

Nursing Ethics And Clinical Decision-Making

Basmah Owaid Alloqmani¹, Manal Barkat almowallad²,
Haila Barakat almwald³, Hanan Mohammed Albarmawi⁴,
Latifa saif alsubeai⁵, Sameera Ateeq Almwlad⁶, Salwa
abdurabh almwald⁷, Ghaliah Abdullah Aldawsari⁸, Reham
othman hawsawi⁹, Alanoud Hassan Aman Alharthi¹⁰

¹Nursing specialist King Faisal Hospital.

²Nursing specialist King faisal hospital.

³Nursing technician King faisal hospital.

⁴Nursing Technician King Faisal Hospital.

⁵Nursing specialist King Faisal Hospital.

⁶Nursing Technician King Faisal Hospital.

⁷Nursing Technician King Faisal Hospital.

⁸Nursing technician King Faisal Hospital.

⁹Nurse specialist King fisal hospital.

¹⁰Nursing Technician King Faisal Hospital.

Abstract

Daley suggests that although nurses can often feel powerless in moral decision making, they are actually in a strong position to have a direct and positive impact on patient health. This is because patients are the usual focus of the decision, and the final right act is the right act for a particular person in particular circumstances. This is the central element of the principle of double effect, which allows for an action with both a positive and harmful effect provided the intended outcome is good. This principle is often used in an attempt to justify why a certain action was taken and needs to be understood in order to assess the morality of a previous action. Any act considered harmful must have been the least harmful option in comparison to the good outcome. This is often not the case in clinical practice and may be the underlying cause of moral distress. An example from the author's practice was when an elderly confused patient had continence pads prescribed instead of requesting assistance to the toilet. The nursing team agreed that this intervention would be easier for staff; however, it was recognized that the decision was made in consideration for the patient's behavior, not his best

interest. This caused moral distress for those involved as they felt this was not an advocacy for the patient.

Nurses encounter ethical dilemmas in their clinical practice, particularly those associated with taking on a doctor's role because the need and knowledge for some medical procedures are now within the domain of nursing. Daley suggests that in the absence of a strong professional identity, that is based on a clear definition of the unique role of nursing, many nurses turn to medicine as a reference point for decision making. This can result in moral distress when a nurse knowingly acts in a way that conflicts with their professional values. What is ethics? The term derives from the Greek word "ethicos," which translates to character. This reflects the idea of something being moral as being based on an individual's character because moral decisions are based on what a person feels is the right thing to do. Daley identifies the understanding of personal and professional values as an integral part of being able to successfully negotiate moral choices.

Nursing ethics is a branch of applied ethics that concerns itself with activities in the field of nursing. Nursing ethics shares many principles with medical ethics, such as beneficence, non-maleficence, and respect for autonomy. It can be distinguished by its emphasis on relationships, human dignity, and collaborative care. This paper will explore the importance of nursing ethics in today's society. It will discuss the characteristics of ethical dilemmas and the various mechanisms that influence the type of ethical decision an individual may make. It will draw on the author's experiences as a student nurse and will conclude with a concise abstract on this topic.

1. Introduction

Welcome to the instructional resources for this module. It is hopeful that many among you come with prior experience in this subject. This educational content is designed to deepen your comprehension of nursing ethics, defined as the guideline for nursing decisions driven by the moral commitment to provide exceptional patient care. Moreover, this content will delve into the process of clinical decision-making, which involves the careful

selection and application of the best choice to realize a specific objective. We approach this systematically by:

- Exploring the concept of nursing ethics and providing a historical context.
- Analyzing the role of clinical decision-making in the grasp of nursing ethics.
- Utilizing a theoretical framework of clinical decision-making on a realistic nursing scenario. (Yeo et al., 2020)



1.1. Definition of Nursing Ethics

Ethics is a philosophical study of morality, concerned with determining the nature of right and wrong along with our obligations and duties. Nursing ethics, a subsection of applied ethics, pertains to the nursing field and intersects significantly with medical ethics, endorsing principles like beneficence, nonmaleficence, and autonomy respect. It particularly emphasizes direct patient care and the dynamic between patients and nurses. Advocating for patient self-determination, it seeks to engage patients thoroughly in their treatment, while allowing for patient autonomy. This seemingly straightforward concept is quite complex, as it necessitates nurses to acknowledge the patient's

right to make their own choices—even if deemed imprudent—and mandates nurses' collaborative yet expert support upon patient's request. Crucial to shared decision-making is effective nurse-patient communication, which is shaped by both the societal and personal views of the nursing role. Ethical challenges also surface during transitions of patient care between professional and lay caregivers, potentially leading to conflicts. Uncertainties exist within the definitions of essential terms; codes of nursing ethics have outlined terms such as advocacy, accountability, and responsibility, yet their precise implications in particular scenarios remain elusive. Such ethical contemplation unfolds uniquely case by case in an arena where healthcare professionals may lack a foundational understanding of core ethical doctrines. (Butts & Rich, 2022)

