**SPECIFIC ETHICAL ISSUES IN NURSING PRACTICE.**

**Abortion:-** Abortion has raised a lot of debate, based on the principle of sanctity of life as against the principle of autonomy and the right of a woman to control her body. This has generated into a public issue and no consensus reached. There are laws in some countries that gives consideration to conscience. Nurses and institutions or primary caregivers may refuse to participate in abortion procedures when they have personal moral or religious principles that are against engaging in abortion, though nurses do not have a right to force their client to accept their own values. Nurses should provide care based on the ethics of nursing, the client has a right to receive correct information, has counseling, but should be allowed to make decisions.

**Acquired Immune Deficiency Syndrome** (AIDS) AIDs is one of the condition that generate controversy because of the stigmatization associated with it, one of the ethical issues of AIDS is whether to make testing for HIV status compulsory or voluntary for both patient and the health care providers and whether result should be disclosed to spouse, or insurance provider, caregivers and sexual partners. These are ethical dilemma with positive and negative implications. Other ethical issue concerning AIDS is the moral obligation to provide nursing care to an HIV infected patient. Nurses must see their duty as a moral obligation, further consideration could be made if the level of risk is greater than the responsibility.

**Designer Babies** As a result of advanced technology, health care providers are capable of screening embryos to determine their sex or their genetic characteristics (components) in order to determine a genetic disorder, some people consider such procedures as not morally right, others see it as a way of reducing the stress that children with genetic disorder cause to families hence, such procedures are regarded as appropriate. Advancement in technology also allows gene manipulation, cloning, altering biological characteristics, all of these raised arguments among health workers and the public at large.

**Organ and Tissue Transplantation:** Organs can be donated by living donors or individuals who just died. Several patients are on the list awaiting kidney, liver, etc transplantation and there are many ethical issues associated, ethical issues include

* Allocation of organs
* Selling of body parts
* Involving children as donors
* Clear definition of death
* Consent
* Conflict of interest between potential donors and recipients

**Stem cell research:** This is another controversial issue in health, stem cell use for research and for therapies that improve health is considered acceptable to some groups, where as some other groups disapprove of it. Cloning (duplication of cells and organs) are unacceptable, irrespective of the purpose, stem cell are induced into different cells, which are used to repair damaged cells and tissues. Both adult and embryo cells are used. An embryo of 5days before implantation can be used; some of the questions raised are “when does human life begins” “a child also has a right to live” etc.

**End of life issues**  Nurses have the responsibilities of providing adequate care to his/her clients who are at the end of life, such care include, providing adequate information, giving professional assistance and proving quality and standard care, some of the ethical issues at this stage are;

* Euthanasia or Assisted suicide
* Advanced directives
* Termination of life-sustaining treatments
* Withdrawing or withholding food and fluids

**Euthanasia/Assisted Suicide**

This is commonly referred to as “Mercy Killing” or “Good death” This is an issue when patients are on life machines for sustenance of life for many months or even years; the argument is that patient cannot continue to be on the life-sustaining machine or treatment when it is glaring that they are not capable of living a normal life outside machine or treatment, considering the scarcity of resources, whereas, another argument believes that the patient has a right to life and should be kept on the life support as long as possible.

There are two types of Euthanasia Active and Passive Euthanasia.

Active euthanasia is when the patient’s death is brought about by a direct action with or without the patient consent e.g giving the patient a lethal medication to put an end to the pain and distress experienced by the patient. Another form of Active Euthanasia can also be achieved by giving the patient a means by which they can terminate their life if they request for it this may be by providing certain lethal medications or a weapon that can be used, this is termed assisted suicide. Active euthanasia is forbidden by law and it may be termed murder and attract a criminal charge. Certain countries permit assisted suicide, when clients are severely and terminally ill and desire suicide.

Passive Euthanasia involve the withdrawal or the withholding life supporting treatments, e.g removing ventilators, withholding attempts to resuscitate (cardiopulmonary resuscitation) of a patient. Passive euthanasia is more ethically acceptable.

