Nurses are caught in a dilemma between their duty to patients and their accountability to doctors and managers. It is a constant tug of war situation.

The way nursing is organised largely determines Nurses' behaviour. It limits their activities and holds them accountable for their action both as an individual and as member of their occupational group. However, as Nurses move towards more autonomous practice, professional responsibility is increasing & we are becoming more accountable for our clinical decision-making.

As per the code of conduct, Nurses are held accountable in varying degrees, the public, their employers, the profession, & important one is their patient. Mosby's medical dictionary defines accountability in the medical setting as being responsible for the moral & legal requirements of proper patient care. Legally the term 'obey' closely with the concept of a duty of care, as used in relation to professional negligence.

The profession itself places the onus of accountability on the individual Nurse. To be accountable a Nurse must have autonomy of action & the authority to act within a defined nursing role.

However, the bureaucratic nature of much of health care, and the status of nursing within it, leaves Nurses in a very conflicting position.

**THE NURSES’ DILEMMA**

The way nursing is organized today is a development of the Florence Nightingale tradition, which was established on principles borrowed from the military. Much of this hierarchical nursing traditions remain.

The medical and Nursing profession have always worked together but it has always been an unequal relationship, with the power vested in the doctor. The law has largely supported this. The doctor diagnoses & prescribes while the Nurse carries out his instructions. As a result Nurses are faced with the dilemma of professionalism versus bureaucracy. In the hospital context it is often difficult for them to exercise individual initiative. Even though the code requires Nurses to act independently & to hold full accountability for their action, much of the Nurses' work in the acute sectors is determined by the doctor handing out the instructions.

So real is this professional dilemma identified as a phenomenon, the Doctor - Nurse game' Nurses indicating to doctors what they should do through hints & comments made in such a manner that the doctors are not aware, that they are being guided by the Nurses' clinical expertise. The doctor therefore appears to be in charge.

Some Nurses see this process as being in the best interest of patient because it results in the correct decision without the doctors' authority being overtly challenged. Nurses are striving to introduce a paradigm shift that will bring Nurses into a position of professional equality with doctors. However, while academia is accustomed to the rhetoric of accountable & autonomous practice, the reality for most Nurses remains one of subservience to doctors.

So, if the doctors have ultimate responsibility for a patient's care, a position that appears to be supported in law, are the Nurses duty bound to carry out the doctor's orders? The answer is yes, except in certain circumstances, such as where she / he apprehends negligence or criminal intent.

**SHOULD WE ALWAYS OBEY?**

A Nurse should not administer a potentially lethal dose of a drug if she/he is concerned that it may be prescribed to hasten death rather than for the relief of pain. The phrase, "but I was only carrying out orders" is not a sufficient defence on its own. However, Young (1994) cautions that if Nurses choose to refuse to cooperate with a doctor, they must be very certain of their facts if they are to avoid disciplinary action.

Young cites the case of a psychiatric Nurse dismissed from job for not participating in the care of a patient undergoing E.C.T. on the grounds that it was not in the patients' best interests.

His dismissal was held on the grounds that the Nurses' perception of what was in the patients' best interest was contrary to the opinion.

Nurses are caught in a conflict between what was said by Hunt, (1994) terms, "downward" & "upward" accountability. Downward accountability is responsibility to the patient, while upward accountability is responsibility to the medical & financial management.

Professionally, Nurses are presented as being directly & primarily accountable to their patients. In reality they are only→
very indirectly accountable to their patients, because they are directly &
primarily accountable to management.
Nurses are practising in an increasingly litigious environment.
The law of negligence cannot be
ignored. Nurses can be called to
account for their actions in both
the criminal & civil courts.
This is particularly with regard to
Nurses taking on a wider range of
responsibilities. Specialist Nurses are
particularly under pressure, or indeed
choose to carry out practices previously
accepted as medical. If Nurses choose
to undertake new tasks, they become
liable for their errors.
As long as they are working within
their contractual roles, policies &
procedures, their employer will take
some responsibility through vicarious
liability. However, the standard of care
they are required to give will no longer
be that of a Nurse.
Young (1992) cites to the case of
Wilsher vs Essex AHA, which ruled
that the standard of care expected of
a professional is that associated with
the particular post & the task
performed, rather than varying with
the experience & skill of the individual
practitioner. This case reinforced the
principle that inexperience can never
be an excuse for negligence.

CONCLUSION
Both legally & professionally,
Nurses are unequivocally accountable
for their practice to various parties &
in many areas. If a patient dies as a
result of a nurse administering the
wrong drug under the orders of a
doctor, the Nurse could be liable for
civil action since she failed to
deliver a reasonable standard of care
expected of a Nurse.
Such Nurses could also face
disciplinary proceedings before the
Nursing Council & their line managers
because they failed to use due care &
skill in carrying out their contract of
employment. Additionally, they would
probably have to appear in the
coroners courts & might also face
criminal proceedings.

The contrast with the medical
profession is tremendous. Nowhere in
doctor’s code does the word,
‘Accountability’ appear.

It is for this reason Nurses are
placed in an invidious position. The
nursing profession is often
accountable to the medical profession
which arrogantly sees itself as
‘Accountable to None’.

Ref:
Hunt C. (1994) Ethical issues in Nursing
Stein L. (1992) The Doctor Nurse Game
Young A.P. (1993) Legal problems in
nursing
Young A.P. (1994) Law and professional
conduct in nursing.