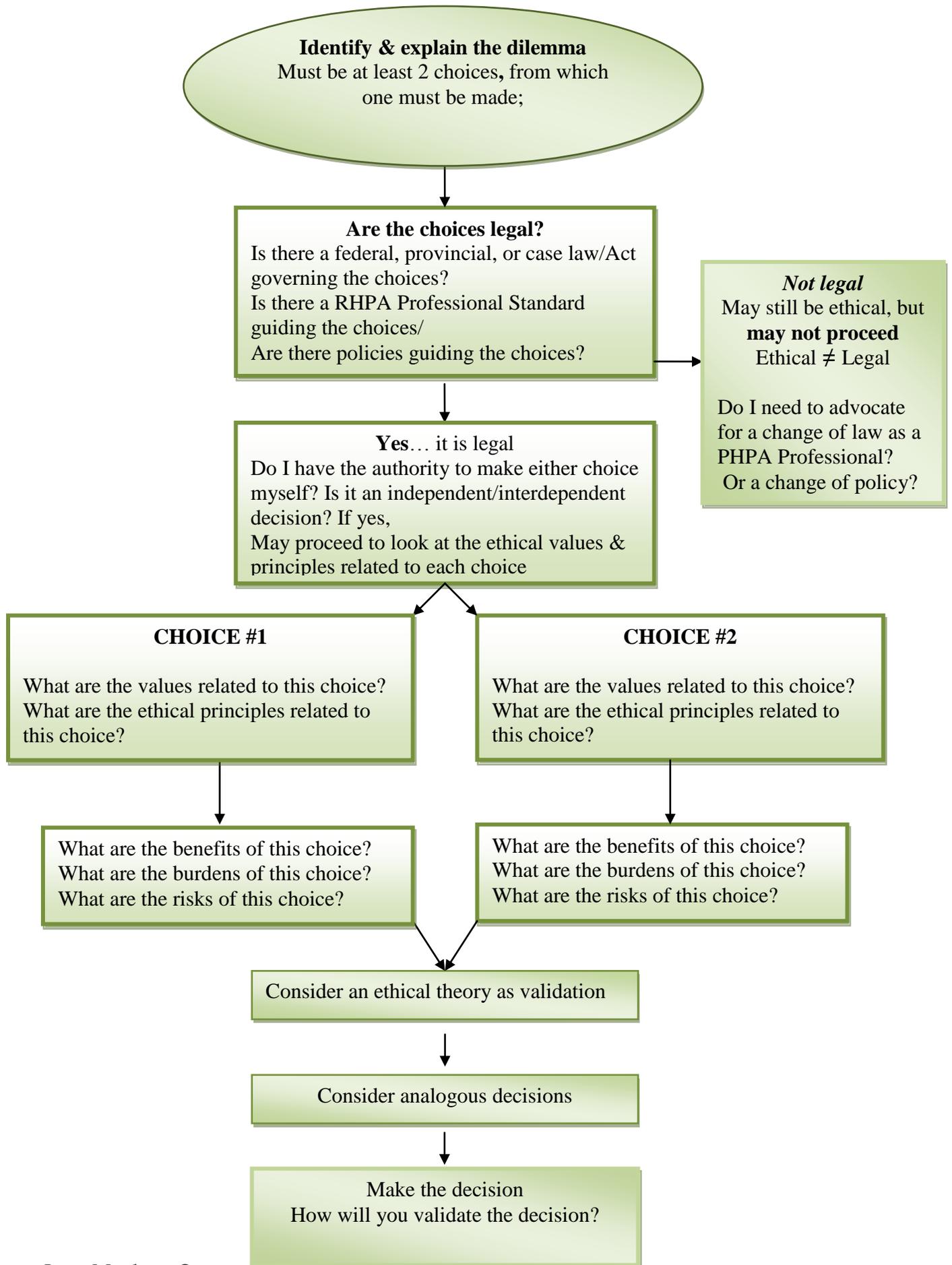


Nursing Ethics Decision Making Algorithm©

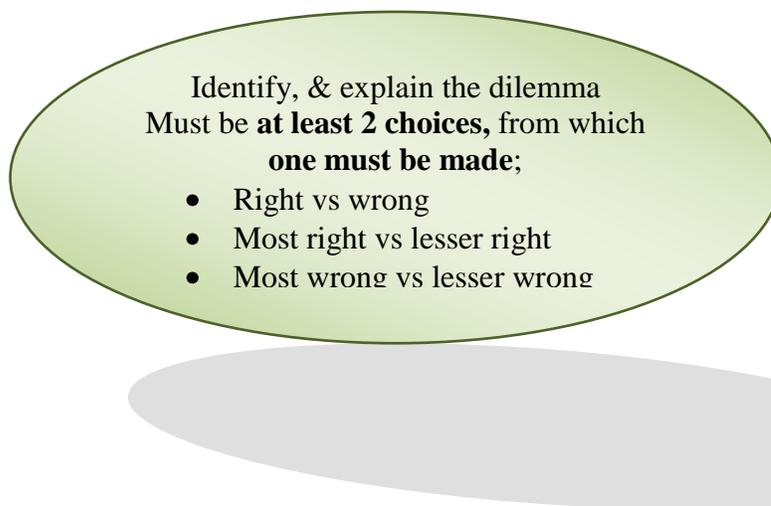


Guidelines to Use Nursing Ethics Decision Making Algorithm©

1. Identify and explain the dilemma

Sometimes the most difficult part of ethical decision making is the actual identification, and explanation of the ethical dilemma or ethical issue in question. Often as registered nurses we know a decision needs to be made but do not recognize the dilemma /issue as one requiring a decision making model and the use of legal and ethical principles, concepts and laws. Often we hear the term 'name' the dilemma or issue. Naming the dilemma/issue forces us to acknowledge that we are faced with a choice that requires a professional approach to critical thinking and decision making, not merely making a decision based on what we ourselves would do, or believe is the right way to go.

In the language of making choices this process requires critical thinking in problem solving to enable good decision making. Whether we are doing this for working through a situation between registered nurses and other health care colleagues or whether we are "walking beside" the clients to assist with their decision making, the process is the same. Often we are forced to make a choice between 2 options that are neither right nor wrong. In these cases we strive to make the decision that provides the most 'right' or the least 'wrong'.



