possible, that is, only we can control the replication not eradication. Transmission of HIV occurs mainly by exchange of body fluids such as blood, semen, vaginal fluids, breast milk, and perinatal events. Severe depression of cellular immune system associated with HIV infection leads to Acquired Immune Deficiency Syndrome (AIDS). In India there are people according to the information given by National AIDS Control Organisation (NACO), the highest prevalence of

AIDS in India are in the states of Manipur, Nagaland, Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu. There are legal issues that affect the people who are affected with HIV, conflicts arise:

1. When HIV patient is diagnosed at lab
2. When the family got knowledge about the patient diagnosed as HIV, especially the spouse
3. When people identify and isolate the HIV affected patient
4. When the feeling of aversion is shown on HIV affected patients by the families, society, school, and in the work place

## 29.2 DEFINITION OF HIV

The HIV is the virus that causes AIDS. This virus is passed from one person to another through blood-to-blood and sexual contact.

In addition, infected pregnant women can pass HIV to their baby during pregnancy or delivery, as well as through breast-feeding.

1. **HIV:** The virus that causes AIDS; it replicates in and kills the helper T cells.
2. **AIDS:** A severe immunological disorder caused by the retrovirus HIV, resulting in a defect in cell-mediated immune response that is manifested by increased susceptibility to opportunistic infections and to certain rare cancers, especially Kaposi's sarcoma. It is transmitted primarily by exposure to contaminated body fluids, especially blood and semen.

## 29.3 CONCEPT OF AIDS (HIV)

The AIDS is a disorder that is caused by infection with the human HIV. This virus attaches to the surface of specific white blood cells called T cells and is therefore able to reproduce and continue production of the virus. As more and more of the body's healthy T cells become infected with HIV, the body's immune system becomes compromised.

Modes of transmission of AIDS (HIV) are as follows:

1. *Vaginal or anal sex* without a condom with someone who is infected with HIV (AIDS).
2. *Contact with the blood of someone who has HIV.* This could be having a blood transfusion from someone who is infected with HIV.
3. *From a mother who has HIV to her baby*—HIV can pass to the baby during pregnancy, during the birth of the baby, or through breast-feeding. Only about one in three babies born to HIV-positive mothers get HIV.
4. *Receiving an injection from an unsterilized needle* that was previously used by someone with HIV.
5. *Heterosexual transmission* is the route by which most people with AIDS have become infected with HIV worldwide by unprotected intercourse.
6. *Errors in lab results—accidental blood transfusion* of HIV infected blood by the donor to a recipient without cross matching and grouping.
7. *Needle prick injury*—in the health care providers especially nurses, while administering the drugs to the patients, the nurse injures herself due to carelessness or negligence.
8. *Transplacental transmission* from the infected mother to the fetus through the placenta.

## 29.4 ETHICAL DIMENSIONS OF HIV

There are three widely recognized principles in American bioethics that apply to both clinical and research ethics—respect for persons, beneficence, and justice. Respect for persons entails respecting the decisions of autonomous persons and protecting persons who lack decision-making capacity and therefore are not autonomous. It also imposes an obligation to treat persons with respect by maintaining confidences and keeping promises. Beneficence imposes a positive obligation to act in the best interests of patients or research participants. It is often understood to require that the risks of research be minimized and that the risks be acceptable in light of the potential benefits of research. Finally, justice requires that people be treated fairly. It is often understood to require that benefits and burdens be distributed fairly within society.

Although the ethical principles are useful guidelines that help to focus discussion, they cannot be mechanically or rigidly applied. Nor are they absolute; exceptions to the principles may be appropriate in particular cases. Furthermore, they often conflict. Accordingly, these ethical principles must be interpreted in the context of specific cases. Although appeal to these three principles is the dominant approach in American bioethics, other approaches have been suggested and vary dramatically according to different trains of philosophic thought:

1. The utilitarian perspective embodies the idea that acts should be evaluated according to their consequences.
2. The deontological approach stresses that research ethics should be guided by generalizable rules or obligations.
3. The casuistry approach uses paradigmatic cases to guide decision-making.
4. The ethic of caring judges acts based on their effect on relationships.
5. Communitarians evaluate acts based on their consequences for the community.
6. Virtue ethics focuses on the motivation or character of the actor, rather than the act itself.

The application of these principles to cases outside the United States has been the subject of considerable debate. In particular, the emphasis on individual autonomy has been criticized as representing an Anglo-American perspective that may not be shared by other cultures that may place greater importance on community. Nevertheless, widely accepted international ethical guidelines do embrace the fundamental principles of autonomy, beneficence, and justice.

## 29.5 PSYCHOSOCIAL ISSUES AMONG HIV/AIDS PATIENTS

1. Emotional—shock, numbness, disbelief, confusion, uncertainty about present and future, denial, guilt, frequent changes of mood, sadness, and concern about the future.
2. Behavioural—crying, anger expressed verbally and physically, withdrawal, checking the body for signs of infection/deterioration.
3. Fear of pain, death, disability, loss of functioning, loss of privacy/confidentiality, desertion, etc.
4. Loss of future and ambitions, physical attractiveness and potency, sexual relationship, status in community, independence, control over life, and confidence.
5. Guilt about the behaviour that resulted in HIV infection, infecting others, and disrupting the life of others.
6. Grief over the loss of health.
7. Isolation due to social stigma.

8. Resentment at changes in living patterns.
9. Depression due to absence of a cure, loss of personal control, etc.
10. Anxiety about prognosis, social, occupational, domestic, and sexual hostility and rejection.
11. Anger about the helplessness of the situation, unfair fate, others who are infection-free, health care workers, and others who discriminate.
12. Suicidal thoughts and acts.
13. Loss of self-esteem due to rejection, loss of confidence, loss of identity, physical impact of HIV infection, etc.
14. Obsession due to pre-occupation with health.
15. In some instances, a symptom complex similar to post-traumatic stress disorder is common in the first few weeks after notification of HIV positivity.
16. The person may become extremely anxious and hyper-vigilant about physical symptoms, exhibiting marked dependence on health care providers.
17. Other responses are—transient or chronic sexual dysfunction and social withdrawal due to fear of infecting others or of social rejection.
18. Significant others of patients with HIV disease face many stresses associated with the patient's illness. They may experience grief response, financial concerns, and lack of social support due to stigma attached to illness.
19. Many psychiatric syndromes are associated with HIV/AIDS. Depression, anxiety, paranoia, mania, irritability, psychosis and substance abuse are common in HIV positive persons. They complicate immune system function, adversely affect the patient's ability to fully participate in treatment and negatively impact on quality of life. On the whole, the diseases tax coping responses to the limit and beyond.

## 29.6 PSYCHOSOCIAL APPROACHES OF NURSES

1. Psychiatric nurses are in a unique position to help diagnosis, treat, and support patients affected by HIV/AIDS.
2. A thorough psychiatric history and complete neuropsychiatry evaluation are indicated when HIV positive patients present with psychiatric symptoms.
3. Planning health care for person with HIV/AIDS must involve the multidisciplinary team.
4. Interventions include case management, medications, risk reduction, support groups, crisis intervention, encouragement of productive activity, enhancement of self-esteem, grief counselling, support during terminal stages, and support of significant others.
5. The psychiatric interventions for patients with HIV/AIDS are as follows:
  - (i) Helping the patients changes risky behaviour, thus promoting prevention of HIV infection.
  - (ii) Helping patients during the difficult process of HIV testing (pre- and post-test counselling).
  - (iii) Helping to establish the diagnosis and treatment of other psychiatric illnesses commonly seen in patients with HIV.
  - (iv) Implementing psychosocial interventions like psychotherapy, cognitive behavioural therapy, counselling, etc.

- (v) Helping patients, their families, and others in their lives with interpersonal problems related to HIV/AIDS.
- (vi) Assisting AIDS patients during the final phase of their illness.

### 29.6.1 Steps in Pre-Test Counselling

1. Assess the individual's motivation for testing.
2. Assess what information the person already has about HIV/AIDS.
3. Provide basic information regarding HIV in very simple terms.
4. Clarify/correct misconceptions, if necessary.
5. Describe the process of antibody testing.
6. Give information about the accuracy of tests.
7. Explain window period.
8. Explain what the test result means, that is, in terms of being HIV positive, negative or indeterminate.
9. Discuss the issue of confidentiality.
10. Facilitate informed decision and consent for the test.
11. Review client's assessment of own risk.
12. Provide risk reduction information.
13. Assess the client's social network and coping strategies.

### 29.6.2 Steps in Post-Test Counselling

1. Build rapport with the patients.
2. Reveal the test result (never divulge the test result over the telephone).
3. After disclosing that the test is positive, keep quiet for a while—let the patient react and ventilate his/her feelings; give him/her time to absorb the test result.
4. Explore the patients understanding of the medical meaning of test.
5. Empathize to understand the way he/she feels.
6. Talk about the things he/she can do safely.
7. Provide information regarding precautions to avoid transmission.
9. Assess his/her commitment to reducing risk. If change is resisted, emphasize harm reduction.
10. Assess patient's lifestyle—tell him/her how a few changes with regard to diet, substance abuse, etc., will have to be made.
11. Develop a health plan.
12. Find out how he/she usually copes with stress; assess social support network available.
13. Explore and assist patient to face the consequences of having to declare HIV status to significant others, for example, spouse/sexual partners, family, health-care providers, etc.
14. Work with the families regarding their own anxieties about their own health or the future of the infected person. Provide counselling services to family members if desired by the patient.

15. Some important instructions which must be communicated to a HIV positive patient include the following:
- (i) Safe-sex information, correct use of condoms all the time.
  - (ii) Necessity to stop donating blood, donating organs, sharing needles, etc.
  - (iii) Safety practices in HIV drug usage, blood donation, tests, etc.
  - (iv) Regular medical monitoring.
  - (v) Safety tips to patients who work in jobs where they may infect others.
  - (vi) Need to discuss HIV infection with their sexual partner.

