Objectives of this presentation:

1. Understand the origins of ethical dilemmas in advanced nursing practice
2. Describe ethical decision making that facilitates resolution
3. Examine practice environments in light of their influence on ethical and autonomous practice
4. Analyze the role of the APN in actions that support social justice
1. Origins of ethical dilemmas in advanced nursing practice

Barriers to fulfilling the APN’s professional obligations toward the population he or she serves

Characteristics of Advanced Practice

- Expanded roles
- Autonomy
- Responsibility
- Accountability

“The foundation of APN responsibilities are securely within the goals of the profession and the responsibilities of human service professions to individuals and society.”

Pamela J. Grace PhD, RN, FAAN
Nursing ethics and professional responsibility in advanced practice, second edition, 2014
Goals of the Profession of Nursing (ICN)

- Promote Health
- Prevent Illness
- Restore Health
- Alleviate Suffering

Definition of an ethical dilemma

- Conflict between values, goals, or ethical ideals
- No clearly "right" answer
- Some essential value, goal, or ideal must be abandoned
- Reasonable, well-intentioned people disagree using reasonable arguments
- Emotional reaction

Origins of dilemmas...

- Competing interests
  - Economic interests
  - Institutional priorities
  - Interpersonal communication difficulties
  - Provider conflicts of interest
- Barriers to autonomous practice
Moral Distress in Health Care Environments

Conflict between what one believes is morally right and what one does or says in providing nursing care

Many factors can interfere with accomplishing good care.

Valentine’s Model of Moral Distress

- Situation
- Beliefs and values
- Required action
- Barriers to ethical action

= Moral distress
Moral distress over time

Consequences:

- APN leaves the practice environment
  OR
- Becomes insensitive to the needs of others

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Eventual erosion of one’s sense of ethical integrity

2. Describe ethical decision making that facilitates resolution

Ethical decision making that facilitates resolution: The Rest Model

- Ethical Sensitivity
- Ethical Action
- Ethical Reasoning
- Ethical Commitment
### To do good and avoid harm
(Utilitarian ethical theory)

- How do we do good?
- How is good defined?
- How is harm defined?
- Whose perspective is primary?

### To do one’s duty (Emmanuel Kant/
Deontological ethical theory)

- What constitutes “doing one’s duty”?
- What characteristics of the nurse motivate reflections on duty and ethical practice?
- What characteristics of the practice environment enhance doing one’s duty?

### To be ethical health professionals, we are obligated to uphold these key principles:
- Respect for Autonomy
- Beneficence
- Nonmaleficence
- Justice
Respect for Autonomy

auto = self
nomos = rule
• To live life as one chooses
• To make decisions about how one wishes to live
• To be free
  (limit: cannot harm others)

But we are not obligated to uphold this principle if a patient is NOT CAPABLE of making choices - not autonomous, not competent.

• Advance Directives:
  • Living Will
  • Power of Attorney for Healthcare

• Patient Preferences known to a Surrogate decision maker
• Best Interest Standard

To be truly autonomous, a patient must:
• Understand the situation, the options, and the likely outcomes (consequences) of each option,
• Be able to reflect on his/her values, goals, and obligations in relation to the choice, and
• Be able to act on or communicate his/her choice
Patients are not considered to be autonomous when they:

- have cognitive deficits
- are too young to understand and reason adequately
- are psychotic, demented
- are not free to choose or to act (coerced)
- have overriding obligations

When they:

- are impaired because of addictions
- have been misinformed or inadequately informed
- do not grasp the reality of the situation

**Beneficence**

bene = good

eficence = to do

The obligation to:

- Prevent harm
- Remove harm
- Do good
Nonmaleficence

non = not
mal = bad
eficence = to do

The obligation not to intentionally harm the patient
“First, do no harm”

But it is difficult to do good and not to harm patients

Almost all treatment involves some amount of harm.

The ethical issue is the **proportionality** of good and harm (benefit:risk)

And how do we know what is good and what is harmful for a patient?

This is highly individualistic.
We want to understand these things from the patient’s perspective.
Justice
The obligation to treat persons fairly.
In healthcare, usually refers to the fair allocation of scarce resources, e.g., organ transplant.
What criteria are used in allocating resources?

Criteria for Allocating Resources
To each:
• According to what he needs
• According to what he deserves
• According to his value within society
• According to what he can buy
• An equal amount

3. Examine practice environments in light of their influence on ethical and autonomous practice
Florence Nightingale on Leadership

Let whoever is in charge keep this simple question in her head (not, how can I always do this right thing myself, but) how can I provide for this right thing to be always done?

- Notes on Nursing: What it is and what it is not, 1859

Communication and Collaboration in Multidisciplinary Teams

Collaboration is affected by multiple factors

- Level and above
- Adequacy of staffing & staff turnover
- Nursing & medical competence and expertise
- Shared goals in planning care
What facilitates collaborative communication?

• Respecting patients’ rights to be informed and involved in planning care
• Patients’ style of handling threatening information
• Patients’ social distance from professionals (income, occupation, education, age, race, language)
• Patients’ illness experience (less need for collaboration if patient is responding well to treatment, no major complications)

IOM 2011 Recommendations especially relevant for Advanced Practice

• Remove scope-of-practice barriers. Advanced practice registered nurses should be able to practice to the full extent of their education and training (IOM).
4. Analyze the role of the APN in actions that support social justice

Views of Liberal Egalitarians vs. Libertarians and Free-Market Advocates

- Vicki Lachman
- MEDSURG Nursing July-August 2012 Vol 21/No. 4
Liberal Egalitarians

• access to this good allows us to become full members of society.
• This right to health care must be exercised by removing all barriers to access.
• Justice, equality, and community are values.
• Health care is a right.
• Single-payer system is the solution.

Libertarians and Free-Market Advocates

• Role of government is confined to protecting the freedom of all persons to choose their own goals and means to pursue them.
• People have a right to non-interference.
• Freedom and personal responsibility are values.
• Health care is a commodity.
• Decentralized market mechanisms with personal payment are the solution.

Advanced Practice

Some Facts:

• NPs currently provide nearly one-fifth of all primary care services in the US and represent the fastest growing segment of the primary care workforce.
Facts:

• In 2013, over 14,000 new NP graduates completed formal graduate-level educational programs and joined the other 189,000 NPs in the healthcare workforce.

Facts:

• Over two-thirds of NPs have received educational preparation in primary care, and collectively NPs positively impact access, quality, and cost-effectiveness of primary and acute health care of the nation.

IOM The Future of Nursing (2011)

Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
Prepare and enable nurses to lead change to advance health (IOM)

Leadership
Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses (IOM).

Private and public funders, health care organizations, nursing education programs, and nursing associations should expand opportunities for nurses to lead and manage collaborative efforts with physicians and other members of the health care team to conduct research and to redesign and improve practice environments and health systems (IOM).
IOM... Double the number of nurses with a doctorate by 2020.

American Association of Nurse Practitioners
- Featured Press Releases & Announcements
- AANP Future Leaders Program Announced
- The American Association of Nurse Practitioners 2015 State Political Conferences
- Nurse Practitioners Press for Full-Practice Authority Across the VA Health Care System
- Principles on Integrating Behavioral Health Into Medical Homes Final Draft Signed by Leaders of Partners in Primary Care
- American Association of Nurse Practitioners Urges Veterans Administration to Expand Role of Nurse Practitioners in VA Facilities

In Summary: Maintaining Ethical Practice
- Shared values and philosophy of care
- Support; valuing the accomplishments, acknowledging the difficulties in practice
- Good communication
- Balance in one’s personal and professional life