1.2. Importance of Clinical Decision-Making in Nursing Ethics

Clinical decision-making stands as a pivotal element in the administration of patient care, more so in palliative care where intricate choices abound regarding treatments' advantages and constraints. Each clinical decision carries its own array of potential outcomes and risks related to the patient's wellbeing, functional ability, or survival odds. Balancing these against the likelihood of success or failure of the intervention and the patient's personal end-of-life aspirations is necessary. Principally, decisions in palliative care strive for the optimal result for the patient, upholding their autonomy by ensuring they partake in informed, collaborative decision-making with their healthcare provider. The decision-making journey may require steps like problem clarification, data gathering, evaluating possible courses of action's advantages and difficulties, and choosing the most suitable path for the specific patient. Occasionally, decisions are made on the patient's behalf, if they are in their best interest and the patient is incapacitated—endeavoring to infer the patient's preference remains critical nonetheless. Such a decision could be a professional's independent judgment or one reached via the substituted judgment process, including the patient's loved ones. Upon reaching a decision, implementation and subsequent evaluation are necessary to gauge its effect on the patient. These decision-making forms are streamlined through the application of ethical and legal frameworks. (Erel et al., 2022)

2. Ethical Principles in Nursing

Nonmaleficence can be closely tied to the ethical principle of beneficence. The intended meaning of nonmaleficence is to do no harm. All healthcare providers must stay away from the path of evil. This requires healthcare providers to constantly check and review the outcomes of treatment on the patient. This is to make sure that the treatment is not causing anything that is not in the best interest of the patient. An example would be the administration of a drug that may help one aspect of the patient's condition while aggravating another. This would be an act going against the principle of nonmaleficence. (Senneville et al.2024)

Beneficence is the intent to do good no matter what the cost to the patient may be. It is based on the belief that the healthcare provider will take positive actions to help the patient get well. The practice of beneficence also involves balancing benefits against risks to the patient before taking action. This can be translated to what is best for the patient and the importance of doing no harm to the patient. From a nurse's standpoint, this ethical principle requires the nurse to do good, to always promote the best interest of their patients, and to act as a patient advocate by protecting the patient's rights.

Autonomy refers to the right of the patient to have input on their health care and their right to make an independent decision regarding their treatment. This includes the right to accept or refuse treatment as well as the right to informed consent concerning treatment. To ensure that all patients are being provided with respect for their autonomy, it is important to include them in the decision-making process. If a patient is well informed about their condition and the possible alternative treatments, it is then the responsibility of the nurse and the physician to collaborate with the patient because often there may be different opinions on what is in the patient's best interest.

2.1. Autonomy

Professional knowledge is the crucial element to autonomy for nurses. Being autonomous in nursing is for the nurse to be a conscious deliberative decision maker in clinical practice from the perspective of the patient; to choose a course of action that is in the patient's best interest. In functional health patterns of the

Gordon's model, targeted to the preparation of a nursing care plan, nurses may be fulfilling the role of the physician often without realizing. It is the patient's right for the nurse to know how a treatment will benefit their particular illness and the nurse should be aware of her theoretical knowledge behind the decision as well as have a clear understanding of the treatment to enable an informed choice by the patient.

The nurse, in the role of client advocate, strives to protect the patient's right to autonomy in making decisions about his or her own health care. However, patient advocacy in health care today is so complex and may involve the patient in so many differing configurations of the nurse-patient relationship, that the practical and normative implications of advocacy remain elusive to some nurses.

Autonomy of the patient is the right for self-decision making. The achievement in professional nursing is indicated by a nurse's ability to work with the patient to determine and implement a plan of care that the patient would have chosen if fully informed and if the choices were freely made. The patient's competence and the type of decision the patient faces determine the extent to which the nurse supports the patient's decision making in a professional relationship. Patients who are competent have the right to make decisions about their health care. Nurses help patients to act on their decisions by providing information and guidance and, when necessary, by acting on behalf of the patient. The patient reveals an understanding of the decision to be made and its implications on his or her health status. A favorable disposition toward a plan of action and act according to the decision with a relatively stable pattern of intentional behaviors.

2.2. Beneficence

Beneficence is one of the fundamental ethical principles that directs the nurses to act in the patients' best interests by promoting what is good for the patients (Burkhardt & Nathaniel, 2002). One of the aims of nursing is to do good to the patient in a holistic manner, and the code of ethics (clause 2b) describes nursing's commitment to the patient, which includes the promotion of the patient's health. However, what is good for the patient is not always objectively known and even if it were, it may

not be in the patient's best interest for the nurse to promote it. Beneficence needs to be balanced alongside the patient's right of self-determination which, according to the principle of autonomy, involves the patient being free to act according to a plan that is most beneficial to their own overall good. Thus the nurse needs to acquire a good understanding of what is in the patient's best interests. A competent patient is often the best source of this information and so a large part of ethical nursing often involves decision-making based on what the patient says would be best for them and observing what the nurse knows to be the patient's usual preferences, interests and lifestyle while deciding what would be in the patient's best interests in the case at hand. If a patient's preferences are unknown or if the patient is deemed to be incompetent, the nurse is the patient's advocate and will act as the proxy decision-maker in deciding what course of action is in the patient's best interests. The nurse needs good critical thinking and decision-making skills to weigh up the potential benefits of different actions for the patient and this can be a moral dilemma between conflicting benefits, e.g. the nurse's wish to spare the patient an unpleasant treatment that would be of benefit for that patient in the long-run. Case-based reasoning can help the nurse to learn from experience and there needs to be awareness that the consequences of an action taken may not be immediately seen. Finally, because of the current climate in which health resources are increasingly limited, there may be instances in which a nurse can promote the patient's best interests by taking an advocacy role at a wider societal level or even an individual level in doing charitable work for a patient who is in a disadvantaged situation. In conclusion, the principle of beneficence is something that always needs to be strived for in nursing, but it is not a simple task and it is often necessary to choose between different benefits and to weigh up the benefits against the potential harms for the patient when deciding which is the best course of action. (Avant & Swetz, 2020)

