PRACTICE STANDARD

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Ethics

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College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

THE STANDARD OF CARE.

VISION
Leading in regulatory excellence

MISSION
Regulating nursing in the public interest

Ethics Pub. No. 41034

ISBN 978-1-77116-125-1

First published March 1999 as *Ethical Framework* (ISBN 0-921127-65-0)
Reprinted January 2000, October 2000, October 2002, Revised for Web June 2003, Reprinted January 2004, December 2005, May 2008. Updated June 2009. Updated December 2018 to remove references to retired practice guideline, Disagreeing with the plan of care

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Ce fascicule existe en français sous le titre : *Déontologie infirmière*, n° 51034

Nursing standards are expectations that contribute to public protection. They inform nurses of their accountabilities and the public of what to expect of nurses. Standards apply to all nurses regardless of their roles, job description or areas of practice.

— College of Nurses of Ontario

Introduction

Why an ethical framework?

Consideration of ethical issues is an essential component of providing care within the therapeutic nurse-client relationship. Nurses[1] encounter ethical conflict, uncertainty and distress in their everyday practice. Continuous changes in the health care system, in areas such as technology and in values, contribute to these ethical dilemmas. Understanding and communicating beliefs and values helps nurses to prevent ethical conflicts and to work through them when they do occur. There are many ways to understand and work through ethical situations.

A starting point

This document describes the ethical values that are most important to the nursing profession in Ontario. It also provides scenarios of ethical situations in which there is a conflict of values. Nurses are encouraged to use these scenarios for reflection and discussion. No solutions are offered because there is no one solution that is best in all situations. The behavioural directives are intended to help nurses work through ethical situations and provide information about the College of Nurses of Ontario's (CNO's) expectations for ethical conduct. These are taken into account when CNO Committees assess nurses' practices. Nurses need to consider behavioural directives carefully when making decisions about ethical care as this process will strengthen their practice.

To make decisions about ethical situations, nurses need to be aware of their personal values. They need to be knowledgeable of clinical situations and ethics, and they require the ability to think through a problem and reach a sound decision that they can explain and justify by referring to ethical values.

This document is not intended to be a comprehensive guide in nursing ethics. For more in-depth or specific information, nurses are encouraged to consult with colleagues and persons with expertise in ethics, and to make use of the selected bibliography at the end of this document. Nurses may also want to enrol in courses in bioethics or health care ethics. In Ontario, all universities and many community colleges offer such courses. Contact the continuing education, philosophy or nursing departments for information. Nurses are also encouraged to attend conferences and become involved in ethics committees and rounds in their settings to continue learning about ethics.

Definitions

Nursing: Nursing is the therapeutic relationship that enables the client to attain, maintain or regain optimal function by promoting the client's health through assessing, providing care for and treating the client's health conditions. This is achieved by supportive, preventive, therapeutic, palliative and rehabilitative means. The relationship with an individual client may be a direct practice role or it may be indirect, by means of management, education or research roles.

Therapeutic relationship: The therapeutic relationship is established and maintained by the nurse through the nurse's use of professional nursing knowledge, skill, and caring attitudes and behaviours to provide nursing services that contribute to the client's health and well-being. The relationship is based on trust, respect and intimacy and requires the appropriate use of the power inherent in the care provider's role. (For further information, see CNO's *Therapeutic Nurse-Client Relationship, Revised 2006* practice standard.)

Caring: In the literature, caring is defined in a number of different ways (Fry, 1994). Caring

[1] In this document, *nurse* refers to a Registered Practical Nurse (RPN), Registered Nurse (RN) and Nurse Practitioner (NP).

can be considered the behaviours, actions and attributes of nurses. Caring nurses listen to and are empathetic with clients' points of views. Generally, caring requires the recognition of clients as unique individuals whose goals nurses facilitate. Clients' values and choices are of primary consideration when planning and providing care, and a nurse's own personal values must never interfere with the clients' right to receive care.

Client: A client is a person or persons with whom the nurse is engaged in a professional therapeutic relationship. In most circumstances, the client is an individual but in some circumstances (for example, in practice settings where family-centred care occurs) the client can include family members and/or substitute decision-makers of the individual client. The client may also be a family, a group (for example, therapy) or a community (for example, public health). In education, the client may be a student; in administration, the client may be staff; and in research, the client is a subject or a participant (RNABC, 1998). Regardless of the role, whether directly or indirectly involved with individual clients, all nurses are responsible for providing ethical care or service within CNO standards.

Health care team: Health care, including nursing care, is usually provided within the context of an interprofessional health care team. The individuals in the health care team are either directly or indirectly involved in the client's care. Depending on the setting, the composition of the team will vary. The team includes the client or substitute decision-maker, and the client's family and/or significant other(s).

The practice setting: When providing care, nurses consider the setting in which care is given. Each setting has an impact on the ability to provide ethical care. Quality practice settings create and maintain characteristics that support professional nursing practice, including appropriate professional preparation, suitable conditions for nursing practice, respect for nurses as responsible decision-makers, and recognition of professional expertise.

Ethical Values

CNO has identified the following values as being most important in providing nursing care in Ontario:

- client well-being;
- client choice;
- privacy and confidentiality;
- respect for life;
- maintaining commitments;
- truthfulness; and
- fairness.

These values are shared by society and upheld by law. They are not listed in order of priority, although it is recognized that client well-being and client choice are primary values.

