

Ethical Principles

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Ethical Principles

- 4 principles have proven to be highly relevant in bioethics:
 - (1) Autonomy,
 - (2) Beneficence
 - (3) Nonmaleficence,
 - (4) Justice

Ethical Principles

- Doing ethics based on the use of principles (principlism) does not involve the use of a theory or formal decision-making model.
- Ethical principles provide guidelines to make justified moral decisions and to evaluate the morality of actions.

Autonomy

Autonomy

- Definition: “autos” = self, “nomos” = rule
 - ✓ self-governing
 - ✓ Individual rights
 - ✓ Privacy
 - ✓ Freedom to make choices re an issue affecting one’s life
 - ✓ The **primary moral principle**

Autonomy

- Pt has the right to make decisions for themselves
- **Examples: ???**
- ✓ consent for treatment issues, informed consent
- Pt has right to know procedure, complications, other options, that they can opt to not have the procedure/ treatment
- **Framework is rights based**

Autonomy

- The principle of **respect** for a person
- Have incalculable **worth or moral dignity** not possessed by other objects or creatures
- There is unconditional **intrinsic value for everyone**
- **People are free** to form their own judgments & whatever actions they choose
- They are **self-determining agents**, entitled to determine their own destiny

Autonomy

- Concepts of freedom & informed consent are grounded in the principle of autonomy
- This freedom should be applied even if the decision creates risk to his or her health & even if the decision seems unwise to others

Autonomy

- Although the principle of autonomy may seem basic & universal, there are times when this principle may be in conflict

Autonomy: Culturally dependent concept

- Important in cultures regarding individuals as unique & valuable members of society
- Less meaningful in cultures where individual is not valued above society

For example:

- ✓ Communistic states: society (collective good) has higher value than individual
- ✓ Slavery: minorities are not respected
- ✓ Women expected to be subservient to men, children exploited

Autonomy: Culturally dependent concept

- For instance, in some male-dominated or patriarchal cultures, the family leader's rights may override the individual & autonomous rights of a family member
- In this situation, action based on the moral principle of autonomy may keep the conflict

Pattern of autonomy

- 4 basic elements:

1. Respect for person

2. Implied ability to determine personal goals

3. Implied competence to determine personal action

i.e. certain groups are incapable/incompetent to make choices such as children, fetuses, mentally-impaired persons

4. Freedom to act on choices which are made

i.e. absent on communistic societies

Principle of Autonomy

- Respecting patient's autonomy includes:
 - ✓ Obtaining informed consent for treatment
 - ✓ Facilitating & supporting patient's choices regarding treatment option
 - ✓ Allowing patients to refuse treatments
 - ✓ Disclosing comprehensive & truthful information, diagnosis, & treatment options
 - ✓ Maintaining privacy & confidentiality

Restrictions on autonomy

- Restrictions on individual's autonomy may occur in cases when a person presents a potential threat for harming others: i.e.
 - ✓ Exposing other people to communicable diseases
 - ✓ Committing acts of violence

Constraints on autonomy

- People are autonomous in varying degrees
- **No one** is perfectly autonomous-perfectly capable of choosing a plan for himself or herself **free from internal & external constraints**
- However, some persons are capable being substantially autonomous in their decisions
- Others clearly are not capable of such inner direction

Constraints on autonomy

- If persons who are capable of substantial inner direction are able to act on their own plans, then it is important to explore the limits of the capacity for autonomous choice

For example:

- Elderly people may have organic & psychological factors that posed internal constraints on their autonomy
- Efforts to overcome limitations in vision & hearing, support with financial & physical resources all may increase a person's capacity to act autonomously

Constraints on autonomy

- You may be in a position where you suggest an intervention that holds benefit to the patient, BUT...
- still be wrong because it violates the patient's autonomy

Overriding autonomy

- In such circumstances in which the nurse is convinced that what is best for the patient & what the patient is choosing are not the same

The critical question here is:

- Any ethics for nursing must address the question of how these two ethical considerations are weighted in cases of conflict between them

Threats to autonomy

- Patient role is dependent one
- Health care provider is expertise role
- Health care industry potential to dehumanizes & erodes autonomy of consumers:
 - ✓ undress on entering hospitals !
 - ✓ Asking questions re private matters
 - ✓ Forced to give up your money & belongings
 - ✓ Expected to remain in bed, privacy virtually impossible
 - ✓ Follow hospital schedule & regimen
 - ✓ Patient expected to follow plans, or labeled as noncompliant !!!

