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APPROACHES TO NURSING ETHICS

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To many minds, the publication of Joseph Fletcher's *Morals and Medicine*[1] in 1954 signaled a new beginning in medical ethics. I believe that the publication of the first edition of *Ethical Dilemmas and Nursing Practice*[2] by Anne J. Davis and Mila A. Aroskar in 1978 has a similar status within the field of nursing ethics. Comparatively, contemporary nursing ethics literature is still in its infancy, but it has grown to the point that useful observations about its emerging shape can be made.[3] It will be the aim of this paper to argue that the nursing ethics literature (i.e. books and articles on ethical issues in nursing) can be characterized as exhibiting three basic approaches to nursing ethics. What distinguishes these various approaches from one another is the primary focus of appeal in resolving ethical issues. Of course, the broadest and most obvious sort is to appeal to moral theories. A second approach looks to traditional moral principles and ideals found within the medical profession. A third approach deals with ethical issues from the perspective of a philosophical conception of the nature of nursing.

For the sake of convenience, let's refer to these three approaches as the ethical theory approach, the moral principles approach and the philosophical foundation approach, respectively. It will be the burden of my paper to suggest that it is the third—the philosophical foundations approach—which is the best approach for conceptually framing and discussing ethical issues in nursing. I believe that it captures more of the considerations which actually determine how a nurse chooses to act. In addition to having greater empirical adequacy with respect to the professional decision-making process, it also possesses a kind of theoretical fruitfulness not found in the others. That is, it has generated bold professional stances on issues such as informed consent and orders not to resuscitate which might not have been anticipated on the other approaches.

In the following sections I will briefly illustrate the other two approaches, making my case for the third, and finally make some observations about what this approach implies about doing applied ethics.

The Ethical Theory Approach

A standard philosophical approach to ethical issues within a profession is to view them as instantiations for the operation of general ethical theories. Quite frequently after the major consequentialist and deontological theories are introduced, they are then applied to the ethical issues at hand. It should not be surprising that the groundbreaking work of Davis and Aroskar, *Ethical*

Dilemmas in Nursing Practice (1978)[4], was of this sort. *Moral Problems in Nursing: Case Studies* (1979)[5], a collection of case studies by Carroll and Humphrey, begins with an introduction of moral theories. A similar approach could be found in Fenner's *Ethics and Law in Nursing: Professional Perspectives* (1980)[6], Fromer's *Ethical Issues in Health Care* (1981)[7], Thompson and Thompson's *Ethics in Nursing* (1981)[8], and Benjamin and Curtis' *Ethics in Nursing* (1981, 2nd ed. 1986)[9].

Although it is cumbersome to preface something as short as an article with an explanation of moral theories, this has been done[10]. More frequently, whole articles have been dedicated to this as an exemplary way to resolve ethical issues in nursing[11]. Thus, the ethical theory approach is well represented in the nursing ethics literature in both major texts and influential articles.

The Moral Principles Approach

Appealing to moral principles, rather than ethical theories, for the resolution of moral problems in nursing is another approach which has its representatives in the nursing literature. This approach does not necessarily denigrate the ethical theory approach, but recognizes that if the goal of ethical debate is to obtain consensus for action, one need not always argue at the level of moral theories. Since differing moral theories can often endorse the same moral principle, even if for differing reasons, such agreement is sufficient to get the argument going, and form a basis for moral cooperation.

The best general example of such an approach is Tom L. Beauchamp and James F. Childress' *Principles of Biomedical Ethics*[12]. Although one author is a utilitarian and the other a deontologist, their focus is upon moral principles which have various levels of endorsement from the major ethical theories, and, as is often the case, legal analogs and roots within the medical tradition. Aside from its pragmatic value, this approach couches the debate in language which has a familiar sound.

This approach also lends itself more readily to article-length treatment of particular issues. It is much easier to explain the principle of autonomy, the principle of non-maleficence, or the principle of confidentiality and its relation to a particular issue, than it is to explain moral theories. Consequently, the articles in the nursing ethics literature which deal with particular ethical issues in terms of ethical principles are quite numerous[13]. Not surprisingly, these articles are often explicitly indebted to Beauchamp and Childress.

There is nothing inherently incompatible with an advocate of the ethical theory approach sometimes discussing an issue in terms of moral principles, or an advocate of the moral principles approach reaching back into theories on occasion. Nevertheless, the adoption of the moral principles approach could derive from a conscious dissatisfaction with the ethical theories approach. This is the case with Andrew Jameton's *Nursing Practice—The Ethical Issues* (1984)[14].

