ETHICS: THE BASIS OF THE STANDARDS OF PRACTICE

2015 Revision of ANA Code of Ethics for Nurses: Overview

Objectives for Presentation

• Define **ethics** and discuss importance of the Code for Nursing (2015 revision)
• Discuss principles, values, undergirding the Code and their **importance** to practice (praxis)
• Discuss the **provisions** of the ANA Code for Nursing
• Discern the features of principles and values and effect to **actions** underlying Lee’s Conceptual Model of Code of Ethics for application to practice
• Present 3 **principles** to resolve possible dilemma(s)
• Summarize the **problem-solving process, social structures & Code model** as applied to ethics
A. Ethics is a **social contract** with the society served as well as ethical-legal guide to all members of the profession through its statements of the provisions.

B. Evaluation of a **moral choice** based on ideas/beliefs about what is morally right or wrong.

C. **Principles of Ethics** include: beneficence, least harm, respect for autonomy and justice.

D. Praxis: Reflective practice serves as the basis of **critical decision-making** having life consequences.
PRAXIS

CODA

EFFECT

VALUE

PRICIPLES

CODE OF ETHICS

QUALITY

SAFETY
**Principles**: Fundamental truth, law, doctrine, or motivating force upon which other thoughts, inquiry, or actions are based; a rule of conduct.

**Values**: abstract principle/s underlying human behavior and action; the social principles, goals, or standards held or accepted by an individual, class, or society

**Covenant**: A binding and solemn agreement to do or keep from doing a specified behavior/action; compact

**Obligation**: A duty imposed personally, socially, or professionally, a binding contract, promise, or moral responsibility; a required action

**Due diligence**: the quality of being properly diligent: constant, careful effort, and perseverance

**Effect**: To put into practice; make operative, so as to bring about; produce as a result

(Lee’s Operation definitions for application to Lee’s Conceptual Model of Code of Ethics for application to practice).
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Ethics and Perseverance

Ethics and one’s moral character seek to meet the standards so set.

Perseverance is a disposition to work your way through complexities, despite frustrations inherent in the activity (Dr. C. Lee).

Ethics is the path to a “tough” journey that seeks truth, rightfulness, and justice.
HISTORY OF DEVELOPMENT OF CODE

A. Flexner’s Criteria for a profession (1910)
   1. Body of Knowledge (for the discipline)
   2. Code of Ethics
   3. Education as preparation - long term
   4. Self-Regulation
   5. Fee for Service
   6. Life-Long Learning

B. Nursing’s Code
   1. Mother of Modern Nursing - Florence Nightingale (1849)
   2. First accepted code in U.S - 1893
   3. ANA suggested code 1926 (never adopted)
   4. ANA Tentative Code, 1940 (never adopted)
   5. First code by ANA adopted in 1950 (revisions in 1956, 1960, 1968)
ANA Code for Nurses

Composed of 9 provisions (clusters and their foci)

A. **Provisions 1-3**: Addresses values and commitments
   1. Practice parameters
   2. Primary Commitments
   3. Advocacy, including standards, reviews, safety

B. **Provisions 4-6**: Boundaries of duties & loyalty
   4. Accountability & delegation
   5. Duties (self and others)
   6. Environments: moral virtue/ethical obligation

C. **Provisions 7-9**: Duties of nurse beyond direct care
   7. Advancement of profession: research, SOP, policy
   8. Interprofessional links & responsibility to public
   9. Professional collective activity: social justice, policy
Provision 1

• The nurse practices with **compassion** and **respect** for the inherent dignity, worth and unique attributes of every person.
Provision 2

• The nurse’s **primary commitment** is to the patient, whether an individual, family, group or community or population.
Provision 3

- The nurse promotes, advocates for, and protects the rights, health and safety of the patient.
Provision 4

• The nurse has authority, accountability, and responsibility for nursing practice; makes decisions and takes action consistent with the obligation to promote health and to provide optimal care.
Provision 5

• The nurse owes the same **duties** to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
Provision 6

• The nurse, through individual and collective effort, establishes, maintains, and improves the **ethical environment** of the work setting and conditions of employment that are conductive to safe, quality health care.
Provision 7

• The nurse in all roles and settings, advances the profession through research and scholarly inquiry, professional standard development, and the generation of both nursing and health policy.
Provision 8

• The nurse **collaborates** with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
Provision 9