Potential threats to patient autonomy

- Nurses may **falsely assume patients have same values & goals** as provider
- ✓ Elderly person choosing to stay at home when viewed as incapable
- ✓ COPD patient who smoke
- Failure to recognize that **patient's thought processes may differ** from provider
- ✓ Differences not in values, but in thinking pattern
- ✓ Backgrounds & cultures

Potential threats to patient autonomy

- Incorrect assumption re patient's **knowledge base**:
 - ✓ Providers has specialized health care knowledge
 - ✓ Failure to identify deficits in patients knowledge base
- **“Work of nurses”** become the major focus
 - ✓ Insufficient staffing
 - ✓ Workload
 - ✓ Advanced technology
 - ✓ Profit centered health care environment

Informed Consent

Informed Consent

- Is a process by which patients are informed of the possible outcomes, alternatives & risks of treatments and are required to give their consent freely.
- It assures the legal protection of a patient's right to personal autonomy in regard to specific treatments and procedures.

Informed Consent

- Its voluntary consent means that: the participants were able to consent, were not being coerced to do the study & understood the risks & benefit involved.

Informed Consent

- Fundamental ethical principle of the right of self determination
- Core underlying value is patient autonomy
- key instrument in protecting the right
- Informed consent is a process that people go thru, not just a paper

Why get informed consent?

Patients have the right to be given accurate & sufficient information about procedures, both major and minor, so that their consent to undergo those procedures is based on realistic expectations.

Respect for person

Autonomy

Justice

Informed Consent

- Physician / practitioner obtains consent
- Nurses role: witness / monitor
- Nurses role is to make sure pt understands everything and that the person that signs is the person who needs to be signing!
- The nurse can't go in and explain the procedure again, if you contradict what the doc told the pt, you're in big trouble! Don't do it!

Informed Consent

- It is neither ethical nor legal for a nurse to be responsible for obtaining informed consent for a procedure performed by a physician.

Informed Consent

- The responsibility for giving information about **major surgery or complicated medical procedures** is responsibility of medical professionals
- Nurses should inform their patients; in terms the patients can understand, about **even simple nursing procedures before the procedures are started**
- This includes answering questions that patients may have.
- Failure to obtain informed, written consent to perform a procedure could involve nurses & other health care professional in legal action

Informed Consent

- Because nurses spend considerable periods of time with patients, they are likely to be most aware of their patients' questions & concerns.
- Many times, these concerns should be brought to the attention of attending physicians who, because they see the patients' less frequently, may be unaware of the problems.

Informed Consent in research

- A primary ethical principles governing human subject research
- Assures that prospective research subjects will understand the nature of the research and can knowledgeably and voluntarily decide whether or not to participate

Importance of Informed Consent in research

- Informed Consent allows individuals:
 - ✓ To determine whether participating in research fits with their values & interests.
 - ✓ To decide whether to contribute to this specific research project.
 - ✓ To protect themselves from risks.
 - ✓ To decide whether they can fulfill the requirements necessary for the research.
- ✓ Is the first and longest of the 10 principles in the Nuremberg code

Elements of Informed Consent

- I. Threshold elements (preconditions)
 1. Competence (to understand & decide)
 2. Voluntariness (in deciding)

- II. Information element
 3. Disclosure (of material information)
 4. Recommendation (of a plan)
 5. Understanding (of 3 & 4)

- III. Consent elements
 6. Decision (in favor of a plan)
 7. Authorization (of the chosen plan)

Competence & Capacity

- **Competence:** a patient's legal authority to make decisions
- **Capacity:** a determination made by medical professionals that a patient has the ability:
 - ✓ To understand & reason about their medical conditions, & to appreciate the indications, risks, benefits, & alternatives to proposed treatments
 - ✓ If a patient lacks capacity, consent must be obtained from an authorized decision maker unless an emergency or other exception applies.