Types of ethical concerns

When two or more ethical values apply to a situation, but these values support diverging courses of action, an ethical conflict or dilemma exists. Nurses may experience ethical uncertainty when faced with a situation in which they are unsure of what values apply or even where the moral problem is. They may also experience ethical distress when they know the "right" thing to do, but various constraints make doing the "right" thing difficult (Jameton, 1984).

Not all nurses experience the same situation in the same way, and a situation that causes conflict, uncertainty or distress for some nurses may be straightforward for others. There is room for disagreement among nurses on how they weigh the different ethical values. But above all, nurses need to choose ethical interventions that meet the needs of clients.

Identifying and solving ethical problems requires sensitivity, intellectual curiosity and commitment. If in doubt, nurses need to question and speak with colleagues. By discussing and understanding values, and reviewing case situations, nurses can prepare themselves for ethical practice.

Resolving ethical conflicts

Working through and understanding ethical situations is an ongoing part of care. An in-depth case study, which begins on page 16, is one example of a framework for working through ethical situations; other frameworks can also be used.

It is not always possible to find a resolution to a conflict that satisfies everyone. At these times, the best possible outcome is identified in consultation with the client, and the health care team works to achieve that outcome. Nurses may still not be individually satisfied with the resolution; in this case, they need to examine why they're unsatisfied, and consider the possibility of taking follow-up action. If a mutually agreeable resolution cannot be found, it may be necessary to reanalyse the situation; for example, is there missing data or misunderstood information? If a resolution still cannot be reached, there will at least be a greater understanding. As with other aspects of care, it is necessary to document the discussions and decisions.

Document layout

In each of the following sections, the value is explained and one or two scenarios, based on real situations, are used to assist in understanding how that value can conflict with other values. No answer is given because the nature of an ethical dilemma is that there is no one answer. Nurses can use the scenarios for self-reflection and to generate discussion with their colleagues. Because of the differences in the value systems among nurses, not all nurses will find an ethical conflict in every scenario presented. However, it is important to understand why the issue presented may be an ethical problem for other caregivers. The bibliography at the end of this document includes references containing ethical conflict scenarios and may be consulted for further information.

Each section also specifies behavioural directives; that is, expected behaviours for nurses. The directives are not prioritized and are not designed to work through the scenarios or to provide a definitive answer, but rather to describe general expectations. These directives only provide guidance; nurses need to use judgment at all times in deciding on a course of action.

Client well-being

Promoting client well-being means facilitating the client's health and welfare, and preventing or removing harm. At times, it is difficult to decide what is "good" or optimal in a particular situation. In determining the best action, it is necessary, as a beginning point, to differentiate between the nurse's and the client's views of what is beneficial. Sometimes it is also difficult to balance potential benefits with the potential harm of a given treatment choice. Nurses must use the client's views as a starting point.

As in all other types of nursing, nurses who are involved in research need to respect clients' well-being above all other objectives, including the search for knowledge. Research proposals, therefore, should be prepared according to research standards and guidelines for the study of human participants. Special attention needs to be paid to the issues of consent, overuse of clients as participants, the risk-benefit balance, confidentiality of data and the monitoring of research. In collecting data, nurses need to watch for adverse responses in participants, and to report positive and negative responses promptly to the research team.

Scenarios

The following situations illustrate ethical conflicts related to client well-being.

1. Some of the procedures, such as debridement, that nurses perform on children may cause the children to experience severe pain.

2. Norman, a nurse, has explained to his client the benefits of taking medication and firmly believes that the medication is in the client's best interest. The client understands Norman's explanation, but refuses to take the medication. The client states that the side effects of the medication cancel out any benefits.

Behavioural directives

Nurses demonstrate a regard for client well-being by:

- listening to, understanding and respecting clients' values, opinions, needs and ethnocultural beliefs;
- supporting clients to find the best possible solution, given clients' personal values, beliefs and different decision-making styles;
- using their knowledge and skill to promote clients' best interests in an empathic manner;
- promoting and preserving the self-esteem and self-confidence of clients;
- maintaining the therapeutic nurse-client relationship;
- seeking assistance when ethical conflicts arise (for example, from colleagues, ethics committees, clergy, literature);
- trying to improve the level of health care in the community by working with individuals, groups, other health care professionals, employers or government staff to advocate for needed health policy and health resources;
- respecting the informed, voluntary decisions of clients, including participants in research; and
- minimizing risks and maximizing benefits to clients and research participants (CNA, 1994).

Client choice

Client choice means self-determination and includes the right to the information necessary to make choices and to consent to or refuse care. Clients know the context in which they live and their own beliefs and values. As a result, when they have the necessary information, they can decide what is best for themselves.

Clients who are not competent in all areas of their lives may still be capable of making sound decisions in some areas and need to be allowed an opportunity to make decisions in those areas. When a client is incompetent, nurses need to ensure that a therapeutic relationship is maintained within the limits possible for the client and with the substitute decision-maker. When individual clients are incompetent to make decisions, a substitute decision-maker must always be consulted. In Ontario, legislation and common law require that the wishes of clients or substitute decision-makers be respected.[2]

Limits to choice

There are limits to client choice. For instance, clients do not have the right to choose to endanger the safety of others. Client choice may be restricted by policies that promote health; for example, restrictions on smoking. Client choice is also influenced by the resources available in a particular situation.

