

Marquette University

e-Publications@Marquette

College of Nursing Faculty Research and
Publications

Nursing, College of

4-2020

Ethics in Perioperative Practice—Principles and Applications

Kathryn Schroeter

Follow this and additional works at: https://epublications.marquette.edu/nursing_fac



Part of the **Nursing Commons**

Marquette University

e-Publications@Marquette

Nursing Faculty Research and Publications/College of Nursing

This paper is NOT THE PUBLISHED VERSION; but the author's final, peer-reviewed manuscript. The published version may be accessed by following the link in the citation below.

AORN Journal : The Official Voice of Perioperative Nursing, Vol. 75, No. 4 (April 2002): 818-824. [DOI](#). This article is © Association of periOperative Registered Nurses and permission has been granted for this version to appear in [e-Publications@Marquette](#). Association of periOperative Registered Nurses does not grant permission for this article to be further copied/distributed or hosted elsewhere without the express permission from Association of periOperative Registered Nurses.

Ethics in Perioperative Practice—Principles and Applications

Kathryn Schroeter

Froedtert Hospital, Milwaukee, WI
Medical College of Wisconsin. Milwaukee, WI

Editor's note: This is the first in a nine-part series that explores the effect the American Nurses Association's (ANA's) Code of Ethics for Nurses with Interpretive Statements has on perioperative nurses. Each article in this series will deal with one of the nine provisions outlined in the ANA code, along with interpretations and examples for perioperative nurses. At the conclusion of this series, perioperative explications of the ANA code will be included in AORN's 2003 Standards, Recommended Practices, and Guidelines.

ABSTRACT

Though often difficult, ethical decision making is necessary when caring for surgical patients. Perioperative nurses have to recognize ethical dilemmas and be prepared to take action based on the

ethical code outlined in the American Nurses Association's (ANA's) *Code of Ethics for Nurses with Interpretive Statements*. In this first of a nine-part series that will help perioperative nurses relate the ANA code to their own area of practice, the author looks at the first statement, which emphasizes respect for people. *AORN J* 75 (April 2002) 818-824.

Perioperative nurses often find ethical decisions difficult to make, but necessary when caring for surgical patients in practice. Perioperative nurses need to be able to recognize ethical dilemmas and take appropriate action as warranted. They are responsible for nursing decisions that are not only clinically and technically sound but also morally appropriate and suitable for the specific problems of the particular patient being treated. The technical or medical aspects of nursing practice answer the question, "What can be done for the patient?" The moral component involves the patient's wishes and answers the question, "What ought to be done for the patient?"¹

AORN's Ethics Task Force has detailed specific perioperative nursing explications that correspond to the nine provisions in the American Nurses Association's (ANA's) *Code of Ethics for Nurses with Interpretive Statements*.² The ANA's code of ethics expresses the moral commitment to uphold the goals, values, and distinct ethical obligations of all nurses. Nursing is practiced in a changing social context, so this code of ethics has become a dynamic document.

The ANA code and AORN's explications for perioperative nurses provide the framework in which perioperative nurses can make ethical decisions.³ The code establishes a nonnegotiable ethical standard for the nursing profession. It demonstrates accountability and responsibility to the public, other members of the health care team, and the profession overall. This series of articles will help perioperative nurses relate the ANA code to their own area of practice and provide examples of behaviors that reflect the ethical obligations of perioperative nurses.

BIOETHICAL PRINCIPLES

According to the ANA, the term *ethical* refers to reasons individuals have for the decisions they make about how they ought to act. The term *moral* overlaps the term *ethical*, but it is more aligned with an individual's personal beliefs and cultural values.⁴ Underlying nurses' ethical actions are the principles of bioethics, which have a great deal of influence on perioperative nursing practices. These principles include

- autonomy (ie, an individual's self-determination), which is the principle that encompasses respect for others, and allows individuals to make voluntary, uncoerced decisions about life situations;
- beneficence, which is the principle of doing good, benefiting, or acting in the best interests of the patient—health care providers strive to do this for their patients;
- nonmaleficence, which is the principle that directs health care providers to do no harm—it often is not enough to do good for a patient, nonmaleficence also must be considered proportionally when health care decisions are being made;
- justice, which is the principle that treats individuals according to what is fair or owed to them (ie, patients expect to be treated fairly and to receive equal care);
- fidelity, which is the principle of keeping promises, as patients expect health care providers will keep their promises to maintain the confidentiality and privacy of patient information; and

- veracity, which is the principle of truth telling—patients expect health care providers to be truthful about their care.⁵

These principles often come into conflict with the values of those involved in ethical decision making. It may be difficult for patients, nurses, and other health care providers to prioritize between principles because the context of each situation may vary.