Jameton's preferred approach is to "look and see" what the ethical norms actually employed within the profession are. He highlights four professional principles—competence, patient good, nonexploitation of patients, and professional loyalty. What distinguishes Jameton's moral principle approach from the more usual moral principle approach is the source of the principles discussed. Jameton argues that it is important to observe and critique the principles that are actually employed and sanctioned within the profession, and not merely the ones derived from moral theories.

The Philosophical Foundations Approach

The Jameton moral principle approach moves significantly in the direction of deriving

an understanding of the issues in nursing ethics by examining the context of the profession itself. An approach which goes even further in this direction is the philosophical foundations approach. On this approach, fundamental issues in nursing ethics stem from the views one holds about the nature and function of nursing.

In order to know how nurses perceive their role, function, and professional obligations, one must look to the profession itself. An extremely important notion in this connection is the shift in fundamental loyalties from the physician or employing institution to the patient or client.[15] This conception of the nurse as patient advocate is not without controversy as to what it entails, nor does it exhaust all the professional obligations of the nurse, but it provides, in my view, the single most important factor in determining how a nurse will act in moral situation.

The articles and books which articulate this new philosophy of nursing are, in my opinion, the most significant that have been published in the nursing ethics literature.[16] Although this approach does not dismiss the other two as useless, it does point to an inadequacy of those approaches.

Why the Other Approaches are Inadequate

What the other approaches leave out, to adapt a criticism from Leah Curtin[17], is the actual context of enacting a moral decision in nursing. The other two approaches may provide ways to come to solutions to a moral problem, but they fail to address how this decision should or can be implemented. The solution is abstract until it does this, and this cannot be done without a discussion of nursing's fundamental philosophy.

To illustrate this point, consider a dilemma taken from a collection of case studies compiled by the International Council of Nurses. An operating room nurse, responsible for the maintenance of sterile technique, was met with belligerence or deliberately ignored when violations of aseptic technique were brought to the attention of the surgeons. In one instance a surgeon wore the same gown for two successive operations. She said: "I quietly called this to his attention, but I had no authority which allowed me to control his behavior for the good of the patient. In this situation, even the hospital administrator was of no help to me"[18].

The ethical theory and moral principle approaches can provide illuminating analysis of the issues involved here. There are empirical questions about the degree of additional risk to which patients are being subjected, which bear upon questions about violations of the principle of non-maleficence and the traditional medical commitment to doing no harm. But this nurse does not need elaborate ethical justifications for her concern for patients. The question is not so much to provide moral justification for the nurse's concern. The problem is the implementation of what is called for morally. What will the nurse do? Here is where the understanding of the historical context and philosophical foundations of nursing are crucial and quite possibly determinative. A traditional or bureaucratic model of the nurse's role would suggest that she has done all that she can. The risk of harm to patients is weighed against physician loyalty and team efficiency. To press her concerns further would go beyond her role and possibly bring retaliation. On the other hand, if one accepts a client advocacy model of the nursing role, the obligation to clients and the nursing profession become weightier. It is not so clear that the nurse has done all she should.

Any analysis which remains at the level of moral theories and principles is not

going deep enough. To know what this nurse will do, or ought to do, we need to consider various roles and philosophies of nursing. This is much more determinative than the moral theories the nurse may hold. There are studies which seem to show this.

In a 1966 study of nurse-physician relationships, nurses were placed in the following experimental situation[19]. A nurse received over the phone from an unfamiliar physician an order for an unfamiliar drug called astroten, which had been placed in the floor's drug supplies. From the clearly marked warnings on the drug, it was obvious that the physician ordered an overdose. Nevertheless, 21 of the 22 nurses placed in this experimental situation had to be stopped on their way to the patient's room to prevent them from administering the drug. More recent empirical studies by Catherine Murphy suggest that this sort of obedience is a consequence of holding certain views about the role of the nurse[20]. Certainly those who advocate patient advocacy do so, in part, because it has moral implications for a variety of nursing issues[21].

Even though much of our moral discourse is littered with phrases which have their natural homes as part of larger, more encompassing moral theories, it would be strange indeed to think that nurses habitually or normally appeal to such theories. They do, however, appeal to the moral principles common to us all and to those of special relevance to their profession. The point about appealing to models of the nursing role is that many of these principles congeal and cluster around these models—they order their importance—and above all appeals to role conceptions seem to be a more natural language for the moral discourse of nurses.

