Agenda

- Ethical Issues in Maternal/Child Health
- Moral Experiences Deconstructed
- Guiding Norms for Ethical Practice
- Case Studies

Is It Ever Right to Pre-Select the Sex of One’s Offspring?

Is gender selection of a fetus ethical?

Oklahoma federal court says the state’s same-sex marriage ban violates U.S. Constitution.
Is There a Right Way to Have a Baby?

Dr. Noli maker at JAMU

In the era of medical science, surrogacy has become a front-runner in the field of reproduction. However, there are various ethical and legal concerns associated with this practice. Could a surrogate mother carry a baby using the egg of a dead woman? Who should pay for the medical expenses? Is selective reduction an ethically justifiable response to the dilemma of a multifetal pregnancy?
Ethics Questions Arise as Genetic Testing of Embryos Increases

Should genetic testing of newborns be mandatory or voluntary? What criteria?

How much is too little? Who has the authority to make a decision whether a premature infant is resuscitated at birth?

Can parents make decisions to not treat a sick infant?

Newborn baby is borderline; should the doctor resuscitate?

The newborn acceptable range was unstated but high to prevent a just-born baby’s body temperature from dropping rapidly. The neonatology team was predicting the baby would be born and delivered alive, then a rare but fatal heart condition identified, the baby would then be saved. The doctor’s diagnosis was: ‘The baby needs immediate resuscitation."

Does a Dead Pregnant Patient Have an Obligation to Gestate her Fetus?

Pregnant, Brain-Dead Woman’s Husband Sues Hospital

The case of a brain-dead, pregnant Texas woman and her fetus will be decided in a lawsuit after the woman’s husband sued the hospital for failing to support his wife.
What threshold does the state or anyone else have a right to dictate how a pregnant woman behaves?

What Do You Think?

Nursing is a profoundly moral practice

Nurses are moral agents

Personal Morals vs. Ethics

- Values
  - decisions about right and wrong, should and shouldn't, good and bad
- Personal morals
  - reflect influence of religion, culture, family
  - personal and spiritual
  - "right" and "wrong"
- Ethics
  - the code that a society or group of people adhere to, based upon consensus
Moral Experiences

- **Moral uncertainty**
  - when one is unsure whether there is an ethical dilemma or not, or, if one assumes there is, one is unsure what principles or values apply in the ethical conflict.

- **Moral dilemmas**
  - when two or more principles or values conflict. More than one principle applies and there are good reasons to support mutually inconsistent courses of action. Although it seems terrible to give up either value, a loss is inescapable.

- **Moral distress**
  - When you believe you know the right action but feel you can not act.

Moral Distress Defined..

- when a health professional knows, or believes s/he knows, the ethically appropriate course of action to take but is unable to carry it out because of obstacles present
- when a nurse has the sense that s/he has not done what a “good nurse” would have done in a clinical situation fraught with ethical dilemmas, or when the nurse feels powerless to act according to his or her ethical and moral values (Epstein & Delgado, 2010; Ulrich, Hamric, & Grady, 2010; Fry, Health, & Tapier, 2011).

“RN may believe her perspective is neither invited nor considered by the decision makers, so she is expected to [follow orders] despite her own beliefs.” (Ann Hamric)

HOW DO WE KNOW WHAT the RIGHT ACTION IS?

- The law
- Common morality: Ethical Norms
- Professional Codes of ethics
- Guideline Statements/ Opinions from Medical/ Nursing Professional Organizations
Ethical Principles that Underlie Clinical Practice

- Respect for Autonomy
- Non-maleficence
- Beneficence
- Justice
- Fidelity
- Veracity
- Confidentiality
- Privacy

Nursing Codes that Frame Ethical Practice

- ANA Code of Ethics for Nurses with Interpretive Statements
- International Council of Nurses Code of Ethics for Nurses
- Association of Women’s Health, Obstetric, and Neonatal Nurses Ethics Standard
- ACOG
1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person

2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population

3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient

4. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care

5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth

6. The nurse, through individual and collective effort, establishes, maintains, and improves ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care
7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

8. The nurse collaborates with other health professional and the public to protect human rights, promote health diplomacy, and reduce health disparities.

9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

How Should the Ethically Competent Nurse Act?

- **Moral Sensibility:**
  - Ability to recognize the “moral moment”

- **Moral Responsiveness:**
  - Ability and willingness to respond

- **Moral Reasoning:**
  - Knowledge of and ability to use sound theoretical and practical approaches to “thinking through” moral challenges

- **Moral Discernment:**
  - The ability to select the best course of action in a particular situation after weighing competing alternatives

- **Moral Accountability:**
  - Ability and willingness to accept responsibility for one’s moral behavior

- **Moral Motivation:**
  - Wanting to do the right thing because it is the right thing to do

- **Moral Character:**
  - Cultivated dispositions which allow one to act as one believes one ought to act

- **Moral Valuing:**
  - Valuing in a conscious and critical way that which squares with good moral character and moral integrity

- **Transformative Moral Leadership:**
  - Commitment and proven ability to create a culture which facilitates the exercise of moral agency, a culture in which people do the right thing because it is the right thing to do.
Case

- Patient is 35 weeks, G8 P6. No prenatal care. Her husband accompanies her. She is new to the U.S. from Somalia. She is complete but membranes have not ruptured. One leg of the baby is protruding down into pelvis while other is up by baby’s head.
- The MDs are explaining to the patient that it will be impossible for the baby to be delivered because of it’s position and a c-section is the only option.
- The patient explains that while in Somalia she had two pregnancies that were breach. One of the babies lived and the other one did not survive delivery.
- She also tells the staff that C-sections are viewed as a form of mutilation, and not accepted in her culture.

