An Overview of Ethics in Maternal-Child Nursing

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Abstract

Ethical issues across the childbearing year are multiple and complex. This article addresses ethical challenges facing maternal–child nurses and identifies strategies for making ethical decisions utilizing ethical principles and frameworks. Coping strategies for dealing with moral distress, how nurses demonstrate moral courage, and the attributes of an effective ethical decision maker are described. Ethical issues related to healthcare team relationships are discussed, with implications for nurses provided.

Key Words: Neonatal ethics; Nursing ethics; Perinatal ethics.

Ethical issues occur throughout the childbearing year and are therefore confronted commonly by perinatal and neonatal nurses. There are over 4 million births occurring in the United States yearly, and childbirth is the most common reason for hospitalization (Childbirth Connection, 2010). This article addresses ethical challenges facing maternal–child nurses and identifies strategies for making clinical decisions utilizing ethical principles and frameworks.

Ethical Principles and Frameworks

Ethical principles that guide ethical action include four primary moral principles: respect for *beneficence*, *nonmaleficence*, *justice*, and *autonomy*, which upholds the rights of individuals and families (Thompson, 2008). A key way for nurses to respect *autonomy* is through support of childbearing women, including adolescent women (emancipated minors) (Association of Women's Health, Obstetric, and Neonatal Nurse [AWHONN], 2009a) in exercising control over their reproductive health and in making decisions on behalf of their children.

Beneficence is the obligation to do good, as compared to *nonmaleficence*, which is the obligation to do no harm. These two principles should be considered in relationship to healthcare technology that has the ability to sustain life without accurate predictions of long-term outcomes. *Justice* is the principle of treating everyone fairly through providing comparative and equitable treatment.

Other principles important in interactions with women and children and their families as well as healthcare professionals include *fidelity, veracity, confidentiality*, and *privacy* (Beauchamp & Childress, 2008). *Fidelity* is the obligation to keep commitments. *Veracity* is the obligation to demonstrate *integrity* and *truth-telling*, disclosing to women and their families accurate information regarding the relative risks and benefits of health management. *Privacy* and *confidentiality* of patient information are clearly outlined in the American Nurses Association (ANA) *Code of Ethics for Nurses* (2001).

The importance of basing clinical practice on ethical principles has been clearly identified: "Nursing ethics view as relevant the entirety of human experiences…Nursing ethics have evolved from nursing's rich history of

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collective narratives—stories of compassion, duty, giving, touching, and close contacts with an infinite array of human struggles and transcendence" (Penticuff, 2008, p. 289).

Frameworks for ethical practice include *virtue ethics*, which focuses on character and morality rather than obligations and rights. *Deontology* or *duty ethics* (Kantanism) focuses on the professional responsibilities with an emphasis on rules and principles. The framework of *utilitarianism* focuses on doing the greatest good for the greatest number of people. The framework of *justice* is another framework that focuses on distributing resources equally. The ethics of *caring* emphasizes empathy and concern and the responsibility nurses have to demonstrate compassion and empathy. *Feminist ethics* focuses on understanding the sociocultural context of the lives of women in making ethical decisions (Liaschenko & Peter, 2006).

How Do Nurses Participate in Ethical Decision Making?

An ethical dilemma is a situation that often has no clear "right" or "wrong" resolution and is fraught with the potential to violate ethical principles and standards of professional practice. Models of ethical decision making are similar to the nursing process, which includes assessment, diagnosis, outcomes/planning, implementation, and evaluation.

> The ethics of day-to-day practice may not be dramatic and are often less visible than ethical dilemmas publicized in the media.

