

Annotated Table of Contents for *Creative Nursing* 24 #3

Cornerstones of Healing: Living in the Code of Ethics

FROM THE EDITOR: Our Values, Our Aspirations, and Our Ideals, by *Marty Lewis-Hunstiger, BSN, RN, MA, retired pediatric nurse and preceptor, editor of *Creative Nursing*, copy editor of the *Interdisciplinary Journal of Partnership Studies*, and affiliate faculty member at the University of Minnesota School of Nursing in Minneapolis, MN.*

In our *Creative Nursing* 2018 exploration of Cornerstones of Healing on which the art and science of nursing are based, we have studied Meaning (for ourselves and our colleagues, and for the patients we are privileged to serve), and Quality and Safety (the tools and the measures of our care). But even when we are blessed to find meaning in our work, and have all the resources at hand to attain excellence in the care we provide, we practice our profession in a milieu that is complex, dynamic, often ambiguous, and fraught with opportunities for interpersonal and intercultural error, all while dealing with people at some of the most vulnerable moments of their lives. We need the wisdom and guidance of experts in order to survive and thrive within this milieu. Articles in this issue detail the importance of the American Nurses Association's (ANA) *Code of Ethics for Nurses with Interpretive Statements* as a guide for our daily practice, our professional acumen, and our personal relationship to our profession; ethical issues involved in nurses' self-care, international volunteering, substance abuse among co-workers, labelling patients and families, and organ donation; and the ethical imperatives involved in providing empathetic and holistic care.

FROM THE GUEST EDITOR: If It Is Newsworthy, It Is Ethics-Worthy: Living in the Code of Ethics for Nurses, by *Martha Turner, PhD, RN- BC, FAAN, Col., USAF NC (ret), consultant, lecturer, and author in nursing ethics, nursing leadership, nursing practice, and global health.*

The ANA *Code of Ethics for Nurses with Interpretive Statements* includes our values, our aspirations and our ideals; it encompasses our obligations; and it articulates the ethical standards of our profession. This article examines three subjects inescapable in the news these days: The opioid addiction crisis, gun violence and school safety, and errors in health care. The question is not whether what we see in the daily news is ethical, but rather how we as nurses respond to what we see. In our responses to all the ethical issues we face in our practice, the ANA Code mandates that we have both an individual and a shared responsibility to "create, maintain, and contribute to morally good environments that enable nurses to be virtuous." Creating an ethical practice environment involves two essential relationships: nurse-to-colleague and nurse-to-patient. Both relationships "have as their foundation the promotion, protection, and restoration of health and the alleviation of pain and suffering."

ARTICLES AND ESSAYS

Duties to Self: The Nurse as a Person of Dignity and Worth, by *Marsha Fowler, PhD, MDiv, MS, RN, FAAN, co-lead writer and code Historian of the current ANA Code of Ethics for Nurses with Interpretive Statements; a Senior Fellow and Professor of Ethics at Azusa Pacific University in Azusa, California; an ordained minister in the Presbyterian Church; and author of 10 books including the award-winning *Ethics at the Bedside*.*

This article focuses on the spirit of one of the ANA Code's Provisions, Duties to Self, that has a venerable history in the literature of the nursing profession in its formative years but that had been de-emphasized in the second half of the 20th century. Provision 5 of the Code, on Duties to Self, affirms the need for nurses to treat themselves with the same respect, regard, and dignity that they would accord patients, families, and colleagues. The nurse is a person of worth and dignity who must be respected by others, and by nurses themselves. We are responsible for, and also deserve to be supported in, maintaining a work/life balance that nursing ethics scholar Charlotte Aikens called "a symmetrical life." Life-long learning and competence,

not only as drivers of quality patient care but as supports to moral self-regard, self-respect, and self-esteem, are essential elements of care of self.

Moral Agency in the Context of Global Volunteering, by Michele Upvall, PhD, RN, CNE, FAAN, Professor of Nursing and Program Director of the Nurse Educator program at the University of Central Florida in Orlando, Florida, and co-editor of *Global Health Nursing: Building and Sustaining Partnerships*; Marcia Sue DeWolf Bosek, DNSc, RN, Associate Professor of Nursing at the University of Vermont in Burlington, Vermont, and a Nurse Scientist at the University of Vermont Medical Center; and Martha Turner, PhD, RN-BC, FAAN, Col., USAF NC (ret), consultant, lecturer, and author in nursing ethics, nursing leadership, nursing practice, and global health.

International volunteering contains potential ethical issues that may emerge at any point in the experience, and may pose a risk to both the volunteer and the host community. Those considering volunteering need to assess the impact of a limited service project on the health care structures and social dynamics of the host community, and the possibility of moral distress when recognizing disparities and inequalities between their familiar standards of practice and care and those of the host country. Volunteering is not an act of all-encompassing self-sacrifice; nurses who volunteer must extend the same consideration to themselves as they extend to those in host communities. A case study presents many of the issues a potential volunteer should consider; e.g., volunteers should avoid posting photographs that perpetuate an image of suffering, reinforce stereotypes, or portray the community member as a prop for a volunteer selfie.