**Termination of life** Clients who are sick in the hospital may give instructions in advance (Advance directives) about their treatment, especially of their willingness to continue to receive life sustaining treatments or for it to be withdrawn when their condition become critical and death is imminent, medications such as antibiotics can be withdrawn, others include ventilators, organ transplants etc. Client may personally give such instruction or appoint a surrogate decision maker. Nurses may find it difficult to implement such instruction. The nurse must also note that withdrawal of treatment do not translate to withdrawal of care. Client must continue to enjoy nursing care and be made comfortable as much as possible to promote a peaceful death. Food and fluids administration are considered as part of nursing care but when food and fluids are administered by a nasogastric tube or gastrostomy tube or intravenous tube to a dying patient or to an unconscious patient for a long period of time and it seems there is no hope of sign of improvement, administration of food and fluid can be considered as treatment, nurses must also honor the decision of their dying patients when they refuse food of fluids.

**Allocation of scarce health resource** Many patients/ clients are on the roll waiting to receive organ transplant artificial joints and specialist services in spite of the increase in medical cost. Most times it’s not possible for clients to receive services the way they want it, hence the principle of autonomy many not be applicable, nevertheless, health care providers must be fair to all, using the principle of Justice.

Nursing care is also a health resource, there is an increase demands for nursing services, the nursing shortage all over the world result in uneasy working conditions, which has a negative implications on client’s outcomes. “How does a nurse decide what to do when work load due to shortage is large and safety cannot be guaranteed, this becomes an ethical issue, can nurses refuse to take up work and assignment even at the risk of client’s safety or continue to perform her duty to the extent that it’s possible? According to the law in certain countries. Hospitals must pass the mandated hospital staffing ratios before they are allowed to practice. And hospitals with inadequate number of nurses should “close beds” while client are referred to receive care elsewhere until the conditions are met.

**Management of Personal health information.** Privacy and confidentiality are legal and ethical order that nurses must observe in their practice. Following the principle of autonomy, it becomes nurses obligation to maintain privacy and confidentiality, nurses must only reveal details of clients condition only as appropriate and communicate only the information that is necessary to provide health care. The use of computers for records increases the risk of accessibility of sensitive data to increase number of people, nevertheless, nurses should develop and observe measures and policies to protect client’s data and ensure privacy and confidentiality.

**Other Bioethical Issues.**

Professional ethical issues continue to increase as a result of changes in the society and technologies. The following are also ethical issues of concern.

**Genetic screening** This is testing to detect genetic related disorders Genetic testing creates an awareness of a condition or disorder that is not manifesting but many be developed in the nearest future. The ethical questions is “of what benefit is the knowledge of the presence of a disease or disorder that individual can experience in the nearest future, but not yet manifesting, and what are the risks of such information. There are diseases/disorders that appear in the offspring when either their parent or grandparent suffered from such disorder. For example Huntington’s diseases is a degenerative neurological diseases that is incurable, the diseases affects cognitive, physical and emotional function and this diseases is detectable through genetic testing, some people are interested and eager to discover if they are at risk of developing such disease, so as to plan their life such as planning for child bearing, retirement etc. when some people are hesitant of such information, they prefer to live their life and wait for the future to come.

**Futile care** Futile care refers to care that are provided by health care workers but are viewed as hopeless because they do not serve any good or useful purpose. Though, predicting about the outcome of health situation may not be accurate at all times, also opinions of people about the worth of such outcome varies, for example performing a liver diseases, the success of a cure of this diseases is unpredictable, but with or without the transplant, death is inevitable, the physician may recommend, whereas the patient may think its purposeless, both physician and patient may not agree on such decisions. Such procedures only help to prolong dying.There is need for healthcare providers to label some procedures as futile, this is usually in collaboration with clients especially in dying clients where there is little or no hope of recovering. In other situations, futile care may be provided to create adequate time for relatives to arrive at bed side, write wills or solve financial matters.

