Answer Guidance

# Chapter 5: Ethics

## Activity answer guidance

### Activity 5.1

Where do you think nurses might find the information and resources to tell us the ‘commonly accepted standards’ for our practice? Try to identify as many sources as possible.

#### Answer guidance:

*Some sources of information regarding ‘commonly accepted standards’ that you might have identified include:*

*• The Code (NMC, 2015) and other professional information and guidelines published by the NMC*

*• The law within the country in which you are practicing*

*• National guidelines – for example those produced by the National Institute for Health and Care Excellence (NICE)*

*• Local policies and guidelines*

### Activity 5.2

Take some time to try and identify some values that you feel are important to you and think about where you feel these values may have come from.

Have your values changed over time? Compare yourself now with when you were 15 years old.

#### Answer guidance:

*It is difficult to provide a definitive answer to this question since by definition your personal values will be individual to you. However, some of those you might have identified could include equality, justice, fairness, truthfulness, compassion, honesty, respect, integrity, and trust. You will probably have identified that your values have developed as you have matured and have been influenced by a range of factors such as your family, your education, religious beliefs, personal experiences, and the media. When comparing your values with those you held when you were fifteen this will probably depend on your current age – the more experiences we have the more we are exposed to different views and perspectives and this may influence our values. This is also true of your period of nurse education as even if your core personal values remain you may find them challenged at times and, in some instances, they may change.*

## Case study answer guidance

### Case study 5.1: Harry

Harry is 43 years old and is a third-year nursing student specialising in children’s nursing. He believes very strongly in the importance of children being brought up in a loving home with two parents. His own children have now grown up and he has decided that the time is right to fulfil a long-held dream to study nursing. He has recently commenced a placement working with a community children’s nurse.

Today they are going to see a new patient, 11-year-old Lucy. She has recently been discharged home following abdominal surgery and they are going to check the wound. She is understandably worried about having the dressing removed and Harry tries to involve her in conversation about what she likes doing with Mummy and Daddy. Lucy, however, looks confused and then says she doesn’t have a mum, she has two dads. It is then Harry’s turn to look confused until he realises that her parents must be a gay couple. He finds this difficult to respond to, as he has always felt uncomfortable about homosexuality and doesn’t really agree with gay couples bringing up children.

 Should Harry disclose his feelings to his mentor?

 Should Harry be honest with Lucy and her parents about his feelings?

#### Answer guidance:

1. Harry clearly has a very strong belief that children should be brought up in a loving home with two parents. Lucy is indeed brought up in a home with two parents, so why is Harry uncomfortable with this situation?

2. Harry may have preconceptions based on his own lived experiences—he is displaying bias towards Lucy’s family despite there being no evidence to suggest Lucy is poorly cared for.

3. Harry might choose to discuss his feelings with his mentor/practice supervisor to enable him to re-examine his own values.

4. Harry should not disclose his feelings to Lucy and her family as he needs to abide by his code of conduct, which states that he should: 1 Treat people as individuals and uphold their dignity To achieve this, you must: 1.1 treat people with kindness, respect and compassion 1.2 make sure you deliver the fundamentals of care effectively 1.3 avoid making assumptions and recognise diversity and individual choice 1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay 1.5 respect and uphold people’s human rights (NMC, 2018).

### Case Study 5.2: Gemma

• Should Gemma challenge the assertions made by the other patients at the risk of damaging the nurse/patient relationship that she has with them?

• Is it possible that Gemma is allowing her own personal experiences and values to interfere with her ability to provide care to all of her patients in a professional manner?

#### Answer guidance:

*It is possible that Gemma’s personal experiences and values have sensitised her so that she is more aware of these comments but as a nurse, she is required to provide care in a non-discriminatory even manner and so in this instance, her personal beliefs should concur with her professional beliefs.*

*This can, however, mean that she finds it challenging to provide care for people who express views such as these but her professional values require her to (to do otherwise would be discriminating against them).*

### Case Study 5.3: Peter

• What principles of healthcare ethics has the CPN violated?

• If you were the CPN, how would you support Peter?

• How could the framework identified in Table 5.1 be applied to Peter’s case?