Even if I am right about this last point, I realize that it does not amount to much. It may be the case that nurses do implicity and explicitly appeal to their conceptions of the role of the nurse in dealing with moral dilemmas in nursing, but they ought not. Perhaps their levels of moral discourse and the stands they take would be improved if nurses appealed instead to moral principles unweighted by their philosophy of nursing, or appealed straight to ethical theory. It is legitimate to fear that descriptive adequacy is purchased at the price of sacrificing reform. It is not plausible to believe that any approach to professional ethics which captures the moral considerations actually prevalent in the profession is going to be conservative and unlikely to suggest bold new stances for the profession. The interesting thing about the philosophical foundation approach is that it is theoretically fruitful and, in many ways, revolutionary. Let me finish my case for the philosophical foundations approach by illustrating these last two observations.

The Fruitfulness of the Philosophical Foundations Approach

I believe that the philosophical foundations approach is more fruitful than the other approaches. By fruitful, in this context, I mean that the position usually advocated—client advocacy—suggests a number of positions on issues which are anything but conservative. An extremely important case for the recent history of nursing came to the broader attention of the nursing profession when Jolene Tuma's letter to the editor was published in *Nursing Outlook* in 1977[22]. Tuma was charged with professional misconduct by a physician alleging that she had *inter alia* interfered with the physician-patient relationship by answering a cancer patient's request for information about alternatives to chemotherapy[23]. There followed a flurry of letters to the editor of *Nursing Outlook*[24]. One of the central issues of the debate was whether, as some put it, nurses were still the handmaidens of physicians or whether it was unprofessional, uncollegial and detrimental to the team concept to give information to the

client without the permission of the physician. Those in favor of client advocacy left no doubt about where they stood on this matter, and this trend has clear implications about other kinds of information sharing—informed consent, telling dying patients the truth, etc.

It may be thought that any theory which highly values the principle of autonomy would arrive at the same conclusions as the promoters of client advocacy, but not so. It is perfectly consistent for a nurse to believe that a person should have such information as Tuma gave, but believe that it would be inappropriate and unprofessional to give it without permission from a physician. The fact that Tuma's license was revoked by the Idaho Board of Nursing would indicate there is some support for that idea.

Another area where the philosophical foundations approach has proven fruitful is the stance developed on the role of moral decision making in the hospital context. It has generally been presumed that physicians are persons mainly responsible for facilitating or making the moral decisions that are made. Catherine Murphy (in articles cited above) has not been alone in challenging this idea. Once medical decisions are distinguished from ethical ones, it should be obvious that physicians *qua* physicians have no particular special expertise in the matter. Nurses may be better situated to fulfill this role than physicians. Nursing philosophy is wholistic, not reductionistic. Historically, part of their role has been teaching, and in many cases they spend more time with the sick and dying than physicians and so may be better able to discuss and explore the individual's values in order to help them make choices which reflect those values. Minimally, it is argued, nurses should be on ethics committees and their opinions sought.

Rod Yarling and Beverly McElmurry have drawn out a logical consequence of such views[25]. If orders not to resuscitate are moral, not medical, and if nursing and medicine are two autonomous professions, then this area is one of overlapping jurisdiction. Therefore, nurses, as well as physicians, in some cases, should write the orders. This view is, I submit, not an unnatural outgrowth of the philosophical foundations approach, but hard to anticipate on approaches which focus primarily on the application of moral theories and principles.

Nursing Liberation?

My last observation about the philosophical foundations approach is how it can account for important issues in nursing ethics (thus be more descriptively adequate) and explain the emergence of revolutionary proposals at the same time. In an open discussion, three nurse educators and a nurse philosopher were asked what is the most pressing ethical problem facing practicing nurses.[26] What they said is instructive.

They cited the problem of accountability, the patient-client relationship, the "definition of nursing," "role definition," and the failure to recognize ethical problems as nursing problems. These are all issues involving the philosophical foundations of nursing. The importance of resolving these issues and articulating an ideal conception of the nurse-patient relationship was best said by Sally Gadow:

> Without reference to a normative concept, questions about deception, coercion, consent, etc., are pursued in a vacuum. In the context of an articulated ideal, however, resolution of ethical problems becomes a concrete process of determining whether an action is consistent with and expressive of that ideal.[27]

Outside of such an understanding of these issues, which the philosophical

foundation approach makes fundamental, it is nearly impossible to make sense of this comment by Leah Curtin: "The major ethical dilemma in nursing is that nurses are not free to practice nursing."[28] Although this comment is perfectly intelligible within the philosophical foundations approach, it is not easy to capture it within the language of moral theories and principles.

If the philosophical foundations approach so easily captures what so many nurses feel are the most important and pressing issues in nursing, it is a useful framework indeed. But more than just providing the conceptual framework which makes these issues understandable, it provides a very radical agenda.