The level of support required to assist patients and others who deal with AIDS demands skilled interventions and an integrated team effort among mental health professionals including psychiatric nurses.

## 29.7 LEGAL AND ETHICAL ISSUES IN AIDS (HIV)

Nurses learn about HIV causes, routes of transmission, clinical manifestations, pathophysiology, diagnostic evaluation, all managements, though they know proper routes of transmission of HIV, still they are submerged in the legal issues that affect the patient with HIV. Details regarding the same, finding solution, role and responsibilities of nurse are discussed in this section.

### 29.7.1 Issues in Patient

A patient may be a sexual worker, prostitute, or lorry driver or whom so ever it may be, the first issue that arises in the patient when he/she comes to know that he/she has HIV/AIDS positive is denial—unwilling to reveal the extramarital relationship with sex-worker or prostitute to the society and family, also first the patient undergo several psychological stages of accepting this illness such as denial, anger, bargaining, depression, and acceptance.

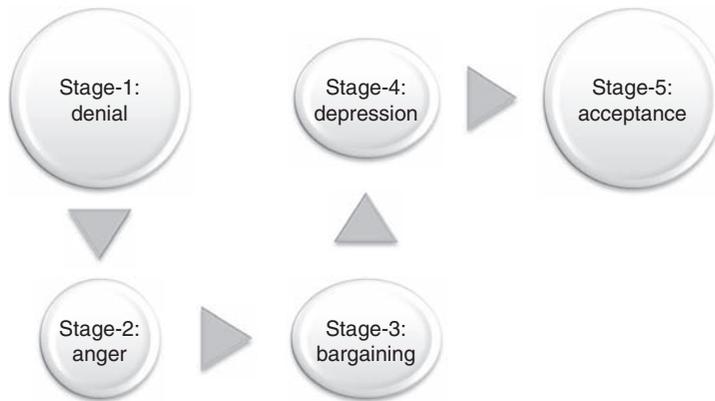
Patients never accept this illness since the confidentiality secrets of extra marital relationship will be revealed, in case of innocent people, for example, nurses, lab technicians, even doctors, almost all health care providers who has high risk in getting HIV, that is, those who work with HIV patient care unit, perform surgery—doctors, perform blood transfusion—technicians, and collect blood specimen—nurses.

The health care providers get themselves injured because of carelessness or by accident and might get HIV infection transmitted to their body. They also undergo the psychological stages of terminal illness such as denial, anger, bargaining, depression and finally acceptance. Once the diagnosis is revealed to the family and society, though the conduct of the affected person is good, the society's immediate reaction will be to check if any extramarital relationship exists. There will be unnecessary gossips about it and the truth will not be revealed.

Anger—the patient gets disturbed, reacts rudely to all the family members, doctors, etc. Anger disturbs the activities of daily living.

Bargaining—the patient goes to several hospitals to diagnosis and confirm the illness, wherever the patient goes he/she blames the lab report saying it is false, after several proceedings finally he/she arrives to the stage of HIV that follow acceptance.

The psychological stages in terminal illness HIV (AIDS) are depicted in Fig. 29.1.



**Figure 29.1** *Psychological stages in terminal illness HIV (AIDS)*

### 29.7.2 Confidentiality of Illness in Patient

As per legal and ethical principles, HIV related information should be kept confidential. The details should not be revealed or gossiped by anyone especially the health care provider since it affects the future of patient in work place, school, and society as they isolate the patient.

### 29.7.3 Informed Consent to Involve in the HIV Testing and Counselling

Always it is important to get the informed consent signed before checking the HIV diagnosis test in the patient, explaining the risks, benefits, and importance. If the result is HIV positive then the guidance and counselling session must be conducted for further treatment, therefore, nurse should get informed consent signed, with adequate information given also with spouse signature or signature of the family members.

### 29.7.4 Stigmatization Follows the Discrimination of HIV Patients by the Family, Society and the Health Care Providers

Patient with HIV faces this problem since once the health care providers reveal about the illness of the patient to family, society, spouse, etc., then highest resistance would be seen in all the people in approaching the patient. People may think that these HIV patients are untouchables, unlucky, not eligible to be mingled with others, and their disease cannot be cured. Nurses may show difference in treating the HIV patients and other patients, show more anger and rude behaviour, hesitation to give care, and gossiping about patient's extra marital relationship causing the patient for such behaviour, all these create a kind of guilty feeling, grief, depression, fear, anger, suicidal thought, and act of self-isolation and loss of self-esteem in the patient. The HIV patient has the following rights:

1. Right to be mingled with society
2. Right to be respected by family, society, and health care providers
3. Right to get informed and oriented

4. Right to get privacy
5. Right to get diagnosis tested and further treatment
6. Right to be back to society to start and earn his/her own living by earning
7. Right to get education if child is affected
8. Right to get back the job after treatment
9. Right to get equal treatment just like all other human being in the society

However, all these rights are rejected and patient is left isolated, cursed, uncared, neglected, gossiped, disrespected, and treated with unwanted animals.

### 29.7.5 Refusement of the Society, Family, and Individuals to Discuss About Sexual Education and Sexually Transmitted Illness

Though there is a sexual education added to the books of school students, only for name sake they read, they never had in-depth understanding about seriousness of STD illness especially HIV. Parents and teachers feel difficult to discuss or talk, feel shameful to ventilate relating sexual education, therefore, growing adolescents get more curiosity in knowing about it. Hence, sexual education should be started from the family, parents should take time to talk about this to their children frankly. Parents should not hesitate to talk about sexual relationship or sexual education to their children and also the teacher who are the second parents to the school and college students can teach and create awareness about sex education, STD, and especially about how to prevent the STD illness HIV (AIDS).

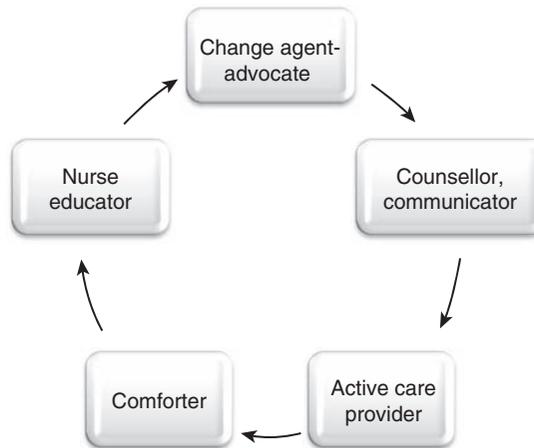
## 29.8 ROLE OF THE NURSE IN PROTECTING HIV PATIENTS

Role of nurse (Fig. 29.2) in prevention of legal and ethical issues affecting patients with HIV (AIDS) are as follows:

- I. **Nurse as advocate—change agent:** Nurse is an important member in taking care of patient's health and plays a vital role in eliminating this illness on HIV patients. He/she should do the following:
  1. *Eliminate social stigma on HIV patients*—create awareness about the illness, how it is transmitted such as through unprotected intercourse with infected partner through body fluids such as semen, vaginal discharge from a male to female vice via.
  2. *Through oral sex* if there is break in the mucous membrane of the mouth or any open mouth ulcer it is transmitted from male to male or male to female or female to female.
  3. *Blood transfusion* with injected blood that is not checked or cross matched properly.
  4. *Accidentally knife injury* or needle prick injury or conducting any invasive procedure like normal vaginal delivery or collection of blood specimen with outwearing any givens, mask, gown, aprons, etc.
  5. *Tran placental transmission* from infected pregnant mother to the fetus, which makes life of the newborn and the mother in jeopardy.
  6. *Transmission* of HIV virus to the newborn by mother during breast-feeding through cracked nipples.

Inform the public that HIV will not spread by casual contact, hugging, kissing, sitting, standing or sleeping together or by holding the hands together. The nurse should make the society to realize that

HIV patients are also human beings, they need love, support, treatment, with care and affection by the family and society.



**Figure 29.2** Roles of a nurse

- II. **Nurse as counsellor, communicator:** Nurse uses her communication to eradicate discrimination on HIV patient by the society, family members, and the spouse, even the health care providers, she/he needs to create an awareness showing the rehabilitated HIV patients who stays healthy, free from opportunity to get infections, leading normal life in the society. Nurse activities involve international aids control organization NACO, through this help, plans and implements strategies of NACO, conducts an AIDS camp, organize cultural on HIV (AIDS) awareness programmes, involving the treated HIV affected members to the society, even the nurse participate in health educational programmes using audio-visual aids such as flash cards, puppet shows, villu pattu, conducting skit or drama or role play on HIV, transmission and prevention thereby creating a warning signals to the public, treat HIV patients without any difference, show justice—in respecting the patients and accepting them as person in the society.
- III. **Active implementer responsible and accountable nurse:**
1. Nurse keeps all details of the patient confident
  2. Conduct counselling, guides the HIV patient, their family, continuing the drugs—antiviral treatment managing opportunistic infection affecting the patient, meeting all the needs of the patients, such as self-care needs, thereby the nurse is accountable to the HIV patient and this care.
- IV. **Nurse as a comforter:** Beneficence and non-mal efficiencies done by nurse provide universal precaution for AIDS. The care protected precautions for both the nurse and patient are as follows:
1. Wearing aseptic barrier instruments such as gloves, mask, goggles, aprons, gowns, etc., before treating HIV patients, following medical hand markings isolation techniques.
  2. Prophylactic diagnostic HIV testing and screening.