• The profession of nursing, collectively through its professional organizations, must articulate nursing \textit{values}, maintain the \textit{integrity} of the profession, and integrate principles of \textit{social justice} into nursing and health policy.
Schools of Ethics

1. Deontology (Duty)
Examples:
Ten Commandments
Koran
Hippocratic Oath
Nightingale Pledge
Constitutions (National, State, Organizational)
“What do the documents prescribe“?
2. Utilitarian (situational)
Convenience for the person
Actions change according to situation

“What would a prudent person do in the circumstance?”
Dilemmas in Practice

1. Justice vs. Mercy
2. Short-term vs. Long-term
3. Individual vs. Community
4. Truth vs. Loyalty
Resolution & Ways of Thinking

Every dilemma (obstacle) presents a unique opportunity to correct a wrong, ease a discomfort, improve a condition, and, most of all, speak by actions for the standards of living (Dr. C. A. Lee).

3 principles:
1. Ends-based thinking
2. Rule-based thinking
3. Care-based thinking
Three principles to use to solve dilemmas

1. **Ends-Based Thinking**
   (The greatest good for the greatest number)
   - Bentham: Measurement of the *right action* is greatest happiness
   - J.S Mill: Happiness forms the standard of what is “right” in the conduct
   - Logic: Consequentialism- every action has a consequence
   - Teleology: Focus is on the *results* (effect) of an action, not “motive”
2. Rule-based Thinking
(Deontology)
Greek History: What is our duty?
To whom do I have an obligation?
Kant: Categorical Imperative (must act for good)
3. Care-based Thinking

**Golden Rule**: Do unto others as you would do unto yourself i.e., Christianity/Religion

Label: “Golden” was Confucius (551 BC)

Concept **Reversibility**: What would I have done if it were me?, i.e., Imagine self as the “object” not the agent

Concept of **Empathy**: i.e. bring empathy (as much as possible)-i.e., comfort/peace
Disaster VS Non-disaster

1. Ethics of **Common Law**: Do good for as many as possible within the triage system

2. Utilize **Good Samaritan Law**: Community-based crisis: Use means possible resources for the overall good

   Clinical Applications/Policy

   (Ethical Thinking Model Follows)
ETHICAL THINKING MODEL FOR HUMAN BEHAVIOR:

- ACTION/POLICY
- PROBLEM/SITUATION/CONTEXT*
- PRINCIPLES
- LOYALTIES/OBLIGATIONS
- VALUES
Utilization of the problem-solving process to solve an ethical dilemma

1. Recognize that there is a “moral” issue at hand
2. Determine the actor, i.e. Who does the dilemma belong to?
3. Gather the relevant facts, i.e. evidence, information etc.
4. **Test** for the right vs. wrong issues, i.e. Is there a wrong doing?
5. Test for the right vs. right issues, **core values** in each issue (win-win)
6. Apply the 3 identified **Principles** to solve a dilemma
7. Investigate the “**trilemma**” approach- Is there a “third” way through the obstacle/dilemma? (i.e., the 3 Principles, **Ends; Rules; Care**)
8. Make a decision, i.e., move from “intellectual wrestling” to proposed **action plan**
9. Revisit and **reflect** on the decision, think again, 2 heads are better than one, i.e., praxis (reflective practice)
10. **Move** to the determined actions based on “study”, identified values, principles, standards, and possible consequences
“It is good, right, and just”

- Lee’s adaption from religious ceremony-
SUMMARY

Ethics...

1. Addresses the Covenant
   - One’s own (philosophy and codes of life)
   - The system’s statements (Vision, Missions and Code)
2. Identifies the formal code of an individual and/or a profession
3. Provides tenets by which to operate (ANA Code: the provisions)
4. Serves as the foundation to professional practice, including all the standards of practice and professional performance

C  Covenant
O  Obligation
D  Due Diligence
E  Effect
Discussion

- Comments
- Issues: Needs and demands
- Concerns: Practice dilemmas
- Challenges: Code and Standards and Laws

REFERENCES

• American Nurses Association (1979) *Ethics in Nursing: References and Resources*. Author.

• Note: First template: Model on Code of Ethics: Lee, C (2014) Lee’s conceptual model for application of code of ethics to practice. Wichita, Ks. (not available without written permission of Dr. C. Lee-in review for publication).