2.3. Nonmaleficence

Nonmaleficence is probably the most familiar of the four ethical principles. The principle, "First, do no harm," is deeply embedded in the code of ethics of many cultures. It is the foundation of the Hippocratic Oath, which all physicians take upon entering the profession. According to the ANA's code of ethics, the nurse has a

moral responsibility to recognize, prevent, and address both the potential and actual harm within the nursing context. In a perfect world, avoiding harm to the patient would seem an obvious and easily attainable goal. However, in a practical world where science is imperfect and humans are fallible, it is not always possible to achieve this goal. The nurse, who assumes the role of both patient advocate and protector, often faces conflicting demands that challenge the commitment to do no harm. In efforts to streamline costs and increase productivity, both nurses and patients are pressured to accept less intrusive forms of treatment and shorter hospital stays. With greater care being provided in the patient's home, the nurse is often the sole healthcare professional constantly monitoring the patient. These and other factors have increased the risk of harm to the patient. Even if preventing harm is not feasible, the nurse is still responsible for protecting the dignity and self-worth of the patient, as well as facilitating the patient's engagement in informed decision-making on his/her own behalf. (Recto et al.2020)

2.4. Justice

Justice has been recognized as the cornerstone of ethics. It is the most abstract of the four principles. However, the very importance of justice in the society of men is that it is in compliance with the truth. It means giving each his due. Whether it is protection of human or subjects' right, distribution of wealth, to provide equal treatment to the people, and equal share to the common social values. Equality and fairness are often used, that to treat similar cases similarly, and to treat different cases differently. This last point is a particular strong point in making decisions about resource allocation. It is often more obvious that unfair treatment is being given when it concerns ourselves or those close to us, but to allocate resource on the basis of greatest need is a difficult decision when one person or group will miss out in the allocation. This might be unjust, taking into account the need to provide the same level of healthcare to that particular cultural group. An example of the justice and resource allocation would be the closure of a rural hospital to centralize a service. This may produce the greatest good for the greatest number, but it may be at the cost of unfair treatment to those people living in the rural area. (Lehmann, 2022)

2.5. Veracity

Veracity in nursing is an essential ethical principle in enhancing the patient-nurse relationship. The principle, which emphasizes truth-telling, is well-documented within the medical ethics literature. Whilst much of veracity is focused around issues of consent for treatment and the right to know about an illness (Beauchamp and Childress, 2009), it is clear that in both instances the health professional has information which the patient does not, and it must be their decision to relay this information to the patient or not. An example could be withholding information about the poor prognosis of a condition in an attempt to prevent the patient from becoming depressed, or giving excessive information about minor treatment options in an attempt to secure a more profitable treatment. In both scenarios, the principle of veracity is compromised. The nurse in the first scenario is making a decision to not tell the whole truth in an attempt to protect the patient from a perceived harm (depression vs. knowledge of poor prognosis), thus making an autonomous decision on behalf of the patient.

In the second scenario, the information given was not what was required by the patient, thus a decision was made to give additional information. In both cases, the nurse may justify their position on the grounds that the information was given with good intentions, and yet this would be in conflict with the principle of beneficence, as it would not be acting in the patient's best interest. This would also be harmful to the nurse as it would create moral distress, particularly if the decision not to divulge information led to a negative patient outcome. In the mentally ill or vulnerable patient, there is evidence to suggest that healthcare professionals are more likely to lie about treatment options or prognosis (Sullivan and Young, 2011). This is highly unethical and is taking advantage of a patient's cognitive impairment. This issue is particularly pertinent within the field of mental health, as there may be occasions under Mental Health Act legislation where treatment is deemed necessary without patient consent (significant side-stepping of autonomy), but even in this scenario, the spirit of veracity should be maintained. (Kudva et al.2020)

3. Ethical Dilemmas in Clinical Decision-Making

A frequent and pressing ethical dilemma is concerned with allocation of scarce resources. This may be at an individual hospital

or trust level (for example, a decision to close a service or make staff redundant) or at a national level with health policy decisions which may have large impacts on certain populations. High tech medical treatments are often very expensive and can offer great benefit for an individual. This creates a dilemma when weighing the benefits of that treatment for the individual against the costs and benefits of other treatments for other individuals. In a climate of economic rationalization for healthcare, it is likely that these ethical issues will become even more prevalent in the future.

There is often an ethical requirement to involve the patient in decisions for treatment, but treatments may be imposed without the consent of the patient. This is common in psychiatric treatment or treatment for those with learning disabilities. The professional or informal carers of such patients may act as surrogate decision makers to make medical decisions that are in the patient's best interests. This immediately becomes an ethical issue when it is unclear what is the patient's best interest and there may be disagreements between the healthcare team and the patient's family on one side and the decisions made by the carer on the other. (Pillay et al.2022)

Ethical dilemmas arise when fundamental obligations to the patient are in conflict. The principle of respect for patient autonomy is an essential element in this treatment relationship. The nurse might be faced with a situation in which there are conflicting obligations because the nurse has promised the patient that the information will not be revealed, but the nurse is also obligated by law to report this information.