In another article by Yarling and McElmurry[29], they take this complaint by Curtin and a number of other nurses and develop it into a social agenda. Nurses find that there are institutional and other restraints upon their practice. They are unable to provide the quality care and services they believe they have promised the public. They cannot freely act as client advocates. Therefore, nursing ethics, which embodies these ideals, must free nursing practice from its "hospitalonian captivity."

Thus, the philosophical foundations approach is a hospitable framework for addressing the most important issues in nursing ethics, and it illuminates the rationale behind the most reform-minded proposal in nursing ethics.

Conclusion

In arguing that the philosophical foundations approach provides a superior framework for understanding nursing ethics, I should not be understood to say that the other approaches are of no value or that they are totally superseded by the philosophical foundations approach. An understanding of moral theory and moral principles is indispensible. Models of the nurse-client relationship are not neutral with respect to certain moral principles.

Nor do I mean to imply that those texts which take another approach fail to address or mention important issues, for this is certainly not the case (Jameton and Benjamin and Curtis are especially notable in this regard). What I claim for the philosophical foundations approach is this: It provides a framework for understanding the fundamental and pervasive ethical issues in nursing; it puts its finger on one of the most determinative factors of how a nurse actually decides to act; and it explains the origination and motivation for some of the more reform-minded proposals in nursing ethics.

NOTES

1. Joseph Fletcher, *Morals and Medicine* (Princeton, N. J.: Princeton University Press, 1954).
2. Anne J. Davis and Mila A. Aroskar, *Ethical Dilemmas and Nursing Practice* (Norwalk, Ct.: Appleton-Century-Crofts, 1978).
3. As an indication of phenomenal growth in this area, *Ethics in Nursing—An Annotated Bibliography*, 2nd ed. (New York: National League for Nursing,

1986) by Terry Pence contains just 132 citations to books and articles from the years 1965-1975, but 1,192 from the years 1976 to 1985—a tenfold increase over the previous decade.

4. Davis and Aroskar, *Dilemmas*, 1978; there was an expanded second edition published in 1983.
5. Mary Ann Carroll and Richard H. Humphrey, *Moral Problems in Nursing: Case Studies* (Washington, D. C.: University Press of America, 1979).
6. Kathleen M. Fenner, *Ethics and Law in Nursing: Professional Perspectives* (New York: D. Van Nostrand, 1980).
7. Margot Joan Fromer, *Ethical Issues in Health Care* (St. Louis: C. V. Mosby, 1981).
8. Joyce Beebe Thompson and Henry O. Thompson, *Ethics in Nursing* (New York: Macmillan, 1981).
9. Martin Benjamin and Joy Curtis, *Ethics in Nursing* (New York: Oxford University Press, 1981); 2nd ed. 1986.
10. See, for example, Catherine Ecock Connelly, Roanne Muldoon Dahlen, Lois Kuhn Evans, and Nancy Adams Wieker, "To Strike or Not to Strike: A Debate on the Ethics of Strikes by Nurses," *Supervisor Nurse* 10(January 1979): 52, 55-59; Mila A. Aroskar, "Ethical Issues in Community Health Nursing," *Nursing Clinics of North America* 14(1979): 35-44.
11. See, for example, Margot Joan Fromer, "Solving Ethical Dilemmas in Nursing Practice," *Topics in Clinical Nursing* 4(April 1982): 15-21; Mila A. Aroskar, "Anatomy of an Ethical Dilemma: The Theory," *American Journal of Nursing* 80(April 1980): 658-660.
12. Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 2nd ed. (New York: Oxford University Press, 1983).
13. For example, *California Nurse* carried a series of articles by Sharon Jean Smith which exemplified this approach. The articles were on veracity and confidentiality 81(April 1985): 6-7; autonomy 80(December-January 1984): 11; beneficence 81(March 1985): 5; justice 81 (June 1985): 3; non-maleficence 81(February 1985): 8; and utility 81(May 1985): 6.
14. Andrew Jameton, *Nursing Practice: The Ethical Issues* (Englewood Cliffs, N. J.: Prentice-Hall, 1984).
15. A fairly exhaustive historical analysis of this shift can be found in Gerald R. Winslow, "From Loyalty to Advocacy: A New Metaphor for Nursing," *Hastings Center Report* 14(June 1984): 32-40.
16. Some of the important literature in this area is as follows: James L. Myskens, *Moral Problems in Nursing: A Philosophical Investigation* (Towowa, N. J.: Rowan and Littlefield, 1982); Leah L. Curtin and Josephine Flaherty, *Nursing Ethics: Theories and Pragmatics* (Bowie, Md.: Robert J. Brady, 1982); Elsie L. Bandman and Bertram Bandman, *Nursing Ethics in the Life Span* (Norwalk, Conn.: Appleton-Century-Crofts, 1985), pp. 9-22; Mila Ann Aroskar, "Are Nurses' Mind Sets Compatible with Ethical Practice?" *Topics in Clinical Nursing* 4(April 1982): 22-32; Sally Gadow, "Existential Advocacy: Philosophical Foundations of Nursing," in *Nursing Images and Ideals*, edited by Stuart F. Spicker