Common professional practice issues that can present dilemmas to registered nurses in practice today are:

- ☉ Client Consent issues
- ☉ Client Restraints issues
- ☉ Client Pain Control Issues
- ☉ Privacy & Confidentiality with clients and other professionals
- ☉ Duty/Commitments to clients, colleagues, employer
- ☉ Best interests of Client, professionals, employer
- ☉ Allocation of Scarce Resources
- ☉ Sanctity of life
- ☉ Withholding and/or withdrawing of treatment
- ☉ Client Resuscitation issues
- ☉ The therapeutic Professional/Client relationship issues
- ☉ Staffing pattern that causes restricted access to care by registered nurses
- ☉ interdisciplinary paradigm conflicts for ethical decision making in client care

Frequent dilemmas confronting registered nurses today are:

- ☉ Adhering/not adhering to informed consent to treatment,
- ☉ Prolonging the living/dying process with inappropriate measures,
- ☉ Using/not using physical or chemical restraints,
- ☉ The quality vs the quantity of a patient's life,
- ☉ Clients' rights vs organization's duty to protect the public
- ☉ Providing care with possible risk to registered nurses' health,
- ☉ Adhering to policies that threaten quality of care or cause a registered nurse to breach standards of practice,
- ☉ Truth telling vs lying/deception
- ☉ Allocation of scarce resources
- ☉ Maintaining commitments related to working with unethical/impaired colleagues".