First, assess what the ethical dilemma is, including health concerns and decisions or actions that need immediate response. This requires moral sensitivity (monitoring for ethical situations) and moral character (acting in an ethical and professional manner). Second, gathering data is essential, including identifying the stakeholders, their decisional capacity, and what sociocultural considerations

Table 1 The International Council of Nursing Code of Ethics for Nurses

1. Nurses and People
The nurse's primary professional responsibility is to people requiring nursing care. In providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family, and community are respected. The nurse ensures that the individual receives sufficient information on which to base consent for care and related treatment. The nurse holds in confidence personal information and uses judgment in sharing this information. The nurse shares with society the responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations. The nurse also shares responsibility to sustain and protect the natural environment from depletion, pollution, degradation, and destruction

2. Nurses and Practice
The nurse carries personal responsibility and accountability for nursing practice, and for maintaining competence by continual learning. The nurse maintains a standard of personal health such that the ability to provide care is not compromised. The nurse uses judgment regarding individual competence when accepting and delegating responsibility. The nurse at all times maintains standards of personal conduct that reflect well on the profession and enhance public confidence. The nurse, in providing care, ensures that use of technology and scientific advances are compatible with the safety, dignity, and rights of people

3. Nurses and the Profession
The nurse assumes the major role in determining and implementing acceptable standards of clinical nursing practice, management, research, and education. The nurse is active in developing a core of research-based professional knowledge. The nurse, acting through the professional organization, participates in creating and maintaining safe, equitable social and economic working conditions in nursing

4. Nurses and Coworkers
The nurse sustains a cooperative relationship with coworkers in nursing and other fields. The nurse takes appropriate action to safeguard individuals, families, and communities when their health is endangered by a coworker or any other person

Source: International Council of Nurses (2006). Copyright © 2006 by ICN - International Council of Nurses,3, place Jean-Marteau, 1201 Geneva, Switzerland. Used with permission.

are important. Recognizing and addressing any potential human rights violations is also essential. Additionally, examine whether there any legal issues or institutional policies that should be considered. This requires moral motivation or making moral judgment. Step three is exploring potential options. Is the situation a true dilemma between "good and bad," or between two "goods" or between the lesser of two "bads?" It is a trilemma? Can a third option that represents a compromise be identified? Who should make the needed decisions? What are the anticipated outcomes of each action that could be taken? For example, asking what option would result in the most good is a utilitarian approach. Asking what option respects the rights of all parties is a rights approach. A justice approach treats all options equally. Asking what option best serves the community is a common good approach. A virtue approach means asking what option is congruent with one's personal values (Markkula Center for Applied Ethics, 2009).

Step four focuses on implementation of the most acceptable option and step five, evaluating the outcomes and determining whether any additional actions are indicated. Reflecting on what was learned from the experience is also helpful (Burkhardt & Nathaniel, 2008; Butts & Rich, 2008; Judson, Harrison, & Hicks, 2010; Narrigan, 2004; Rest, 1979).

It is essential that ethical decision making is framed by professional codes of ethics, including the ANA (ANA, 2001) *Code of Ethics for Nurses with Interpretive Statements* and the International Council of Nurses (2006) *Code of Ethics for Nurses* (Table 1). The nine provisions with interpretive statements of the American Nurses Association Code of Ethics (2001), including the primacy of advocacy for the patient and the demonstration of respect and compassion are available to view online. The ANA Code is "an expression of professionalism" (Dahnke, 2009, p. 113), including values and commitments, duties to patients, and obligations to society. The ANA code describes the legacy of ethical practice in nursing as "self reflective, enduring, and distinctive" (ANA, p. 5). The ANA code suggests that nurses' ethical judgments should be responsive to social values and community needs. The ICN code provides an important global perspective to ethical nursing practice. The AWHONN *Standards for Professional Nursing Practice in the Care of Women and Newborns* includes an ethics standard (Table 2), which states that "The registered nurses decisions and actions on behalf of women, fetuses, and newborns are determined in an ethical manner and guided by a sound framework for an ethical decision-making process" (AWHONN 2009c, p. 9). In addition, the responsibilities and rights of perinatal nurses are outlined in an AWHONN position statement (AWHONN, 2009b).