3. Cross matching the blood before transfusion.
4. Washing of hands after exposure to serious injuries, injecting TT vaccine, and checking for HIV.
5. Provide comfort and benefit to the patient avoiding the nursing legal issues on patient care such as:
  - (i) No negligence and malpractice on HIV patients
  - (ii) No libel and slander
  - (iii) No failure to obtain informed consent from HIV affected patients
  - (iv) No breach confidentiality by revealing gossiping about the patient
  - (v) Not failed to warn the patient and spouse

Avoiding these legal issues, providing good care, getting informed consent signed, avoiding gossiping of the patient details, clearly explaining the patient about clinical manifestation, treatment methods, and how to protect themselves from HIV patients, all these direct the nurse to do good and not to harm the patient awareness, beneficence and non-maleficence start to follow the ethical principle and universal precaution for AIDS.

- V. **Veracity, fidelity towards HIV patients:** There are many issues that affect the gender especially women. The nurse should be truthful, keeping the promises are the ethical principles followed to handle the issues.

HIV infected women concerning that the

1. *Reproductive rights*—As per this right, any pregnant woman in the reproductive age diagnosed with HIV positive has the right to continue the pregnancy. There is a chance for the foetus to get infected with HIV by transplacental route if the pregnancy is continued or the mother can choose to abort the foetus to avoid infecting the child. Therefore, the mother has the right to give the chance and choice.
2. *Pregnancy and treatment of mother with HIV*—The mother may hesitate to get treatment due to stigma and discrimination on HIV patients, therefore, they are considered as high risk groups, nurse delineate the need, prevent the perinatal transmission of HIV or conditions that are favour to abort the fetus that risks mother's life.
3. *Accessory to HIV testing for non-pregnant women*—since there is a social stigma towards the AIDS, non-pregnant women are afraid to get tested, they should be aware of sources of AIDS testing centres, and they should get tested to confirm the HIV.
4. *Testing pregnant women and newborn*—this is the true critical situation. Once the pregnant mother comes to know that her spouse is infected with HIV, she gets the doubt of getting HIV infected fetus, therefore, with great fear and stress, he/she reaches the unit and get tested. When she knows that she has HIV, she may undergo serious psychological turmoil, attempt suicide, feel guilty, tries to end life, etc., such decision could be prevented through guidance and counselling by the nurse.
5. *Planning a future child of HIV positive women and partner notification*—HIV mother may plan for future child since she has full rights to get pregnant, however, the issue here is—since she is infected with HIV, there is 100 per cent chance to infect another fetus, therefore, avoidance of next pregnancy will be the best solution to the mother. By chance if the mother

gets pregnant it would again intentionally affect the newborn and there is choice for mother either not to get pregnant or if pregnant then abort and do family planning. Chance or choice, or chance versus choice is the main issue that affects the rights of mother and child.

6. *Partner notification*—very legal and important responsibility of a nurse is to inform the partner, but the confidentiality of the affected patient’s details will be revealed to the partner. It is to protect the partner from further infection and complication, though the issues of confidentiality is overruled, but right of partner or spouse to be informed get the priority, therefore, counselling must be given to the partner in order to prevent transmission and also about safe sex practices.

## 29.9 HIV ISSUES IN DIFFERENT AGE GROUPS

HIV infection creates very important legal and ethical issues that affect all the age groups and the nurses should be able to emphasize the problem in all the age groups and provide care as per their needs.

### 29.9.1 Issues in Newborn

Innocent child, affected by HIV through prenatal transmission during delivery has:

1. Right to survive healthy
2. Right to get breast milk from another that is forbidden
3. Right to not get hurt or killed
4. Right of the newborn to grow as a healthy human being and the right to get nourishment and support

The HIV-infected child is prone to be a malnourished child with stunted growth and finally dies because of the HIV infection. Thus, these rights are not implemented for such children.

### 29.9.2 Issues in Toddler and Preschooler

Once the newborn is feuded and given with anti-retro viral treatment, child survives, but gets a name of HIV mother’s child, therefore, the child is isolated, neglected, left unearned regarding as ‘untouchables’, their freedom, education, and leisure activities are rejected. Some people may curse this child who lives in orphanage. This child has:

1. Right to get respected
2. Right to get food and nutrition, support and protection from family, society and from the school
3. Right to get equal education
4. Right to socialize with others
5. Right to be treated equally by all means just like other children in any place such as home, streets, schools, and in any social gathering

### 29.9.3 Issues in School Ages

Once the HIV infected child or the child born to HIV mother attains school age, the school management gives frame for certificate and send off the child. Here, the education of the child is wasted and spoiled. The classmates, teacher, and even head master may isolate and abuse them both verbally and

physically. However, the HIV infected child has full rights to be educated, respected, and allowed to participate in all family and social events like other children.

#### 29.9.4 Issues in Adolescents

When the HIV infected adolescent goes to college once the diagnosis is made, then that particular student may get dismissed, isolated, and abused by the professors, college mates, and even by all the workers in the college. This will spoil the future of the student, he/she may try to commit suicide or harm others, try to inject blood to others to infect them. However, the student has full rights given by the government to get respected, not to be isolated but participate in all health events, and justice marks for exams as per the performance.

#### 29.9.5 Issues in Adult and Middle Ages

HIV affected adult will not be accepted by the spouse, family members, society, neighbours, and friends, since they all think that this disease is due to the extra marital relationship and the person has done biggest mistake in his life, as like betraying his family. As people think, extra marital relationship is one of the reasons to get this disease, but those people who do not indulge in such activity also get infected due to other reasons and once infected it cannot be eradicated. The patient should be prevented from complications. Neglecting and abusing the patient gives no meaning, therefore, entire family should be counselled and guided to give care to the patient, since the patient has full rights to be respected, informed, oriented, participated in all family and social events, allowed to continue the job in the work place.

**Work place issues:** The affected individual will be terminated from job, gossiped about extra marital relationship, teased, and isolated from other workers.

#### 29.9.6 Issues in Old Age Group

This issue is very much pathetic, since old age people are always dependent on the family members for their need. If they are infected with HIV, they will be thrown away from the houses, admitted in orphanages or in the streets or left isolated without food, water, and shelter or even allowed to die. Therefore, the old age person must be helped and proper guidance must be given to his/her family members. The functioning of immune system will be low for the old age person and this HIV will further depress the immune status, therefore, prone for all opportunistic infections like pneumonitis. The patient may even die because of these infections, but the patient has full rights to be cared until death, right to get anti HIV treatment, support, protection and nutrition, right to not be isolated, and right to be participated in all social events. However, many geriatric patients attempt suicide, end life or not willing to confirm life, end up with bioethical issues like end of life issues, euthanasia—mercy killing, not resuscitate order, etc.

### 29.10 ROLE OF NURSE IN CARING FOR HIV PATIENTS

Nurse plays wide important role in preventing the incidence of HIV in the country, since she is an important member of the health team. The important functions are as follows:

1. Integrate the function of anti HIV activities with local, state, and national level organization. Fighting against HIV for example, NACO to practise safe nurse HIV free care, how to do

nursing care with HIV patients safely following the universal precaution in nursing practice settings.

2. Educate the public and provide awareness about the disease in the community with help from AIDS control organization using mass media health education using puppet show, villu pattu, conducting drama or role play on AIDS.
3. Encouraging risk group to do the HIV testing and undergo counselling about how to prevent HIV.
4. Announcing available resources for the HIV infected clients to access the health services in the hospitals, clinics and community health centres about free diagnosis, treatment, and prevention modalities.
5. Conducting AIDS training programmes in hospital and nursing educational institution to train the nurses separately to strengthen the awareness and eradication future incidence of HIV in future by allocating such trained nurses in community centres to create awareness.
6. Planning, conducting, participating, and organizing the national AIDS day, celebrating AIDS day—December-1st, following the theme will help the nurses to educate and update their knowledge.
7. Practise HIV free nursing care, care without stigmatization and discrimination of HIV patients and treat the patient equally and practise safe care.
8. Keeping confidentiality about patients and not gossiping about patient's disease and its root cause to their colleagues or to the strangers, which will hurt the patients psychologically and in emotional aspects.

## CONCLUSION

We all know that the HIV (AIDS) is a terminal illness, the concept of spread of the dreadful disease and issues tied up with the disease. The nurses have many roles to perform in order to prevent such issues and consider the HIV patients as human beings, fight for them to get their rights to be accepted in the society, create awareness about the actual mode of spread, and clear the misconception about the illness.

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## REVIEW QUESTIONS

1. Define HIV and explain the concept of HIV in detail.
2. Discuss the ethical dimensions of HIV.
3. Enumerate psychosocial issues among HIV/AIDS.
4. Describe the social approaches of nurse in HIV.
5. Discuss legal and ethical issues in AIDS.
6. Enumerate the role of nurse in protecting HIV patients.
7. Explain HIV issues in different age groups.
8. Discuss the role of nurse in caring HIV patients.

# ETHICAL AND LEGAL ISSUES IN PERIOPERATIVE NURSING

## LEARNING OBJECTIVES

1. Concept of perioperative nursing
2. Ethical and legal issues intervening perioperative nursing
3. Liability in perioperative nursing
4. Legal issues and rights of patients in perioperative nursing
5. Consent issues in perioperative nursing
6. Advance directives in perioperative nursing
7. Perioperative-specific nursing care issues
8. Bioethical issues in perioperative nursing
9. Role of perioperative nurses

### 30.1 INTRODUCTION

Perioperative nurses care of surgical patients throughout the continuous perioperative nursing practice, the professional nurses render direct care through nursing process activities, ensure implementing specialized activities such as educating staff and peer, support, reassure the patient emotionally, serve as patient's advocate, control the theatre environment, provide resources, maintain asepsis, monitor physiological and psychological status, manage all patient needs, supervise the auxiliary workers in the theatre, validate and explore current and prospective practice, integrate and co-ordinate the nursing care across all disciplines, with full collaboration and consultation with perioperative health team members, where the operation theatre nurse assumes different roles such as theatre manager, nurse educators, theatre nurse practitioner and theatre nurse researcher and practitioner in hospitals, clinics, nursing educational institutes, providing competent patient care is the best way to avoid malpractice and negligence claim, unfortunately even under best possible perioperative nursing care, the patient may be injured, therefore, legal issues arises, understanding issues interfering in pre, intra and

post-operative nursing will help the perioperative nurse to avoid malpractice and maintain ethics and standards of perioperative nursing care in the theatre nursing.