#### Answer guidance:

*The principle of consequentialist ethics appears to be invoked here. However, there is no consideration of the possible consequences that may emerge. For example, does the CPN consider the issue of trust that may be broken if people think they may be coerced? The principle of autonomy is being violated here. Furthermore, the principle of doing no harm (non-maleficence) is also being violated in the way in which Peter’s wishes are being ignored without concern for how he might feel.*

*Given that a person who experiences depression is likely to suffer from low self-esteem and may even be thinking about suicide, telling that person that he is letting everybody down is not the best way of supporting him. A more appropriate response would be to engage Peter in discussing what he wants to achieve and how he wants to achieve it. If he is unhappy with the anti-depressant what would he be happy to do? A transparent approach would also include Peter being told that any involuntary intervention would only be applied under the circumstances that would meet the criteria for treatment under the Mental Health Act and are not the sole decision of the CPN.*

*In applying Rowson’s framework the multi-disciplinary team might:*

*1. Consider whether the Mental Health Act applies in this case. Furthermore, the nurse must act in accord with the NMC code.*

*2. Assuming that Peter does not meet the criteria for treatment under the act next consider the principles that might apply. Consequentialism would ask the nurse to consider fully what the possible outcomes of any action might be. This chimes with beneficence and would require the nurse to attempt to bring about a good outcome. The principle of autonomy would dictate that Peter’s wishes must be adhered to as much as possible. Non-maleficence requires the nurse to attempt to do no harm.*

*3. Professional guidelines might suggest that the nurse seek clinical supervision to assist in reflection upon the issues raised. Furthermore, the nurse would need to document all decisions and rationales for decisions in Peter’s care plan. The nurse should also reflect on whether any particular decisions are based on the nurse’s own personal preferences rather than Peter’s.*

*4. Assuming that the nurse has taken into account the issues in 3 it is unlikely that any adjustments to professional guidelines or rules of thumb might be made.*

*5. If the nurse decides that outcomes relating to Peter’s safety might be compromised by respecting his autonomy then the most pressing concern would be safety. Should this be the case then any involuntary approach must be mediated by consideration of Peter’s wishes as soon as is practicable either from Peter himself or the involvement of an advocate?*

*6. The breaching of any principle of autonomy would be mediated by involving Peter in what happens next and by helping him to express his wishes for now and in the future.*

*Having considered 1–6 the nurse could reach a decision.*

### Case study 5.4: Arthur Sampson

Arthur Sampson is 84 years old and lives independently. He has diabetes for which he receives daily insulin and to date, he has been able to administer his own injection and maintain a balanced diet. His diabetes has, therefore, been stable. Recently, however, he experienced a respiratory infection which made him feel very unwell, lost his appetite, and therefore experience hypoglycaemia. This resulted in his coming into the hospital to both stabilise his diabetes and treat the respiratory infection. He is now being considered for discharge and is very concerned that the hospital team seems to be suggesting that his recent hospitalisation means that he needs help managing his diabetes and that he will therefore need a district nurse to call. Apart from feeling as though people are trying to make him dependent Arthur resents this as he likes to go out and about seeing his friends and waiting for the district nurse to call will limit his freedom to do this. He has told the team that he is perfectly able to care for himself and that he takes full responsibility for this. However, the consultant has told him that they have a duty of care and need to make sure that he has support.

• What ethical principles are being challenged in this case study?

• How would you act if you were the nurse supporting Arthur’s care?

#### Answer guidance:

*1) Would you consider that Arthur has full mental capacity? If Arthur has the full mental capacity (as described in this chapter), then he has the right to decline medical and nursing interventions.*

*2) You might want to discuss with the interprofessional team to ensure Arthur has been assessed, to make sure his physical capabilities have not deteriorated since his acute admission for the respiratory infection. This might include an occupational therapy assessment to ensure he has full mobility and if any adaptations could be provided to enable him to maintain independence.*

*3) You could then discuss with Arthur if you do have any concerns about a reduction in his physical abilities since his admission, and if so a plan to support him in managing his diabetes until he feels well enough to be independent once again. You could discuss together the benefits and the risks, and any concerns Arthur may have, allowing him to make a fully informed decision.*

*4) You might also involve his family to see if they can offer some support as an alternative, because this may offer a more person-centred approach. Arthur may be happier to consent to this plan and it could be reviewed collaboratively at a later date.*