There may be situations in which clients request nurses to perform an act that is illegal or may cause serious harm. In these situations, nurses need to inform clients, in a nonjudgmental manner, about the potential risks and harm associated with the practice, or that the practice is illegal in Canada or Ontario. By exploring the implications of the request and providing education and support to clients, nurses have a better chance of preventing a practice that has a risk of harm.

When values differ

Consideration of clients' wishes may be difficult when their beliefs and values differ from those of nurses. Nurses have their own personal values and may experience an ethical conflict when they disagree with clients' decisions. Nurses may believe that, as health care professionals, they know what is best for clients; however, clients have the right to choose a risky course of action.

When a client's wish conflicts with a nurse's personal values, and the nurse believes that she/he cannot provide care, the nurse needs to arrange for another caregiver and withdraw from the situation. If no other caregiver can be arranged, the nurse must provide the immediate care required. If no other solution can be found, the nurse may have to leave a particular place of employment to adhere to her/his personal values.

[2] Other CNO documents, for example, the *Consent* practice guideline, discuss the consent legislation in greater detail.

Scenarios

The following situations illustrate ethical conflicts related to client choice.

1. A competent 85-year-old man in a long-term care facility has been taking walks along a busy highway every day. He always says that he could not bear to live without his walks. Recently, the nurses have noticed that his gait has become unsteady, and they are concerned about his safety during his walks along the busy road. They are afraid that he may fall into the traffic.

2. Morry is having increasing difficulty swallowing. Meira, his nurse, has suggested a puréed diet. Morry tries it and finds it intolerable. He decides that he would rather risk choking on more solid food than having to eat what he considers "baby food." He requires assistance with feeding himself. Meira wants to support Morry in his choice of eating solids, but is concerned that she will cause harm by feeding him solids.

Behavioural directives

Nurses demonstrate regard for client choice by:

- respecting clients even when the clients' wishes are not the same as theirs;
- following clients' wishes within the obligations of the law and the standards of practice;
- following substitute decision-makers' directives if clients are incompetent to make decisions about their care, within the obligations of the law and standards of practice;
- exploring clients' rationales for their decisions before acceding to wishes that the nurse disagrees with. (Can other options be found that coincide with client wishes and the nurse's knowledge and judgment?);
- supporting informed decision-making;
- advocating for clients to acquire information before consenting to, or refusing, care, treatment or to be a research participant; and
- making a reasonable effort to identify a substitute decision-maker if a client is not competent to make choices regarding health care.

Privacy and confidentiality

Privacy is limited access to a person, the person's body, conversations, bodily functions or objects immediately associated with the person. Because people have different beliefs and values about privacy, the important aspects of privacy need to be identified by individual clients. Nurses need to provide care that maintains the dignity and privacy of clients and should not unnecessarily intrude on a client's privacy.

Confidentiality involves keeping personal information private. All information relating to the physical, psychological and social health of clients is confidential, as is any information collected during the course of providing nursing services. Clients, however, may consent to sharing information with others.

Clients have the right to confidentiality, and nurses make an implicit promise to maintain confidentiality. Relevant information is shared with other members of the health care team, who are also obliged to maintain confidentiality. Nurses need to explain to clients that information will be shared with others on the health care team.

At times, nurses learn information which, if not revealed, will result in serious harm to the client or others. Nurses need to consult with the health care team and, if appropriate, report the information to the person or facility affected. The client or substitute decision-maker should be told of the need to report the information and given the opportunity to take action. Some legislation also requires that nurses reveal confidential information to others. For example, the *Child and Family Services Act* requires all health care professionals to report suspected child abuse.

Scenarios

The following situations illustrate ethical conflicts related to privacy and confidentiality.

1. The plant manager, who is the occupational health nurse's supervisor, has asked to see a worker's health record. The nurse refuses to

release the health record to the manager. The manager becomes angry and says she will discipline the nurse for not taking direction from a supervisor.

2. Jack is HIV-positive and has not told his wife, Aimee. Lori, his nurse, asks him to talk with Aimee about his health status since Aimee, as well as their unborn child, could be at risk. Jack remains adamant that he will not tell Aimee and tells Lori that if she does, he will sue her.

3. Giselle, age six, is in Grade 1. Some parents overheard a conversation and have decided that Giselle has hepatitis. They organize the other parents, and soon a delegation meets with the principal, insisting that they be told the truth. The principal arranges for the public health nurse to speak to the parent delegation. The parents tell Linda, the public health nurse, that they need to know the facts about Giselle's health to protect their children.

Behavioural directives

Nurses demonstrate regard for privacy and confidentiality by:

- keeping all personal and health information confidential within the obligations of the law and standards of practice, including that which is documented or stored electronically. (For further information, see the *Documentation, Revised 2008* practice standard);
- informing clients or substitute decision-makers that other health care team members will have access to any information obtained while caring for clients;
- informing clients or substitute decision-makers who comprise the health care team;
- informing clients or substitute decision-makers that information may be used for purposes other than client care (e.g., research, quality improvements);
- refraining from collecting information that is unnecessary for the provision of health care; and
- protecting clients' physical and emotional privacy.

Respect for life

Respect for life means that human life is precious and needs to be respected, protected and treated with consideration (Keyserlingk, 1979). Respect for life also includes considerations of the quality of life. It is sometimes difficult to identify what is human life and what society wants, values and protects in relation to human life. It is also difficult for health care professionals, including nurses, to be clear about their own beliefs in relation to human life, although it is important that they be aware of their personal beliefs.