3.1. Balancing Autonomy and Beneficence

Autonomy is viewed as a fundamental ethical principle in healthcare, and a person's ability to decide their own fate based on their own beliefs and values is what gives them control in their life. For some individuals, being diagnosed with an illness has little effect on their life course, and they still consider themselves in good health. This may be the case for an elderly man being diagnosed with early-stage prostate cancer. A treatment of watchful waiting may be best for this patient, as the side effects of treatment may affect his quality of life despite the fact that treatment may cure the disease. Another patient in the same

situation may consider the illness to be life-threatening and be very distressed. This is likely to affect an individual who has young children and still feels they have not yet reached old age. The two patients have come to very different decisions as the impact of the illness and the best course of action for each simply reflects their own values and what is of most importance to them. (Dutta et al.2020)

When a patient and a nurse come together, each is usually entering the relationship with a different perspective and expectation from the other. The patient can view the nurse as an individual who has the ability to relieve their suffering and facilitate their recovery; that is someone who is trustworthy, dependable, and knowledgeable in their field. The nurse may view their role as needing to give care and support to the patient in order to help them get through an illness and come out of it with a positive attitude towards their well-being. It is important to recognize that the patient's autonomy is always the priority and that they are the individuals who have the final say on what treatments and care they will accept. Nurses must understand that what they believe to be the best course of action for the patient may not be what the patient wants. They must put aside personal judgment and do what is in the best interests of the patient, whether that means supporting a decision that does not conflict with the patient's well-being or being honest and diplomatic in the solutions they provide when the patient is considering a course of action that is not recommended. (Le et al., 2023)

3.2. Respecting Patient Confidentiality

Respecting patient confidentiality is an integral part of ensuring autonomy and one of the principles outlined in the NMC's Code of Conduct (2008). It states "You must treat information about patients and clients as confidential and use it only for the purpose for which it was given." Breaches in patient confidentiality can result in stressful or harmful consequences for the patient involved. One of the most famous examples of breaching patient confidentiality was the story of Dr. Ian Kerr. He was a GP who revealed details about a patient having an illegal abortion to prove that the 1967 Abortion Act was being abused. He was fined £500 and nearly struck off the medical register for his actions. Although it was said by the GMC that his actions didn't justify erasure, it was

a long and stressful ordeal for Dr. Kerr and could have been prevented had he thought more about the implications of his actions. His patient was devastated that details of her case were revealed and the fact that he was brought to a tribunal 3 years later meant that she had to relive the ordeal again. This scenario also led to concerns about covert surveillance in the health service as in order to gather evidence against him, Kerr was filmed by an investigative journalist. To take such extreme measures to breach patient confidentiality demonstrates a lack of respect for the patient and a lack of understanding regarding the implications that breaching patient confidentiality may have. (Kirwan, 2022)

3.3. Allocating Limited Resources Fairly

In situations where demand for health resources exceeds supply, some criteria or process is needed to allocate resources in a manner fair to all, and not merely to those who can afford to pay. Deciding what constitutes a 'fair' distribution is no easy task and there is no agreement on distributive principles. Equity, referred to as fairness, is an essential ethical concept and the need to allocate resources equitably is an issue often addressed by nurses. However, what constitutes 'fair' is not-clear cut. One way of achieving a fair allocation of resources is by following due process which Gruskin and Daniels (2008) explain is an approach to fair process in which the goal is to align procedural choices with the values and principles more effectively. Steps in due process involve assessment and prioritisation of needs, translation of rationing principles, program operationalisation, implementation and then evaluation. This method intends to improve the use of resources to enhance healthier outcomes in populations who are in most need.

A fundamental issue in allocating limited resources is whether individual or community needs should take priority. Cribb and Owens (2012) note a tendency toward prioritisation of needs of individuals particularly in consumerist societies. In healthcare this means more funding being put into research and treatment of rare diseases which may benefit only a few, whilst common conditions still have great impact on population health. This approach to limit resources by 'chance of benefit' to specific patient groups is utilitarian in theory, although Daniels (2008) contests that often the translation of rationing decisions on Utilitarian grounds instead favours the worst off. An alternative way to ration resources based

on needs of individuals is by the development of clinical guidelines and policies. Initially this sounds like a positive solution, however in practice guidelines can be developed as cost containment tools not always for intended clinical benefits and can limit provider and patient choices on effective treatments (Mitton et al, 2011). Steps in due process involve assessment and prioritisation of needs, translation of rationing principles, program operationalisation, implementation and then evaluation. This method intends to improve the use of resources to enhance healthier outcomes in populations who are in most need. (Rubio-Navarro et al.2020)

4. Ethical Decision-Making Models

The Process of Ethical Decision Making provides a good guideline for action when the situation is complex and is not a specific scheme with steps, like the previous models. This model describes decision making as a process that occurs over time. It is based on a number of assumptions and can be used as a guide to determine the course of action in an ethical issue. This model suggests that if an action is to be considered ethical, it must be the action of a virtuous person and has a great deal of balance between the conflicting ethical issues. This decision should be the only most viable alternative and is a decision that one wanting to do the right thing would have others know about. This model is particularly good for an issue that may take time to resolve and for nursing as an ongoing process of weighing options in different situations.

The Ethical Decision-Making Framework (T.E.D.) is a useful tool specifically recommended for nursing practice. It is a practical guideline that nurses can use in their clinical setting to help work through the process of ethical decision making. The first step, assessment, involves the identification of the issue and a review of the related information. This step should result in a clear precise problem to be addressed. Step two involves the planning and implementation of addressing the problem. This is done by making a goal to resolve the problem by improving the situation and selecting a strategy to improve the situation. Step three is the evaluation of the action taken. The nurse should evaluate the action by considering the consequences and reflecting to determine if the problem was addressed effectively. Step four is a reflection back to the original issue after the action has been taken. This is a comparison between the present and the future hope for

the situation and can be used to consider if further action is necessary.