Capacity to Form Consent

- Decision-making capacity (not competency) determined by:
 - ✓ Appreciation of right to make the choice
 - ✓ Understanding of risks/benefits of procedure
 - ✓ Understanding of risks/benefits of opting out of procedure
 - ✓ Ability to communicate decision

Documentation

- The informed consent process must be documented in the medical record
- Documentation by:
 - ✓ handwritten note,
 - ✓ a separate preprinted anesthesia consent form, an anesthesia section on the preprinted surgical consent form,
 - ✓ or new interactive computer programs

To summarize: Informed Consent

1. Receipt of information: Requires full disclosure (procedure process, risks & benefits)
2. Consent for the treatment must be voluntary
3. Person must be competent

Must be in a language that pt understands

Disclosure of information

- Obtaining informed consent is an ethical obligation of the practice of medicine and a legal requirement
- It requires thoughtful dialogue between physician & patient wherein “sufficient information” is imparted so that a patient can make an educated decision with respect to the medical treatment
- There must be an opportunity for the patient’s questions to be honestly addressed

Disclosure of information

- Indications for the proposed treatment,
- description of the procedure in terms a lay person can understand,
- an explanation of available alternatives
disclosure of material risks of the recommended
& alternative treatments

Commonly Disclosed Risks of General Anesthesia

Frequently occurring, minimal impact Infrequently occurring, severe

- Possible oral or dental damage
- Sore throat
- Hoarseness
- Postoperative nausea/vomiting
- Drowsiness
- Urinary retention
- Awareness
- Postoperative visual loss
- Aspiration of gastric contents
- Postobstructive pulmonary edema
- Organ failure
- Malignant hyperthermia
- Drug reactions
- Failure to recover
- Coma/death

Common Disclosed Risks of Regional Anesthesia

Frequently occurring, minimal impact Infrequently occurring, severe

- Prolonged numbness
- Spinal headache
- Backache
- Failure of technique
- Bleeding
- Infection
- Nerve damage/paralysis
- Persistent weakness, numbness
- Seizures
- Coma/death

Intentional Nondisclosure

- Intentionally not disclosing information to a pt. is legal in situations of:
 1. emergency or
 2. when pts. waive their right to be informed.
- Respecting the pt's right not to be informed is important in culturally sensitive care.

Veracity

- The obligation to tell the truth and not to lie or deceive others
- Truthfulness is widely accepted as a universal virtue

Veracity

- Most professionals believe that telling the truth in personal communication is **a moral & ethical requirement**
- Nurses must be truthful to effective communication
- ✓ Communication is the cornerstone of nurse-patient relationship
- ✓ Lying prohibits others from participating in decisions on an equal basis

Veracity

- Truth-telling causes trust where nurse-patient relationship felt to be based on trust
- ✓ Pts are willing to suspend some autonomy on basis of the relationship
- ✓ Without trust some patients' needs may go unmet

Veracity

- However, in health care, if we believe that truth telling is always right, then the principle of veracity can itself pose some interesting challenges
- Truth has potential to harm
- Lies may be appropriate in the name of beneficence
- Some pts may not want truth re illness

Veracity

- In the past, **truth telling** was sometimes viewed as **inconvenient, distressing, or even harmful to patients and families**
- In fact, the first American Medical Association Code of Ethics in 1847 contained such a message:

“The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things that have a tendency to discourage the patient and to depress his spirits.”

Veracity

- Physicians may not have absolute responsibility to tell truth particularly where hope & positive outlook may be life-affirming
- Distinction made btw lying & deception:
 - ✓ Absolute duty to avoid lying
 - ✓ No duty to avoid deceive

Example:

MVA where mom is critical & 2 of 4 children are killed

Veracity

- For trust to develop between providers & patients, there must be truthful interaction & meaningful communication
- The **deontological theory** of the health care provider **having a duty to tell** the patient the **truth** has taken priority over the fear of harm that might result if the truth is revealed
- Health care providers must lay aside fears that the truth will be harmful to patients

Veracity

The truth can:

- alleviate anxiety,
- increase pain tolerance,
- facilitate recovery,
- enhance cooperation with treatment

In conclusion...