Health care professionals need to make every reasonable effort to preserve human life. Technology now allows life to be preserved longer. Many health care professionals and clients believe that some treatments that preserve life at all costs are unacceptable when the quality of life is questionable.

When a client's wish conflicts with a nurse's personal values, and the nurse believes that she/he cannot provide care, the nurse needs to arrange for another caregiver and withdraw from the situation. If no other caregiver can be arranged, the nurse must provide the immediate care required. In the longer term, the nurse may have to leave a particular place of employment to adhere to her/his personal values.

Scenario

The following situation illustrates an ethical conflict related to respect for life.

Tina has stated that she never wants to be dependent on technology to live. She has MS and was recently admitted to a long-term care facility. On admission, she stated that she never wants a feeding tube or to have CPR. Last week, she had a stroke and is uncommunicative. The health care team is considering approaching her husband to obtain consent for a feeding tube. Misha, her nurse, is distressed that the team is considering such an intervention.

Behavioural directives

Nurses demonstrate regard for respect for life by:

- identifying, when possible, clients' values about respect for life and quality of life;
- respecting clients' values and following their wishes within the obligations of the law and standards of practice;
- following substitute decision-makers' directives if clients are incompetent to make decisions about their care, within the obligations of the law and standards of practice;
- advocating for palliative measures when active treatment is withheld; and
- providing dignified, comfortable care for a dying client.

Maintaining commitments

Nurses have an obligation to maintain the commitments they assumed as regulated health professionals. Maintaining commitments means keeping promises, being honest and meeting implicit or explicit obligations toward their clients, themselves, each other, the nursing profession, other members of the health care team and quality practice settings.

Maintaining commitments to clients

Nurses, as self-regulated professionals, implicitly promise to provide safe, effective and ethical care. Because of their commitment to clients, nurses try to act in the best interest of clients according to clients' wishes and the standards of practice. Nurses are obliged to refrain from abandoning, abusing or neglecting clients, and to provide empathic and knowledgeable care. The commitment to clients also includes a commitment to respect family members and/or significant other(s), some of whose needs may conflict with those of clients.

Scenario

The following situation illustrates an ethical conflict related to maintaining commitments to clients.

A client wants to die at home in peace and comfort. The family knows that the presence of the client at home will create intolerable stress for other family members. The nurse is being pressured by other members of the health care team to talk the family into taking the client home.

Behavioural directives

Nurses demonstrate a regard for maintaining commitments to clients by:

- putting the needs and wishes of clients first;
- identifying when a client's needs and wishes conflict with those of the family or others and encouraging further discussion about client needs;
- identifying needed resources and support to enable clients to follow their wishes;
- identifying when their own values and beliefs conflict with the ability to keep implicit and explicit promises and taking appropriate action;
- providing knowledgeable and client-centred nursing care;
- advocating for maintaining quality client care; and
- making all reasonable efforts to ensure that client safety and well-being is maintained during any job action.

Maintaining commitments to oneself

As people learn and grow, they develop their personal values and beliefs. Nurses need to recognize and function within their value system and be true to themselves. Nurses' values sometimes differ from those of other health care professionals, employers and clients, causing ethical conflict. Nurses must provide ethical care while at the same time remaining committed to their values.

When a client's wish conflicts with a nurse's personal values, and the nurse believes that she/he cannot provide care, the nurse needs to arrange for another caregiver and withdraw from the situation. If no other caregiver can be arranged, the nurse must provide the immediate care required. In the long term, the nurse may have to leave a particular place of employment to adhere to her/his personal values.

Scenario

The following situation illustrates an ethical conflict related to maintaining commitments to oneself.

The family of a client who has been in a coma for some time has requested that the feeding tube be withdrawn and that the client be allowed to die. One nurse is very upset about the prospect of caring for a client for whom she is not allowed to provide nourishment. She believes that providing nourishment is fundamental to caring.

Behavioural directives

Nurses demonstrate a regard for maintaining commitments to themselves by:

- clarifying their own values in client situations;
- identifying situations in which a conflict of their own values interferes with the care of clients;
- exploring alternative options for treatment and seeking consultation when values conflict;
- determining and communicating their values pertinent to a position before accepting it; and
- recognizing their physical and mental limitations, and the impact their own health has on their ability to provide safe, effective and ethical care.

Maintaining commitments to nursing colleagues

Nurses have a commitment to each other. Nursing is one profession with two categories of registration: Registered Practical Nurses (RPNs) and Registered Nurses (RNs), which includes Nurse Practitioners (NPs). Ethical nurses are concerned about the well-being of nursing colleagues and therefore are respectful toward each other. Respectful behaviour among nurses contributes to the best possible outcomes for clients (Hansen, 1995).

Reorganization and job uncertainty can have a negative impact on the way nurses work together and relate to each other. More than ever, nurses need to work collaboratively and promote an environment of collegiality. This means that nurses show consideration and respect for each other. Establishing and maintaining collegial relationships requires nurses to use a wide range of communication strategies and effective interpersonal skills.

Nurses have a duty to know and acknowledge each colleague's role and unique contributions to the team effort. Nurses trust in the expertise of one another, share their expertise and knowledge with one another, and refer to each other when they do not have the necessary competence to provide a specific part of the nursing care.

