Ethics

1. Ethics Philosophy..................................................................................E: 1
2. Ethics Theory..........................................................................................E: 2
3. Ethics Education......................................................................................E: 3
4. Ethics and “Good Business Practice”....................................................E: 4
5. References..............................................................................................E: 5
Ethics

Today’s healthcare professional is trained from either the two-year associate degree program or the four-year baccalaureate program. Much attention has been paid in recent years to the training of ethics for these students. Many leaders of the profession believe that student healthcare professionals have too little training concerning the ethics of patient care. Is it ethical for the student healthcare professional to document an assessment of a patient’s pain level after administration of pain medications when the student forgot to reassess? Of course not. Is it ethical for the student healthcare professional to accept a candy bar from a patient’s family for a good day’s work? Is acceptance of such a small token unethical? Probably not, but where is the invisible line between right and wrong (ethical and unethical) drawn? If the student works tomorrow, will that patient receive “better” care than the next patient who did not even say “thank you” to the student?

1. Ethics Philosophy

It has been said that ethics is a set of philosophical beliefs and practices concerned with values and human rights with a sense of duty to self and society. There are basically two modern-day theories of ethics. Consequentialism (which is the nature of secondary result) bases decisions on what provides the greatest good to society while minimizing any detrimental effects. The ideas of beneficence and non-malfeasance are derived from the consequentialism train of thought. The opposing theory of non-consequentialism asserts that good or bad is inherent in any act, making it independent of the consequences. Non-consequentialist theory is the root of the principles of autonomy, justice, and veracity (which means devotion to the truth).

One author states that ethical thought for the modern-day healthcare professional involves valuation of the patient’s physical, emotional, and spiritual needs, respect for individuality, and focus on a multidisciplinary approach to care and patient advocacy. This thought process then fulfills the requirements of the consequentialistic approach to ethical nursing care.

In order for the healthcare professional to reach ethical care when adopting the non-consequentialistic approach to nursing care, the healthcare professional must provide autonomy, justice, and veracity with patient interaction. This means the healthcare professional must allow the patient the right of self-determination regarding health decisions. Healthcare professional provision of justice to the patient requires that policy and procedure for healthcare are consistent and equitable among the patient population, allowing fairness and balance in patient care. Veracity is, of course, truthfulness and trustworthiness. One author finds that healthcare professionals are still among the professionals noted to be most trustworthy, allowing for effective patient care to take place.

Although all the characteristics of both theories are valuable, the underlying premise is whether one believes in providing maximum good with minimum bad or to perform an act independent of the effects. Two prevailing theorists provide principles that govern humans in their interactions with society and the world.
2. Ethics Theory

Lawrence Kohlberg provides a theory of moral development that describes justice and its development as humans interact with their environments. This theorist believes that moral maturity is determined by the reasons given for an act being “right or wrong”. Kohlberg’s six stages were grouped into three levels: pre-conventional, conventional, and post-conventional.

**Level 1 (Pre-Conventional)**

1. Obedience & punishment orientation
2. Self-interest orientation
   (What’s in it for me?)

**Level 2 (Conventional)**

3. Interpersonal accord & conformity
   (The good boy / good girl attitude)
4. Authority & social-order maintaining orientation
   (Law & order morality)

**Level 3 (Post-Conventional)**

5. Social contract orientation
6. Universal ethical principles
   (Principled conscience)

Kohlberg asserts that most people only reach stage 3 or 4. Stage 3 is concern for others and their feelings with motivation to follow rules and expectations. Stage 4 is the upholding of social order and maintenance of society’s welfare. He believes that most of us do not reach the upper stages. Stage 5 is upholding basic rights even when they conflict with rules of the group. Stage 6 is where the individual assumes guidance by universal ethical principles that all humanity must follow. Kohlberg’s studies provided only male involvement. Females are not as pertinent to his theory of ethical development.

Kohlberg’s theory suggests that one reason for unethical behavior is the individual’s inability to develop morality without defying one’s own reasoning. For example, nursing students who have not been challenged by an instructor cannot move to the next stage of reasoning. A nursing student who does not interact with an instructor who believes that falsifying a blood pressure entry is wrong may not identify this as a wrong, thereby never moving to the next level of moral reasoning. Also, application of Kohlberg’s ideology to the nursing profession implies that female healthcare professionals are by nature less advanced in moral development.

