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## Nurses and Ethics Consultation: Growing Beyond a Rock and a Hard Place

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With the penetration of the managed-care environment back in the early 1990s came the realization that the hospitals' internal environments were forever changed. Business (that is, systems processes) could no longer operate in the same manner to provide quality patient outcomes while constraining costs and increasing patients' satisfaction.

A more obvious result of the managed-care environment on hospitals was that nursing care was the only reason many patients were admitted to a hospital. Physicians now see most patients outside the acute-care system. The caregiving team should be envisioned as a partnership between the doctor, the patient and/or family, as well as the nurse. In other words, all parties should be included in the overall care of patients to make clinical decisions that are in the best interest of the patient and promote his or her well-being.

The nurses' work in hospital systems has drastically changed since yesteryear. Patients in a "managed environment" move relatively quickly in, through, and out of the system. Nurses have less time to sit and establish bonding relationships with patients and their families. And yet, with such constraints, nurses do this, and are the patients' advocates. *Nurses are ethically bound to do good for patients*. Hindering this commitment is the nursing workforce shortage. Nurses are still expected to do all aspects of their jobs, but with fewer people and less support. It is not surprising that nurses' requests for ethics consults should appear to be emotional requests. Due to how hospitals operate, nurses "in the trenches" essentially answer to two bosses:

1. They must follow physicians' orders, as bound by their licensure and outlined in their state's nursing practice act.
2. They are accountable to nursing (as well as hospital) administration.

Nurses who are caught in an ethical dilemma are caught between a rock and a hard place. On the one hand, system processes allow a nurse to request an ethics consult; on the other, system processes provide little support or education for doing so, given the perceived unbalanced power relationship between the doctor and nurse.

The Gordon and Hamric research article has raised three areas in need of consideration.

## **ORGANIZATIONAL ETHICS**

The structure that permits ethics consultation must not limit its access to a few employees if consultation is to serve the best interest of patients. Policies and procedures for ethic committees and ethics consults must have "top-down" support. System processes should be ironed out to ensure that the functions of an ethics committee are strategically integrated into the mission, purposes, and goals of the overall system. Administrators must clearly communicate to physicians, nurses, and other healthcare professionals their position and expectations regarding the ethics committee and ethics consults. Anyone who is knowledgeable and involved in a patient's care should be able to call on the ethics committee for clinical issues and moral dilemmas as outlined in hospital policy.

A nurse, serving ethically as the patient's advocate, should not be hindered from requesting an ethics consult, if warranted. The nurse should call the attending physician to inform him or her on what is being done, but certainly not for authorization. Hospital administration should educate, support, and encourage its staff to request or participate in ethics consults. Hospitals should create a culture such that nurses are free to call for an ethics consult without fear of retaliation from nursing supervisors or physicians.

Once again, the reason why a nurse, doctor, patient, family member, or other healthcare professional would call an ethics consult is that *it is in the best interest of the patient to improve quality outcomes*. Therefore, it is the responsibility of hospital administration to ensure that this situation is managed and controlled, and if not, care is hindered, and nurses' hands become tied by the system.

## **EDUCATION**

Education on the role of the ethics committee should be conducted throughout the system and continued during each new hire's orientation. This education should include a review of the policies and procedures and the processes that are in place for requesting an ethics consult. In addition, educational considerations should be thought through on multiple levels, as follows.

### **THE EDUCATION OF NURSES**

Nurses need to be assessed as to their educational needs, as this relates to ethics. Certainly, nurses' education will not be able to cover all of the nuances of ethics as a discipline, but perhaps nurses could be taught how to contextually frame and communicate their "ought" questions to other healthcare professionals. Newer nurses may need additional support from nursing supervisors in navigating through the decision-making process to call for an ethics consult. The foundation of nurses' decision making should be based on the principle of beneficence, which gives nurses firm footing on which to take an assertive stance. Additional support may be needed in dealing with interpersonal dynamics, when a nurse is faced with an angry physician who may feel that his or her authority has been usurped. The automatic response should be that the right action was taken, based on both policy and good, solid reasoning — to do good for the patient.

### **THE EDUCATION OF DOCTORS**

Physicians should be further educated on why someone other than themselves would call for an ethics consult. Nurses, who are integral members of the caregiving team, spend incredible amounts of time at patients' bedsides. Nurses serve as advocates for patients, and this role must be respected. Physicians should envision and utilize the ethics committee and the ethics consult team as a tool to provide and enhance patient outcomes of the highest quality.

### **THE EDUCATION OF PATIENTS AND THEIR FAMILIES**

In this technological day and age, the consumers of healthcare are much more sophisticated and computer savvy, investigating and researching all aspects of their disease or illness. Patients expect to be partners

in planning their healthcare and are much more assertive in communicating their needs to members of the healthcare delivery team. All patients should have a right to call for an ethics consult. Hospitals should readily supply information both verbally and in writing, via brochures and fliers posted in highly visible areas. Patients are in vulnerable positions when they enter an organizational system where some aspects of their care will not be under their direct control. Patients count on doctors, nurses, and other caregivers to provide them with information so that they can make well-informed decisions about what happens to their body. No system process should hinder the ability of the nurse, physician, or any other caregiver from advocating on behalf of the patient.

## **RESEARCH**

The Gordon and Hamric research study, somewhat limited by its scope, has implications for further study within the realm of nursing. Nurses play a key role in caring for and bonding with patients and should definitely be included as part of the team that has the responsibility and accountability for calling an ethics consult.

The study could be replicated in other types of healthcare organizations, such as rural versus suburban versus inner-city urban. How would geographical considerations affect the outcomes of the study? Is there a difference in how nurses in the Midwest would respond, compared to nurses in the East or the West? Does education play a role?

Another consideration is to look at and analyze the ethics consults done within a specified time period, looking at who actually called the consult within the hospital. Does this differ from what was found on the self-report surveys?

Lastly, doctors could be surveyed and interviewed to compare and contrast their perceptions with those reported by the nurses.

## **CONCLUSION**

As the healthcare environment is increasingly challenged with ethical dilemmas, the role of all caregivers becomes critically important in ensuring that the wishes of patients and/or their surrogates are respected and that outcomes of the highest quality are achieved. Hospital and healthcare facilities should remove barriers and create an environment such that it is clear that nurses' input in resolving ethical dilemmas is valued. In addition, opportunities for ethics education should be provided, as described.

Nurses themselves have a professional responsibility to take advantage of these opportunities, and, when they are not provided, they have an obligation to seek ethics training.