



ETHICAL PRINCIPLES IN NURSING

Nursing Case Studies

By: Patience T. Quiah

TABLE OF CONTENT

| | |
|---|----------|
| Seven general ethical principles in nursing..... | page 2-3 |
| Introduction..... | page 4 |
| Body (research).....identifying these principles..... | page 5 |
| Conclusion..... | page 6 |
| Work Cited..... | page 7 |

- *Non-Maleficence*
 - ✓ Will no one be harmed by the proposed intervention?
 - ✓ Are especially children prevented from harm?
- *Beneficence*
 - ✓ Is the intervention of any good to every single person taking part in this intervention?
 - ✓ Overall, for both non-maleficence and beneficence, is it possible to assess whether more benefit than harm is produced by intervening (or not intervening) and, if so, on what side (benefit or harm) does the equation finally fall?
- *Health Maximisation*
 - ✓ Is the proposed intervention effective and evidence-based? Does it improve population health?
 - ✓ Does it have a sustainable, long-term effect on the public's health?
 - ✓ Is there a community added value to the proposed intervention?
- *Efficiency*
 - ✓ Is the proposed intervention cost-effective?
 - ✓ Awareness of scarcity of public money; saved money can be used for other goods and services.
- *Respect for Autonomy*
 - ✓ Does the intervention refrain from employing coercion and manipulation? Does it foster free choice?
 - ✓ Is there really 'informed consent' to take part in the intervention?
 - ✓ Is self-responsibility not only demanded but also possible for every person?
 - ✓ Are privacy and personal data respected?
 - ✓ If the intervention is paternalistic, is this justifiable?
 - ✓ Does the intervention promote the exercise of autonomy?
- *Justice*
 - ✓ Is no one (including third parties) stigmatised, discriminated against or excluded as a consequence of the proposed intervention?
 - ✓ Is the institution proposing the intervention publicly justified and acting transparently?
 - ✓ Is the proposed intervention not putting sub-populations at risks of being excluded from social benefits and/or universal access to health care?
 - ✓ Does the intervention exacerbate social and health inequalities (inequities)? Does it fight inequalities (inequities)?

- ✓ Does the intervention consider and support vulnerable sub-populations (e.g. migrants)?
- ✓ Does the intervention promote rather than endanger fair (and real) equality of opportunity and participation in social action?
- ✓ Does the intervention refrain from eroding a sense of social cohesion and solidarity?
- *Proportionality*
 - ✓ Is the intervention the least infringing of possible alternatives?
 - ✓ Are costs and utility proportional?

Introduction

Why case studies?

Case studies in this context are short narratives describing a real-world or at least realistic example of a professional ethical dilemma. Case studies have a central role in the process of teaching and learning that aims to build the capacity of moral awareness and discrimination. The use of case studies has been widespread and successful in various areas of medical ethical education generally and bioethics more particularly. They also have a history of success in public health, in particular public health ethical-scientific discourse. Case studies are not simply 'administered'. Their form demands, and their function yields, dynamic group discussions in which the participants' specific professional and personal experience can be brought to bear on the problem highlighted within the case concerned.

Research

Case study: Maria Morales

This case was about Maria Morales, head of the “Infectious Disease Control” unit of the Ministry of Health of the State X, is asked by her minister to make a suggestion if measles immunization should be made mandatory in their region as recently 2 children died after a measles outbreak. State X has an insufficient immunization rate (1st dose 70%, 2nd 55%). Maria finds out that *obligatory* measles immunization is effectively implemented in regions in Hungary and the Czech Republic. She knows her minister is taking her advice most seriously. What should she do?

| Steps | Selected questions and issues raised by the example case study “Maria Morales” |
|---|--|
| 1. <i>Identify and frame in own words</i> : What is the underlying moral conflict? | Can a parents’ right to not have an intervention done with their child be overridden by the state (for someone else’s good)? Furthermore: Can parents exercise their will on behalf of their children? |
| 2. <i>Identify and frame in ethical words</i> : Which ethical principles are relevant, how can they be specified and might they be in conflict to each other? | Overall, the principles respect for autonomy and health maximisation seem to be affected and seem to mutually exclude each other. But one also has to ask whose autonomy is at stake. Parents’ autonomy – but what about the future autonomy of children? Furthermore, the immunising doctor might be indecisive whether to advocate for autonomy, health maximisation or non-maleficence. |
| 3. <i>Zoom further in</i> : Do I have all relevant information? Can I get more background information to understand all particularities? | What are the potential side effects of measles immunisation? How severe are measles for children? About how many persons (to be vaccinated against their parents’ will) can be protected, which effect would such an immunisation programme have on the incidence of measles and which side-effects could actually be prevented? |
| 4. <i>Are alternative solutions</i> feasible with less moral issues/costs? | Can there be alternative approaches to mandatory measles immunisation? Can one raise immunisation rates by informing, advertising, setting incentives for parents? |
| 5. <i>Further Specification</i> : Do the specifications change with more information? | If there are alternative ways that are less infringing on the respect for autonomy but rather support the health maximisation and the protection of those who cannot be immunised (ensuring non-maleficence), then these alternatives have a higher moral value. |
| 6. <i>Weighing</i> : Are all conflicting principles and their specifications still of equal value? | If other measures (incentive setting, education campaigns for immunisation) can be successfully implemented elsewhere, mandatory immunisation seems less necessary. Yet, autonomy of the parents (who are safeguarding the autonomy of their children) attains even more weight. |
| 7. What do I <i>conclude</i> from the specification and weighing? What would be my <i>solution</i> to the problem? | Mandatory measles immunisation would – in this very particular situation – not be necessary in order to achieve best health and given that it would infringe autonomy of parents (and allegedly of children), it should not be applied. |
| 8. <i>Integrity</i> : Can I personally accept the conclusion drawn? | It seems to be a suitable solution to – at least first – try other measures, rather than being in charge of forcing parents and children to have children’s bodies ‘invaded’ against their ‘guards’ will. |
| 9. <i>Act and convince</i> : I act according to my judgment and convince colleagues and others also based on ethical reasoning. | I try to find resources within my professional budget and start action to promote immunisation with other means. |

Conclusion

An important benefit of a case study-type approach centrally embedded in public health ethics teaching and learning is that it allows access to an enormous range of sources and experience. There is perhaps a tendency to think of case studies as artefacts solely designed by those charged with the teaching and learning process. Of course, the development and use of case studies designed by those teaching short courses in ethics is important. But student-generated experience as material for case studies is equally, if not more, valuable because it is rooted in the professional lives of learners. Sources such as books (both fiction and non-fiction) and films are also rich veins that can be tapped in the search for source material for ethics-related case studies

Work Cited

<https://www.ncbi.nlm.nih.gov/>

<https://bmcmedethics.biomedcentral.com/>

Biomedical ethics scholarly review