

Creating moral space for nurses

By Leah Curtin, RN, ScD(h), FAAN



SOME YEARS AGO, I was caring for a 67-year-old woman dying of leukemia who had received an experimental chemotherapeutic agent as a last resort. She was in terrible pain and begged for death. One afternoon, she regurgitated and then aspirated coffee-ground-like material. How I wished I hadn't been in her room when it happened; then she could have died quickly, albeit terribly.

Of course, I suctioned her—and she lived for three more gruesome days. Even now, I'm not sure I did a good thing by suctioning her, even though it was the *right* and *legal* thing to do.

It's appalling to watch someone suffer and be unable to relieve the suffering. At such times, it would seem a divine mercy to allow death. But although mercy may be divine, we aren't. We don't dispense life and we dare not dispense death.

Still, such a situation poses a moral dilemma. Unless dealt with, a moral dilemma leads to moral indifference: an abhorrent state for the healthcare professional and a frightening situation for the patient.

What's *legal* is what conforms to laws. What's *right* is what conforms to laws, ethical principles, standards, codes, policies, and protocols. But what's *good* is quite another thing. If *good* is an outcome, then the outcome of my decision to suction my dying patient was terrible: three more days of unmitigated suffering. Yet, as Albert Schweitzer said, "If a man loses his reverence for any part of life, he will lose his reverence for all of life."

In 1919, the noted American jurist Harlan Fiske Stone wrote that "liberty of conscience has a moral and social value which makes it worthy of preservation at the hands of the state. So deep is its significance and vital, indeed, is it to the integrity of man's moral and spiritual nature that nothing short of the self-preservation of the state should warrant its violation; and it may well be questioned whether the state which preserves its life by a settled policy of violation of the conscience of the individual will not, in fact, lose it by the same process." This belief created legal space for conscientious objectors even in times of war.

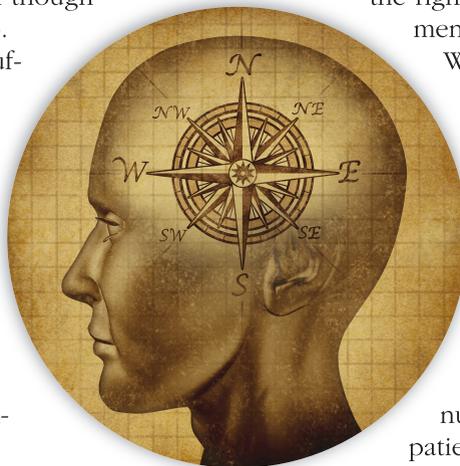
Eventually, federal and state statutes were passed to protect healthcare professionals with conscientious objections to participating in certain procedures.

If the state doesn't presume to order the consciences of its citizens, neither should employers. Not long ago, I received an email from a director of nursing who was concerned about this issue. She wrote, "We are preparing a policy/procedure on the administration of experimental drugs. During the process of putting this together, many questions came up: Does the nurse have the right to refuse to administer an experimental drug? If so, on what grounds?"

What are the legal and ethical implications? If the nurse is allowed this right to refuse, wouldn't this violate our patients' right to have the drug administered to them?"

My response: "No nurse should be required to give any drug she isn't competent to give. Nor should the nurse be coerced if she or he has a problem of conscience with regard to its administration; another nurse should administer it instead. A patient's right to have or to refuse a drug should be protected by meticulous adherence to the principles of informed consent. However, the right to require that a particular nurse administer a drug is highly questionable. One person's rights don't trump another's. When a conflict occurs, it should be resolved with the least coercive alternative; in this situation, another person could administer the drug. However, administrators need to screen personnel carefully before putting them in such a situation, and personnel must declare their moral concerns before assuming a position in which they know those moral concerns will be challenged."

This approach wouldn't cause moral chaos or promote mass insubordination. I'm merely suggesting that within civilized limits, institutional policies should create some space for nurses.



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