and Sally Gadow, (New York: Springer, 1980), pp. 79-101; Mary F. Kohnke, "The Nurse as Advocate," *American Journal of Nursing* 80(November 1980): 2038-2040; Kathleen Ceska Pagana, "Let's Stop Calling Ourselves'Patient Advocates'," *Nursing* 17(February 1987): 51; Leah L. Curtin, "The Nurse as Advocate: A Philosophical Foundation for Nursing," *Advances in Nursing Science* 1(April 1979): 1-10; George Annas and J. Healey, "The Patient Rights Advocate," *Journal of Nursing Administration* 4(May-June 1974): 25-31; George Annas, "The Patient Rights Advocate: Can Nurses Effectively Fill the Role?" *Supervisor Nurse* 5(July 1974): 20-23, 25; Barbara K. Miller, et. al., "Patient Advocacy: Do Nurses Have the Power to Act as Patient Advocate?" *Nursing Leadership* 6(June 1983): 56-60.

17. Curtin, *Nursing*, p. 100.
18. Barbara L. Tate, *The Nurse's Dilemma: Ethical Considerations in Nursing Practice* (Geneva: International Council of Nurses; New York: American Journal of Nursing, 1977), pp. 47-48.; this case is also mentioned in Myskens, *Moral Problems*, p. 159.
19. Charles K. Holfing, Eveline Brotzman, Sarah Dalrymple, Nancy Graves, and Chester M. Pierce, "An Experimental Study in Nurse-Physician Relationships," *Journal of Nervous and Mental Disease* 143(1966): 171-180.
20. See Catherin P. Murphy, "Models of the Nurse-Patient Relationship" in Catherine P. Murphy and Howard Hunter, eds., *Ethical Problems in the Nurse-Patient Relationship* (Boston: Allyn and Bacon, 1983), pp. 8-24. Catherine P. Murphy, "The Changing Role of Nurses in Making Ethical Decisions," *Law, Medicine and Health Care* 12(September 1984): 173-175, 184. Catherine Murphy, "Nurses' Views Important on Ethical Decision Team," *American Nurse* 15(November-December 1983): 12, 14; reprinted in American Nurses' Association Committee on Ethics, *Ethical Dilemmas Confronting Nurses (Kansas City, Mo.: American Nurses' Association, 1985), pp. 1-3.*
21. For example, Myskens' *Moral Problems in Nursing: A Philosophical Investigation* is a sustained exposition of the implications of the model of nursing which views the nurse as a client advocate.
22. Jolene L. Tuma, "Professional Misconduct," *Nursing Outlook* 25(September 1977): 546.
23. A fairly detailed account of the facts of the case and an analysis can be found in Teresa Stanley, "Ethical Reflections on the Tuma Case: Is It Part of the Nurse's Role To Advise On Alternative Forms of Therapy or Treatment?" in Joanne Comi McClosky and Helen K. Grace eds., *Current Issues in Nursing* (Boston: Blackwell, 1983), pp. 715-726.
24. See *Nursing Outlook* 25(September 1977): 561; 25(December 1977): 738-740; 26(January 1978): 8-9; 26(March 1978): 35-36.
25. Roland R. Yarling and Beverly J. McElmurry, "Rethinking the Nurse's Role in'Do Not Resuscitate' Orders: A Clinical Policy Proposal in Nursing Ethics," *Advances in Nursing Science* 5(July 1983): 1-12.
26. Mila Ann Aroskar, Sally Gadow, Edna L. Neumann, and Gina Giovinco, "ANS Open Forum: The Most Pressing Ethical Problem Faced by Nurses in Practice," *Advances in Nursing Science* 1(April 1979): 89-99.

27. Ibid., pp. 93-94.
28. Leah Curtin, "Ethical Issues in Nursing Practice and Education," in National League for Nursing, *Ethical Issues in Nursing and Nursing Education* (New York: National League for Nursing, 1980), pp. 22-23.
29. Roland R. Yarling and Beverly J. McElmurry, "The Moral Foundation of Nursing," *Advances in Nursing Science* 8(January 1986): 63-73.