The Four-Component Model provides a good guideline for resolving ethical issues and dilemmas. The Four-Component model starts by defining the moral problem. Is what happened an ethical issue or is it just a moral situation that will provoke no real ethical concern? If it is just a morally distressing situation, then a decision not to get involved is acceptable. If it is an ethical issue, then a systematic process that leads to a morally acceptable course of action must be used. The second step is an assessment of the moral intuitions; current knowledge of the situation. This must be done without making any immediate decisions. Step three involves an intention to act to modify the situation in cases where the present situation is not acceptable. The final step comes after the actions have been taken and is an evaluation of the process. This step often serves as a reflection back to the first two steps to consider other courses of action that may have been more acceptable. (King & Sparks, 2022)

4.1. The Four-Component Model

Recognizing that ethical decision making is an intellectual and emotional process, Luthra and Sashidharan (2008) note that this model is based on the psychological theory of cognition and proposes that the process of ethical decision making is best understood by looking at the interaction of different components of the process. This theory suggests that the decision making process is a complex interaction of cognitive and emotional processes that are influenced by an interaction with the external social context. This model provides a useful framework for understanding the complexities of ethical decision making in nursing, and can act as a map for the process of decision making in complex moral situations. This model proposes that the process of ethical decision making involves 4 components: moral sensitivity, moral judgement, moral motivation, and moral action. These aspects of decision making are depicted as being interactive and often influenced by the contexts in which the ethical dilemma occurs. While these are described in a sequence, it is understood that the process of ethical decision making is often not linear and may take on a complex and recursive nature involving movement back and forth between components. (McKenna & Jeske, 2021)

4.2. The Ethical Decision-Making Framework

This framework is suitable for a variety of problems in nursing, consisting of the direct care of individuals and right exercise points. It's far from critical for all nurses and health practitioners to apprehend what constitutes an ethical problem, as they're often referred to as upon to solve ethical problems in clinical practice. At difficulty is the moral obligation to provide excellent care to those who are in need. However, best care must be balanced against the wishes and choices of the person, family or community. Sometimes, difficult allocation of scarce healthcare resources can involve an ethical problem over what must be done for a particular affected person, or whether or not a specific carrier is justified, given the wider social needs. In those situations, it is not uncommon to hear the complaint "there may be no right solution", reflecting the complexity of the issue and the want to balance various ethical principles. Even as resolution of an issue via dialogue with peers, different health teams or management is often the beginning point of an ethical decision-making system, further movement may be required when the nurse feels that the decisions that have been taken are sincerely wrong.

4.3. The Process of Ethical Decision-Making

This step involves considering whether the issue is an ethical/moral dilemma or an administrative or clinical problem . Some writers have suggested that many clinical problems are contingent upon and can be made clearer by answering the question of what is the right thing to do in this situation . A moral/ethical dilemma is a situation where there are two or more conflicting options or decisions, each with a moral reason that could be made, and there is also a question over what the right decision is and the right thing to do carries implications on one's values and helps to bring the issue to resolution.

Define the problem.

Gutierrez (1997) developed a systematic step-by-step process to create moral judgment in psychiatric mental health nursing practice, but it is generalized to nursing as a whole. Though this model and other general frameworks are useful, it is beneficial for nurses to have a guide to steps specific for an ethical dilemma in a healthcare setting . This author has developed this framework for

the purpose of this paper as he has been unable to find a process refined specifically for use in a healthcare setting.

Explaining specific processes to ethical decision-making for nurses. He concluded that defining the issue can take time, but as nurses become more skilled, they can do this quicker. In some instances, the problems may overlap, resulting in one moral problem with several issues. At other times, the nurse will not be able to clearly define the problem because it does not stand out and is obscured by other distressing aspects of the situation.

5. Ethical Considerations in Specific Clinical Scenarios

Care provided towards the conclusion of an individual's life. This scenario is full of conflicting interests, and the responsibility of the nurse is to attempt to resolve these in the best interests of the patient. In addition to the traditional four principles, the nurse should give particular consideration to the doctrine of double effect, which requires a careful balancing of the potential benefits as well as the potential harm of a particular course of action. The nurse must evaluate the legitimacy of the act of ending a life and outweigh this with the quality of the act and the final outcome. The judgment of the nurse and the decision may cause some discomfort, yet it must be the best course of action at that time. A 79-year-old female came into the care of the community nursing team through a recent diagnosis of cancer. However, the cancer had not been conclusively diagnosed, and the patient has been unresponsive and increasingly believed that the tests showed no cancer. She had complained to the team coordinator that she thought everything was too much trouble and help was taking too long to organize. The coordination initiated a referral to the rapid process team. Two days later, the patient suffered a massive stroke and was admitted to the hospital, where she was diagnosed as having a right-sided paralysis, dysphasia, and a badly affected swallowing reflex. A decision was made after consulting with the patient's family to place her into palliative care with no nasogastric tubing. The patient died a week later in a private facility. (Häyry, 2021)

5.1. End-of-Life Care

Other patients may wish to avoid admission to the hospital in the event of a terminal phase of illness, and this too can be facilitated

by discussions with the patient's general practitioner and the provision of appropriate services in the community.

Often the easiest way to convey to paramedical or nursing staff the patient's wish to avoid resuscitation is through a written directive. This might take the form of a decision signed by the patient and his doctor or the completion of a card carried by the patient which gives instructions on what to do if his condition deteriorates.