However, in situations in which clients' safety and well-being are compromised, nurses' primary responsibility is to their clients. Nurses, therefore, need to take action when colleagues put clients at risk or are abusive toward clients in any way. (For further information, see the *Therapeutic Nurse-Client Relationship, Revised 2006* practice standard and the *Professional Misconduct* document.)

Scenario

The following situation illustrates an ethical conflict related to maintaining commitments to nursing colleagues.

Candice, an RN, observes Michelle, another RN, speaking in a loud, angry manner to Kate, an RPN. Michelle is criticizing Kate about her nursing care. Kate's client is nearby and can hear every word. Candice realizes that this kind of behaviour is unprofessional and can have a very negative impact on Kate's relationship with her client. The client may start to distrust Kate's ability to competently care for him. Candice also recognizes that all the RNs, herself included, have been upset recently. There are rumours that RNs are going to be laid off and replaced with RPNs.

Behavioural directives

Nurses demonstrate regard for maintaining commitments to nursing colleagues by:

- showing a caring attitude by expressing warmth, interest and empathy toward one another;
- knowing and respecting each others' roles, scopes of practice and the collaborative nature of practice between RNs, NPs and RPNs;
- contributing to positive team functioning and supporting one another;
- introducing themselves to colleagues and addressing colleagues by the name or title that their colleagues prefer;
- listening to colleagues without immediately giving advice or diminishing colleagues' feelings;

- giving colleagues the time and opportunity to explain themselves and to ask questions;
- understanding and respecting colleagues' values, opinions and needs;
- exploring colleagues' unusual comments, attitudes or behaviours to discover the underlying meaning;
- discussing and working through ethical conflicts and concerns with one another;
- knowing the expertise of colleagues and accessing it when clients would benefit from that expertise;
- sharing nursing knowledge and expertise with others, including nursing students;
- learning and practising effective communication with colleagues;
- providing peer feedback in a respectful manner;
- recognizing that substance abuse by colleagues is a health problem requiring prompt assistance, support and treatment;
- intervening in situations in which the safety and well-being of clients are compromised; and
- reporting to the appropriate authority any nursing colleague whose actions or behaviours toward clients are unsafe or unprofessional, including any physical, verbal, emotional, financial and/or sexual abuse.

Maintaining commitments to the nursing profession

Nurses have a commitment to the nursing profession. Being a member of the profession brings with it the respect and trust of the public. To continue to deserve this respect, nurses have a duty to uphold the standards of the profession, conduct themselves in a manner that reflects well on the profession, and to participate in and promote the growth of the profession. (For further information, see CNO's *Professional Standards, Revised 2002* practice standard.)

As members of a self-regulating profession, nurses also have a commitment to help regulate nursing to protect the public's right to quality nursing services. It is in the public's interest that the profession continue to regulate itself by developing and changing the methods of self-regulation to meet the changes in health care and society. Nurses have an obligation to participate in the effective evolution of self-regulation. Self-regulation is a privilege, and each nurse is accountable for the responsibilities that accompany this privilege.

Scenario

The following situation illustrates an ethical conflict related to maintaining commitments to the nursing profession.

Mary has a friend at work, Cory, who is under a great deal of personal stress. Cory has indicated that she is grateful for the support and help she is receiving from her nursing colleagues. Mary, however, has begun to notice that Cory's practice has become much less competent. Cory is failing to do appropriate assessments of her clients. Mary has also noted that, at times, Cory's judgment has seemed impaired and that she is increasingly disorganized. Cory is also becoming short-tempered with other staff and abrupt to clients. No serious mistakes have been made as of yet. Mary has tried to speak to Cory about her concerns, but Cory says she's doing fine. Mary realizes that action needs to be taken, although she does not wish to add to her friend's problems by reporting Cory to the nurse manager.

Behavioural directives

Nurses demonstrate regard for maintaining commitments to the nursing profession by:

- promoting the goals of the profession in a manner that meets the needs of clients;
- conducting themselves in a way that promotes respect for the profession;
- participating in CNO's Quality Assurance Program;
- contributing to continual quality improvement initiatives for the profession;
- following the standards and practice expectations of the profession;
- notifying CNO of issues that are relevant for safe, effective and ethical care;
- assisting CNO in developing standards, practice expectations and position statements;
- cooperating with regulatory functions (e.g., an investigation of a peer's practice); and
- being accountable for their actions and behaviours.

Maintaining commitments to team members/colleagues

Much of what has been expressed in the above paragraphs about commitment to nursing colleagues applies equally to other members of the health care team. Nurses need to respect all health care professionals and their roles, and are expected to collaborate and coordinate care with team members. When there are overlapping scopes of practice between professions, the nurse needs to determine the appropriate care provider and what is in the client's best interest.

Establishing and maintaining collegial relationships requires nurses to use a wide range of effective communication strategies and interpersonal skills. Team cohesiveness is necessary to promote the best possible outcomes for clients. In situations in which client safety and well-being are compromised, however, nurses' primary responsibility is to their clients. Nurses, therefore, take action when team members put clients at risk or are abusive of clients in any way. (For further information, see CNO's *Therapeutic Nurse-Client Relationship, Revised 2006* practice standard and its *Professional Misconduct* document.)

Scenario

The following situation illustrates an ethical conflict related to maintaining commitments to health care team members.

