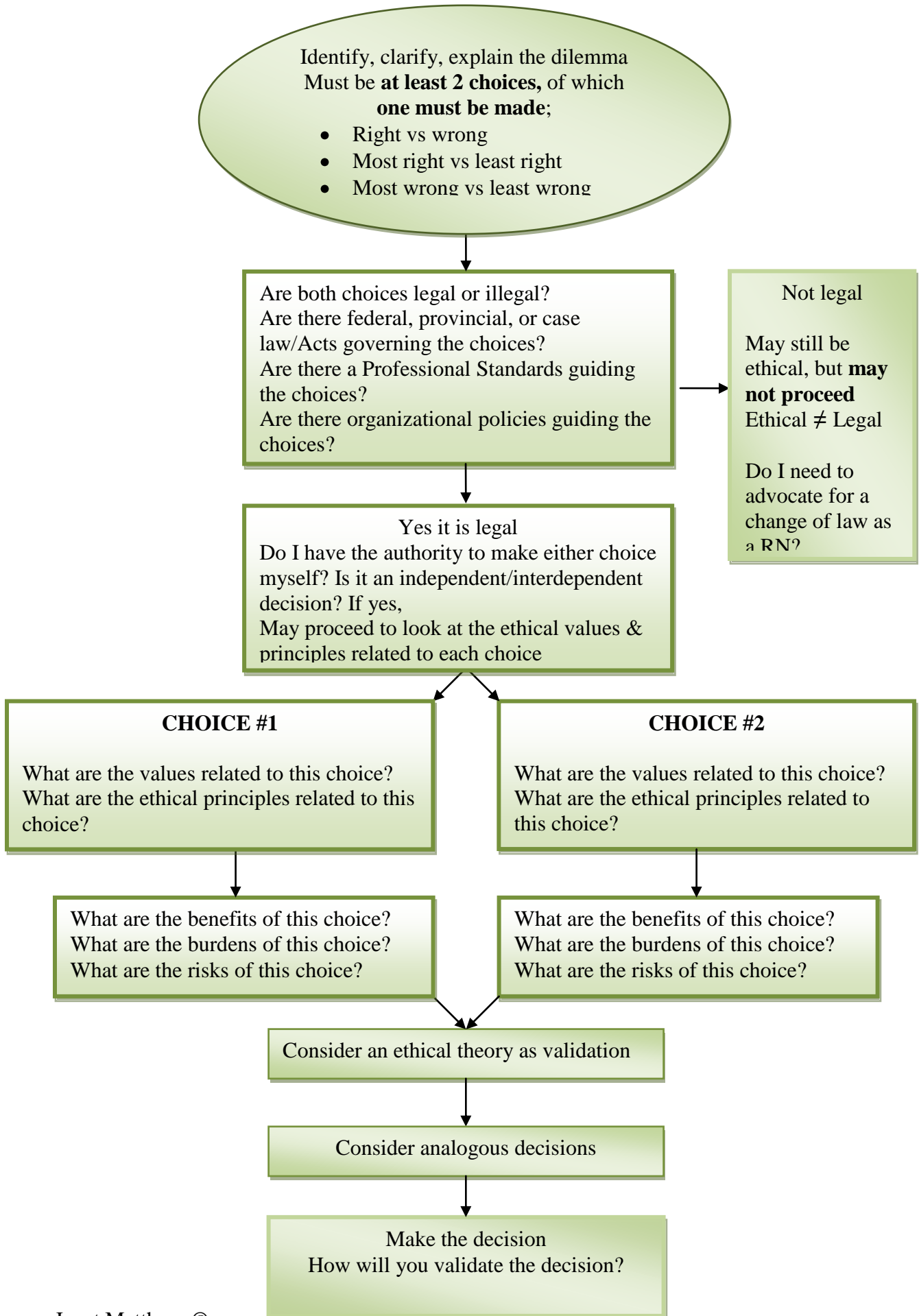


# Nursing Ethics Decision Making Algorithm©

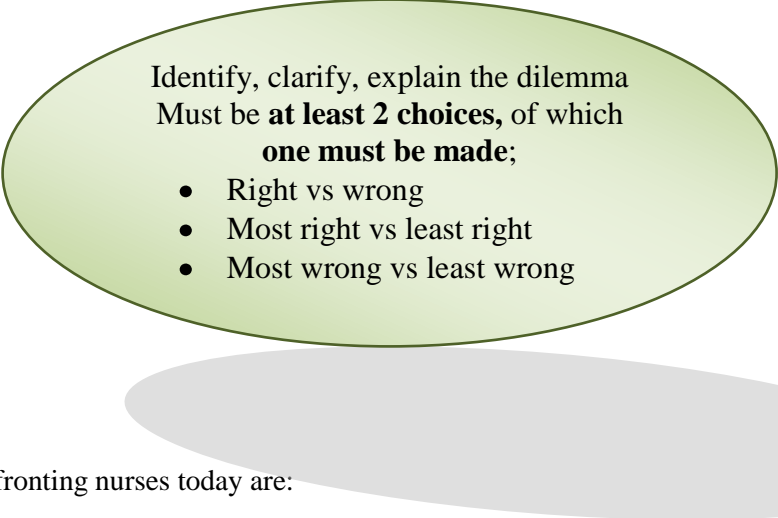


# Guidelines For Nursing Ethics Decision Making Algorithm©

## 1. Identify, clarify, 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 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. Naming or identifying 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.

In the language of making choices, this process requires critical thinking through problem solving to enable good decision making. Whether we are doing this to work through a situation between nurses and other health care colleagues, or whether we are 'walking beside' the client to assist with his or her decision making, the process is the same. Often we are forced to make a choice between right and wrong. This is relatively comfortable for most health care professionals. But, on occasion, we need to consider 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'.

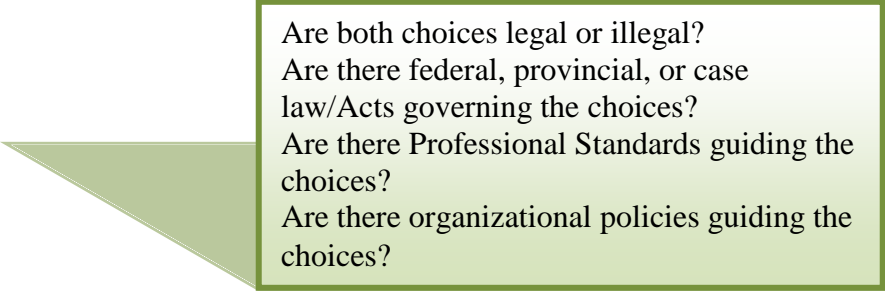


Identify, clarify, explain the dilemma  
Must be **at least 2 choices**, of which  
**one must be made;**

- Right vs wrong
- Most right vs least right
- Most wrong vs least wrong

Frequent dilemmas fronting 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 client's life,
  - ☉ clients' rights vs organization's duty to protect the public
  - ☉ providing care with possible risk to nurses' health,
  - ☉ adhering to policies that threaten quality of care or cause a nurse to breach standards of practice,
  - ☉ truth telling vs lying/deception
  - ☉ allocation of scarce resources
  - ☉ maintaining commitments related to working with unethical/impaired colleagues".
- 
- ☉ Common professional practice issues are:
    - ☉ staffing patterns that cause restricted access to care given by nurses
    - ☉ interprofessional conflicts in the ethical decision making for client care



Are both choices legal or illegal?  
Are there federal, provincial, or case law/Acts governing the choices?  
Are there Professional Standards guiding the choices?  
Are there organizational policies guiding the choices?

## 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 to action as nurses. The primary limiting factor relating to possible choices is that 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:

☉ Basic human rights are endowed upon 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 begin here.

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

☉ Provincial legislation will guide 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 (in Ontario, the Health Care Consent Act, 1996 and the Patient Restraint Minimization Act, 2002). All provinces will have their own provincial legislation.