Moral Approaches/ Framework (O’Toole)

- **Principles/ Duty - “All or None”**
  - Right action = applying abstract rules or principles to particular facts of situation properly; “do no harm”
  - **Problem:** No commonly agreed-upon means to resolve conflicts between principles; no consensus in how best to apply agreed-upon principles

- **Consequentialist - “Outcomes”**
  - Right action = one which reflects the most valued ‘ends’; “triage”
  - **Problem:** No commonly agreed-upon means for evaluation of valued ends, and choices may violate principles
Moral Approaches/ Framework O’Toole

- **Virtue/ Character – “Judgment”**
  - Right action = The experienced and practiced moral agent’s decision; “The “good” Physician”
  - **Problem:** Presumes professional and/or societal agreement on the characteristics of a good professional or a good person

- **Moral Sentiment – “Feelings”**
  - Right action = determined by natural feelings
  - **Problem:** Essentially subjective process with lack of agreement on the feelings claimed to be natural and universal

An Ethic of Care

Care ethics stem from the idea that care is basic to human existence. Caring weaves people into a network of relationships (Vanlaere & Gastmans, 2011).

- there is no universal truth; it considers the contextual details of a moral situation to promote the specific needs and interests of the vulnerable individuals or communities
Case Study
(University of Washington Topics in Ethics)

- A 29-year-old woman had an obstetrical ultrasound at 33 weeks to follow-up a previous finding of a low-lying placenta.
- Although the placental location was now acceptable, the amniotic fluid index (AFI) was noted to be 8.9 cm.
- Subsequent monitoring remained reassuring until 38.5 weeks, when the AFI was 6 cm. The patient declined the recommendation to induce labor, and also refused to present for any further monitoring.

Case Study
(University of Washington Topics in Ethics)

- She stated that she did not believe in medical interventions. Nevertheless, she continued with her prenatal visits.
- At 41 weeks, she submitted to a further AFI, which was found to be 1.8 cm. She and her husband continued to decline the recommendation for induced labor.
- Which ethical duty takes precedence?
  - the duty to respect the patient's autonomous decision?
  - the duty to benefit a viable fetus?
  - Is induction of labor a harmful intervention, subject to the principle of nonmaleficence?

**TABLE 1**
Enhance Your Understanding of the Patient Perspective

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tbody>
<tr>
<td>Does this patient have the desire and willingness to care for this baby?</td>
<td>Does this patient have the financial resources and social support to provide care for this baby?</td>
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<tr>
<td>Is this a reaction to past negative experiences with medical staff and medical intervention?</td>
<td>Are there cultural or religious grounds for the patient's decision?</td>
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<tr>
<td>Generate an accurate understanding of the rationale behind the woman's refusal.</td>
<td>Enlist the help of other professionals who have a broad and diverse understanding of different cultural, language, and/or religious backgrounds.</td>
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<tr>
<td>Request and involve appropriate consultation from social work, translation services, religious-cultural affiliations, and ethicists to augment your understanding of patient refusal.</td>
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TABLE 2
Ensure Patient Understanding

Action: Help your patient understand the relevant consequences of her refusal (both short- and long-term).
Action: Have your patient meet with a neonatologist to ensure that she understands the outcomes and care of the neonate if the baby’s life was compromised at birth.
Action: If your patient is seeking an assisted home delivery, discuss the disadvantages of such an option over the advantages of conventional birthing at a hospital or medical facility.
Action: In the case in which your patient insists on home delivery, you may want to discuss the option of hospital assistance and home care and/or back-up planning in case of a complication that requires medical attention.

TABLE 3
Determine the Patient’s Decisional Capacity

Question: Can the patient’s refusal be attributed to carelessness or unwanted attitude toward the fetus, an irrational fear, a lack of understanding, and/or a psychiatric disorder?
Action: Evaluate the patient’s decisional capacity during the course of the conversation.
Action: If necessary, request a psychiatric consultation, but realize that this may go against your ability to retain patient trust and a good relationship.
Action: You may find that it is appropriate to seek a surrogate decision maker, such as a guardian, spouse, adult child, or parent.

TABLE 4
Evaluate Fetal Risk

Question: If the procedure is not performed, is there a high probability of serious harm to the fetus?
Question: Is there a high probability that this procedure/treatment will prevent or substantially reduce harm to the fetus?
Question: Are there comparably effective and less intrusive options to prevent harm to the fetus?
Question: Is the associated risk/harm to the woman low or negligible?
Question: Are there any benefits of the treatment or procedure for the pregnant woman?
Question: Is there enough time to seek a court order without putting the fetus at risk for demise and/or serious injury?
Action: Although your primary loyalty and duty is to the pregnant woman, you must not neglect the risk of death and irreversible injury to the fetus if the recommended cesarean delivery is not performed.
TABLE 5

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<tr>
<th>Obtain a Court Order if Indicated</th>
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<tr>
<td><strong>Action:</strong> Based on the AAP, ACOG, and AMA guidelines, this final recommendation should be an ultimate last resort and must be justifiable and only considered in the case of exceptional circumstances.</td>
</tr>
<tr>
<td><strong>Action:</strong> Become familiar with your hospital's risk management system as a source of guidance on obtaining a court order as the process and timeliness depend on the state and hospital of delivery.</td>
</tr>
<tr>
<td><strong>Action:</strong> If you decide to seek judicial intervention, ensure that (1) your patient was informed about the decision to pursue legal action, (2) your patient is also given an opportunity to present her side, (3) your patient is represented by a lawyer.</td>
</tr>
<tr>
<td><strong>Action:</strong> Understand that using the legal system to force compliance can drive away patients from future interaction with the medical system.</td>
</tr>
</tbody>
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AAP, American Academy of Pediatrics; ACOG, American Congress of Obstetricians and Gynecologists; AMA, American Medical Association.

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