RESPECT FOR PEOPLE

Provision 1 in the *Code of Ethics for Nurses with Interpretive Statements* reads:

The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems .⁶

This provision clarifies that perioperative nurses should have respect for human dignity, especially in the context of their relationships with patients and taking into account the nature of patients' health problems. Nurses also should respect human dignity in their relationships with their colleagues and others in the health care setting. This provision also addresses the right of patients and nurses to self-determination. In terms of behavior, the overall concept expressed is respect for people.

SUPPORTING PATIENT RIGHTS AND CHOICES

Perioperative nurses are obligated morally to respect the dignity and worth of individual patients. Perioperative nursing care must be provided in a manner that preserves and protects patient autonomy and human rights. Nurses have an obligation to be knowledgeable about the moral and legal rights of their patients and to protect and support those rights. Health care does not occur in a vacuum, so perioperative nurses must take into account both individual rights and interdependence in decision making. By doing so, nurses can recognize situations in which individual rights to self-determination in health care temporarily should be overridden to preserve the life of the human community. For example, during a bioterrorism attack, victims infected with transmissible organisms (eg, small pox) require infection control measures to prevent transmission to others. These infection control measures may require isolation, resulting in restricting a patient's right to freedom of movement to protect others.

Perioperative nurses preserve and protect their patients' autonomy, dignity, and human rights with specific nursing interventions, including supporting a patient's participation in decision making, confirming informed consent, and implementing facility advance directive policies.⁷ Perioperative nurses explain procedures and the OR environment before initiating actions, and they respect patients' wishes in regard to advance directives and end-of-life choices. Perioperative nurses help patients make choices within their scope of care as applicable. They also provide patients with honest and accurate answers to their questions, especially related to perioperative teaching, and formulate ethical decisions with help from available resources (eg, ethics committee, counselors, ethicists).

Patients have the right to self-determination (ie, the ability to decide for oneself what course of action will be taken in various circumstances). The nurse, as a moral agent for the patient, must be ready and able to advocate for the patient's rights and needs whenever necessary while providing care. Assuming

such a stance involves acting on ethical principles and values. Nurses must be prepared to identify advocacy issues and take action on them as needed. The nurse-patient relationship not only allows the nurse to support the patient, but it also supports the nurse. Nurses can empower patients by providing opportunities for them to make autonomous decisions about their health care. They can support patient empowerment through education about appropriate administrative protocols (eg, patients' rights, hospital policies, procedures) that best meet individual patient's needs.

When dealing with informed consent, the nurse's role is to validate that the patient has been given the information and understands as much as is possible about the surgical intervention. The nurse's assessment includes determining whether the patient has any additional questions that might require another discussion with the physician. The nurse also assesses the level of decision making the patient is able to demonstrate.

The principle of autonomy provides for patients to make decisions freely, even if those decisions are against medical advice. The criterion that must be met is that the patient is an adult who is capable of making decisions and has been given the information necessary to make an autonomous choice. Even if a surgeon and nurse believe that surgery is in the best interest of the patient, the patient has the right to refuse the procedure at any time, regardless of whether he or she signed a surgical consent form. Nurses ethically should support patients in their choices, regardless of whether they agree with the patient's decision.

Nursing assessment and care also applies to situations in which patients identify advance directive choices or decisions related to do-not-resuscitate orders. It is the nurse's role to ensure that surgical team members are aware of a patient's wishes in these matters. It is important that all team members and the patient discuss and identify a plan of care before beginning the surgical procedure.

RESPECT FOR OTHERS

Not only must nurses recognize the individuality of their patients, they also must recognize the individuality of their colleagues and others. Nurses must be able to interact with a variety of other professionals and ancillary providers in the perioperative environment. Treating others with professionalism and respect enhances the performance of the health care team. Perioperative nurses are obligated to treat all persons in a just and fair manner, regardless of disability or economic, educational, cultural, religious, racial, age, and lifestyle differences. Just as nurses have the right not to be abused or harassed in the workplace, so must they treat others in the workplace with respect and compassion. The nurse recognizes the contributions of each member of the health care team and collaborates to achieve quality patient care.

ETHICAL DILEMMAS

Perioperative nurses often are faced with an ethical dilemma when a patient is anxious because he or she does not understand fully what is going to happen in surgery and the nurse is being pressured for a fast turnover time. The nurse is faced with conflicting expectations (ie, the patient's emotional needs, expectations to be efficient). Nurses following the ethical principles of compassion and respect would place a patient's emotional needs above expediting the surgical schedule.