For some, the prospect of not being resuscitated is an important issue. It is recognized that an attempted resuscitation will be unsuccessful in the case of some patients and that in the process, much brutality and loss of dignity can be inflicted. A "Do not resuscitate" policy covering those patients who are aware of deterioration or a terminal illness and who wish to avoid the process of resuscitation will prevent unwanted admissions to the hospital and help to ensure a peaceful and dignified death.

It is now widely recognized that patients should be encouraged to plan for their future care. In this way, they can increase the chances of receiving the sort of treatment they would wish and also reduce the likelihood of their relatives being subjected to the psychological distress and prolonged indecision about what should be done.

5.2. Informed Consent

The principle of informed consent is an essential element of contemporary biomedical ethics. According to Faden and Beauchamp, valid informed consent has three components: understanding of the information provided, voluntary choice, and authorization. The first component, understanding, implies that patients should be provided with information concerning their treatment that is comprehensible to them. This raises the question of what level of understanding is necessary before consent is considered informed. In the case of research, many ethicists argue that the standards for understanding should be significantly higher than for treatment, given the uncertainties and unknowns associated with research participation. For provision of consent to become a voluntary choice, it must not be subject to control or coercion by external forces. Finally, consent is an authorization only if it has been granted and can be refused. This last component is violated if a patient is not given an opportunity for refusal or the

alternative treatments available have not been outlined to the patient. These criteria are essential to respecting patient autonomy and ensuring that consent is truly informed. The consent process is complicated by the fact that most patients wish to defer to their physician's judgment in making decisions concerning their treatment. In the era of increasing patient autonomy and consumerism, many physicians perceive that patients demand an explanation and a choice in every detail of diagnosis and treatment. This creates a quandary for the physician treating a patient who prefers a more passive role in decision-making. Physicians may confront similar dilemmas when treating patients from foreign cultures or those with low literacy, who may have different expectations of the role of the physician and consent in their care. Such variance in values among patients suggests that a uniform approach to consent in modern healthcare may not be feasible. Given the potential for differences in patient preferences and the complexity of modern medical treatments, it may be unrealistic to expect that every decision be preceded by detailed explanation and patient authorization. Nevertheless, the essence of informed consent is an ethical ideal that should be upheld whenever possible. (Huang et al., 2022)

5.3. Organ Transplantation

Organ transplantation is a treatment for organ failure that involves removing an organ from a healthy person and placing it in the body of a patient whose organ has failed. The worldwide shortage of organs for transplantation and the resulting long and often deadly waitlists have led some to propose that organs from those who have not yet been declared dead be made available for transplantation. This practice, however, is both illegal and unethical and would be difficult to justify to the public. A controversial practice that is legal and currently being debated in the medical and ethics communities is the use of organs from anencephalic infants. Anencephaly is a birth defect in which a baby is born without parts of the brain and skull. Anencephalic infants are born with spontaneous movements such as breathing and although it is certain that they will die very shortly after birth, the diagnosis of brain death necessary for them to be organ donors is not possible. The debate centers on whether using organs from these infants is considered exploitation of the parents and taking advantage of a hopeless situation, or a justifiable use of a natural

resource to help those who are also in desperate situations. A study of parents of anencephalic infants found that the large majority would want to donate their infant's organs if given the chance and felt that it would have a positive impact on their grieving process. Increased understanding of their desires and beliefs may help alleviate concerns of exploitation.

5.4. Genetic Testing

Genetic testing offers a number of practical and ethical problems for nurses. It is not within the scope of practice for most nurses to provide genetic counseling, but they will have a role in helping patients understand the implications of genetic test results. An increasing number of complex genetic tests are being requested by patients who have been attracted by media reports on the potential of genetic tests to identify the risk of common disorders such as heart disease, diabetes, and various cancers. These tests are exposing patients to the potential for insurability and employment discrimination, yet in many cases the specific implications of test results in terms of potential preventive measures and therapy are unclear. Patients may request such tests without fully understanding the limitations of the information that the test will provide, or the wider implications of testing. The trend towards direct-to-consumer provision of genetic tests is likely to exacerbate these problems. It is essential that patients considering genetic tests are provided with clear information on the implications of the test, and nurses may need to advocate on behalf of patients to ensure that testing is only offered when accompanied by access to appropriate counseling and medical follow-up. An additional concern arises when genetic tests are proposed for children. In such cases, the issue of the best interests of the child comes to the fore. Folkman et al. (2007) describe a case where a child with a relatively good prognosis from acute lymphoblastic leukemia was offered a week trial of a highly expensive drug, the efficacy of which was unproven. The parents were informed that the trial would help further medical knowledge and would benefit future patients with the same condition. The long-term cognitive effects of the drug on the child were unclear. This case was essentially a decision on the child participating in a genetic test to ascertain the comparative efficacy of the drug in terms of its potential long-term adverse effects (Folkman et al., 2007). Offering patients and parents unfettered choice on whether

to use genetic tests without providing guidance on the best course of action in the light of an overall assessment of potential benefits and harms may not be consistent with the principle of respect for patient autonomy. (Chapman et al.2020)