## 30.2 CONCEPT OF PERIOPERATIVE NURSING

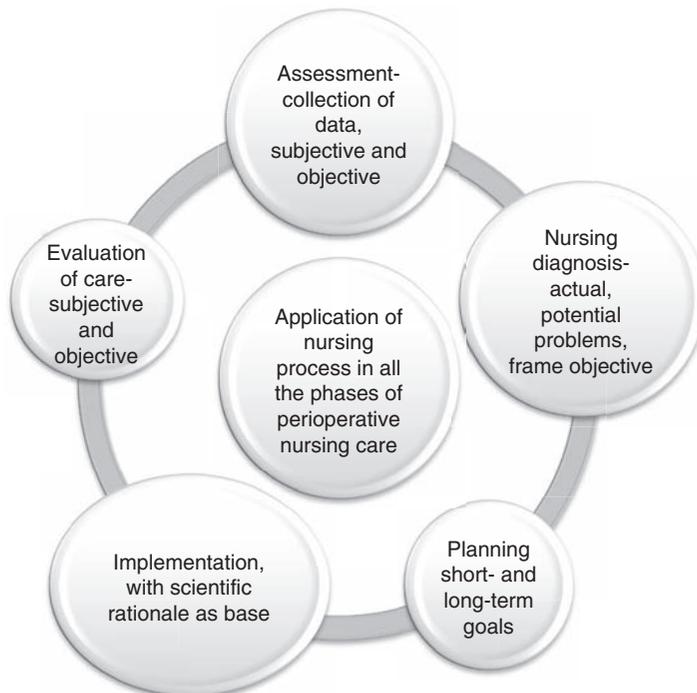
### 30.2.1 Concept of Perioperative Professional Nurse

Any registered nurses who underwent training in operation theatre nursing are eligible to be a professional perioperative nurse who workouts in the following three phases of perioperative nursing:

**Pre-operative Phase:** This phase begins when the decision is made to do surgical intervention in the patient, where nurse starts the assessment of patient to identify actual, potential physiological, psychological, psychosocial and spiritual needs and problems, determines expected outcome of perioperative experience, the nurse plans, prioritizes, and initiates the plans to carry out designed outcomes.

**Intra-operative Phase:** This phase begins with placement of the patient on the operation theatre and continues until the patient is admitted in the post-operative ward, where implementation and evaluation continues, nurse plans the nursing care with skill, safety, efficiency, and effectiveness, assists the doctor, and monitors the patient survey and handover to post-operative nurse.

**Post-operative Phase:** This phase begins with admission of the patient to post-operative ward, where the patients is observed for anaesthetic effect, care is taken to monitor the patient's airway, ensure and maintain breathing and circulation. This is the phase where evaluation of nursing care is done.



**Figure 30.1** Application of nursing process in the perioperative nursing care

### 30.3 ETHICAL AND LEGAL ISSUES

#### 30.3.1 Legal and Ethical Issues Intervening the Perioperative Nursing Care

Any care givers can be filed under law suit, regardless of change of the team, any member of perioperative health team who are prone for legal and ethical issues, will be sued by law if they violate the legal and ethical principles. There are increased developments in consumerism, movement focusing on the consumer rights. The public has more awareness about expected nursing care, quality care, and about the outcome of care given by the perioperative team members. If the patient feels that there is no good outcome from the perioperative team then the patient can file a case in the court based on the severity of the injury and the compensation will be given as per the report given by the judge.

There are many issues that affect the perioperative nursing care. They are as follows:

1. Liability issues
2. Borrowed servant rule issues
3. Independent contractor issues
4. Doctrine of reasonable man issues
5. Doctrine of *res ipsa loquitur* (Latin for ‘the thing speaks for itself’) issues
6. Doctrine of corporate negligence issues
7. Extension doctrine issues
8. Assault and battery issues
9. Invasion and violating privacy issues
10. Abandonment issues
11. Informed consent issues
12. Advance directive issues
13. Documentation issues
14. Drug and medication issues in their use on patients
15. Issues of standards of professional ethics
16. Bioethical issues

### 30.4 LIABILITY IN PERIOPERATIVE NURSING

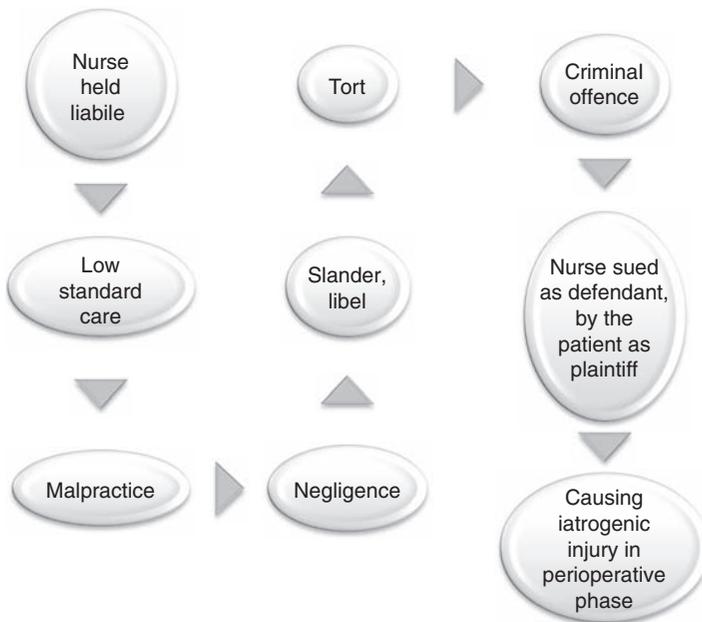
All health care providers are liable for their health care actions towards the patients. Throughout the perioperative phase, all the health care providers should carry out their work according to standards of high quality care, as per laws established by state practice act, nursing professional organization and also federal law. Every health provider has to follow code of ethics, legal law, and the rules and regulation framed by federal and state laws.

Any kind of deviation from the standard of care throughout perioperative phase once result in injury or harm to the patient and therefore, health care providers are liable to be under law suits, will be punished by law as per negligence in the practice of care. For example, nurse needs to count the sponges used in the surgery, if she/he missed any sponge or any instrument, the patient’s body is sutured without removing the sponge then the scrub nurse in the intra-operative phase will be held liable since it is her responsibility. The person who initiates law suit is called a “plaintiff”.

Factors that lead to the arrival of or causes of plaintiff are as follows:

1. Deliver low standard of care
2. Deviation from duty by omitting any important nursing action
3. Causing any direct injury by deviating from doing normal duty
4. Complication faced by the patient due to injury caused by the nurse

Figure 30.2 depicts liability process in perioperative phase that includes the entire illegal practice causing the nurse to be held in legal suit.



**Figure 30.2** *Liability process in perioperative phase*

- **Tort in nursing**—Mistakes committed by the nurse for patient.
- **Criminal offence**—Any crime or act of negligence or malpractice that directly injures the patient's life, for example, misinterpreting the results, giving wrong reports to the doctors carelessness in checking blood pressure of a patient, if the nurse gives result as normal then believing the nurse if the doctor gives hypotensive drug which further deteriorates the patient's life then it is a crime.
- **Negligence** in perioperative phase can lead to deviation of patient's health, adding to that with malpractice doing substandard care, for example, not performing proper surgical hand washing that leads to nosocomial infection in the patient.
- **Slander**—giving a false statement orally about other nurse or any co-workers in the perioperative team.
- **Libel**—giving a false written statement about other nurses or co-workers to hinder their reputation.

- **Outcome of the liability**—nurse is held in the law suit if any tort, crime, malpractice, negligence, slander or libel is found, therefore, held as a defendant.
- **Defendant**—a person or nurse (here) who has been held as accused in breaking the law, nurses will be summoned in the court, granted punishment, with penalty, nurse has to pay for the damage which means to pay money as compensation awarded to make restitution for injury or tort.
- **Deposition**—will be given by the patient as a formal written statement made by the nurse. If the patient is a witness to any criminal act, this can be used as a witness statement. Since the patient cannot be presented in the court because of the illness, the written statement is enough to act as a witness to prove the negligence act in absentia.

The nurse practitioner with more experience who leads the perioperative nursing team will be libel in the court if any nurse from the team has done negligence or malpractice or criminal or tort actions that have injured the patient seriously. If patient gives a case in the court to get compensation from the hospital nurse, then he/she will be imprisoned and should pay the penalty as per the damages made.

## 30.5 LEGAL ISSUES IN PERIOPERATIVE CARE

### 30.5.1 Borrowed Servant Rule Issues

In the past surgical history, the surgeon is called as “captain” who leads the ship of perioperative care. The surgeon will be legally liable for all negligent acts of servants, since it is the duty of a surgeon to supervise the entire team. According to the concept of borrowed servant rule, the surgeon will be held liable for acts of team members only when he/she has control and supervise the team members the way in which the perioperative care giver performs the specific task, therefore, the surgeon will not be held liable to nurse activities, for example, if the nurse fail to count sharp instruments, sponges, etc., before and after surgery, then he/she will be held liable not the surgeon and also the circulating nurse, who observes this action will be reported to the department head, therefore, in job description the duty of the scrubbing nurse, who assists the physician will be held liable if her/his act is found to injure the patient though surgeon is present or absent in the operation theatre.