In addition, there may be times when a perioperative nurse is told to get the patient's signature on a consent form. Nurses must realize that they are not being asked to provide informed consent for the patient. In cases such as these, the nurse merely is acting as a witness to the identity of the patient and to the patient's signature on the consent form. If a nurse is present at the time the patient signs the consent, it is a good opportunity to once again assess the patient's level of understanding and see if he or she wishes to further discuss the proposed intervention with the physician.

TREATING PATIENTS EQUALLY

Perioperative nursing care should be provided in a nonprejudicial manner that preserves and protects patient free will, choice, and human rights. When providing patient care, nurses must take into consideration a patient's values, religious beliefs, and lifestyle choices.⁸ These choices and beliefs influence nursing practice to the extent that they represent factors the nurse must understand, consider, and respect in tailoring care to personal needs and maintaining an individual's self-respect and dignity. The nurse does not have to agree with or condone the choices and beliefs of the patient, but he or she should not allow any such disagreement to preclude appropriate patient care.⁹ Perioperative nurses may need to plan for appropriate substitute nursing care if their personal beliefs conflict with required care; this respects the patient's health care decisions.

The principle of justice dictates that all patients receive the same care regardless of personal attributes. A wealthy patient should receive the same perioperative care as a patient from a lower economic status. Privacy and confidentiality are to be maintained too, regardless of the personal characteristics of the patient. Perioperative nurses apply ethical principles by using standards of nursing practice consistently to all patients regardless of disability or economic, educational, cultural, religious, racial, age, or lifestyle differences. Ethical perioperative nursing behavior also is demonstrated by refraining from making derogatory comments about patients, family members, significant others, colleagues, and other associates.

AGE-SPECIFIC CARE

As a part of respect for individuals, perioperative nurses must act ethically with regard to age-specific care and treatment. For example, sometimes it is difficult for nurses to adequately assess pain in patients. As a result, they subjectively decide what is best for the patient based on their depth of knowledge and individual assessment skills; thus, some nurses may be more aggressive than others when managing pain. Nurses often use the principle of best interests, which allows them to act as most reasonable people would act in similar circumstances. This principle is used most often in cases in which patients cannot speak for themselves or cannot accurately relate their feelings to the nurse, such as in the case of pediatric patients.

It often is necessary to consult with a pediatric patient's parents when obtaining assessment data. A nurse acting with the best interests of the patient in mind must consider individual patient needs, parental preferences where applicable, and professional standards of practice. In essence, the good of pain management has to be balanced with the potential for harm to minimize or eliminate any harm that may result.¹⁰ In this role, the nurse becomes the parental surrogate, advocating for the child, assessing pain, and providing timely and effective relief.¹¹ Understanding pain management across the life span, therefore, becomes an integral part of the ethical practice of nurses. With an understanding

of the ethical principles and responsibilities inherent to nursing practice, perioperative nurses will be able to more effectively manage preoperative, intraoperative, and postoperative pain.

THE CHANGING FACE OF CULTURE

Perioperative nurses provide nursing care directed to meet the comprehensive needs of all patients, taking into consideration aspects of culture, language, perception of pain, significant others, values, and beliefs. As individuals, nurses bring assumptions from their own culture, as well as assumptions about the cultures of others, to their practice. To provide care that is relevant culturally to a diverse patient population, it is vital that nurses recognize the importance of being aware of and sensitive to the values, beliefs, and health practices of different cultures.

Culturally competent care has been defined as "...a complex integration of knowledge, attitudes, and skill that enhances cross-cultural communication and appropriate and effective interaction with others."¹² In many instances, nurses provide care across cultures, so it becomes an ethical imperative for them to develop culturally competent caring. To effectively care for patients from other cultures, nurses must be conscientious observers and perceptive listeners and assessors. Acquiring information about a patient's culture and gaining further personal insight provides nurses with an increased understanding of culture and values as they relate to providing culturally competent care from both the patient's and the nurse's perspective.

Examples of this in perioperative practice occur when a nurse provides language interpreters for spiritual comfort and care, regardless of the patient's health status. Sometimes perioperative nurses can allow family members to be present at various times during the surgical experience to alleviate anxiety on the part of a patient from a different culture. Sometimes all that is necessary is allowing a patient to bring an important cultural or religious item (eg, a talisman, rosary) into surgery. The item often can be put in a plastic bag so the patient still can have contact with it even as sterility is maintained in the OR.