- With a pledge toward human decency, health care providers must commit themselves to truth telling in all interactions & relationships

Beneficence & Nonmaleficence

Beneficence & Nonmaleficence

- Duty to do good
 - ✓ goodness, kindness, charity
 - Includes nonmaleficence
 - ✓ **Centerpiece for caring**
- Duty: NOT TO CAUSE harm
 - Duty: PREVENT harm
 - Duty: REMOVE harm
 - More binding than beneficence
 - ✓ **Because you're going beyond just trying to do good to that pt, you're trying to prevent harm**

Beneficence and Nonmaleficence

In ethical terms:

- Non-maleficence (do no harm) is to abstain from injuring others & to help others further their own well-being by removing harm & eliminating threats
- *Beneficence* is to provide benefits to others by promoting their good.

Beneficence and Non-maleficence

For nurses:

- Requires nurses to act in ways which benefit patients
- Lays ground for trust in the nursing profession

Beneficence

- Beneficence has 3 major components:

1. Do or promote good

- ✓ Questions: what about those who cannot decide on what's good?

2. Prevent harm

- ✓ Nurses act to safeguard client & public when health care & safety are affected by incompetent, unethical practice of any person

3. Remove harm or evil

- ✓ Voicing objecting to practice
- ✓ Reporting violations to authority..etc

Rules for Beneficence

1. Protect & defend the rights of others
2. Prevent harm from occurring to others
3. Remove conditions that will cause harm to others
4. Help persons with disability
5. Rescues persons in danger

Nonmaleficence

- Nonmaleficence has many implications in healthcare:
i.e.
 - ✓ Avoid negligent care
 - ✓ Abide to standards of care
 - ✓ Avoid harm when deciding whether to provide treatment or to withhold or withdraw it

Nonmaleficence

- Act in a manner to avoid harm
- ✓ Deliberate harm, risk of harm
- ✓ Harm occurring during beneficial acts

Example:

- Prohibition against unnecessary procedures for economic gain or learning experience

Nonmaleficence

- Avoid harm as a consequence of doing good

For example:

- Prescribing medication where side-effects are worse than disease treated
- Incompetence to practice wherein one fails to recognize & report serious symptoms

Beneficence and Nonmaleficence

- The beneficence-nonmaleficence principle is largely a balance of risk & benefit
- At times, the risk for harm must be weighed against the possible benefits
- The risk should never be greater than the importance of the problem to be solved

Beneficence and Non-maleficence

- It is not always clearly evident what is good & what is harmful
- **For example:**
- Is the resuscitation effort of the 80-year-old woman good or harmful to her overall sense of well-being?
- How much beneficence is there in supporting someone toward a peaceful death?

Beneficence and Non-maleficence

More examples..

- What is the balance between beneficence & non-maleficence in an understaffed emergency department?
- Is it better to do as much good as you can with the limited resources you have or to refuse to assume care in an effort to prevent harm that can come from being understaffed?

Paternalism

- Sometimes, we experience ethical conflict when confronted with having to make a choice btw respecting a pt's right of self-determination (autonomy) and doing what is good for a pt's well-being (beneficence).
- In other words, we believe that we, not the pt., know what is a pt.'s best interest.
- In such situation, we act in a way to promote pt's well-being (beneficence), when our actions actually are violating pt's right to self-determination (autonomy).

Paternalism

- Restricting others autonomy to protect from perceived or anticipated harm.
- The intentional limitation of another's autonomy justified by the needs of another. Thus, the prevention of any evil or harm is greater than any potential evils caused by the interference of the individual's autonomy or liberty.
- Paternalism is appropriate when the patient is judged to be incompetent or to have diminished decision-making capacity.

