

BLUEBONNET HOSPICE LVN IN-SERVICE

Please read and review the entire following In-Service. When you are done please sign and date below and return this signature page to Expedient Medical Staffing. The covered topics are as follows:

PART 1: APPLYING THE ETHICS OF CARE TO YOUR NURSING PRACTICE

- Definition of Caring
- Theory of the Ethics of Care
- A Case for Caring

PART 2: APPLYING THE ETHICS OF CARING TO PRACTICE

- In-service in proper Communication
- Principle of Respect and Dignity, Autonomy (1.1)
- Nonmaleficence / Beneficence for Patient Care,(Prov.1.4)
- Primary Interests of the patient as defined in the Ethics of Care in Provision 2.

PART 3: SHORT DEFINITIONS OF ETHICAL PRINCIPLES AND THEORIES

FAMILIAR WORDS, WHAT DO THEY MEAN?

- | | |
|------------------|----------------------|
| • Autonomy | • Paternalism |
| • Beneficence | • Ethical Relativism |
| • Nonmaleficence | • Feminist Theory |
| • Fidelity | • Deontology |
| • Justice | • Utilitarianism |

By signing and returning I acknowledge that I have read and reviewed all three parts of the following In-service. I also acknowledge that by signing that I will be held responsible for the material covered.

Print Name: _____

Signature: _____

Date: _____

Applying the Ethics of Care to Your Nursing Practice

"I feel the capacity to care is the thing which gives life its deepest significance." Pablo Casals (2000)

Use of the theory of care ethics is discussed to help nurses determine if they are applying this theory effectively in their practice. After a basic definition of caring, including Watson's caring theory, the evolution of the theory of ethics of care will be delineated briefly. A case will be used to illustrate Tronto's (1993) four phases of caring and her four elements of care.

Definition of Caring

Caring and nursing are so intertwined that nursing always appeared on the same page in a Google search for the definition of caring. Caring is "a feeling and exhibiting concern and empathy for others; showing or having compassion" (*The Free Dictionary*, 2002, para. 2). As these definitions show, caring is a feeling that also requires an action.

Dr. Jean Watson's caring theory is well known in nursing. The three major elements of her theory are the carative factors, the transpersonal caring relationship, and the caring occasion/caring moment (Watson, 2001). Her carative factors endeavor to "honor the human dimensions of nursing's work and the inner life world and subjective experiences of the people we serve" (Watson, 1997, p. 50). Two examples of these carative factors, which were later changed to *caritas factors* in 2001, in clinical practice are "developing and sustaining a helping-trusting, authentic caring relationship" and "being present to, and supportive of, the expression of positive and negative feelings as a connection with deeper spirit of self and the one-beingcared-for" (Watson, 2001, p. 347). To build this trusting, caring relationship with the patient, the nurse must be self-aware of any judgmental feelings or feelings that could foster his or her crossing boundaries into intimacy. Caring requires the nurse to have a deep connection to the spirit within the self and to the spirit within the patient. Watson's caring model requires the nurse to look at the uniqueness of the individual and go to all extents possible to preserve the patient's dignity. The second element, the transpersonal caring relationship, describes the

nurse's caring consciousness and moral commitment to make an intentional connection with the patient. The third element, caring occasion/caring moment, is the space and time where the patient and nurse come together in a manner for caring to occur.

Theory of the Ethics of Care

Edwards (2009) described the evolution of the theory of ethics of care over the last 15 years in three versions. First, Gilligan (1982) began the discussion with a focus on the context of the situation versus impartial deliberation of the ethical issue. Impartial reflection is an element of justice-based moral deliberation and does not take into consideration the level of caring or closeness in the relationship. Gilligan was the first to move moral theorizing from a position where selves were seen as independent to a position where selves are interconnected and interdependent. Strangers would not receive the same level of caring as those for whom we experience a personal responsibility. For example, you might agree to care for your neighbor's cat while she is away, but that is different from agreeing to care for your sister in your home while she is in hospice care. Caring lies on a continuum, with different levels of emotional involvement for individuals in a caring relationship.