"The ethics of daily clinical practice may not be dramatic and are often less visible than ethical dilemmas publicized in the media." These daily ethical challenges are so important for nurses practicing using the ethics of caring (Ulrich et al., 2010). In a recent issue of *MCN, The American Journal of Maternal/Child Nursing*, the

Table 2. Association of Women's Health, Obstetric, and Neonatal Nurses Ethics Standard

The registered nurse:
• Uses the ANA Code of Ethics for Nurses to guide practice
• Seeks available resources that are necessary to help formulate ethical decisions
• Maintains confidentiality and protects the privacy of patient information consistent within legal and regulatory parameters
• Acts as a patient advocate in appropriate ways and assists patients in developing skills for self-advocacy
• Delivers care in a nonjudgmental and nondiscriminatory manner that is sensitive to patient diversity and patient preferences whenever possible
• Delivers care in a compassionate manner that preserves patient autonomy, dignity, safety, and rights
• Reports and strives to protect women and their newborns from incompetent, impaired, unethical, or illegal healthcare practice
• Contributes to resolution of ethical issues for women and their fetuses or newborns or family members, and within healthcare services or systems appropriate to her or his role through participation in activities such as ethics committees

Source: AWHONN (2009c).

editor states, "nothing is more crucial than being true to yourself and having integrity" (Freda, 2010, p. 251). Meeting these challenges can make a tremendous difference in professional satisfaction for nurses and enhance the quality of care for women and newborns. "Little things mean a lot!"

Moral Distress and Moral Courage

Moral distress often occurs when a nurse has the sense that she or he has not done what a "good nurse" would have done in a clinical situation fraught with ethical dilemmas, or when the nurse feels powerless to act according to his or her ethical and moral values (Epstein & Delgado, 2010; Ulrich, Hamric, & Grady, 2010; Fry, Veatch, & Taylor, 2011). According to Schulter, Winch, Holzhauser, and Henderson (2008, p. 314), "When nurses feel ignored when trying to act in the best interests of patients, they frequently experience feelings of powerlessness and moral distress." Rashotte (2004) refers to moral distress as "dwelling with stories that haunt us" (p. 34).

The challenge may be not determining what action is ethical, but constraints that may impede nursing action. Internal constraints may include fear of losing a position, ineffectiveness experienced in the past, and lack of self-confidence, and lack of courage. External constraints may include other members of the healthcare team, legal issues, institutional "culture" and socialization by peers, and nursing/hospital administration, and policies/procedures (Austin, Lemermeyer, Goldberg, Bergum, & Johnson, 2005; Jensen & Lidell, 2009; Zuzelo, 2007). Moral distress in neonatal nurses may occur when there are disagreements between the wishes of the family and the recommendations of providers in critically ill newborns (Janvier, Nadeau, Deschenes, Courte, & Barrington, 2007; Lantos, 2007).

The American Association of Critical Care Nurses (2004) generated a model to guide nurses in managing moral distress: ASK what you are feeling, AFFIRM your distress and commit to address moral distress, ASSESS the sources of distress, and ACT according to your personal and professional values. The more experience nurses have acting according to their values (i.e., demonstrating moral courage), the more likely it is that nurses will demonstrate moral certainty (Wurzbach, 2008).

Implications for Moral Distress and Moral Courage for Nursing Clinical Practice:

1. Coping strategies for dealing with moral distress include improving communication with patients and families, with the interdisciplinary healthcare team and between nursing and management; and developing a safe place for ethical discussions (Murray, 2010)
2. Nurses can offer the strongest support for each other (LaSala & Bjarnason, 2010), and nurse ethicists are often helpful. According to Schroeter (2007, p. 64), "the clinical ethicist can support nurses as a peer in making effective clinical decisions by listening, providing guidance, and being sensitive to one's own value systems as well as those of colleagues"
3. Institutional ethics committees are another important resource for nurses and can be utilized in a proactive manner to prevent interprofessional conflict
4. Moral courage has been operationalized using the acronym CODE, which represents C = courage, O = obligation to ethical codes, D = danger management, and E = expression and action (Lachman, 2010).