Sarah knows that the wrong medication was prescribed and administered to a client. There was no bad effect on the client, and the appropriate treatment has been resumed. The physician and nurse involved in the incident are excellent practitioners and are very upset by the error. No one has informed the client of this mistake, believing that informing may have professional implications for the nurse and physician and may erode the client's trust in the health care team.

Behavioural directives

Nurses demonstrate regard for maintaining commitments to health care team members/ colleagues by:

- knowing and respecting each team member's role and scope of practice;
- conducting themselves in a way that promotes respect for team members;
- contributing to positive team functioning and supporting one another;
- exploring colleagues' unusual comments, attitudes or behaviours to discover the underlying meaning;
- showing a genuine interest in colleagues and being empathetic;
- discussing and working through ethical conflicts and concerns with team members;
- knowing the expertise of team colleagues and accessing it when clients would benefit from that expertise;
- sharing nursing knowledge and expertise with team members;
- learning and practising effective communication with colleagues;
- providing peer feedback in a respectful manner;
- recognizing that substance abuse by colleagues is a health problem requiring prompt assistance, support and treatment;
- intervening in situations in which the safety and well-being of clients is compromised; and
- reporting to the appropriate authority any team member or colleague whose actions or behaviours toward clients are unsafe or unprofessional, including any physical, verbal, emotional, financial and/or sexual abuse.

Maintaining commitments to quality practice settings

Nurses are best able to provide quality care when their environment supports quality professional nursing practice, is effective in implementing change and responds to nurses' concerns. All nurses, whatever their position, need to advocate for quality practice settings. To promote quality workplaces, CNO has identified key attributes or characteristics that support quality professional practice. These are: professional development systems, leadership, organizational supports, response systems facilities and equipment, communication systems and care delivery processes. Nurses should refer to these attributes when advocating for improvements to their practice settings.

Scenario

The following situations illustrate ethical conflicts related to maintaining commitments to quality practice settings.

1. A number of nurses have been very unhappy with the level of staffing in their facility. They believe that clients are receiving unsafe care. They have spoken with management about their concerns and were told that the implemented changes are in the best interest of client care. Someone has suggested they talk to their MPP about the care. Others feel that they first need to pursue their concerns within the organization. They are concerned that talking to their MPP might harm the reputation of the facility.

2. Morgan, a nurse with 10 years of experience in the organization, is seen by her nursing colleagues as a leader. They approach her to lead a delegation to speak to the senior administrator about their concerns regarding equipment and cleanliness in the workplace. Two days earlier, Morgan was informed that she was being considered for a promotion to a management position.

Behavioural directives

Nurses demonstrate regard for maintaining commitments to quality practice settings by:

- continually evaluating the workplace environment to identify opportunities for improving the quality of care;
- respecting the philosophy and policies of the practice setting;
- making those in authority aware of concerns within the setting;
- exploring solutions within the setting that will meet the needs of clients and those of the setting;
- advocating for nursing input into policies relating to client care; and
- determining and communicating personal values they may bring to a position before accepting employment.

Nurse leaders also demonstrate their commitment to quality practice settings by:

- determining and communicating values to staff;
- being informed about the scopes of practice of all health care team members;
- providing clear role expectations for nurses (Freiburger, 1996);
- assigning responsibilities to staff according to their scope of practice and individual abilities;
- providing, and/or advocating for, needed resources for safe, effective and ethical nursing care;
- promoting positive collegial relationships;
- showing sincere appreciation for staff contributions (Hansen, 1995); and
- looking into and following up on concerns of staff.

Truthfulness

Truthfulness means speaking or acting without intending to deceive. Truthfulness also refers to providing enough information to ensure the client is informed. Omissions are as untruthful as false information. As health care has changed, so have the restrictions on disclosure in dealing with clients. Many health care professionals formerly believed that clients could be harmed by knowing the details of their illnesses. Health care professionals now believe that clients have the right to and will benefit from full disclosure. Honesty builds trust, which is essential to the therapeutic relationship between nurses and clients.

Clients from other cultures, however, may view truthfulness differently from the health care team. Situations may arise in which full disclosure is difficult and conflicts develop among team members. Conflicts may also occur among the team, the family and the client, as each group or person brings a particular set of values to the situation.

Scenario

The following situations illustrate ethical conflicts related to truthfulness.

1. David does not want his father, the client, to know the seriousness of his condition. The father, however, is asking the nurse questions and wants to know more.

2. Sam's client has indicated that he does not wish to hear the truth about his illness. Sam is obliged to be truthful, and his client has the right to decide about the care he receives.

Behavioural directives

Nurses demonstrate a regard for truthfulness by:

- discussing clients' direct questions about their diagnosis with the health care team and advocating for the clients' right to receive the information;
- assessing the clients' readiness for information;
- answering the clients' direct questions if nurses have the information, or seeking the answer for clients;
- using professional judgment and consulting with the health care team if further information is relevant to clients, but is not asked for because clients do not know the information exists;
- explaining to clients their right to information;
- assisting clients in understanding information when there are cultural, language or literacy concerns;
- assessing the whole situation when clients indicate that they do not want to know something; and
- giving consideration to families' and/or significant other(s)' points of view when they do not want clients to be told about their health condition.

Fairness

Fairness means allocating health care resources on the basis of objective health-related factors. The *Canada Health Act* provides access to health care for all Canadians. Health care resources, however, are limited; this makes it difficult to make decisions about who receives care and what kind of care they receive.