THE PERIOPERATIVE NURSING DATA SET

Respect for persons is evidenced in the information presented in the Perioperative Nursing Data Set (PNDS). A patient's value system, lifestyle, ethnicity, and culture are considered, respected, and incorporated into the perioperative plan of care as appropriate.¹³ To do this, perioperative nurses assess, identify, and report a patient's philosophical, cultural, and spiritual beliefs or values. This information is incorporated into the plan of care and disseminated as appropriate. Additionally, perioperative nurses identify cultural and value components related to pain and provide pain control, while also considering such cultural factors and value manifestations as stoicism, meditation, and alternative therapies.¹⁴

Perioperative nurses contact appropriate health care team members as necessary for patient care. They preserve and protect patients' autonomy, dignity, and human rights by supporting patient participation in decision making, implementing advance directives as appropriate, and confirming consent.¹⁵

Comparable levels of care must be provided, regardless of the setting in which the care is given. Nurses must provide care in a nondiscriminatory and nonprejudicial manner. Perioperative nurses provide

care that respects the worth and dignity of patients regardless of the diagnosis, disease process, procedure, or projected outcome.¹⁶

Nurses provide patients with information and explain the patient self-determination act in instances such as organ procurement, do-not-resuscitate orders, informed consent, and advance directives. Nurses also impart patient status reports to the patient's family members if the patient has indicated it is acceptable to do so.¹⁷ Patient consent and permission to release information are of the utmost importance when the goal is respect for the individual.

CASE STUDY ONE

A 46-year-old woman, who recently moved to the United States from the Middle East, is brought into the OR for a laparoscopic-assisted vaginal hysterectomy. She has no difficulty speaking and understanding English and is in good health with no abnormal risks for this procedure. In the preoperative area, she tells the circulating nurse that she is very shy and concerned about privacy issues, especially as related to her cultural beliefs. She would like as few people as possible in the OR during her surgery. The nurse assures her that all efforts will be taken to ensure her privacy in surgery, but that there is a need for OR team members to be present.

As this patient is transferring to the OR bed, the surgeon walks in with his 15-year-old son, who is dressed appropriately for the surgical setting. The surgeon tells the patient that it is take-your-daughter/son-to-work week, and he has brought his son in to see her surgical procedure. He asks the patient if it would be all right if his son were scrubbed in at the field to observe her procedure. She stammers that she is uncertain about such observers. The surgeon replies that it is only his son and he will be no trouble—he will just stand by and watch. At this point, the patient appears unable to answer. She looks around the room and locks her gaze onto the nurse's eyes.

The nurse, in this situation, needs to identify the ethical issues involved. The issues involve patient autonomy, dignity, cultural beliefs, and rights. To make an autonomous decision, a person must have true freedom to refuse. If this freedom is eliminated, then consent is meaningless. The patient in this case is being asked to consent to an additional observer in the room. To ask a patient this immediately before she undergoes a procedure puts her in a position of duress or coercion. The patient may not feel that she has a true choice or the ability to refuse in such a situation.

The nurse must help the patient identify that she feels uncomfortable with the surgeon's son in the room and ask that he leave. The patient also needs to feel that her decision not to have the surgeon's son in the OR will not in any way prejudice her treatment from the surgeon or other members of the health care team. The team members need to understand that certain cultures may value privacy, and that this is an aspect of human rights and dignity.

Additionally, the nurse must be aware of the element of risk that comes when any observer is allowed into the perioperative environment. It is imperative for the safety of the patient and the observer that any person coming into the OR be trained appropriately in blood and body fluid precautions and contamination. In this case, two potential risks could occur. First, the surgeon's son may contaminate the field and put the patient at risk, and second, he may faint and injure himself or some else as he

falls. He also may become contaminated with blood or body fluids during the procedure, because he is not trained in the proper protocols.

Most importantly, however, is the patient's right to refuse the observer. The patient should not be put in such a last minute consent situation. Patients may feel compromised, coerced, or violated by such a request. Often patients are too worried about their procedures to even consider refusal as an option. They do not want their surgeons to get angry with them for saying no.

In this example, the perioperative nurse should take immediate action to postpone the anesthesia induction to explain the patient's concerns to the surgeon before the proceeding. To avoid a confrontation in front of the patient, the perioperative nurse should speak with the surgeon privately. The perioperative nurse and the surgeon then should reassure the patient that her wishes have been honored and her privacy will be maintained throughout the procedure.

CASE STUDY TWO

A 97-year-old man is scheduled to undergo a hip replacement. He also has chronic obstructive pulmonary disease, congestive heart failure, and kidney problems that soon will result in the need for dialysis. His condition is worsening, and his medical team has told him that he may have only about a year to live, provided no other health problems surface. The patient has chosen to go ahead with the surgical intervention, but the perioperative nurse does not agree with the patient's decision for treatment.