Second, Tronto's (1993) major contributions have been in the arena of political philosophy. She argued "that if we focus on caring relationships and the relationships between power and caring practices, such as bringing up children and caring for the sick, a radically different set of social arrangements will ensue" (Edwards, 2009, p. 233). Similar to Gilligan (1982), Tronto (1993) differentiated between *obligation-based* ethics and *responsibility-based* ethics. Obligation-based ethics are from the theories of utilitarianism, deontology, or principlism (Beauchamp & Childress, 2009), in which the decision maker determines what obligations he or she has and responds consequently ("What obligation, if any, do I have for this person?"). By contrast, in responsibility-based ethics, the relationship with others is the starting point. According to Tronto (1993), the ethic of care involves developing "a habit of care" (p. 127). The nurse would ask himself or herself how to best meet the caring responsibility.

Third, Gastmans (2006) and Little (1998) sought to answer the question, "What is the best way to care for this patient at this time?" Both did not consider the ethics of care as a theory, but as a moral orientation from which action emanates. Such critics

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of the ethics of care see care as a necessary perspective for moral sensitivity and moral responses, but they believe other tools are necessary for moral problem solving. Some of these tools can be found in Beauchamp and Childress (2009) or in Tronto's (1993) four elements that will be discussed later.

Some individuals suffer from a moral blindness and are not moved by the suffering of others to take action. For some, moral vision exists but it is not as developed. However, a care orientation is fundamental to the nurse-patient relationship and the nursing profession itself (Edwards, 2009; Gastmans, 2006). According to the *Code of Ethics for Nurses*, "The measures nurses take to care for the patient enables the patient to live with as much physical, emotional, social, and spiritual well-being as possible" (American Nurses Association [ANA] 2001, p. 7).

A Case for Caring

Mr. Jones, age 59, is admitted to the hospital for acute abdominal pain with vomiting of coffee-ground material. He has a long history of alcoholism and unmanaged diabetes, and has a left below-the-knee amputation. Four months ago, his wife died after 40 years of marriage. Mr. Jones states this was the reason he stopped taking care of himself and began drinking heavily again. According to the nurse providing end-of-shift report, he asks for pain medications more frequently than other patients with this condition. Because you have provided care for Mr. Jones on several other occasions, you know he often requires a higher level of analgesia and you are responsive to his suffering by contacting the physician for a change in the order. The physician is hesitant to increase the dose of morphine and, in order to avoid causing harm to the patient, the nurse advocates for Mr. Jones by engaging in conflict resolution with the physician. The result was an increase in the morphine dose.

Applying the Ethics of Caring to Practice

Tronto (1993) offered this definition of care: On the most general level we suggest caring be viewed as a species activity that includes everything we do to maintain, continue and repair our "world" so that we can live in it as well as possible. That world includes our bodies, our selves and our environment, all of which we seek to interweave in a complex, lifesustaining web. (p. 103)

Tronto suggested there is a pre-existing moral relationship between people; therefore, the question is, "How can I meet my caring responsibility?" Tronto's model proposes four phases of caring and four elements of care. The phases are not necessarily in sequential order and often they overlap. The elements of care are considered the fundamentals necessary in order to demonstrate caring.

MEDSURG NURSING

March-April 2012 • Vol. 21/No. 2

Four phases of caring. Meeting Tronto's (1993) four phases of caring for patients involves cognitive, emotional, and action strategies:

1. caring about
2. taking care of

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3. caregiving
4. care receiving (p. 165)

In Mr. Jones's case, the nurse in phase one (caring about) recognized the need for increased pain medication in the assessment of the patient's pain. In phase two (taking care of), the nurse saw a responsibility to respond to the level of pain the patient was experiencing. Therefore, in phase three (caregiving), the nurse took action to call the physician for a change in the analgesia order, and the morphine dose was increased. This is the work of reacting to a patient's needs. Facing conflict with this physician is a necessary part of care (Kohlen, 2011; Lachman, 2009). Finally, in phase four (care receiving), the nurse assesses the success of the intervention with the patient (receiver of care). This last phase helps preserve the relationship between patient and nurse, and is a distinctive aspect of the ethics of care (Edwards, 2011).