Finally, and most pertinent to nurses, are the standards of practice of the nurse's provincial regulating body (ie, the College of Nurses of Ontario). These standards are integral to nurses' practice because they belong solely in the domain of nursing and must be known, understood and applied by nurses in their own individual practice, regardless of their employer. It is the nurse's 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 nurse. This commitment pertains to the profession as a whole and to colleagues as representative of the self-regulating profession of nursing. Finally, nurses enact the policies of the employer as part of the employment contract. Nurses need to ask the question, 'what does the regulating body say about the potential choices that confront the nurse in this ethical dilemma/issue'? Are all choices appropriate for the nurse to engage in and will the standards or practice expectations support the choices of the nurse to provide safe, competent and ethical care?

If either choice is not legal, do you as a nurse wish to advocate for legislation change? Is the role of advocate for society one that you currently embrace as a nurse? As 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 ethical ...consider euthanasia. Many consider euthanasia 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 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?

### CHOICE #1 or #2

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

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

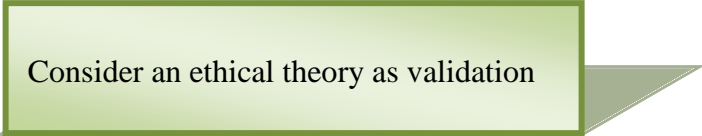
In order to make an ethical decision we will need to include an examination of the potential choices possible in order to determine which action will be preferred in this situation. In order to examine the choices we need to have criteria on which to base the evaluation. In ethical decision making the 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. This concept is fundamentally supported by the Canadian Charter of Rights and Freedoms (1982) and the Charter of Rights (1999). Beneficence and nonmaleficence are key principles in determining benefit or burden/harm that may be the result of a choice. Veracity is the cornerstone of our therapeutic nurse/client relationship and presents many challenges depending on the cultural, religious and values based influences on the choices. Justice and fidelity present numerous competing challenges and perspectives regarding commitments in determining benefit and burden. Allocation of scarce resources is a consideration for nurses on a daily basis.

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

Most 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. Also to be considered in the decision is the risk, real and potential, that can be added to the burden. Risk is easily identified by most nurses as a direct opposite of benefit, which would include poorer health, unhappiness, discomfort, trauma, infection, or even death. Risk is most often quantified by statistics and research. Burden is a challenge to evaluate for many 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, nurses understand that to be truly client-centered the values of the client are what give meaning to benefit and burden.

If 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 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 make the decision for 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 become accomplished in this advocate role, nurses must frequently and sincerely clarify their 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 nurses in the ICN and CNA Code of Ethics, as well as through our regulatory provincial bodies/associations. Professional values will help guide us in determining the benefit of choices.

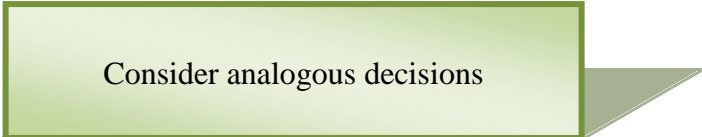


Consider an ethical theory as validation

#### **4. Consider an ethical theory as validation**

In making a decision it is helpful to nurses to consider the principles behind ethical theories as validation of their own thoughts. Most ethics texts and guides (see the CNA Everyday Ethics: Putting the Code into Practice, 2004, 2<sup>nd</sup> 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 ethical decision supported by a theory which says that as 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 the ‘duty’ to our clients 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. Caring theory and feminist theory support yet other approaches that in themselves are neither right nor wrong, but viewed through the perspectives of those involved in the decisioning process. Most often, reviewing theories and applying them to the decision will assist and sometimes point the way to a decision that can be best accepted.

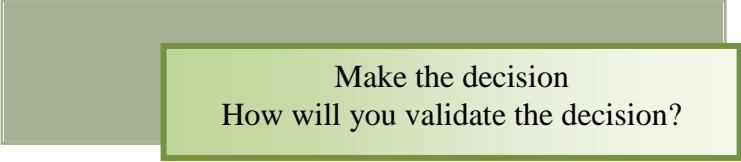


Consider analogous decisions

#### **5. Consider Analogous Decisions**

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?



Make the decision  
How will you validate the decision?

## **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?