Decisions for entitlement to care can be made in a number of ways. Nurses could consider that all clients should have equal attention, regardless of needs. Nurses might also prioritize an individual client's needs according to the critical nature of that need. Nurses could also look at who will benefit most from the care they can give. How decisions are made will depend on the context and the nurse's specific role in the situation. Nurses need to be aware of the rationale they have used to make the decisions in a particular situation. In some situations, no decision will adequately address all the concerns.

When nurses find that resources are too scarce to provide care that meets the standards of practice, they need to promptly make their concerns known. Nurses need to provide the best possible care under the circumstances.

Scenario

The following situation illustrates an ethical conflict related to fairness.

Sharon, a public health nurse, has just learned that the budget for safer sex and smoking-cessation programs has been cut. Also, funding for a program to assist high-risk mothers and babies has also been drastically reduced. Research has shown that these programs are effective and cost-efficient.

Behavioural directives

Nurses demonstrate regard for fairness by:

- being clear about how their own values relate to the demands of fairness;
- discussing resource allocation issues with the appropriate authority and the health care team so that all can be involved in resolving a problem;
- advocating for input into policies and procedures about the use of resources;
- advocating for adequate resources to provide safe, effective and ethical nursing care;
- working with other health care professionals to advocate for social changes that promote quality practice settings and client well-being; and
- demonstrating a willingness to explore alternative ways of providing care that continue to value clients' well-being.

Working Through Ethical Situations in Nursing Practice

Because of the nature of ethics, it is sometimes difficult to identify precisely the issues causing the ethical situation. Complex, moral and value-laden situations are not easily understood and dealt with. Working through ethical situations begins with understanding the values of all concerned.

Because nearly every ethical situation involves other members of the health care team, these people need to be part of the discussion to resolve the issues and develop an acceptable plan of care. An ethics resource person in the agency, such as an ethicist, clergy member or ethics committee, can also be of assistance. Other resources are literature, CNO Practice Consultants and the Centre for Bioethics at the University of Toronto.

There are many ways of working through and understanding ethical situations. One example of how to do this is included in this section. For other examples, refer to the bibliography, which begins on page 19.

Due to its familiarity to nurses, the nursing process provides a viable approach for examining situations involving ethical values. These situations may involve ethical uncertainty, ethical distress or ethical conflicts.

Assessment/description of situation

- Pay close attention to all aspects of the situation, taking into account clients' beliefs, values, wishes and ethnocultural backgrounds. (For further information, see CNO's *Culturally Sensitive Care* practice guideline.)
- Examine not only your beliefs, values and knowledge (see Maintaining Commitments to Oneself on page 9), but also those of others on the health care team.
- Consider policies and guidelines, professional codes of ethics and relevant legislation.
- Hold a discussion with all involved to clarify the process. When thoughtful consideration has been given to all of these factors, the nature of the concern is clarified and the issues are identified.
- Clearly state the ethical concern, issue, problem or dilemma.
- Identify a broad range of options and their consequences. Options that at first may not seem feasible need to be considered as a way of strengthening analysis and decision-making. For example, staff may believe that client care is compromised. One option is to look at staffing and hire more staff, but fiscal restraints make it impossible. Looking at staffing, however, may lead to reorganizing the workload to allow nurses to concentrate more fully on nursing care, helping to alleviate the problem.

Plan/approach

- Develop an action plan that takes into account factors drawn from the assessment, options and consequences. Sometimes doing nothing is the best course of action. This should be a conscious decision, since doing nothing will affect the outcome and should not be a means of avoiding a decision.
- Decide which is the best course of action. Sometimes a ***completely good*** outcome is impossible; the best possible outcome may be the one that is ***least bad***. (In a case of staff shortages, it may be that reorganizing the work allows nurses to give safe care, although the nurses may still believe that the quality of care is reduced.)
- Consult with anyone who disagrees and consider her/his position. Perhaps a further assessment of the situation needs to take place, and the dissenting person needs to be involved in the planning. If a person is involved in the decision-making process but disagrees with the final plan, she/he has an obligation to respect the decision made. If she/he cannot accept the decision, she/he needs to arrange for another caregiver and withdraw from the situation. (For more information, see Maintaining Commitments to Oneself on page 9.)

Implementation/action

- Carry out the agreed upon actions. Sensitivity, good communication and interpersonal skills are necessary. All who are affected by the situation need to be kept informed.
- Provide information and emotional support for the client, the family, friends and caregivers; implementation may be very stressful.

Evaluation/outcome

- Determine if the result is satisfactory.
- Involve those who were part of the initial assessment and planning, including the client.
- Reassess and re-plan if others are concerned with the outcome. For example, a client refuses

a recommended treatment. The team has done everything possible to inform the client of the consequences of refusing the treatment. Further assessment might uncover ethnocultural beliefs that make it impossible for the client to agree to the treatment. In light of this information, the team can either recommend another treatment or accept the client's decision.

- Consider policies and guidelines for subsequent situations and decisions, and revise them as necessary.
- Assess the time allowed for ethical decision-making. Many ethical dilemmas occur when there is not enough time to consider the issues properly.

Evaluation will help sensitize participants to ethical thinking and improve their ability to work through ethical dilemmas.

Scenario

The following situation illustrates an ethical dilemma and has been worked through using the proposed framework. This scenario provides an answer for the purpose of understanding the framework. A similar real-life situation would need to be worked through in the context of the particulars of that situation before choosing the third option.