This example illustrates the nursing process in action, and this problem-solving method is needed for effective nursing practice. However, it is the implementation of this process that determines if the patient experiences caring. Caring defines nursing, as curing often defines medicine. The nurse attends to the vulnerability of the patient, principally because this patient's needs have the potential to create dependency (Edwards, 2009). In the case of Mr. Jones, the physician's focus on cure involved an amputation, while the nurse needed to apply the four phases of caring for effective nursing practice.

Four elements of caring. The four elements or fundamentals necessary for effective caring require certain attitudes and skills. Good care combines certain activities, attitudes, and knowledge of the patient and the situation. In this case, the nurse's past experience with the patient provided knowledge about his pain management needs, which helped the nurse avoid a judgmental attitude about his pain medication requests and motivated the action (activity) to request an increase in his dose of analgesic.

Tronto's (1993) four elements of caring include the following:

1. attentiveness
2. responsibility
3. competence
4. responsiveness of the care receiver (p. 127)

First, attentiveness entails the detection of the patient and/or family need. If the nurse fails to recognize the need, the patient or family will not experience caring.

Attentive nurses take up a receptive position with respect to the patient; they are challenged to step out of their own personal preference system in order to take up that of the patient, so they can better understand the patient's real-life situation. (Gastmans, 2006, p. 136)

Hospitals also have implemented policies to foster attentiveness to the patient's needs. Some hospitals have signs indicating "No Pass Zone" (Hendren, 2010). This is to reinforce the message that staff never walk past a room where the patient's

light is on, as this patient is expressing a need. Another classic implementation to support this ele-

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ment is hourly rounding, where the nurse directly asks the patient about his or her needs every hour (Meade, Bursell, &

Ketelsen, 2006). Both these strategies help ensure the patient is not neglected when most in need.

According to the *Code of Ethics for Nurses* (ANA, 2001), all professional nurses have a responsibility to care for patients under their care. Therefore, there is no uncertainty surrounding responsibility as the second element of caring. In the context of nursing ethics, there is no ambiguity that nurses have a responsibility for their assigned patients (Edwards, 2009). However, the extent and scope of their caring can raise questions. Does the medical-surgical nurse have a responsibility to care for Mr. Jones once he has been transferred to surgery? This author believes that at the minimum, the nurse has responsibility to make the transfer to and from surgery as supportive of Mr. Jones as possible.

The third element is competence (Tronto, 1993). If the nurse executes pain management strategies that are ineffective, either due to lack of knowledge or organizational protocols, then this nurse would not be seen as caring from the patient's perspective. The administrator has an obligation to provide the nurse with pain management education and effective, evidence-based pain management protocols. The nurse has a responsibility to update competence continuously. "Continual professional growth, particularly in knowledge and skill, requires a commitment to lifelong learning" (ANA, 2001, p. 8).

Good care requires the competence to individualize care — to give care that is based on the physical, psychological, cultural, and spiritual needs of the patient and family (Vanlaere & Gastmans, 2011). Good care is aimed at helping the person be as independent as possible, yet safe. Good care needs to be delivered competently, while considering the patient's context (e.g., death of wife after 40 years of marriage).

The final element is patient/family responsiveness to care (Tronto, 1993). The patient is vulnerable to the nurse's actions or lack of actions. In some situations, the patient's lack of responsiveness to analgesia is not reassessed to determine if a different plan of care is warranted. The nurse needs to verify that the caring needs of the patient are met.

Care is a reciprocal practice, occurring within a framework of a relationship between the nurse (caregiver) and patient (care receiver) (Gastmans, 2006). The reciprocity consists of verifying that the care given actually met the needs of the patient. This interchange always must be focused on meeting the care needs of the patient or family, so no abuse of power occurs (e.g., paternalism).

Watson (2001) also focused on this reciprocity of the relationship, which she indicated addresses the importance of the nurse's own caretaking. The patient is never to be used as a means to an end of self-gratification. Summarizing Gilligan's (1982) ideas, the nurse needs to take care of self in order to be able to care for others. The nurse must engage in self-care strategies so he or she will have the energy and motivation to implement the four elements of care: attentiveness, responsibility, competence, and responsiveness (Tronto, 1993).