Substance Use Disorders and the American Nurses Association Code of Ethics for Nurses, by Marie Manthey, MNA, FRCN, FAAN, President Emeritus of Creative Health Care Management, Founding Editor of *Creative Nursing*, and a co-founder of the Minnesota Nursing Peer Support Network.

For some nurses, the most wrenching ethical issue they face involves working with a colleague who is impaired by a substance use disorder. At any given time, 10% of the nursing workforce is either in addiction or in recovery. This statistic demands a clear professional commitment to preventing substance use disorder, articulating the potential risks, and outlining an effective response that protects patient safety while fully supporting nurses in seeking treatment and entering into successful recovery. The ANA *Code of Ethics* provides clear principles to guide us in reclaiming committed nurses from addiction and empowering them to return to practice renewed, grateful, and poised to help others avoid substance use disorders.

Empathy as an Ethical Imperative, by Sara Adams, RN, PhD, Assistant Professor of Nursing in the College of Health and Human Services at Indiana University Northwest in Gary, Indiana.

Empathy and ethics are interconnected in the decisions nurses make about patient care. Empathy in the nurse-patient relationship involves the nurse's ability to walk in the patient's shoes, garner a complete cognitive understanding of the patient's perspective, and respond effectively. Both nurses and patients value nursing care that involves a level of emotive understanding, affective connection, compassionate concern, and the ability to communicate feelings. Many scholars agree that professional, or cognitive, empathy in nursing and other health professions is a clinical skill that can be taught, cultivated, improved upon, and measured. A study of practicing nurses' perceptions of the use of empathy to guide patient care decisions found that patient care situations that were difficult or that challenged conventional beliefs were the times when the use of empathy was most essential.

INTERVIEW

The Ethical Imperative to See the Whole Person: A Conversation with Lois Swope

Interviewed by Mary Koloroutis, MSN, RN, CEO of Creative Health Care Management.

Lois Swope is the mother of Karly Wahlin, who as a child had severe neurological problems and developmental delays, including the inability to communicate, and was given a diagnosis of profound mental impairment. The family dealt with dozens of specialists, none of whom gave a vision for Karly's life that might make it worth living. Then, when Karly was ten, a therapist specializing in communication for children with autism developed a way for Karly to communicate, and in the years to come, she was able to express what she had learned, write poetry (an example is included in the article), and compose music. The article presents lessons learned through Karly's 27 years of life: 1) Everyone is more than their symptoms. See the whole person, not just their diagnosis. 2) Assume intellect. Trust the experience of the patient and their family. 3) Every person has a back story. Be curious and compassionate. 4) Death is part of life. Accept that mortality is not failure. "Hearing a health care professional say, 'You're doing a great job' carries so much weight. It's a really tough life behind closed doors for families like ours."

THE VOICE OF PATIENTS AND FAMILIES

How Using the Term "Non-Compliant" Keeps Providers from Partnering with Patients, by

Tammy Sinkfield-Morey, DNP, RN, PHN, CCRN, Nursing Supervisor at Gillette Children's Specialty Healthcare in St. Paul, Minnesota.

The term "non-compliant" fails to acknowledge the mistrust, disruption, inaccessibility, or marginalization that may perpetuate a person's need to deviate from a plan of care. The article presents three examples of people who were designated non-compliant patients, and a fourth example in which the patient's autonomy was respected, and examines the phenomenon of labeling individuals as non-compliant through the lens of three ethical principles. **Respect for autonomy:** The predominant indicator of autonomy is the patient's ability to provide informed consent, not the outcome of the patient's decisions; the right to choose is not limited by the right to choose rightly. **Beneficence:** When outcomes do not accord with providers' expectations, non-compliance with the plan of care may be the first factor suspected; a more beneficent approach is one in which the provider reassesses the care plan rather than seeing the patient as the locus of the problem. **Non-maleficence:** There have been so many occurrences of morally and ethically questionable medical and scientific activities involving vulnerable children and adults, that patients may feel compelled to rely on their autonomy rather than on the beneficence and non-maleficence of providers. Part of respect for the inherent dignity, worth, and unique attributes of every person is recognizing that departures from the plan of care are not necessarily risky or self-destructive. Let the term non-compliant be our personal and professional call to action to get curious about what the patient needs that we have obviously failed, so far, to offer.

THE STUDENT VOICE

The Ethics of Organ Donation in Patients Who Lack the Capacity for Decision Making, by Lauren Lee, DNP(c), MSN, MPA, FNP-C, RN, nurse clinician at Columbia University Medical Center in New York City.

This article discusses the ethics of organ procurement from living donors who have never attained capacity, do not yet have the capacity, or have permanently lost the capacity for decision making. A consensus statement in 2000 by the Living Organ Donor Consensus Group affords protection to potential donors who are unable to consent, but the article cites court cases from the years before the consensus statement, in which state courts allowed organs to be procured, based on judgments of surrogate decision makers, from patients who clearly lacked the capacity to understand the process. Organ donation by living donors relies on an important balance between respect for their autonomy and their voluntary will to help people who are in need of an organ; this process requires expression of the donors' determined will after they receive thorough information about how the procedures will impact their future lives.