2. Are all the choices/options legal?

In considering the choices identified in the dilemma/issue, we must first consider whether all choices are equally available for us to action as registered nurses. The primary limiting factor relating to possible choices is one of legality. We need to determine if there are federal or provincial laws regulating the acts performed in enacting all choices. Examples of pertinent laws are as follows:

☉ Human rights are endowed on the citizens of this country through the *Canadian Charter of Rights and Freedoms (1982)*. These endowed rights are related to fundamental freedoms, and democratic, mobility, legal and equality rights that may enter into the decision making in a client or colleague based dilemma. Confidentiality and privacy have their bases here. Autonomy and freedom from unjust restraint also begin here.

☉ *The Canada Health Act, 1999*, provides registered nurses with a value based mandate regarding client access to care. Because one enters a health care facility or becomes an employee these rights are not lost, or suspended.

☉ Provincial legislation will guide registered nurses to advocate for the right to informed, voluntary and capable consent, which is the foundational cornerstone to withholding, initiating, and withdrawing treatment options in a client based dilemma (ie. in Ontario, the *Health Care Consent Act, 1996* and the *Patient Restraint Minimization Act, 2002*). All provinces will have their own provincial legislation.

Are both choices legal or illegal?
Is there a federal, provincial, or case law/Act governing the choices?
Is there a Professional Standard guiding the choices/
Are there policies guiding the choices?

Finally, and most pertinent to registered nurses, are the standards of practice of the registered nurses' provincial regulating body, (ie. the College of Nurses of Ontario). These standards are integral to registered nurses because they belong solely within their domain and must be known, understood and applied in their own individual practice, regardless of their employer. It is the registered nurses' responsibility to be accountable first to the client, be they individual, family or community in accordance with the college/association that sanctions the practice of the health professional. This commitment pertains to the profession as a whole. We need to ask the question, 'what does the regulating body (our respective College) say about the potential choices that confront us in this ethical dilemma/issue'? Are all choices appropriate for the registered nurse to engage in and will the standards or practice expectations support the choices of the registered nurse to provide safe, competent and ethical care? Finally, registered nurses enact the policies of the employer as part of the employment contract. If employment policies and procedures/processes are not congruent with those of the professional, it is up to the professional to advocate for the changes needed to practice in accordance with their professional standards.

If either choice is not legal, do you as a registered nurse wish to advocate for legislation change? Is the role of advocate for society one that you currently embrace? As registered nurses we carry exceptional political influence based on our knowledge, the esteem in which we are held by the public as well as our sheer numbers. Not every issue that is deemed to be ethical is legal and not every issue that is deemed to be legal is ethicalconsider euthanasia. By examining benefit and burden, euthanasia is deemed to be quite ethical, though not legalized in Canada. What is your value? How do you view euthanasia in the in the greater concept of 'sanctity of life'? Should we, as registered nurses, advocate for the legalization of euthanasia as the Netherlands and the state of Oregon has done? Or is this the role of law makers?

3. Define the choices available to you as a registered nurse.

In order to make an ethical decision we will need to include an examination of the potential choices in order to determine which action will be preferred in this situation. In order to examine the choices we need to have criteria on which to base the evaluation. This is the step commonly referred to as "getting all the facts". Though, facts may be clients' perspectives. In ethical decision making the criteria are personal and professional values, fundamental ethical values involved in each choice and the degree to which the choice provides benefit to the client/situation or adds a burden to the client/situation. Fundamental ethical principles are autonomy, beneficence, nonmaleficence, justice, veracity, and fidelity. Some authors include sanctity of life as a principle, while others view it as a value. As a Canadian, autonomy is highly valued and deemed to be 'prima facie' in decision making. Beneficence and nonmaleficence are key in determining benefit or burden/harm that may be caused by a choice. Veracity is the cornerstone of our therapeutic registered nurse /client relationship and presents many challenges depending on the cultural, religious and values of the clients. Justice and fidelity present numerous competing challenges and perspectives regarding commitments in determining benefit and burden.

CHOICE #1 or #2

What are the values related to this choice?
What are the ethical principles related to this choice?