Conclusion

Most nurses have been exposed to Watson's caring theory, but many are not aware of the ethics of care theory development that began in moral psychology with the work of Gilligan (1982). Care is crucial for human development, and is first and foremost aimed at physical needs. Caring is necessary on the biological level for infants to survive, but also for the patient who is dependent at end of life. Care ethics stem from the idea that care is basic to human existence. Caring weaves people into a network of relationships (Vanlaere & Gastmans, 2011).

However, when a person chooses to be a nurse, he or she has made a moral commitment to care for all patients. Such a decision to care is not to be taken lightly, as it reflects this statement in the *Code of Ethics for Nurses*: "The nurse respects the worth, dignity and rights of all human beings irrespective of the nature of the health problem" (ANA, 2001, p. 7). Caring is required if a patient, such as Mr. Jones, has health consequences due to lack of adherence to a treatment plan for his diabetes and alcoholism. Putting aside personal biases and prejudices to implement Tronto's (1993) four phases of caring is not easy. The four dimensions of care suggest "good care demands more than just good intention; good care... is a practice of combining activities, attitudes, and knowledge of the situation" (Gastmans, 2006, p. 137). Care can be considered simply an ethical task and thus a burden of one more thing to do, or it can be considered a commitment to attending to and becoming enthusiastically involved in the patient's needs.



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In-service in proper Communication

Principle of Respect and Dignity, Autonomy (1.1)

Nonmaleficence / Beneficence for Patient Care,(Prov. 1.4)

Primary Interests of the patient as defined in the Ethics of Care in Provision 2.

1. Proper communication in receiving report and assessing the previous charting of documentation should reflect system assessment with vital signs and comfort report every hour.
2. Patient area should be clean and well- kept according to patient and family wishes, patient clean and dry at all times.
3. Supplies checked and medications accounted for with all medications given to patient for comfort logged out on medication record.
4. Uniform or designated scrubs worn with name badge during shift in patient home with professional hair and clean appearance.
5. NO eating or drinking patient food/drink while on shift. NO alcohol or drugs while on shift or will be removed from scene immediately. May bring personal food to have while giving care.
6. No sleeping at bedside during patient care shift!
7. May have short breaks for bathroom and eating, but no loud visiting or sitting in family areas away from patient.
8. NO personal phone calls during patient care or at bedside of patient or with family.
9. Any questions or concerns about care or patient, please call the case manager phone number for the patient or the on call office phone number to reach the on call RN to ask a question. DO NOT ask the question on the ON call number. Just ask to reach the ON CALL RN for the DESIGNATED patient.
10. ANY equipment questions please call the RN case manager or ON CALL.
11. DO NOT diagnose a problem or make equipment suggestions without the RN case manager being consulted first about the situation.

NURSING CODE OF ETHICS PRINCIPLE OF RESPECT AND DIGNITY IN PROVISION 1.1 STATES THAT THE NURSE MUST HAVE COMPASSION FOR THE PATIENT AND RESPECT, PROTECT, AND PRESERVE HUMAN

CODE 1.4 IN ETHICS OF CARE STATE THE PATIENT HAS A RIGHT TO AUTONOMY AND FOLLOWING THROUGH WITH DECISIONS MADE FREE FROM CONSTRAINTS AND THE NURSE MUST ABIDE WITH THOSE DECISIONS AND RESPECT THE CARE TO BE GIVEN, TO DO NO HARM TO THE PATIENT FOR THE ULTIMATE GOAL.

ETHICS OF CARE STATES THE PATIENT IS THE PRIMARY FOCUS OF THE NURSE AND THE PATIENT'S WISHES TO BE CARRIED OUT ARE THE MAIN GOAL OFF CARE. PROVISION 2 COVERS THIS ETHICS OF CARE AND POTENTIAL CONFLICTS WITH THE NURSE.



Short Definitions of Ethical Principles and Theories Familiar words, what do they mean?

Autonomy—agreement to respect another's right to self-determine a course of action; support of independent decision making.