6. Ethical Codes and Guidelines for Nurses

A code of ethics is a formal statement that acts as a guide for professional conduct and is generated by a profession's members and is enforced by the professional organization. The ANA code states that the nurse will be a patient advocate, promote and protect the rights, health, and safety of the patient. The nurse is responsible and accountable for individual practice, maintains competence, and continues personal and professional growth. The nurse collaborates with other health professionals and the public in promoting community health, welfare, and health care. The nurse is also responsible for articulating nursing values, for maintaining integrity of the profession, and for shaping social policy. The ICN code is similar to the ANA code; however, there are a few differences between the two codes. The ICN code is more detailed and expands on ICN's philosophy, social and human rights issues, and professional practice. The main difference between the ANA code and the ICN code is that the ICN code recognizes that care for self is a professional responsibility. This statement is true in that in order to provide proper care for the patient, the nurse must be fit and healthy. In terms of clinical decision making, an ethical guideline or code can be of use to the nurse in determining the best course of action when dealing with a difficult patient care situation by providing a framework for the analysis and evaluation of concerns in the decision-making process. A continuity between the ICN and ANA code in terms of clinical decision making is that the steps to self-assessment and accountability are paramount in certain codes across both ANA and ICN. This suggests that at all times the nurse has personal responsibility for their actions and during clinical decision making will need to assess the steps to best account for their actions in concerns to patient well-being and safety.

6.1. The American Nurses Association Code of Ethics

The Code of Ethics for Nurses with Interpretive Statements is the social that nurses are expected to uphold to know the societal values of a patient culture as comprised by the number of non-

nursing and nursing theories that are out. The Code of Ethics for Nurses is a reflection of the proud heritage of nursing, a profound conscience who championed the rights of many affected groups of people, from the civil rights movement, to the women's right movement while also exemplifying the importance of education, and certification as seen through the Uexkull's Stroll to BSN. The Code was first introduced in 1950 and has undergone various revisions to adapt to the ever changing social patterns that the nursing profession has orchestrated itself into. The Code, consisting of a Preamble and 9 provisions, is the foundation on which ethical practice is guided and the epitome of nursing obligations. The Preamble of the ANA Code of Ethics for Nurses is a succinct statement of the ethical values, obligations, duties and professional ideals of nurses individually and collectively providing a foundation on which the remainder of the code is to mural. Written in an abstract form, the preamble epitomizes the essence of what it means to be a nurse. In analyzing the text of the preamble, nurses are seen as collaborative members of a working team serving as the patient's advocate on a professional level. United together, nurses possess a commitment towards bettering the health and well-being of persons throughout their lifespan while forming alliances within the global community of healthcare. (West, 2020)

6.2. International Council of Nurses Code of Ethics

Compared to the ANA Code of Ethics, the ICN Code of Ethics for Nurses is broader and more general and therefore does not address precisely things such as the appropriate level of involvement for a nurse in health policy. Some concepts within the ICN Code of Ethics for Nurses can also be seen to conflict with modern government policies. An example of this is the advocacy for free and unrestricted access to health care, which is mentioned in the ICN Code under Nurses and People. At present, in many countries, it is the government policies that control what the best health care is for patients and set aside a certain level of funding for this. This policy is meant to ensure efficiency and cost-effectiveness but at times can hinder the principle outlined in the ICN Code. (Ralehike)

The ICN Code of Ethics for Nurses has four principal elements that outline the standards of ethical conduct. The first is Nurses and

People, which requires nurses to hold patients' health and life as their primary commitment and to respect and advocate for the patients' right to informed decision making. The second is Nurses and Practice, which asserts that nurses are responsible for the quality of care they provide and for maintaining a safe environment for their practice. The third is Nurses and the Profession, where nurses are encouraged to take a more active role in policy decisions that will improve the health of present and future generations. The final element of the ICN Code of Ethics for Nurses is Nurses and Co-workers, where the code states that nurses are responsible for promoting and maintaining a work environment that is conducive to quality health care and consistent with the values of the profession through collaboration with other health professionals.



Conclusion

In the current climate of escalating litigation expenses, there's a plethora of instances where nurses have been held liable for malpractice and professional wrongdoings. Instances abound of nurses facing intimidation and coercion by their superiors to perform actions they deem unsafe or unlawful. Conversely, numerous narratives exist of nurses who've defied the status quo, instigating reformations for their charges' welfare, advocating steadfastly for justice, and shielding clients from hazardous or illegitimate methods. Amidst the burgeoning intricacies of healthcare quandaries, the nurse of today is tasked with employing a methodical decision-making schema to untangle the intrinsic conundrums of contemporary healthcare delivery.

In summation, our discourse has underscored the criticality of ethical and legal factors in the pursuit of exemplary patient care. We've delineated the manner in which ethical and legal concerns mold professional judgments. It has been illuminated that conventional problem-solving tactics are inadequate for grappling with the multifaceted nature of ethical and legal issues. While nurses bear responsibility for their clinical choices and adherence to legal and ethical standards, it is ultimately incumbent upon healthcare institution leadership to cultivate a milieu that fosters ethical and lawful practice. The ramifications of this discourse present both challenges and gateways for the field of nursing. Nurses, to continue as advocates for their patients, must attain proficiency in recognizing and explicating the legal and ethical facets of their roles. This necessitates the formation of educational programmes aimed at bolstering the ethical and legal acumen of the nursing contingent.

