

Ethical Issues in Practice for Nurses and Midwives

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Nurses are daily faced with questions of ethics. Most of these questions are minor everyday issues that individual nurses can resolve on their own. From time to time, however, issues with major implications for patient care will arise that require significant ethical decisions.

The analysis of the facets of work in the everyday practice of nurses and midwives is important to ethics because of the ethical domains of character and the way of life.

Nursing work (Liaschenko 2002) can be analysed in a number of ways: as a physical transformation, as a social transaction, as information exchange work, and as identity.

- As a *physical transformation* of material reality – such as that designed to relieve, contain, or prevent symptoms – for example, nurses involved in wound care, help to change the body from one state to another.
- As a *social transaction* – several examples come to mind

Patients are distressed by a diagnosis and anxious about coping with treatment. Patients are worried about who will care for their children or spouses. Responding to this kind of distress is extra work, requires time and is not usually listed in any form of job description. It is a social transaction, not immediately visible but which contributes immensely to the quality of health care. In the absence of this social element, healthcare is inhumane, without compassion, even brutal.

- Another form of social transaction in nursing work is the amount of *information* to be communicated between many different people

and departments – such as when transferring patients from one department to another, explaining to a physician what a patient has said about symptoms and treatment, clarifying orders, and talking with families. *In the absence of this information exchange work, healthcare becomes chaotic, dangerous even impossible.*

- As *identity* - The development of organised nursing and the promotion of nursing education to an academic platform has raised the identity of the nurse to a more interesting, fulfilling and professional one.

According to the UK Nursing and Midwifery Council's Code of Professional Conduct, published in April 2002, in caring for patients and clients, a registered nurse or midwife must:

1. Respect the patient or client as an individual,
2. Obtain consent before any treatment or care is given,
3. Protect confidential information,
4. Co-operate with others in the team,
5. Maintain professional knowledge and competence,
6. Be trustworthy, and
7. Act to identify and minimise risk to patients and clients.

No one disputes that the work of nursing is indispensable for the well-being of patients and to the day-to-day operations of health care delivery. It is precisely this indispensability that raises ethical questions. One ethical question that comes to mind is the right to strike.

Looking back at my eleven years' experience as a council member of the Medical Association of Malta, I clearly remember the ethical dilemmas about the morality of striking – such that discussions used to focus on the ethical issues related to the special duty of doctors not to abandon patients. I am sure that the same dilemmas were experienced by nurses.

Other issues that come to mind are the role of the nurse as an educator, and as a researcher. Nurse educators are responsible for teaching students to observe the Code of Ethics and Standards of Nursing Practice (Morgan 2001). By attending carefully to their own behaviour, wise nursing faculty serve as helpful role models for students. This is readily apparent in patient care settings when instructors guide students in planning patient care or assist students with technical skills.

As more nurses are indulging in a research career, maintaining ethical principles can ensure that nurses can protect patients who may be subjects of research, while retaining their dignity, respect and confidentiality.

Today's seminar deals with the major ethical issues faced by nurses and midwives in their everyday practice. I am sure that this seminar will provide the right playing field to discuss, debate, analyse and hopefully reach a consensus on how to approach these issues.

I would like to thank the Bioethics Consultative Committee and the staff at IHC for working hard in organizing this seminar. I would also like to thank you – participants for positively answering our call. It is indeed a satisfaction to experience your desire to actively participate in a seminar on ethics – which I believe should have a firm position in our daily professional lives. I wish you all a fruitful seminar.

References

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