### 30.5.2 Independent Contractor Issues

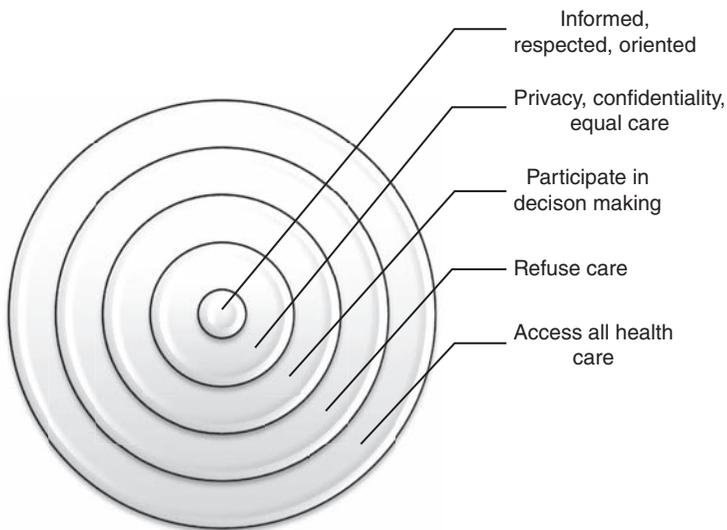
In this case, the independent practitioner (INP) will be directly held liable if any malpractice is claimed by the patient in any intervention taken directly by the INP. However, if any other nurse or paramedical health personnel appointed by the chief doctor as per the master-servant rule is found to be involved in any negligence act, all the health care professional involved in patient care will be held liable in the court but not the INP. This is because the INP does not come under the chief doctor’s control or administration.

### 30.5.3 Right of Patient Issues, Doctrine of Reasonable Man

Any surgical patient who undergoes the perioperative phase has full rights to expect a high-quality care from the perioperative team and get complete care from highly knowledge, skilled, qualified, and experienced health care providers. The rights of surgical patients (Fig. 30.3) are as follows:

1. To be informed, get consent signed, advanced directives, signed after proper validation
2. To be respected with dignity

3. To provide privacy, held all his/her details confidential
4. To be orientated about perioperative phase and nursing care
5. To take decision about perioperative care
6. To refuse the care and treatment
7. To access all possible perioperative health care services
8. To get equalised care



**Figure 30.3** *Rights of surgical patients*

## 30.6 RIGHTS OF PATIENT IN PERIOPERATIVE NURSING

### 30.6.1 Quality versus Negligence—Doctrine of *Res Ipsa Loquitur*

Negligence leads to injury in patient during the nursing care, under this doctrine, injury caused by negligence should be proved or nursing act should be proved as no negligence.

*Res ipsa*— means in Latin “the thing speak for itself”—this doctrine is applied to prove if there is negligence or not.

The following are three important criteria to fulfil this doctrine:

1. The type of injury would not ordinarily occur without negligent act
2. The injury was caused by instrumentation that is not under the control of nurse
3. The injured person could not have contributed to negligence or voluntarily assumed risk. The nurse should prove that there is no negligent act since her care is recorded and supervised, follows the standard of practice in each phase of perioperative nursing, therefore, quality care fades negligence and hence negligence is absent to cause any injury to patient.

### 30.6.2 Superior Master-servant Rule—Doctrine of Respondent Superior

Nurse practitioner, who is the head of nursing team will be held liable if any negligent act is committed by the junior nurse during perioperative phase, as a result the patient is injured, for example, a junior nurse failed to count the number of sponges after surgery, she simply wrote the same number of sponges present before the surgery, finally the patient is sutured with sponge inside, the patient reported to be seriously ill and comatose due to presence of sponge, in the superior-master-servant rule concept along with the junior nurse, the experienced nurse practitioner will be punished by law, the nurse practitioner will be severely held liable, if the protocol given to the junior nurse does not have check list to count the sponge after surgery, therefore, junior staff didn't mind in counting the sponge since it was not mentioned in the protocol.

### 30.6.3 Recruiting Qualified, Quality Care Providing Staff then Quantity: Doctrine of Corporate Negligence

This issue deals with recruiting and appointing highly-qualified expedited staff and not under trained substandard staff in more quantity. Therefore, lots of negligence of corporate in patient care arise, the entire hospital management authority will be held liable for appointing poor performing staff who caused serious injury that depilated or deteriorated the patient's life, for example, the surgeon in a government hospital, where lower segment cesarean section (LSCS) service was free of cost, suturing for the mother after the surgery was done carelessly with lots of gap in it, mother bled profusely left unattended and she died in the operation theatre, here chief doctors are questioned, due to the negligence of the junior surgeon since it is a free cost service a massive negligence killed a mother's life and left the new born without mother. In such situation, the licence of the hospital organization will be cancelled. Therefore, careful screening, verifying the qualification of all the staffs as per the requirement of joint commission on accreditation of health care organization (JCAHO) is necessary.

Consider the following in order to prevent corporate negligence:

1. On-going evaluation, supervision of performance of all the staff, through performance appraisal and peer review, improving by in-service education and special training programme
2. Retraining the competent staff
3. Removing unqualified, replacing qualified and experienced health care faculty

### 30.6.4 Paternalism versus Individualism, Extension Doctrine Issues

Doctors do things as they decide without consulting the patient, thinking that all they decide is good for patient called paternalism (patient is not consulted to take decision). This issue arises if the surgeon performs the extended surgery along with original one which is not consulted with the patient, not given informed consent, consequences that depilate the patient's life, the surgeon is held liable for doing extended surgical procedure to correct or remove any abnormal or pathological condition under this extension doctrine, for example, during hysterectomy surgeon gets the chance to visualize the ovaries along with the uterus, suddenly surgeon found that there is an ovarian cyst, abscess in the ovaries, without getting the consent surgeon remove the uterus but not the ovaries, but surgeon removes ovaries as per his/her wish without consulting with patient, therefore, surgeon will be held liable for assault and battery charged.

### 30.6.5 Assault and Battery Issues

In the operation theatre, patient's privacy will be lost, since as per the standards and policies, patient's clothes will be removed or uncovered during surgery and private areas may be exposed to do the surgery, all these are explained to the patient in advance, that the patient will be touched and exposed for surgical procedure at the same time promised not to mishandle or misuse the body. In some circumstances there are some doctors and nurses, who touch the patient without consent, creating an embarrassment, fear and anxiety in the patient, hurting the self-dignity, some patients are even sexually assaulted by the health care providers and they are held liable, suit, and punished by law.

### 30.6.6 Invasion of Patient's Privacy and Confidentiality Issues

In the perioperative nursing care, stealing the patient's privacy is a crime, the surgeons and nurses will be held liable to be punished by law, if there is no privacy given to the patient. If the patient's surgery is videotaped or photographed to the public, without patient's knowledge or consent then it is a crime, also the operation theatre board that bears the name of the patient notifying surgery should not be posted for public view, all the details of surgical patient should be maintained with full safety and confidence and the details of celebrity or criminals who undergone any surgery should not be revealed to media or press by gossiping or sharing or if any criminal act is found then the concerned nurse informs the superior, and the superior arranges the arrival of the concerned authorities and gets the legal permission to reveal any details needed by the press or media. The patient has full rights to refuse any photographic consent or video tapping, surgical events. The rights of the patient's privacy and confidentiality should be dignified and respected.

### 30.6.7 Breach of Duty, Abandonment Issues

It means leaving any seriously ill patient alone, left uncared, knowing that the patient needs continuous supervision, but leaving the patient to fulfil the other task, for example, a circulating nurse was monitoring a patient who had pacemaker implantation, the patient should be continuously monitored by the circulatory nurse, but the surgeon calls the circulatory nurse, to attend another patient, the nurse knows that it is wrong to leave the place but she leaves due to surgeon's insistence, in the absence of nurse the patient had cardiac arrest due to which he/she died. If the circulating nurse is available, she would have started resuscitation and prevented the permanent brain damage and death of the patient. According to the court or by the law, the circulating nurse should remain with the patient, but the nurse breached the duty responsibilities, which resulted in death of the patient with permanent brain damage. Suppose the circumstance necessitates in leaving the patient, it is important to handover the responsibility to another nurse of equal status and function, the situation should be discussed with perioperative nurse manager and alternative arrangements should be made to stabilize the patient's needs.

## 30.7 CONSENT ISSUES IN PERIOPERATIVE NURSING CARE

Consent is the written document about any surgical procedure that is explained by the nurse or surgeon to the patient, and patient's family members. Types of consent are as follows:

1. General consent
2. Informed consent

3. Validation of consent
4. Advanced directives

### 30.7.1 General Consent

This is the kind of formal consent signed by the patient at the time of admission, where if the patient is conscious signs, witness signed by the parents or legal guardian, their consent legally authorizes that the patient should get standardized care from the physician, the nurse and the entire perioperative health care team. This consent is to perform general ward routine activities, not for any specific invasive procedure.

### 30.7.2 Special Informed Consent

The entire health care team members are directly responsible in getting the informed consent signed, since the duty is delegated to the perioperative nurse practitioner and also the surgeon, any negligence to deliver the details of informed consent is considered as branch of duty and responsibilities, getting the document signed is not enough, but explaining clearly in a understandable manner about the surgical procedure, the risks, benefits, alternatives and any extension procedure that can be done along with the stated one, especially about the anaesthetic agent given by anaesthesia specialist should speak about the risk, benefits, care given, alternatives if the circulatory nurse found that doctor does any extended procedure without consent immediately she should inform it to the supervisor or administrative authority about discrepancy.

#### *Participation of Surgical Client Related to Surgical Research*

If any perioperative nurse practitioner or the surgeon wants to do surgical related research on surgical patients, they should get approval from department of the institute on health and human research, ethical review board committee, federal food and during administration in order to perform control experimental trails on new drugs, chemicals or medical devices, therefore, to make surgical client to participate, prior informed written consent about informed decision to participate in the research should be obtained from the patient, it should not be obtained by force and the patient has full rights to refuse from participating in the research any time.