One of Joanne's clients in the psychiatric unit, John, confides to her that he is fascinated by young children, boys and girls. He tells Joanne he is afraid that he will hurt a child some day. Joanne brings that information to the team. A short time later, John is discharged. Some weeks following his discharge, Joanne notices that John is the ice-cream vendor in her neighbourhood. She is concerned for the children in the neighbourhood, her own as well as the others, and wonders what she should do.

A. Assessment/description of situation

Joanne decides that she needs more information. She reviews her professional obligations by referring to CNO's *Ethics* and *Professional Standards, Revised 2002* practice standards. Joanne then consults a colleague, who teaches ethics to nursing students, and a Practice Consultant at CNO. Both individuals tell her that there is no absolute duty to respect confidentiality. Confidential information can be disclosed when a person(s) is at serious risk. However, it is preferable if the client discloses the information. If the client refuses, the nurse is obligated to take action to prevent serious harm to an innocent person(s).

Joanne decides that she needs to know more about John's clinical situation and sees John's psychiatrist the next time she is working. The psychiatrist is surprised that John has this type of employment as he was discharged on the condition that he have only supervised contact with children. The psychiatrist shares Joanne's concerns.

With the information she has, Joanne thinks the dilemma is whether she should break client confidentiality to protect children from the threat of serious harm. Joanne is also concerned about John's well-being, now that he is living in the community and has found employment. As well, by disclosing confidential information, she will not have maintained a commitment to a client.

Joanne has several options

1. Do nothing. She would not tell John's new employer or her neighbours, reasoning that she is uncertain about the risk and wants to err on the side of caution by not disclosing confidential information. She will, however, tell her children to avoid him.

   In choosing this option, Joanne is potentially placing children at risk and is, therefore, not following her professional obligations to prevent potential serious harm. Joanne is overlooking the fact that to do nothing is a decision to be passive (i.e., an act of omission is an act of commission). She has failed to honour her commitment to her client and others.

2. Reveal confidential information. Joanne would tell John's employer of the potential risk, considering that she must protect the neighbourhood children from potential harm.

With this option, Joanne might protect the children from potential risk, but at a great cost. The result of revealing this information would be that John would probably lose his job, come to mistrust nurses and deteriorate clinically. Again, Joanne would not have honoured her professional obligation to protect client confidentiality.

3. Try to meet both her obligation to protect the public and to protect her client's confidentiality and well-being. Working with the mental health care team, Joanne would arrange for John to be assessed by the team to determine whether he poses a danger to children at this time. If the team determines that John poses a serious danger to children, it must then decide how to respond to this situation. John could be an involuntary client unless he agreed to be admitted to a psychiatric facility. If it were found that John does not pose a danger, then there is no justification to disclose confidential information.

   With this option, Joanne can begin to meet her obligations to the client and to the public.

B. Plan/approach

Joanne chooses the third option. The team decides to ask John if he will agree to see his psychiatrist for an assessment. Joanne is chosen to contact John because she is the team member who has had the closest therapeutic relationship with him.

Her justification for this option is that the priority is to respect client well-being. John may need further care and, if so, this should be provided. Joanne's other priority is to prevent harm to others. To do so, she realizes that she has to determine whether John is a serious risk to children. By thinking through the problem, Joanne realizes that whether to disclose confidential information is not the ethical dilemma. When she reflects on the situation, Joanne sees that giving confidential information to an employer and the neighbourhood would not protect children because John could move to another town. The real issue is how to provide appropriate care and maintain a commitment to the client and others.

C. Implementation/action

Joanne contacts John, and he agrees to see the psychiatrist. John is assessed and found to present a danger. John agrees to treatment and is admitted to the psychiatric facility.

Another finding could have been that John does not pose a risk to children and, therefore, there is no justification for disclosing confidential information to anyone.

D. Evaluation/outcome

The team meets to assess how John "slipped through the cracks." The team determines that heavy workloads brought on by staff cutbacks have resulted in some clients being discharged too early. The discharge planning process for clients who have a history of dangerous behaviour is re-evaluated to prevent another premature discharge. As well, the team proposes a follow-up program for clients with similar mental health problems. Joanne is praised for her swift attention to a potentially dangerous situation. An educational program regarding the criteria for involuntary admission and respect for confidentiality is arranged.

At the end, Joanne reflected and realized that if she had taken the second option and revealed the client's confidential information, John would not have received needed care. Also, he could have moved and presented a danger to children in a different location. She also realized that the first option to do nothing would have been less trouble in the short run, but could have led to serious and harmful consequences for John and the children later on.

Conclusion

This ethical framework is designed to provide nurses with direction in identifying and resolving ethical situations. Because nurses will not be able to address every situation that arises alone, they will need to access resources and use their judgment based on the particulars of the situation. Continuing education about ethical issues and conflicts will help nurses and other health care professionals understand and resolve new ethical situations. Reading and discussing this document is a first step in the process. Ongoing self-reflection and further discussion with peers about these issues will contribute to nurses' ability to resolve ethical situations in their practice. A selected bibliography has been included to assist in further education about ethics.

Selected Bibliography

This bibliography is intended to provide nurses with sources for further reading about the therapeutic relationship and related ethical values. Its purpose is to assist RPNs and RNs in their continuing education. This is not a comprehensive bibliography for academic research. Entries have been chosen from journals and books that are readily available to most RPNs and RNs.

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Notes:

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