**PROFESSIONAL AND LEGAL REGULATION OF NURSING PRACTICE.**

Nursing Practice is regulated by the following:

1. Standard of care
2. Nursing practice acts
3. Employee guidelines
4. Credentialing

**Standards of care**

Standards of care are guidelines that state the functions and the responsibilities of the nurses that the client expect to receive in terms of care. The standards of care are the indicators that are used to determine whether nurses perform their duties in the most appropriate or acceptable manners. When the nurse fails to perform her/his duty based on the accepted standards of care, the nurse is liable to litigations. The main purpose of the standard of care is to protect the consumer of health services and define nurses responsibility to their clients, the standards of care is also used as the legal guidelines for nursing practices. Nurses who follow standards of care provide safe, competent nursing care.

Nursing standard of care is categorized into two:

i. Internal Standards

ii. External standards

**Internal standards of care are**

* Nurses job description
* Education and expertise
* Institution policies and procedures.

**External standards of care are**

* Nurse Practice Acts
* Professional Organization (NANNM, UGONSA)
* Nursing specialty practice organization (e.g. emergency nurses, Association, Association of pediatric nurses etc.
* Federal organization and federal guidelines (e.g. The Joint Commission and Medicare.

**Nurses Practice Acts**

**Employee Guidelines**

These are stated guidelines that are implied in the contract at the time the nurse is accepting an employment to practice.

It also includes the institutional policies

*Contracts:-* A contract is a legally binding agreement (verbal or written) between two or more competent persons on sufficient consideration (remuneration), to do or not to do some lawful act.A contract is the basis of the relationship between a nurse and the employer, nurses have a duty to carry out the contractual agreement with the employer and the client. The nurse-employee relationship is sometimes controlled by established employee handbooks and client care policies and procedure, which make provision for obligations, rights, and duties of each party. For example, it may state that a nurse will work at a hospital for a stated length of hours and under stated conditions. The nurse must endeavor to understand the terms of contract in order to know her roles and responsibilities

*Institutional Policies.*

These are written rules, regulation and procedures of the employing institution as regard how nurses are expected to perform their work. Policies and procedures are specific guidance of the institution that state the expected behavior of the nurse, such policy are often bindingand the nurse is expected to know the institutional policies and follow them, nurses who do not follow these policies and procedures are usually penalized and increases their risk of liability.

**Credentialing.**

This is also an important way of regulating nursing practice. Credentialing is a process of determining and maintaining competence in nursing practice to ensure standard of practice and maintain accountability for the educational preparedness of the nurses. This is the major responsibility of the Nursing and Midwifery Council of Nigeria (NMCN) in Nigeria Credentialing includes Certification, Licensure and Accreditation.

*Licensure:-* In Nigeria the nursing training in any school of nursing or the department of nursing must pass the nursing and midwifery council of Nigeria examination before they can be licensed to practice nursing by the same body. The license stands as a legal permit that is granted the nurse to practice in Nigeria and to use a particular title “Registered Nurse” (RN). Nursing licensure is compulsory as it is required by law or rule before nursing practice. The license is the evidence that the nurse has a standard minimum knowledge base that is expected of registered nurse. to know institutional policies and follow them as the usually penalize nurses who don’t follow this procedure and policies and it increases risk of liability. The licensing of nurses before practice provide a means of protecting the public and to ensure public safety or welfare. It is important that the nurse update his/her license part time in order to maintain standard, renewal of license attract continuing education and training.

**Certification**

Certification is obtained when the nurse decide to work in a specific area of nursing. Certification is the voluntary practice of validating that a nurse has met minimum standard of competence in a special area in nursing. For example: Mental health,Pediatrics, Oncology Family, Maternal and Child Health.

**Accreditation**

One of the ways of regulating nursing practice is accreditation of nursing programs. The nursing and midwifery council of Nigeria is saddled with the responsibility of accreditation. This is to ensure that nursing training schools maintain minimum standard of education, it is a legal requirement of nursing schools in Nigeria, and it is an evidence of approval to continue to train nurses. The nursing program must meet certain criteria, which are regarded as standard before accreditation.