#### *Right of the Patient Concerning Informed Consent*

1. Right to know the “prons” and “cons” complete detail of the surgery that is done to the patient including—the doctors name, name of the surgery, members, cost, benefits, donation, risks, alternates, etc.
2. Right to take decision about different surgical modules
3. Right to get privacy and confidentiality
4. Right to get oriented about content and its importance in the perioperative phase
5. Right to be treated equally, justice just like all other surgical patients
7. Right to get full respect and dignity throughout the perioperative phase
8. Right to refuse the informed consent not to get signed, or refuse treatment
9. Right to choose best surgical team as per patient’s best information provided

### *Responsibilities of Perioperative Health Team Head with Regard to Informed Consent before Surgery*

According to the nursing ethical rules and regulation on perioperative phase for informed consent, nurse or surgeon should give adequate explanation on informed consents to provide a reasonable approach to ventilate patient's mind. The patient may ask questions to clarify contents from informed consent, the questions to be asked by the patient are as follows:

1. What is the surgical plan to be done on me?
2. Why the surgical procedure is done to me?
3. How the surgery is done and its details?
4. What about risk or dangerous complication that I should worry about?
5. Who does anaesthesia? What are the chemicals used and their details?
6. What about surgical team?

All such questions should involve the top and bottom of the cover entire content of the informed consent

### *Consent Includes the Following Details*

1. Surgical team members, name, procedure name, and details of surgical assistants
2. Extension procedures and details of alternative procedure
3. Anaesthetic agent, route, dose, side effects, aesthetic doctor name and details
4. Details of mechanical ventilation and incubation
5. Procedure of surgery, incision, suturing, and appearance after surgery

Clean discussion must be done on above described details by the surgeon or nurse and finally the patient takes his/her own time to sign the consent. Once the informed consent is signed, it becomes legal evidence. It is the main responsibility of a circulating nurse to check for areas in the informed consent are recorded, signed by the patient or parents, and witness and check if the information provided on the consent is correct and is cross checked and verified.

### 30.7.3 Validation of the Consent Issues

This means that the signed consent should have proper inclusion of certain things that validate the integrity of the consent is accurate. The consent signed by the patient should contain patient's name, age, sex, diagnosis, surgeon name, details of procedure, signature of patient with date and time, and also witness sign.

#### *Timing to Get Signed the Informed Consent*

Consent should be given one day before the surgery except in emergency situation, where the consent is signed before administration of premedication before entering operation theatre.

#### *Place to Get the Consent Signed*

The consent can get signed at the following places:

1. Surgeon's office
2. Patient care unit
3. Nurse's office

The place can vary but the matter is the consent must be signed by the patient's own wish and not by force or coercion.

#### *Different Conditions for Incapacitated Patient or Minor to Sign the Informed Consent*

1. In case of minor child, that is, girl whose age is below 18 years and boy whose age is below 16 to 18 years or less then the parents or legal guardian appointed should sign the consent.
2. A minor of age 18 who is a parent of an infant, who needs a surgery, can sign to do the procedure.
3. In case the patient is illiterate then the patient can make a thumb impression after which the witness writes as "patient's mark" which is needed since the patient is not able to read and write. This thumb impression indicates verbal explanation.
4. In case of unconscious patient, for example, a patient with head injury, patient's spouse or parents or family members or guardian appointed legally by the court should sign the consent.
5. In case of mentally retarded patient, a legal guardian approved by the court should sign provided the legal guardian should produce court order to legalize the procedure to give the informed consent.
6. In case of a minor addicted to alcohol, who needs surgery, the spouse or family members can sign the informed consent.

#### *Witness of the Informed Consent*

The purpose of getting the informed consent signed from the witness is to verify that the informed consent was signed without coercion and the patient has signed it with his/her own wish and not by force. The witness can be physician, nurse, or family members as mentioned in the hospital policy.

The witness signs the informed consent to attest the following:

1. Identification of patient in legal suit
2. Voluntary signature done without any coercion
3. Mental state of the patient is understood that he/she has signed with own wish and willing not in a sedation or confused state at the time of signing the informed consent

This does not assume the liability or responsibility of the patient's understanding about the informed consent.

#### *Consent in Emergencies*

In case of life-threatening emergencies, to get consent from the patient may be impossible because the priority effort is made to treat the patient rather to get the informed consent signed, therefore, patient's physical condition takes precedence over a procedure permit, since the patient's state of unconsciousness prevents the patient from verbalizing and signing for informed consent. In this situation sign is obtained from spouse or parent or legal guardian.

In case of a minor with an emergency to start the treatment, consent can be get signed from parents or guardian either written in their presence or in their absence, oral communication through telephone or fax which is witnessed by two perioperative nurses and later the consent is get signed by the parents or legal guardian.

### *Withdrawing or Refusal to Sign the Informed Consent*

The patient has full rights to refuse the surgical intervention, once it is intimated to the surgeon, the patient is not sent to operation theatre. Surgeon records the patient's refusal to do the surgical procedure, gets consent signed from the patient, patient's parents, or local guardians, with full of refusing the surgical procedure. If possibilities give way for medical alternatives for surgery, treatment should be started and surgery is postponed until the patient takes a final decision about surgery, since patient refused the surgery is cancelled.

Second opinion or record of surgical consultation is obtained for the patient's clarification about the surgical procedures, but final decision to conduct surgery is done by the patient. If he/she is conscious adult, in case of minor mentally incapacitated, surrogate parents or legal guardians take decision and sign the informed consent.

## **30.8 ADVANCE DIRECTIVES PERIOPERATIVE NURSING CARE**

As per the patient determination act 1991 US, patient admitted in the hospital has given advanced directive signed, this advanced directive does not apply for minor and mentally incapacitated patient, since they already have legal and surrogate parents to take decision. The term advanced directives in perioperative phase includes provision of living wills and bond for attorney by the patient.

The living will is a kind of consent given by the patient either to refuse the treatment or prolong the treatment and resuscitation measures to survive life, patient has mentioned wish to continue the treatment or not if she/he losses the consciousness, power of attorney is given by patient in written consent to appoint surrogate parents or legal guardian to decide the treatment modalities. Once the patient has lost the consciousness, power of decision making is designated by the patient through these advanced directives, therefore, the policy and its copy is attached to the care sheet by the nurse and notified to the physician.

### **30.8.1 Issues in Documentation of Perioperative Phase**

Than oral documentation, written documentation is essential since it can be a legal record but not the oral one, every health care facilities or perioperative nurse should take the responsibility to record all the details of the patients undergoing perioperative phase. Legal responsibilities in documentation are as follows:

1. To formulate, evaluate, and frame the policies for standard documentation.
2. To implement the documentation strategies that is approved by the accreditation council.
3. Use of computer to fill the computerized documentation format for perioperative patient.

The nurse follows the following important criteria for preventing the legal issues:

1. The written/printed patient's perioperative phase or care should be recorded in an appropriate format.
2. The recording done by the perioperative nurse must be clear, concise, legible, and written with blue or black ink.
3. If typed it should be short, clear and concise, saved in a disc with labelling about the patient details.

4. The recording done should be factual events done by observation stated objectively and concisely.
5. Mention the patient's name, age, sex, diagnosis, and identity details, with signature, date, and time whether am or pm.
6. If any correction is made in the written documentation it should be underlined, not scrubbed or erased, whitener should not be used, new recording can be done down or if full page has correction a new page can be attached with the old page which has correction and should not be destroyed.
7. The nurse records all the three phase events pre-operative, intra-operative, and post-operative.
8. Even if the patient refused to take up the surgical treatment such events should also be recorded.

### 30.8.2 Legal and Ethical Benefits of Documentation for the Perioperative Nursing Faculty

The benefits of documentation for the perioperative nursing faculty are—it acts as legal permanent record, patient cannot simply blame on perioperative nursing care team.

1. Prevent malpractice, duplication and negligence
2. Help in billing and reimbursement
3. Help in measurement of clinical pathway for the surgical patients
4. Help in planning the financial budget
5. Help in managing staffing ratios
6. Help in framing research protocol

### 30.8.3 Issues in Recording the Unusual Situation

There arise some unusual situation that complicates the recording they create in legal issue, the situations are as follows:

1. Unexpected falls, accidents, and injuries on the patient while transporting or shifting the patient
2. Needle stick injuries
3. Any fire accident or smoke even in the operation theatre
4. Malfunctioning of life-saving equipments like ventilator, cordial monitor, defibrillators that is not checked before use.
5. Loss of sponge or sponge count, which is not recorded
6. Any medication error, either over dose or less dose of aesthetic agent
7. Reaction of medication over dose in the patient

These issues need to be documented by the circulatory nurse, reported, and immediate measure should be taken to solve these issues.

### 30.8.4 Issues in Computerized Recording

Facilities and benefits are more in documenting perioperative phase through computerized format. The records will be secured since only specific personnel can operate with secured password, since

the materials are saved through computerized disc, many data can be retained at one stretch. Other benefits are the information will be clear, legal, understanding terminology, minimize errors, and the data can be easily transferred by the nurse directly to physician's computer, which saves time, energy, and material.

Issues may arise due to the following reasons:

1. When the computer is used by unauthorized person.
2. Failure to shut down can be a source to leak the official documentation.
3. Lack of maintenance of the software and antivirus protection. Good maintenance of the computer is essential. Therefore the nurse needs to be careful in documenting any details either in written or in computer, though the charting modalities can be narrative charting where entries are sequential, timed, dated, and signed.
4. It can be a block charting where short commentary activities concerning longer period entered are sequential, timed, dated and signed
5. It can focus on charting where the recording is focusing patients care throughout perioperative phase.
6. It can be subjective-objective charting (SOAP—Subjective Objective Assessment Plan). It is a kind of multidisciplinary approach documentation done based on the uses and clinical manifestation given by the patient. It uses direct quotes and assessment data details.
7. It can be a computer-generated charting where standardized care plans are typed and printed; a copy of it is taken and added to patient care sheet.