The attributes of an effective ethical decision maker include moral integrity; sensitivity, compassion, and caring; having a sense of responsibility and empowerment; demonstrating patience and a willingness to deliberate (Burkhardt & Nathaniale, 2008; Jensen & Lidell, 2009;

In healthcare team relationships, communication, collaboration, and demonstration of valuing others are essential.

Weaver, 2007). Nurses are referred to as "boundary workers" because they are required to negotiate their obligations to patients, families, members of the healthcare delivery team, and the institution in which they work (Liaschenko & Peter, 2006). As boundary workers, nurse act with moral sensitivity integrity when making ethical decisions. Such nurses demonstrate empathy and awareness of how one's actions affect others. Being attune to one's intuition and acting on that clinical intuition is essential. Moral sensitivity is consistent with the ethics of care.

Healthcare Team Relationships

Respect for others is another important ethical principle related to professional behavior/engagement in healthcare team relationships. It is essential that nurses providing care to women and newborns demonstrate appropriate professional behavior. The myriad of cultural differences that exist in perinatal care settings, including community-based clinics, birthing units, mother/baby units, and the well-baby and NICU nurseries may impact communication between members of the healthcare team. Language barriers, customs, and rituals have the potential to cause tension and miscommunication among women and their healthcare providers. In addition, clinical disagreements may occur between members of multidisciplinary perinatal and neonatal healthcare teams when ethical professional standards are not followed. In 2009, the Joint Commission issued standards to deal with disruptive behaviors defined as conduct interfering with quality and safe care of childbearing families (Mahlmeister, 2009; Veltman, 2007). Any such occurrences should be addressed as soon as possible based on an established code of conduct (Simpson, 2007).

Implications for Healthcare Team Relationships for Nursing Clinical Practice

1. It is essential that nurses mentor and support each other, not engaging in backbiting and gossiping, and role model professional behavior. Horizontal hostility has "no place in the practice of professional nursing" (Simpson, 2008, p. 328)
2. Communication, collaboration, and demonstration of valuing others are essential in order to provide ethical nursing care. One nurse suggested, *"Basic courtesy is to really listen, using the same language (with the same meaning) and create TEAM instead of US versus THEM. There needs to be understanding and appreciation of all roles"* (Simpson & Lyndon, 2009, p. 36)
3. Standardize protocols based on clinical evidence and conduct ongoing practice drills
4. Speak up when questionable provider practices are occurring. This requires "strong communication skills, assertiveness, and knowledge about conflict resolution and chain of command processes" (Mahlmeister, 2007, p. 286). One nurse described action she would take when she had concerns about fetal distress, *"If there are no signs of improvement in the fetal tracing and the physician continues to refuse to come in, I would notify him that I felt it was in the best interest of the patient to have a direct evaluation by a physician and if he is not coming in now, I would call his backup"* (Simpson & Lyndon, 2009, p. 33)
5. Follow the chain of command to address clinical concerns. An example of ethical nursing action and appropriate documentation is, *"Dr.__ordered oxytocin. Physician was informed at nurses' station at 1205 that patient was contracting every 2 minutes x 50 to 70 seconds and was moderate to palpation. Order to administer oxytocin was questioned. Charge nurse__was informed of communication with physician. The charge nurse spoke with physician who insisted on oxytocin administration. Chief of OB was called by charge nurse at 2010"* (Murray & Huelsman, 2009, p. 6)

Ethical dilemmas for maternal–child nurses are complex and merit careful consideration. Nurses can overcome the moral distress associated with such challenges through demonstrating moral courage and advocacy for women and children. A woman-centered, child-centered, and family-centered approach facilitates collaborative decision making and demonstrates respect and valuing. Utilizing ethical principles and standards in care delivery is essential. ✣

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www.chpe.creighton.edu

The Hastings Center
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National Human Genome Research
www.genome.gov/

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