References:

- Yeo, M., Moorhouse, A., Khan, P., & Rodney, P. (2020). Concepts and Cases in Nursing Ethics—Fourth Edition. [\[HTML\]](#)
- Butts, J. B. & Rich, K. L. (2022). Nursing ethics: Across the curriculum and into practice. [\[HTML\]](#)
- Erel, M., Marcus, E. L., & Dekeyser-Ganz, F. (2022). Practitioner bias as an explanation for low rates of palliative care among patients with advanced dementia. Health Care Analysis. [\[HTML\]](#)
- Senneville, É., Albalawi, Z., van Asten, S. A., Abbas, Z. G., Allison, G., Aragón-Sánchez, J., ... & Peters, E. J. (2024). IWGDF/IDSA guidelines on the diagnosis and treatment of diabetes-related foot infections (IWGDF/IDSA 2023). Diabetes/metabolism research and reviews, 40(3), e3687. wiley.com
- Avant, L. C. & Swetz, K. M. (2020). Revisiting beneficence: what is a 'Benefit', and by what criteria?. The American Journal of Bioethics. [\[HTML\]](#)
- Recto, P., McGlothen-Bell, K., McGrath, J., Brownell, E., & Cleveland, L. M. (2020). The role of stigma in the nursing care of families impacted by neonatal abstinence syndrome. Advances in Neonatal Care, 20(5), 354-363. lww.com
- Lehmann, R. B. (2022). Authenticity, Care, and Relationships: Ethical Decision-Making in Criminal Justice Education. vcu.edu
- Kudva, K. G., El Hayek, S., Gupta, A. K., Kurokawa, S., Bangshan, L., Armas-Villavicencio, M. V. C., ... & Sartorius, N. (2020). Stigma in mental illness:

- Perspective from eight Asian nations. *Asia-Pacific Psychiatry*, 12(2), e12380. [\[HTML\]](#)
- Pillay, T., Noureldein, M., Kagla, M., Vanner, T., & Chintala, D. (2022). Commentary to 'surrogate decision making in crisis'. *Journal of Medical Ethics*, 48(5), 291-292. openrepository.com
- Dutta, O., Lall, P., Patinadan, P. V., Car, J., Low, C. K., Tan, W. S., & Ho, A. H. Y. (2020). Patient autonomy and participation in end-of-life decision-making: An interpretive-systemic focus group study on perspectives of Asian healthcare professionals. *Palliative & supportive care*, 18(4), 425-430. researchgate.net
- Le, T. D., Lin, S. C., Huang, M. C., Fan, S. Y., & Kao, C. Y. (2023). Factors impacting the demonstration of relational autonomy in medical decision-making: A meta-synthesis. *Nursing Ethics*. [\[HTML\]](#)
- Kirwan, M. (2022). Ethical issues and decision-making in practice. *Understanding Decision-Making in Nursing Practice*. [\[HTML\]](#)
- Rubio-Navarro, A., García-Capilla, D. J., Torralba-Madrid, M. J., & Rutty, J. (2020). Decision-making in an emergency department: A nursing accountability model. *Nursing ethics*, 27(2), 567-586. dmu.ac.uk
- King, P. M. & Sparks, T. (2022). An Examination of Students' Moral Character Experiences Using the Four Component Model and Self-Evolution Theory. *Journal of College and Character*. [\[HTML\]](#)
- McKenna, J. & Jeske, D. (2021). Ethical leadership and decision authority effects on nurses' engagement, exhaustion, and turnover intention. *Journal of Advanced Nursing*. ucc.ie
- Häyry, M. (2021). The COVID-19 pandemic: a month of bioethics in Finland. *Cambridge Quarterly of Healthcare Ethics*. cambridge.org
- Huang, S. J., Amendola, L. M., & Sternen, D. L. (2022). Variation among DNA banking consent forms: points for clinicians to bank on. *Journal of community genetics*. nih.gov
- Chapman, C. R., Mehta, K. S., Parent, B., & Caplan, A. L. (2020). Genetic discrimination: emerging ethical challenges in the context of advancing technology. *Journal of Law and the Biosciences*, 7(1), lsz016. oup.com
- West, E. (2020). Ethics and integrity in nursing research. *Handbook of research ethics and scientific integrity*. researchgate.net
- Ralehike, M. M. (). Does a nursing practitioner have a duty to work in a clinic without the fundamental resource of water?. wiredspace.wits.ac.za. wits.ac.za
- Robichaux, C. (2016). *Ethical competence in nursing practice: Competencies, skills, decision-making*. Springer Publishing Company. <https://2h.ae/wtLR>
- Husted, J. H., & Husted, G. L. (2007). *Ethical decision making in nursing and health care: The symphonological approach*. Springer Publishing Company. <https://2h.ae/PLbc>
- Grace, P., & Milliken, A. (2022). *Clinical Ethics Handbook for Nurses*. Springer. <https://2h.ae/XZrw>

- Devettere, R. J. (2009). Practical decision making in health care ethics: Cases and concepts. Georgetown University Press. <https://2h.ae/fGOr>
- Robinson, S., & Doody, O. (2021). Nursing & Healthcare Ethics-E-Book: Nursing & Healthcare Ethics-E-Book. Elsevier Health Sciences. <https://2h.ae/nNRS>
- World Health Organization , W. (ed.) (2018) Who recommendations: Intrapartum Care for a positive childbirth experience, World Health Organization. <https://2h.ae/zgGx>
- Wiginton, K. (2023) Making the best medicare decision for you, WebMD. <https://2h.ae/mCKA>
- Morley, G., Sese, D., Rajendram, P., & Horsburgh, C. C. (2020). Addressing caregiver moral distress during the COVID-19 pandemic. Cleveland Clinic journal of medicine. <https://2h.ae/uRiu>