### 30.8.5 Legal and Ethical Issues in Use of Drug, Device Administration in the Perioperative Phase

There are many legal and ethical issues that interfere the drug administration and device usage in the perioperative phase, premedication, anaesthetic agent usage and its side effects, malfunctioning of equipments, and machineries used for patient causing severe injury in patient or death of the patient.

As per food and drug administration Act (FDA), before introducing the drugs, the drug producers should produce the evidence of local drug clearance procedure to ensure the safety of drug usage in the surgical patients in the perioperative phase.

Any drug as over dose, drug given out of expiry date, drug given without checking the test dose or allergy in the patient, if drug provision mode is not effectively done, while withdrawing medicine from the vial if it is spilled or dropped, and fault in the needle, the administration of drug is blocked, and incomplete administration of drugs are considered to be acts of negligence, malpractice and tort and can be claimed by the patients in legal suits.

### 30.8.6 Faculty Device Usage in Perioperative Phase

As per Medical Device Amendment Act 1976, every instrument used for surgery, machinery, and equipments used in operation theatre should be approved legally. FDA license should be obtained to use the instruments and machines in the operation theatre.

Equipments such as ventilator, defibrillator, diginfusa, pulse oxymetry, cardiac monitor, surgical instruments, etc., and surgical aseptic devices such as apron, mask, gloves, and drapes, should undergo licensing and approval under FDA regulation before it is used on the patient.

The devices are categorized based on their risk such as:

1. Class I devices that has general regulatory control
2. Class II devices that establish safety and effective performance and standard of any new type of equipments
3. Class III devices that are life-supporting device or life-retaking devices or external implant, for example, pacemaker

Therefore, malfunction of any device which causes injury or patient's death should be reported and as per Safe Medical Device Act (SMDA) 1990 the hospital management and manufactures of the device are subjected to imprisonment and penalty should be paid as compensation.

### 30.9 PERIOPERATIVE NURSING CARE ISSUES

Many ethical and legal issues affect the proper alignment of perioperative nursing care, therefore, the nurse should follow the code of ethics, professional standard to nursing care to avoid the following:

***Misinterpretation of Patient's Identity:*** Patient's surgery may be determined by the doctors, due to increased patient strength, patients are divided as per time allotment by the surgical team, there are chances for misinterpretation of the patient, wrong patient identity for wrong surgical procedure, therefore, patient's identification is necessary to prevent wrong identity, therefore, a wrist band bearing name, code, age, diagnosis, surgery name, I.P number, is attached and the patient is asked to spell the name and pronounce it before administering the sedatives or anaesthetic drugs.

The surgeon and perioperative nurse should personally verify the patient and patient's legal guardian. Wrong identity may lead to confusion and conflicts in the perioperative team.

***Issues in Identifying the Accurate Surgical Site:*** Improper site mark can result in serious injury to the patient, therefore, circulatory nurse verifies the consent, marks site "x" mark with a surgical skin marker in planned site. To avoid the error, this verification procedure should be included in the check list of hospital perioperative protocol.

***Issues in Handling Patient's Personal Property:*** The circulating nurse is responsible for double checking patient's articles, such as jewellery, spectacles, dentures, clothes, etc., and hand over after recording all the items and get signed from patient and patient's relatives or parents.

***Issues in Observing the Patient to Protect the Patient from Accidental Falls, Injury:*** The surgical patients are transferred from the preoperative ward to operation theatre via stretcher, while transferring the patient, there are chances for accidental falls, injuries, slipping of the patients from starchier, if the side rails are reversed and not locked, restraints are applied too loose or applied too tight or safety straps are not applied correctly leading to injury in the patient. Hence, special care should be taken in case of paediatric child and geriatric patients who are prone and vulnerable and not able to resist the accidents and prone for falls.

***Issues Positioning of Patient in the Perioperative Phase:*** The determination about the position is done by the surgeon, assisted by the nurse, the following measures should be taken to prevent constant pressure especially on the bony prominence—all the joints of legs and arms should be safely positioned, long period of anaesthetic effect will cause neurovascular damage in the pressure sore prone

areas, for example, in case of craniotomy surgery the duration of surgery will be more than 12 hours, therefore, adequate padding is essential to prevent such injury due to constant position.

**Issues in Sterile Techniques:** Any break in sterile technique can result in entry of micro-organisms via instruments that are not properly sterilized or through surgical gloves that is hand washing. If gloving is not done as per the standards, then entire perioperative team would be intact, if there is a doubt or break in sterile techniques, for example, if the scrub nurse touched sterile equipment in unsterile area, then there is a saying that implies here “when in doubt, throw it out”, therefore, break is stopped, again the sterile technique is flourished. If the nurse neglects the break in the sterile technique it may cause nosocomial infection causing injury to the patient, it is like almost breaching the duty standard.

**Issues in Responsibility and Accountability in Surgical Instruments, Articles Count:** It is the main duty of the circulatory and scrub nurse to count the sponges, sharp instruments, and other articles used before, during, and after surgery. Any omission of count leads to serious injury in the patient or may lead to patient’s death, for example, sponge left in the patient’s body and sutured, since the count is omitted by the nurse, also the protocol should be determined to allow the counting before, during, and after surgery, the act of omission is carelessness of nurse and would be considered as tort doing harm to the patient.

**Issues in Use of Equipments that Needs Safe Handling, Prevention of Injury:** Any electrical instruments used for the surgery should be thoroughly checked for its proper functioning before use, for example, electric cautery probe used remains hot after usage if it is kept carelessly on patient’s body it may cause skin injury, the patient will not feel the injury since he/she is under anaesthetic effect. Especially if any instrument is taken fresh from hot autoclave it should be cooled in sterile water and not directly transferred to patient’s surgical site, therefore, careful handling of sharp instrument for example, B.P handle and blade, scissors, suturing needles, and use of electro surgical suite is important, careless handling of instruments may lead to serious injuries in the patient, for example, electro surgical suite is used to treat tumours, if mishandled it can cause tissue necrosis in patient, liable for legal prosecution.

**Issues in Reporting and Monitoring the Patient’s Condition in Perioperative Phase:** The circulatory nurse is responsible to monitor and report patient’s vital conditions to the surgeon in time, delay or misinterpretation, negligence or carelessness of the nurse may result in serious injury to the patient.

**Issue in Preparation of Specimens:** Surgery is done in patient as diagnostic and therapeutic purpose, where specimens are taken for lab analysis for example, biopsy tissue is taken appropriately labelled and sent to lab, if it is incorrectly labelled that specimen will result in wrong interpretation of patient’s diagnosis.

## 30.10 BIOETHICAL ISSUES IN PERIOPERATIVE NURSING

There are many bioethical issues that pass through the perioperative nursing phase such as:

1. Sterilization of reproductive organs
2. Abortion
3. Human experimentation
4. Foetal tissue and stem cell research

5. Patient with HIV and other communicable disease
6. Quality of life of surgical patients
7. Euthanasia
8. Right to die issues
9. Organ donation and transplantation
10. Death and dying issues

Most of the bioethical issues are discussed in other chapters, but there important points to be remembered in this perioperative phase.

### 30.10.1 In Reproductive Sterilization Method

Voluntary sterilization methods are legal and safe as per law, for example, tubectomy, vasectomy in female and male, respectively. Though consent is obtained from patient and patient's spouse, after the completion of surgery, it is important to show the specimen as evidence of the procedure done in the patient, for example, in case of tubectomy, removed piece of fallopian tube preserved in formalin, labelled with name, age, surgical procedure, code number date and time, and year is shown to the patient.

### 30.10.2 Abortion

This issue is discussed a lot in the other chapters, though medical termination of pregnancy Act 1971 is passed, very important thing that the nurse should ensure is the procedure is done with proper legal consent and the entire procedure is legal abortion.

### 30.10.3 Human Experimentation Research Issues

The subject participating in research and clinical trials need to sign informed consent and the right to refuse the participation at any time of research is done after formal permission obtained from ethical review board in surgical patients.

### 30.10.4 Issues in Research of Foetal and Stem Cell

The artificial reproduction techniques undergo lots of ethical and legal issues which is already discussed in Chapter 3, Bioethical Issues, but foetus grown in such kind of artificial techniques will lack the natural immunity, for example, lymphocytes prone for graft-versus-host response, chance of abortion is more here, since the conception is artificial, stem cell research undergoes lots of legal formalities before implementing the research, though their stem cells implantation, for example, Parkinson's, diabetes mellitus, haemophilia, etc., have chance to rise the cells from aborted foetus and ectopic foetus which may lead to degradation, against law.

### 30.10.5 Issues in Treating Patients with HIV and Other Infection

Basically, surgical unit is sterile, the main goal is prevention of infection to the surgical client. If operation is on an infectious client, for example, patient with HIV, many health care providers has stigma and discrimination in treating such patients, instead of becoming extra caution about aseptic practices and safe handling of blood and blood product of such clients.

### 30.10.6 Issues in Quality of Life of Surgical Client

Entire team is responsible to take qualitative decision about patient's treatment, the best surgical care option must be chosen by them to treat the patient to support and sustain the life. There arise many issues when Cardiopulmonary resuscitation (CPR) has to be started, if stopped then what will be competence level of patient after surgery and intervention such as palliative measure may relieve pain temporarily, but therapeutic procedure may be disfiguring the patient, life support systems sustain life, therapy may prolong dying process, all these things that affect entire team must be decided by the doctor.

