

A Different Shade of Gray

What do you do when there is no definite right or wrong answer?

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developed by Diann B. Uustal to assist with ethical decision making.

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Dealing with people is a full-time job. We may call ourselves nurses, nurse managers, nurse executives, nursing instructors or consultants, but we really are relating. We spend eight-plus hours every day relating to people.

Relating to people is even more difficult in today's world, where the prevailing philosophy seems to be—if it feels good, do it! Such a philosophy is incompatible with a “relating” profession. As nurses, we have an endowed trust regarding what we do—caring for and about patients. This responsibility imposes an implicit ethical contract: nurses must develop and form a “conscience” on ethical issues and act accordingly.

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Ethical decision making is so difficult because actions can result in unfavorable outcomes and can pit one ethical principle against another. Situations prompting responses guided by ethics seldom have one clearly right answer.

All nurses, especially those in positions of authority, will encounter ethical issues in daily performance that will challenge individual belief systems and at the same time offer opportunities to either nurture colleagues or to perpetuate competitiveness. To cope with such issues, nurses must have a clear awareness of personal and professional values; they must know how these values influence decision making and how to use an effective decision-making process.

This article presents several true scenarios where no obvious right answer emerges. The situations are presented to prompt personal evaluation: “What would I have done?” This article is intended to challenge as well as to help with future decisions, as we will review a process

Ethics in Management

Although your hospital does elective abortions only several times a month, half your staff refuses to take part in them. The new charge nurse has made assignments not realizing who does and does not work these cases. Everyone becomes upset over having to change rooms at the last minute. You are still capable of and safe for circulating minor cases, and the charge nurse could scrub. Although you

disagree with abortion as a birth control technique, would you circulate and have the charge nurse scrub to maintain order?

You are very conscientious and have kept your staffing within national productivity standards. You have worked with your directors and staff to create a “mandatory time off” policy. You have worked with materials management to decrease your inventory and set par levels in all the nursing units. The facility is now

experiencing some financial difficulties, and you know the ancillary vice president has not required the same financial accountability you have. The CEO decides that rather than picking on anyone, he will make a 5 percent across the board cut. You realize this will not even dispose of any other department's fat, but it will cut you to the bone since nursing has no fat. The administrative group sees you as protectionist, but you continue to fight for what you believe is right. How far would you go?

Ethics with Physicians

The OR charge nurse is with a patient in the holding area. Although the patient lives in a long-term facility, she is lucid and answers questions appropriately. She has been prepared for surgery and the permit is signed. But now she explains that she will not go until her daughter arrives. The doctor is angry—yelling to “get the patient to the room.” The charge nurse explains the situation, but the doctor says the daughter spoke with both of them last evening to say she would not be coming. The patient continues to refuse surgery until the daughter arrives. The doctor threatens to

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go to administration if the patient is not taken to the OR. What would you do?

The patient is obviously experiencing congestive heart failure, with minimal output for several hours. As the CCU nurse, you feel you must call the doctor even though he hates to be called at night. When he answers, you give him the vital signs and state the output is low. You ask, innocently, if you can have an order for IV lasix. He goes ballistic on you—since when does a nurse diagnose and recommend treatment?! He refuses to give you the order and tells you he will be in to see the patient in the morning. You plead with him to forgive you and to come see the patient, for you feel the patient may not make it until morning. He curses and hangs up the phone. All attempts by you or the nursing supervisor to reach him fail. The patient expires at 5 a.m. How do you respond to the doctor when he arrives?

Ethics with Peers

An experienced nurse has just released a new nurse from orientation, feeling the protégé is well prepared. Dr. “Yeller” is on the unit. The new nurse is responsible for one of his patients. She is very conscientious and has followed hospital policy by changing an IV site that was 72 hours old. The patient complained about being stuck again to the doctor, who had told him the day before that the IV would be discontinued (something the doctor did not communicate to staff or write in the progress notes). Dr “Yeller” comes to the station looking for the nurse. When she identifies herself and explains that she was following hospital policy, he becomes angry and starts yelling at her about her “stupidity,” among other endearments. The experienced nurse is also at the station. If you were the experienced nurse, what would you do?

Ethics and Personal Convictions

A patient in her middle 70s is a delightful, deeply religious lady. She has just been diagnosed with leukemia. Her family insists she not be told of her likely death within six months. She has been living at home with her husband, who has Alzheimer’s, about five miles outside of town. The patient asks you why everyone is so secretive. She feels if something is wrong she wants to get her affairs in order. She is not afraid of dying, saying she is ready to meet her Maker. After you have told her to talk with her doctor, she replies, “She won’t talk with me.” What would you say then?

The husband is in the delivery room, and the wife has been in the last stage of labor for the last hour. They are more excited than any couple you have ever seen. There are no reasons to expect any problems since the labor has gone well and they are young, healthy and seemingly living the American Dream. The father is at the head of the bed playing coach as the neonate emerges. You are set to receive the newly

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delivered infant when you realize the child is grossly deformed. You wrap him in a blanket and take him to the warmer. The father walks to the warmer and asks to see his son. What would you say as the doctor busily stitches the episiotomy?

Decision-Making Approach

Again, although these cases have no “right” answers, guidelines exist for dealing with ethical issues. Diann B, Uustal, RN, MS, EdD, has identified steps for ethical decision making in nursing, which operates as a rational, systematic and defensible process. We chose Uustal’s method of decision making for ethical situations because her format uses the nursing process, a composition indelibly imprinted in the brains of nurses from all levels of education: APIE—Assessment, Planning, Implementation and Evaluation.

If nurses become familiar with Uustal’s process and practice its application, facilitating ethical decisions in the clinical setting will become natural. Uustal’s nursing process model includes the following steps:

1. Identify the problem.
2. State your values and ethical position as related to the case (or situation). Explore the patient’s (or colleague’s) values in regard to the ethical questions.
3. Generate alternatives for resolving the dilemma.
4. Examine and categorize the alternatives.
5. Predict the possible consequences of the acceptable alternatives.
6. Prioritize the acceptable alternatives.
7. Develop a plan of action.
8. Implement the plan.
9. Evaluate the action taken.

Applying this model will enhance the systematic analysis of difficult issues and will increase the ability to address and resolve ethical dilemmas. The process will also serve as an effective guide in prioritizing principles and avoiding decisions based upon intuition or emotion.

As this article illustrates, not only are there no right answers to ethical dilemmas—there are no easy answers! The ability to be comfortable in making such difficult decisions is essential for rendering quality patient care and promoting the noble nursing profession.