Another modern-day theorist is Carol Gilligan who studied Kohlberg and then challenged his theory. Development of her own theory of ethical evolution provides for the insertion of women into the moral and ethical discussion. Gilligan described the female moral dilemma as a struggle between an ethic of care and the individual’s responsibility to self and others. Gilligan’s three studies found that women judge themselves on the basis of their capacity to care. This suggests that responsibility and
relationships are important ingredients to moral development. In a profession where the vast majority of members are female, this theory lends itself appropriately to the study of ethics in nursing. Gilligan proposes that unethical behavior is related to the nursing student’s internal conflict of patient care and personal integrity, compassion, and personal autonomy. Thus, unethical behavior can stem from the need to care for another’s needs in lieu of meeting the needs of the self. One author implies that this cycle then leads to exhaustion and frustration. Gilligan then hypothesizes that an ethic of care can only develop when the individual student, or healthcare professional, understands human relationships and social interactions and that these are interdependent. One can meet the standards of ethics needed by members of the nursing profession only when an understanding is reached that there are self needs to be met as well as patient needs.

3. Ethics Education

Education of future healthcare professionals would benefit from learning environments that enhance the moral development of students. Promotion of honesty and allowing students to correct their own mistakes and solve problems permit moral thinking and development. An understanding of ethics, professionalism, and nursing practice is key to this type of learning environment. Compared to medical schools, nursing programs are lacking in the education of topics concerning ethics. While medical schools were found to explore seven ethics-related topics, only two such topics were found in nursing schools by one author. This same author found a lack of core ethics objectives, gaps in clinical ethics topics and a desire by many faculties to improve ethics education in their respective programs.

One author found a lack of integrity in the student-faculty relationship. Academic dishonesty leads to doubt and mistrust in the student on behalf of faculty members. One study found that 15 percent of students admitted to recording interventions such as medication administration without having done so. In the classroom, 27 percent of students in the study had plagiarized, while 10 percent had turned in another person’s work as their own. Using Kohlberg’s theory, a system should be provided that allows students to interact with various individuals who possess different morals and are at varying stages of moral development. Kohlberg’s ideas uphold that this would create a situation where students would then have the opportunity to reach higher levels of moral development from exposure to peers and superiors at higher levels themselves. Gilligan’s ideas also support this system with the belief that the student might accept responsibility for themselves and others, leading to an awareness of the resulting reciprocity of this interaction. Ultimately, Gilligan’s theory implies that students move away from self-centeredness to an understanding of the interconnectedness of themselves and others. While this discussion concerns nursing students, it gives an insight to practicing healthcare professionals and how these individuals differ in their mannerisms and beliefs. To achieve an environment where healthcare professionals are at a higher level of moral development, the educational system must recognize these interventions need to take place before the student becomes the healthcare professional or primary caregiver of patients with ever-increasing needs and higher levels of acuity.

There is a trickle-down effect to this ethics-poor environment. Nursing students who are devoid of moral and ethical practice will most likely become healthcare professionals who also lack these same characteristics. Educators who teach and apply ethics ideas and behaviors can expect some improvement in this area for students and potential healthcare professionals. Case studies abound
where healthcare professionals must put aside their own system of values and beliefs in order to care for particular patients.

4. Ethics and “Good Business Practice”

Even before modern day healthcare delivery, healthcare professionals have been riddled with instances where ethics have played a role in patient care. The healthcare professional must provide beneficent care (meaning doing or producing good), while avoiding malfeasance (meaning wrongdoing or misconduct). However, does beneficence apply to the individual patient or to society as a whole? Is it considered misconduct to provide information to outside sources regarding a patient that will lead to protection of the greater population? These and other questions provide the framework that involves ethical decision-making for the healthcare professional.

There are many instances throughout the Healthcare Professionals career where they will be faced with ethical decisions on whether what they are practicing is “good business”. Although many people believe working at hospitals or healthcare facilities may not appear to be a business, it certainly is. Healthcare facilities rely on their employees to treat their clients (patients) with respect and dignity, and to be honest and forthright with their day to day decision making, related to client / patient interaction.

**The two largest ethical dilemmas facing the healthcare professional:**

1. Documentation related to care provided to the client: was the medication actually given, was care rendered to the patient, was treatment protocol followed, was a medication incident reported even if no adverse reaction was observed, was care delivered in a timely manner, etc.

2. Financial remuneration by client / patient to the healthcare professional: it could be as little as a small “tip” of $5 to the nurse for taking “good care” of a patient by the family, or an all expensed paid trip to Las Vegas for a physician, by the drug company to say thank you for writing prescriptions of your drug.

It is important for healthcare professionals to identify how these issues could negatively affect not only how they are viewed as a professional, but also negatively affect the company they work for. This could also be a company violation that can lead to suspension and termination.

Again, ethics needs to play a major role in the development of the healthcare professionals. Healthcare professionals have been identified as one of the most important advocates for patients and healthcare decisions. Healthcare professionals are bound by laws and ethical thought to provide safe care for patients. There are ethics frameworks to help govern the nursing profession. The healthcare professional also brings to the table his / her own morals and beliefs. Understanding how these separate concepts interact within healthcare professionals is important to the future education of nursing students. Students who are given information regarding this mind set are more attuned to others’ needs, either patients or fellow healthcare professionals.
5. References