### 30.10.7 Euthanasia

Mercy killing is either active or passive euthanasia, if the patient indicates in advanced directives to end the life, in case all the therapeutic measures fail. However, ethical question arises whether to follow the patients advanced directives or to sustain the life of the patient as per patient's relatives or spouse wish or is it ethical to withhold or withdraw the treatment as per the patient's wish.

### 30.10.8 Do Not Resuscitation Order and Right-to-Die, Death and Dying Issues

The patient has rights to choose the modalities of treatment, and privacy in choosing to die with dignity or with hold any treatment. Therefore, if the patient who expressed his/her wishes through advanced directives then the doctor gives the order as do not resuscitation, where all care givers are obliged to follow.

### 30.10.9 Organ Donation and Transplantation

The process of organ donation and transplantation occur in operation theatre where all the procedures should be familiar, especially the legal and ethical issues should be clear and clarified by the nurse, as per Uniform Anatomical Act 1968. The process of organ donation and transplantation is a legal procedure. Once if the donor has already filled the consent to donate the organs and carry donor cards, the recipient who needs transplantation is listed and as per the priority the transplantation is done after getting the consent signed.

Legal issues may arise as for a donor once brain death is commenced, the patient's body will be perfused with O<sub>2</sub> by mechanical ventilator. Once the heart is removed for transplantation from donor to place in the recipient cardio pulmonary support is discontinued in the donor and anaesthesia specialist leaves the room, this will be a difficult time for remaining perioperative team members since they still have the assignment for procuring non-perfused tissues, such as skin, bone, or eyes in the donor. Therefore, to overcome grief of family members of the patient who donated the organs, the care giver of perioperative team would encourage the family members to focus on the gifts of life than on grief and support them throughout grief process. The entire team should keep all details of organ transplantation and donation confidential and safe concentration on procurement of donation of organs.

### 30.10.10 Death and Dying Issues

The perioperative nursing team should prepare the body out for display in a dignified way without any disfigurement; all the religious beliefs should be permitted to be followed as a part of respecting the patient's cultural beliefs.

## 30.11 ROLE OF THE PERIOPERATIVE NURSE

The perioperative team members in every single minute of their duty schedule work to their best. The members of the team should be familiar with procedures setup, equipment and policies, and should be able to cope with unpredictable issues and events.

Team members are as follows:

1. Anaesthesia provider
2. Circulator nurse
3. Non-sterile team member
4. Perianaesthesia nurse
5. Scrub nurse
6. Sterile team members
7. Surgeon
8. Surgical assistant

### 30.11.1 Anaesthesia Provider

In anaesthesiology, one of the team members can be doctor and nurse who assist the doctor. Therefore, anaesthesiologist is a doctor of medicine, who has completed two years of anaesthesia recognized by the board of medicine or medical council, and registered nurse is the one who completes master degree, undergo graduation in an accreditation nurse anaesthesia programme, certified by council on certification of nurse anaesthetist. Their function is, to administer anaesthetic, take care of patient throughout the surgical phase.

### 30.11.2 Circulator or Circulatory Nurse

A qualified surgical technologist (ST) assists in doing the circulating duties under supervision of registered nurse (RN), she/he is the member of non-sterile team, who directs and co-ordinates the activities of intra-operative environment during the surgical procedure.

### 30.11.3 Non-sterile Team Members

They are perioperative care givers who provide direct care from the periphery of the sterile field and environment and they don't wear the sterile operation theatre (OT) dress.

### 30.11.4 Perianaesthesia Nurse

The registered nurse is the one who renders care in the pre-operative and post-operative environment, member of non-sterile team, and a specially trained patient care assistant who does assessment of the patients and documents the findings.

### 30.11.5 Scrubbing Nursing or Scrub Nurse

The scrub nurse is a perioperative team member of sterile team who will be a registered nurse; usually two scrub nurses are involved in a team. The first scrub nurse passes the instruments and supply to

the surgeon. The second scrub nurse completes the work simultaneously and maintains the chain of sterility and integrity throughout the surgical procedure.

### 30.11.6 Sterile Team Members

They are the perioperative care givers selected and trained to work in the sterile field. They wear the sterile OT dress.

### 30.11.7 Surgeon

It is the qualified physician who had completed the training and qualification in house surgery, accreditation by JCAHO and board of medical specialist, who performs the surgical procedure.

### 30.11.8 Surgical Assistant

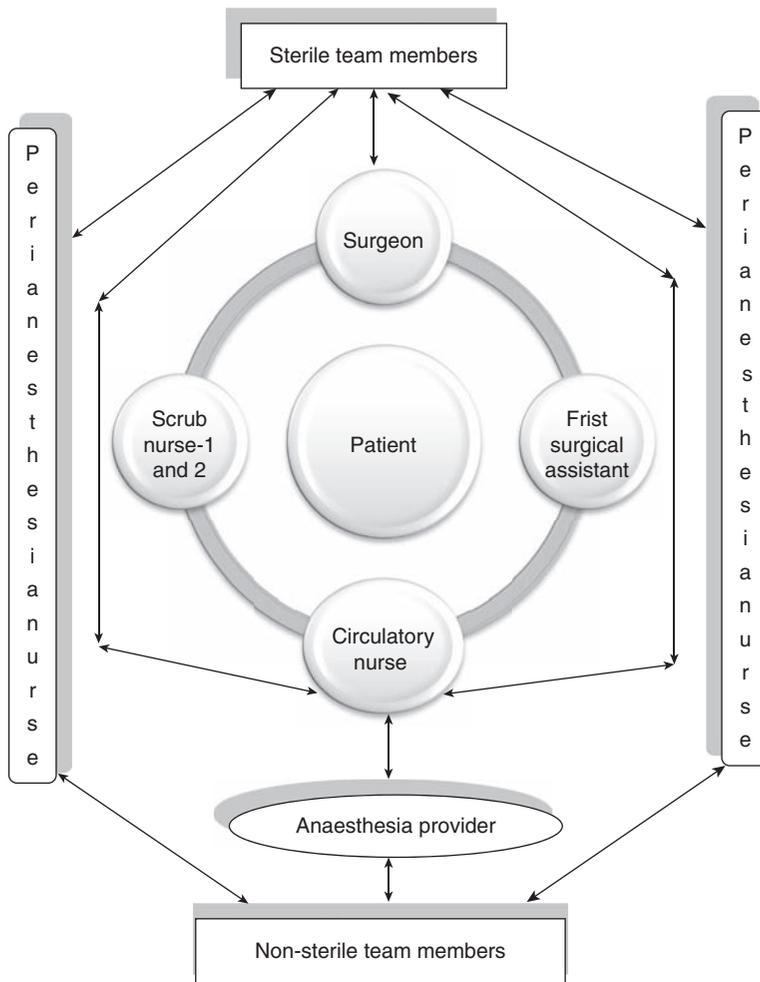
They are first surgical assistant, who is the member of sterile surgical team under the direction of surgeon, first the surgical assistant helps to maintain visibility on the surgical site, control bleeding, close wounds, and apply dressing.

The surgical and non-surgical members of perioperative health care team are shown in Fig. 30.4.

The registered nurses in this team are supposed to follow ethical and moral principles to make ethical decision-making and activities in clinical practice. The functions of nurse are to maintain the highest standard of professional conduct and patient care, to do good to the patient and not to harm the patient, following and updating the surgical nursing standards ultimately leads to benefits of the patient, to follow the ethical principle of beneficence.

The duties of surgical nurse are as follows:

1. The nurse, in order to help the patient seeks the balance between good and what might harm, avoid negligence or tort or malpractice.
2. Confidentiality—nurse must respect and protect the patient's legal and moral rights, details of privileged information received from the patient is kept confidential and not disclosed; hold all patient beliefs and personal matters confidential.
3. Non-maleficence—the nurse should not cause any injury or harm to the patient.
4. Justice—the nurse should provide care equally to all the surgical patient, and should not show any discrimination on the patient with respect to any communicable disease, status, age, sex, race, culture, religion, economic status, etc.
5. Autonomy—the nurse should respect the patient's right to take decision, self-determination that implies the freedom of choices and ability to make decision to determine patient's course of action, decision should be made based on reasonable, precedent information, and the decision taken by the patient should be acknowledged and respected by all the health team members.
6. Veracity—the nurse should be truthful to patient care, profession and practice, and give accurate reporting and recording of the patient care.
7. Fidelity—the nurse should maintain the quality of trust and faithfulness which create faith and trust worthiness in the patient.
8. Adheres to code of ethics—always the nurse attaches her activities in relation to code of ethics such as provide nursing care, follow ethical and moral principles to safe guard the people in the



**Figure 30.4** Perioperative team members

society, practise quality care, uplift the dignity and image of nursing profession, and work with full collaboration and co-operation by enhancing team “es spirit de corps” sense of unity with team members.

Other functions are as follows:

1. To report any unethical conduct or practice to proper authority
2. To maintain high degree of efficiency through continuing and in-service education
3. To follow the strict sterile aseptic techniques
4. The nurse assumes responsibility and accountability for individual nursing judgements and activities
5. The nurse always work hard to maintain competence in nursing

6. The participation of the nurse to improve the professional effort to protect the public from misinformation, misinterpretation, and maintain image and integrity of nursing.

## CONCLUSION

Legal and ethical issues are always present in the perioperative nursing care. The effective practice of the skills, ethical principles, and standards of perioperative nursing care will definitely help the nurse to safeguard them from all the legal and ethical issues, protect the patient from injury, prevent complication of surgical process and restore health.

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## REVIEW QUESTIONS

1. Define the phases of perioperative nursing.
2. List the members in the perioperative nursing.
3. List and explain the bioethical issues in perioperative nursing.
4. Explain the important issues in perioperative nursing.
5. Illustrate the role of nurse in perioperative nursing.

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