PLACEBOS

CODE OF ETHICS APPLICATION

QUESTION

I have been assigned to provide care to a 25 year old patient on a surgical unit. He has a history of narcotic use related to bowel disease. The physician has written a medication order to administer Normal Saline IM and to tell the patient that it is Demerol. This medication order has been in place for a week and nurses have been administering the Normal Saline. I am very uncomfortable with this practice and have told the charge nurse that I wish to be re-assigned. Am I right to be concerned?

ANSWER

Yes, you are right to be concerned. You have become aware of a serious ethical violation that needs to be addressed immediately. The *Code of Ethics for Registered Nurses* (the Code) sets out the ethical behavior expected of registered nurses in Manitoba. It provides guidance for decision-making concerning ethical matters and serves as a means for self-evaluation and self-reflection regarding ethical nursing practice.

Three of the core values in the Code which must be considered in this situation are choice, dignity and accountability.

Choice

Nurses respect and promote autonomy in clients and help them to express their health needs and values and to obtain desired information and services so they can make informed decisions.

In this scenario decisions are being made for the patient without his knowledge or involvement. As there is no question of the patient's competence, the patient must be involved in decisions regarding his care. The ethical principle of veracity (truth telling) is also being violated in that the patient is being deceived by the health care providers.

Dignity

Nurses recognize and respect the inherent worth of each person and advocate for the respectful treatment of all persons.

A therapeutic relationship is based on mutual trust and respect. This sense of mutuality has been lost in this relationship and "experts" have determined what is best for the patient. The competent patient who is excluded from participating in their care can experience a sense of loss of control and increased vulnerability. The nurse is in an ideal position to advocate for the rights of the patient to be an active participant in their care and treatment. The primary responsibility for creating a trusting and respectful relationship rests with the care providers. Intentionally deceiving the patient fails to meet this responsibility.

Accountability

Nurses are answerable for their practice and they act in a manner consistent with their professional responsibilities and standards of practice.

The existence of a medication order from the physician does not exonerate the registered nurses from their obligations in this ethical violation. Disagreements among health care providers about the treatment and care provided to a patient should be clarified and resolved by the members of the health care team so as not to compromise their relationship with the person receiving care. Many agencies have processes for discussion and resolution of such disagreements and conflicting opinions. If a process does not exist, nurse and physician leaders of the agency must become involved in resolution (see *Code of Ethics for Registered Nurses* Appendix A).

RESOLUTION

The resolution of this situation will involve a number of activities and participants. Responsibility for specific activities will be determined by the established agency process or by agency leaders and may not require the participation of the nurse in all of the steps.

Essential activities will include:

1. Identifying and clarifying the problem, the ethical issues arising, and those involved.
2. Implementing a process for resolution through reporting the situation to agency leaders and participating in the process as required.
3. Reviewing the factors that lead to the situation and initiating measures to prevent recurrence.
4. Informing the patient of the violation and re-establishing a trusting and therapeutic relationship.

Summary

Health care providers are not expected or required to participate in care activities or procedures that are contrary to their professional judgment or personal moral values. By declaring in advance your inability to follow the plan of care for this patient you served two purposes:

1. Highlighting the ethical violation so that it could be addressed
2. Maintaining your professional accountability to the Code.

Resources

CRNM Publications

- Standards of Practice for Registered Nurses

Canadian Nurses Association Publications

- Code of Ethics for Registered Nurses. (2002).
- Joint Statement on Preventing and Resolving Ethical Conflicts Involving Health Care Providers and Persons Receiving Care. (1999) Canadian Healthcare Association, Canadian Medical Association, Canadian Nurses Association, Catholic Health Association of Canada.

Central Council for Nursing and Midwifery Resources, UK

- Position Statement on the Covert Administration of Medications

For more information, please contact a CRNM Nursing Practice Consultant at (204) 774-3477 or (800) 665-2027 (Manitoba toll-free)

This publication is provided for general information. For more specific information see the CRNM *Standards of Practice for Registered Nurses*, the Canadian Nurses Association *Code of Ethics for Registered Nurses* and the Registered Nurses Act and Regulations. CRNM publications are available on our website at www.crnm.mb.ca

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