ETHICS IN NURSING
Precepts and Practices

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CHARLES MCFADDEN says that “Ethics teaches us to judge accurately the moral goodness or badness of any human action.” That sounds very simple, but in practice it just isn’t. Most people want to do what is good, but don’t know how to decide whether an action will result in good or bad.

Books on ethics, and ideas about the rules of ethics keep changing with history. You’ll remember that the Military Nursing Orders during the Crusades were knights who were soldiers too, and took part in the fighting and killing and even in the looting of captured cities as well as taking care of the wounded. But today we hear of the heroic actions of nurses and doctors rescuing wounded under fire.

Even the International Code of Nursing Ethics states that it is not possible to cover all relationships because nurses in different parts of the world have different philosophies and beliefs.

Never the less, we do have some written guides to help us decide how to act as nurses. Doctors still use the revised Oath begun by Hippocrates, 2,300 years ago. Our own Florence Nightingale Pledge written by Mrs. Gretter less than 80 years ago means a great deal to every nurse who has learned it and follows it as a student and graduate. And in 1953, the International Council of Nurses accepted an International Code of Nursing Ethics.

The International Code

The introduction to the Code gives the purpose and goals of nursing. It also points out that the need for nursing is universal, and nursing service cannot be restricted “by considerations of nationality, race, creed, colour, politics or social status.” We can easily accept this because our Indian Constitution states that good health is a Fundamental Right of all people, and that there must be equality.

The first of the fourteen rules of the Code states again the responsibilities of the nurse—to protect life, lessen suffering, and promote health. I wish we could add a fourth responsibility that of the rehabilitation of the patient, to assist him to return to personal and community life, and to make the best contribution of which he is capable.

The second rule calls us to live up to the highest possible standards in giving professional care to our patients. Often Nursing is referred to as “the Noble Profession.” I’m sceptical of this for two reasons: one is that very often what the speaker really means is that since we are serving people in their desperate need, we should be self-sacrificing and work under the worst conditions, and as a reward we will be called “noble”. The second is that you and I know that what we call the “Public Image” of the nurse is not, unfortunately, really a “noble” one. But we can win this right to be called a noble profession by the public, if we follow this second rule of giving professional care of the highest standard to the public, and by following the rest of the rules in the Code.

Nursing changes so fast that unless we keep studying and learning, we can’t possibly have high standards of work. My mother, who is a nurse, once asked me what all these vitamins were that people talk about; When I was in training, pneumonia was a long and very serious and common disease. You will be caring for patients who are receiving radio-isotope treatments which I never did in my training.

You, here in India, know much more about the need to respect the religious beliefs of patients and their relatives, and probably have experience in persuading them that some things are necessary as treatment which are against religious customs of the patient. But this rule is important everywhere.

The fifth rule repeats a statement in the Florence Nightingale Pledge, that a nurse must keep the patient’s secrets, or better forget them when they are not related to his care. The TNAI is trying to get a law passed which would give this right to nurses even in a court of law.

Rules 8, 11 and 14 refer to the nurses’ relationships and responsibilities to other members of the health team, medical professions and other professional groups and citizens, who are working for the public. She is to be loyal, building confidence in the other members of the team, reporting unethical conduct only to the proper authorities, cooperating in joint programmes and assisting in every way to meet the needs of the community, state and nation. It seems to me this area of human relations is one where we often fail. We are too often concerned with what we can get without realizing that what we want will very often be granted to us if we follow these three rules in all our work and relationships.

A Greek nurse once told me that the four groups with the highest status in Greece were the religious priests, teachers, doctors, and nurses. Nurses gave self-effless and devoted service to the people of Greece during the war and the years of despair, following that the public have never forgotten it. “But”, she added, “they expect us to live up to this position too.”

The 9th and 10th rules are related to economics and the nurse. It says she has a right to a fair return for her work, which is why the TNAI is working to improve the salary, allowances, and conditions of work and living for nurses, wherever necessary.

It also means that until such necessary changes are made, she should accept only the things agreed upon in her contract, and not let her name to be used in advertising to get more money—a rule you have probably noticed in some popular magazines, but is being broken by some nurses right now.

This brings us to the question of the tragic strikes by nurses which have occurred recently, very often there may be a real grievance which needs to be corrected.

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