In 1990 the *Patient Self Determination Act* was passed by the United States (US) Congress, this Act stated that competent people could make their wishes known regarding what they wanted in their end of life experience, when they were possibly not competent. Also included in this Act is the durable power of attorney, which designates a competent person to assist in making end-of-life decisions when the individual was no longer competent.

Beauchamp, T. L., & Childress, J. F. (2009). *Principles of biomedical ethics* (6th ed., pp. 38-39). New York, NY: Oxford University Press.

American Bar Association. Health care advance directives. Retrieved from http://www.abanet.org/publiced/practical/patient_self_determination_act.html

Example: In clinical situations nurses respect a patient's autonomy, where the patient is allowed the freedom of choice regarding treatment, such as in deciding whether he/she wishes to be intubated during an exacerbation of COPD, or deciding when he/she wishes to forgo further dialysis. If a patient lacks capacity for such a decision and has an advance directive, the person who has the durable power of attorney can make the decision.

Beneficence- compassion; taking positive action to help others; desire to do good; core principle of our patient advocacy.

Beauchamp, T. L., & Childress, J. F. (2009). *Principles of biomedical ethics* (6th ed., pp. 38-39). New York, NY: Oxford University Press.

Example: An elderly patient falls at home and has a fractured hip. In the emergency room, the nurse acts to provide pain medication as soon as possible in an act of beneficence.

Nonmaleficence- avoidance of harm or hurt; core of medical oath and nursing ethics.

Often in modern times, nonmaleficence extends to making sure you are doing no harm in the beneficent act of using technology to extend life or in using experimental treatments that have not been well tested.

Beauchamp, T. L., & Childress, J. F. (2009). *Principles of biomedical ethics* (6th ed., pp. 152-153). New York, NY: Oxford University Press.

Example: When this elderly person above received pain medication (an act of beneficence) there are complications that could arise. Practitioners recognize that using a narcotic may cause confusion. When obtaining the consent for her hip surgery, we want to make certain that the patient is alert enough to understand the risks and benefits of the procedure. We must balance the beneficence of providing the medication quickly with the possible maleficence of obtaining a consent when patient does not have the capacity to make the decision for surgery.

Fidelity- This principle requires loyalty, fairness, truthfulness, advocacy, and dedication to our patients. It involves an agreement to keep our promises. Fidelity refers to the concept of keeping a commitment and is based upon the virtue of caring.

Ethics Resource Center. (May 29, 2009). Definition of values. Retrieved from <http://www.ethics.org/resource/definitions-values>

Example: A patient asks the nurse not to reveal the fact that she is dying or give her diagnosis to his family. The nurse asks why she does not want her family advised. The patient explains that her family is very emotional and has stated they would do everything to keep her alive, even if it required long-term mechanical ventilation. The patient has explained multiple times that she does not want mechanical ventilation. The nurse recognizes that keeping of this information in confidence, while supporting the family, is an example of exercising fidelity.

Justice- Derived from the work of John Rawls, this principle refers to an equal and fair distribution of resources, based on analysis of benefits and burdens of decision. Justice implies that all citizens have an equal right to the goods distributed, regardless of what they have contributed or who they are. For example, in the US, we all have rights to services from the postal service, firefighters, police, and access to public schools, safe water, and sanitation.

Butts, J. B., & Rich, K. L. (2008). *Nursing ethics across the curriculum and into practice* (2nd ed., p. 48). Sunbury, MA: Jones and Bartlett.

Example: A hospital organization wishes to donate low or no-cost pediatric dental services to the community. There are openings for 45 children per month. Justice requires a fair method, that is free from bias, to determine who will receive these services.

Paternalism- Healthcare professionals make decisions about diagnosis, therapy, and prognosis for the patient. Based upon the health care professional's belief about what is in the best interest of the patient, he/she chooses to reveal or withhold patient information in these three important arenas. This principle is heavily laden as an application of power

Butts, J. B., & Rich, K. L. (2008). *Nursing ethics across the curriculum and into practice* (2nd ed., p. 263). Sunbury, MA: Jones and Bartlett.