In this situation, the nurse must reconcile his or her personal beliefs and values with those of the patient. As long as the procedure is considered medically appropriate, a patient has a right to decide whether to have the surgery. The cost of the implant may not be the impetus for the patient's decision. The patient may have a variety of values or beliefs that direct him to proceed with the hip replacement. The nurse must decide if he or she can provide supportive care to this patient regardless of whether he or she agrees with his choice.

This can be difficult at times for nursing staff members, especially when ethical issues of justice come into the equation. Nurses may find themselves questioning why an implant is being used on a person who may live for only a few more years when the cost of such implants and procedures is quite high. The concern may come out of a balancing of needs. Does society need the implant more than the individual? Does the individual have to repay society for the implant? Does it make a difference if the individual patient has the ability to still give to society, and what about contributions the individual made during his lifetime? Must these be considered when providing patient care?

The answer is no. In the current system of health care, a patient may undergo a surgical procedure as long as it is considered medically appropriate and the patient ensures the procedure is paid for. Reasons why a person chooses to have a procedure are irrelevant to whether he or she can have the procedure. Perioperative nurses must respect a patient's right to choose, even if they would not make the same decision themselves.

On the other hand, a patient cannot ask a health care provider to perform a procedure that is not medically appropriate given the patient's current health status. If the patient does make such a request, the health care provider is under no obligation to provide the service. A patient has the right

to ask a neurosurgeon to perform a craniotomy because he or she is having headaches; however, if the neurosurgeon does tests and decides that a craniotomy is not the appropriate treatment of choice, he or she is under no obligation to perform the procedure. This is true even if the patient offers to pay cash for the surgery.

CONCLUSION

The strength of the ethical perspective is its prescriptive nature. It promotes an action guide for nurses to follow in the realm of patient care. Ethics, as a branch of philosophy, incorporates multiple approaches to take when dealing with or applying principles to real-life situations. Each perioperative nurse may experience a situation differently and also may address the situation and identify the ethical conflict issues and his or her feelings, behaviors, actions, analysis, and resolution of the situation differently.

Health care delivery provided by a surgical team does not create ethical conflicts necessarily, but it may highlight conflicts if the values of team members emphasize different priorities. Additionally, new roles among health care team members may carry expectations about how members should interact with each other and how standards of care should be met.

Perioperative nurses, by virtue of the nurse-patient relationship, have obligations to provide safe, professional, and ethical patient care. It is important that nurses know how to manage ethical decisions appropriately so patients' ethical rights can be honored without compromising the nurse's own moral conscience. Ethical practice, thus, is a critical aspect of nursing care, and the development of ethical competency is paramount for present and future nursing practice.

Biography

Kathryn Schroeter, RN, MS, MA, CNOR, is surgical services educator at Froedtert Hospital, Milwaukee, a clinical faculty member in bioethics at the Medical College of Wisconsin, Milwaukee, and a member of the AORN Ethics Task Force.

NOTES

- 1 K Schroeter et al, *Practical Ethics for Nurses and Nursing Students* (Baltimore: University Publishing Group, in press).
- 2 American Nurses Association. *Code of Ethics for Nurses with Interpretive Statements*. Washington, DC: American Nurses Association. 2001.
- 3 *Ibid.*
- 4 *Ibid.*
- 5 TL Beauchamp, JF Childress. *Principles of Biomedical Ethics*. fourth ed.. New York: Oxford University Press. 1994, 436– 437.
- 6 American Nurses Association, *Code of Ethics for Nurses with Interpretive Statements* , 2001, 7.
- 7 S Beyea, ed, *Perioperative Nursing Data Set* , second ed (Denver: AORN, Inc, in press).
- 8 American Nurses Association, *Code of Ethics for Nurses with Interpretive Statements* , 2001.
- 9 *Ibid.*
- 10 MK Kachoyeanos, MB Zollo. "Ethics in pain management of infants and children". *MCN. American Journal of Maternal Child Nursing*. May/June 1995; 20: 142– 147.

- 11 CH Rushton. "Child/family advocacy: Ethical issues, practical strategies". *Critical Care Medicine*. September 1993; 21: S387– S388.
- 12 M Leninger. *Cultural Care: Diversity and Universality: A Theory of Nursing*. New York: National League for Nursing Press. 1996.
- 13 Beyea, ed, *Perioperative Nursing Data Set*.
- 14 *Ibid.*
- 15 *Ibid.*
- 16 *Ibid.*
- 17 *Ibid.*