Also to be considered are the risks, real and potential, that can be added to the burden. Most registered nurses understand benefits to the client which may be in the form of better health, happiness, comfort, peace of mind, and anything that produces what can be considered to be good. Risk is easily identified as well and often is a direct opposite of benefit, which would include poorer health, unhappiness, discomfort, trauma, infection, or even death. Burden is a challenge to evaluate for many registered nurses. Indeed it may be those intangibles of stress, conflict, grief, uncertainty, shame, and guilt to name a few. Needless to say burdens can also include financial loss, caregiver stress and imposition, loss of career potential and the need to alter lifestyle or lodging. In the consideration of whether a choice will be beneficial or burdensome to a client, registered nurses understand that to be truly client-centered the values and wishes of the client are what gives meaning to benefit and burden.

What are the benefits of this choice?
What are the burdens of this choice?
What are the risks of this choice?

If registered nurses are to make choices that are truly beneficial to clients or in ‘the client’s best interests’ we must know the interests and values of the client. The registered nurses’ values are not the basis for decision making. If this were so we would be combining paternalism with maternalism in that we would be saying to the client ‘not only do we know what’s best for you, but don’t worry, we will remove decision making from you as we do when we nurture our children and teach them right from wrong’. Our role is to support the client in their decision making about their health and being, not assume the role and responsibility for it. In order to be accomplished in this, we must frequently and sincerely clarify our own values both personally and professionally. Once identified, these values can be placed in perspective while we support the client. If our personal values are not clarified it is difficult *not* to impose them on clients, whether intentionally or not. Professional values are outlined well for registered nurses through our regulatory provincial bodies/associations (ie. CNA Code of Ethics), as well as our employer’s code of ethical behavior. Professional values will help guide us in determining the benefit of choices.

4. Consider an ethical theory as validation

In making a decision it is helpful to consider the principles behind ethical theories as validation of our own thoughts and decisions. Most ethics texts and guides (see the CNA Everyday Ethics: Putting the Code into Practice, 2004, 2nd edition, on the website <http://www.cna-nurses.ca> provide basic explanation of key theoretical perspectives in which to view decision making. The same situation or set of facts can be viewed quite differently through these theories. The following is an example...

Is the decision supported by a theory which says that as registered nurses, ‘our duty’ to our clients must be upheld regardless of any circumstances that may affect the situation or dilemma?

Deontological theory is strongly based on this duty to our clients as being the deciding factor in making an ethical decision. *Teleological theory*, on the other hand may lead us to make a decision that is based on the common good or the degree of happiness or benefit for the most people. This theory predominates in infection control. Often reviewing theories and applying them to the decision will assist and sometimes point the way to a decision that can be best accepted.

Consider an ethical theory as validation

5. Consider Analogous Decisions

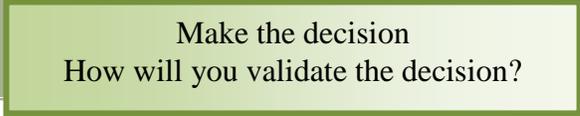
An analogous decision is one that is similar or alike enough that one can compare or draw a conclusion based on a previous situation. Has this sort of dilemma, problem, or situation been experienced in the past? What was the decision then? Was the decision acceptable and deemed to be the right one? How was the decision made? Did the decision resolve the conflict in values or principles? Whose values and principles were best served in the decision? Often past decisions can be reviewed to decide whether to consider the same approach. Decisions made in the past may set precedence for future decisions. What are the similarities and what are the differences between this situation/decision or those of the past?



Consider analogous decisions

6. Make and validate the decision

Once the decision has been made, how will you go about validating that this decision has been the best for all concerned? How will you evaluate whether indeed the intended outcome to produce the most good and least harm has occurred? Who needs to be involved in this validation? What will you put into place to evaluate the decision-making process and the decision itself? If the decision needs remediation, what can be done to further enhance the decision? What would be the recommendation for the future based on the process and decision?



Make the decision
How will you validate the decision?