

Ethical and Legal Issues in Critical Care Nursing:

Critical care nurses are often confronted with ethical and legal dilemmas related to informed consent, withholding or withdrawing life-sustaining treatment, organ and tissue transplantation, confidentiality, and increasingly, justice in the distribution of healthcare resources.

Morals: are the “shoulds,” “should nots,” “oughts,” and “ought nots” of actions and behaviors, and they are related closely to cultural and religious values and beliefs that govern our social interactions.

Ethics: are concerned with the basis of the action rather than whether the action is right or wrong, good or bad. It refers to what rules are required to prevent harm to persons and to the collective beliefs and values of a community or profession.

Moral Distress:

Nurses face multiple challenges on a daily basis:

- Emergency situations.
- Tension from conflict with others.
- Complex clinical cases.
- New technologies.
- Increasing regulatory requirements.
- Acquisition of new skills/knowledge.
- Staffing issues.
- Financial constraints.
- Workplace violence.

Moral distress occurs when a person knows the ethically appropriate action to take but cannot act on it. It also manifests when a nurse acts in a manner contrary to personal and professional values. As a result, there can be significant emotional and physical stress that leads to feelings of loss of personal integrity and dissatisfaction with the work environment. Relationships with co-workers and patients are affected, and the quality of care can be negatively affected.

Ethical Principles:

These principles are intended to provide respect and dignity for all persons:

- **Autonomy:** Respect for the individual and the ability of individuals to make decisions with regard to their own health and future (the basis for the practice of informed consent). without coercion or interference from others.
- **Beneficence:** doing good and preventing harm to patients is the sine qua non for the nursing profession.
- **Non maleficence:** Actions intended not to harm or bring harm to others.
- **Veracity:** The obligation to tell the truth is an important ethical principle that underlies the nurse-patient relationship.
- **Fidelity:** The moral duty to be faithful to the commitments that one makes to others.
- **Confidentiality:** Respect for an individual's autonomy and the right of individuals to control the information relating to their own health.
- **privacy:**
 - **Justice:** Being fair or just to the wider community in terms of the consequences of an action. In health care, justice is described as the fair allocation or distribution of healthcare resources.

Nursing Code of Ethics: The ANA Code of Ethics for Nurses provides the major source of ethical guidance for the nursing profession. The nine statements of the code are;

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice

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and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

9. The profession of nursing, as represented by associations and other members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

What Is an Ethical Dilemma?

In general, ethical cases are not always clear-cut. An ethical dilemma exists if there are two (or more) morally correct actions that cannot be followed. The result is that both something right and something wrong occur. In these situations, there are both ethical conflict and ethical conduct issues. The most common ethical dilemmas encountered in critical care are forgoing treatment and allocating the scarce resource of critical care, but how does the health care worker know that a true ethical dilemma exists?

Early Indicators For Ethical Dilemmas

- Signs of conflict among health care (HC) team members, family members, and HC team and family
- Signs of patient suffering

- Signs of nurse distress
- Signs of ethics violation
- Signs of unrealistic expectations
- Signs of poor communication.

Steps in Ethical Decision Making:

1. Identify the health problem.
2. Define the ethical issue.
3. Gather additional information.
4. Delineate the decision maker.
5. Examine ethical and moral principles.
6. Explore alternative options.
7. Implement decisions.
8. Evaluate and modify actions.

Informed Consent:

Many complex dilemmas in critical care nursing concern informed consent. Consent problems arise because patients are experiencing acute, life-threatening illnesses that interfere with their ability to make decisions about treatment or participation in a clinical research study.

Elements of Informed Consent:

Three primary elements must be present for a person's consent or decline of medical treatment or research participation to be considered valid: competence, voluntariness, and disclosure of information.

Competence (or capacity) refers to a person's ability to understand information regarding a proposed medical or nursing treatment. Competence is a legal term and is determined in court. The ability of patients to understand relevant information is an essential prerequisite to their participation in the decision-making process and should be carefully evaluated as part of the informed consent process. Patients providing informed consent should be free from severe pain and depression.

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Consent must be given voluntarily, without coercion or fraud, for the consent to be legally binding. This includes freedom from pressure from family members, healthcare providers, and payers. Persons who consent should base their decision on sufficient knowledge.

Basic information considered necessary for decision making includes the following:

- A diagnosis of the patient's specific health problem and condition
- The nature, duration, and purpose of the proposed treatment or procedures
- The probable outcome of any medical or nursing intervention
- The benefits of medical or nursing interventions
- The potential risks that are generally considered common or hazardous
- Alternative treatments and their feasibility
- Short-term and long-term prognoses if the proposed treatment or treatments are not provided.

Elements of Good Ethical Practice in Medical Decisions in ICU

- Careful assessment of the patient's condition.
- Evaluation of the risks and benefits of therapeutic options.
- Clear communication with the patient or proxy to inform about options and identify plan of care.
- Identification and respect for a competent patient's or proxy's preferences
- Plan of care based on clinical assessment and mutually identified goals
- Toleration of uncertainty when making decisions
- Toleration of disagreement between parties
- Ongoing dialogue to resolve difficult situations.

Critical Care Nursing Practice:

critical care nurses to better understand their clinical judgment between the two. They identified two major categories of thought and action and nine categories of practice that illustrate clinical judgment and the clinical knowledge development of critical care nurses. These major categories are delineated in

Thought and Action

- Clinical grasp and clinical inquiry: problem identification and clinical problem solving.
- Clinical forethought: anticipating and preventing potential problems.

Practice

- Diagnosing and managing life-sustaining physiologic functions in unstable patients.
- Managing a crisis by using skilled know-how
- Providing comfort measures for the critically ill
- Caring for patients' families
- Preventing hazards in a technologic environment
- Facing death: end-of-life care and decision making
- Communicating and negotiating multiple perspectives
- Monitoring quality and managing breakdown
- Exhibiting the skilled know-how of clinical leadership and the coaching and mentoring of others

Communication with Patients:

- From an ethical standpoint, communication is an important component of respect for patients; it is an indispensable ingredient for learning about patients' needs, values, and preferences.
- Many factors undermine communication with patients and with families in the ICU: **insufficient time for staff members and patients to get to know one another and develop a trusting relationship, discomfort or fear of talking about illness and death, focus on the patient's physiologic function, and lack of a conducive setting for communication.** However, taking time to talk to patients and families on a daily basis is a crucial element of respectful care.