Example: Patient has repeatedly voiced fear over receiving a diagnosis of lung cancer, as he believes this is a death sentence. His primary care physician decides not to reveal the diagnosis to the patient after he says he would kill himself if he had lung cancer.

Ethical Theories

Ethical Relativism- This theory holds that morality is relative to the norms of one's culture.

The theory states that before decisions are made, the context of the decision must be examined. The doctrine states that there are no absolute truths in ethics and that what is morally right or wrong varies from person to person or from society to society. The theory believes that variances in culture and society influence whether an act is moral. Unlike deontology, this theory believes that what is right for one group may not be right for another; this theory believes there is no "universal truth." Those opposed to this theory feel that there are some things (e.g. incest or torture) that are not open to debate.

Britannica online encyclopedia. Definitions. Retrieved from <http://www.britannica.com/EBchecked/topic/194016/ethical-relativism>

Example: An example, often used, is female genital circumcision. One side calls it female genital mutilation. Another group may consider this an appropriate cultural rite of passage. The ethical issue discussed—is this a cultural issue or human rights issue? Since it is performed on girls as young as seven years old, the issue of assent, consent, and culture are prominent in ethical discussions.

Feminist Theory- This theory supports ethical relativism in that it does not support universal acts. Feminist theory requires examination of context of the situation in order to come to a moral conclusion. It asks how an action affects the person, the family, and those depending upon one another (e.g. community).

Butts, J. B., & Rich, K. L. (2008). *Nursing ethics across the curriculum and into practice* (2nd ed., p. 28). Sunbury, MA: Jones and Bartlett.

Pojman, L. P. (2010). *Ethical theory: Classical and contemporary readings* (5th ed., pp. 15-37). Florence, KY: Cengage Learning, Inc.

Example: There are two people, who are 16 years of age, who have a new diagnosis of insulin dependent diabetes. Neither can afford the recommended insulin pump. The company will donate one pump per year as a charity option. Ethical relativism might help make a decision on which patient to give the pump to at no cost. Using this theory, one would take into account the patient's culture, lifestyle, motivation, and maturity level before deciding to whom the insulin pump would be best allocated. Additionally, feminist ethics would look at how the parents of the young people are being affected by the disease, and whether a pump would make life easier or more difficult for the family. The

family's resources, both financial and emotional, would be taken into account. The context of the situation would be explored.

Deontology- This theory judges the morality of an action based on the action's adherence to rules. Whether an action is ethical depends on the intentions behind the decisions rather than the outcomes that result.

This ethical theory is based on the work of Immanuel Kant. All individual actions should be done, as if they could become universal law (i.e. categorical imperative). Among the various formulations of the categorical imperative, two are particularly worth noting:

Always act in such a way that you can also resolve that the maxim of your action should become a universal law (categorical imperative)

Act so that you treat humanity, both in your own person and in that of another, always as an end and never merely as a means (principle of ends)

Deontology does not look primarily at consequences of actions, but examines a situation for the essential moral worth of the intention of act, or rightness or wrongness of the act. Many religious traditions are based upon deontology.

Butts, J. B., & Rich, K. L. (2008). *Nursing ethics across the curriculum and into practice* (2nd ed., pp. 21-22). Sunbury, MA: Jones and Bartlett.

Example: Individuals would examine their intentions to determine the ethics of their actions. For example, we have begun not to use restraints on older people for their safety and to think of other measures. We do this because restraining someone against his or her will could not be considered a universal law.

Utilitarianism- This theory supports what is best for most people. The value of the act is determined by its usefulness, with the main emphasis on the outcome or consequences.

This theory examines what creates the most happiness for the most people. In US, most of our public health policies are based upon this principle. For example, Medicare for all citizens over age 65 is based upon the theory of utilitarianism.

Butts, J. B., & Rich, K. L. (2008). *Nursing ethics across the curriculum and into practice* (2nd ed., p. 23). Sunbury, MA: Jones and Bartlett.

Example: In the US, our system of disaster triage is based upon the concept of utilitarianism. Health care providers triage rapidly, electing to use resources to provide the most care to the greatest number of people, as opposed to expending maximum resources on a single critically ill person who is unlikely to survive.