Non-compliance

- Unwillingness of the patient to participate in health care activities.
- Lack of participation in a regimen that has been planned by the health care professionals to be carried out by the client.
- **Noncompliance may result from two factors:**
 - ✓ When plans seem unreasonable to the patient
 - ✓ Patients may be unable to comply with plans for a variety of reasons i.e. resources, lack of knowledge, psychological & cultural factors that are not consistent with the proposed plan of care

Example

- A healthy adult patient who presents for a laparoscopic cholecystectomy is competent & has capacity to consent for the surgical procedure.
- Five days later, the same patient is readmitted in septic shock from a bowel perforation, is intubated & sedated in the emergency room, & requires an emergency laparotomy.
- The patient will now not have capacity to consent for the second surgery, requiring the consent discussion to occur between the surgeon and the patient's authorized decision maker

Justice

Justice

- Related to fair, equitable & appropriate treatment, goods & services, equitable distribution of benefits & burdens.
- It is impossible for all people to have infinite supply of goods & services
- Governments formulate policies to ensure equitable distribution

For example:

- Immunization, medicare, nurses decide how to distribute time among patients

Justice

- Most of the time, difficult healthcare resources allocation decisions are based on attempts to answer questions like:
 - ✓ Who has the right to health care?
 - ✓ How much health care a person is entitled to?
 - ✓ Who will pay for healthcare costs?

More questions related to Justice

- ✓ What % of our resources is reasonable to spend on health care?
- ✓ What aspects of health care should receive the most resources?
- ✓ Which pts have access to limited health care staff, equipment, resources,...etc

Justice among the nurse's patients

- The clinician can not avoid dealing with resource allocation in the situation where more than one of the nurse's patients needs attention simultaneously.
- In almost every clinical nursing role this is a common situation.

Another dilemma... Example

- A problem that illustrates the dilemma is determining,
- In the case of the airplane accident, what should happen if one of the injured is a physician or nurse, who can help other injured.
- In this case, should rescuers first help the injured health professional or the most badly injured passenger?

Social Justice

- Disruptive justice: the fair allocation of resources
- Social justice: the position that benefits & burdens should be distributed fairly among members of a society, or all people in a society should have the same rights,, benefits and opportunities.

Allocating resources & health care

Two Principles:

- 1) The principle of equality
- 2) The principle of equal consideration

1) The principle of equality

- Means: equal chance, equal shares or equal contribution
- Equal chance = lottery method
- Equal share = everyone gets same amount of healthcare resources (can serve some people & can be not sufficient for others)
- Each person should have a right to equal basic liberties
- The resources should be allocated according to the free choices of those who rightfully own or control them

1) The principle of equality

- The method work only if people are all equal. People's value in society are not equal, therefore the method does not work!
- Distributing equal shares in healthcare practice = health care resources are distributed equally = health care resources are distributed too thinly

Arguments against principle of equality

- Those who have not worked as hard or as effectively as others would rate equally in having their health needs met. i.e. smokers & non-smokers.
- People's value in society are not equal. i.e. in some societies, the oldest people are the least economically valuable.
- All healthcare cannot be satisfied with the available limited resources. i.e. the healthcare everyone receives may be too little to be effective, like dividing a slice of bread into 25 parts.

2) The principle of equal consideration

- Aim here is social justice
- One is to treat others as one wants to be treated
- Everyone receives equal consideration, rather than equal share.
- i.e. nurses give more care to acutely ill pt than to ambulatory pt.
- Equal consideration does not work if hospitals suffer too few nurses & too many seriously ill pts.
- Young & old pts do not have to compete for a life-support system!

The principle of equal consideration

- E.g. you cannot give unlimited healthcare resources to someone important, rich, or genius, & he may have to stand in line like everyone else!
- In geriatric nursing practice, scarcity of personnel, facilities, or resources may not justify inadequate & negligent treatment of pts who need help.

- Resources should be allocated according to another principle: **the principle of justice**

It is sometimes said that:

- people have **a right to health care**,
- health care should be allocated **on the basis of need**,
- increased **equality** of health status should be the goal of resource allocation decisions