

Bioethics

Newsletter issued by Bioethics Consultative Committee

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This Newsletter is devoted entirely to a short summary of the talks delivered at recent seminar on “**Ethical Issues in Practice for Nurses and Midwives**,” organised jointly by the Bioethics Consultative Committee and the Institute of Health Care, held on November 30, 2002.

Dr Sandra Buttigieg, Director, Institute of Health Care, thanked the participants and emphasized that nursing work can be analysed in a number of ways: as a physical transformation, as a social transaction, as information exchange work, and as identity. She highlighted the requirements the Code of Professional Conduct recently published by the UK Nursing and Midwifery Council (April 2002,) in caring for patients and clients, a registered nurse or midwife. This seminar, she remarked, “deals with the major ethical issues faced by nurses and midwives in their everyday practice. I am sure that this seminar will provide the right playing field to discuss, debate, analyse and hopefully reach a consensus on how to approach these issues.”

Professor John Rizzo Naudi, Chairman, Institute of Health Care gave a brief history of nursing in Malta. He said: “A historical perspective of nursing will help to enlighten us on the past and relatively recent difficulties and travails faced by this profession over the years. It will certainly hearten us when we look at the considerable gains achieved over the recent past, and in particular, during the last decade.” He mentioned the sterling work done by Professor A.V. Bernard when in 1935, as Chief Government Medical Officer, he was responsible for setting up the First School of Nurses based on the Nightingale Principle.

He continued: “the image of the professional nurse has become much clearer and brighter and more appealing to the general public, resulting in ever-increasing numbers of recruits for the diploma and degree courses. “. Hopefully, he said, “we can now look forward to a future when we can really begin to have a clear image of the professionally trained nurse who knows his or her ethical and other responsibilities towards patients and the other partners in the health team.”

Professor Maurice Cauchi, Chairman of the Bioethics Consultative Committee

Professor Cauchi started by saying that one reason why the need for discussion of ethical issues has become so urgent relate to the expanding spectrum of activities in medicine and related disciplines. At no time in the history of health professions has

there been such a upsurge of interest in issues relating to decisions to be taken, particularly at the beginning and end of life, issues such as in vitro fertilisation, abortion, cloning, stem cell research, euthanasia, and so on. With every advance in these and related areas there arise a whole range of ethical questions which have to be answered satisfactorily.

He remarked with satisfaction that the Bioethics Committee is working closely with other bodies to discuss ethical issues. In this particular case the Institute of Health Care has been mostly responsible for setting up this conference. This was followed by another conference in association with the College of Family Doctors and the College of Pharmacists to discuss issues relevant to these professions. This co-operation is essential, not only in providing the help necessary to the Bioethics Committee to perform its work, but particularly because it emphasises the commitment of these organisations for bioethical issues.

Dr Ray Busuttill, Director of Health:

In his introductory talk, Dr Busuttill stated that nurses, midwives or other health care professionals should all strive to develop a “good character” – a character which is able to exercise freedom of choice in favour of the good of the patients/clients, the profession, co-workers and society at large. A person in the capacity of a health care professional who possesses a good character is one who acts at the right and opportune time, in the right way and according to the right reason.

Eventually the ‘ethical’ health care professionals act habitually in a good way, even if there is no one to observe and praise them. It is of vital importance, he said, that all nurses and midwives read and practise the principles stated in the Code of Ethics. Adherence to such principles is not always easy and in the course of our practice, dilemmas often threaten the ultimate objective why such ethical principles exist after all. These principles are by their very nature universal and thus applicable to all. He concluded by asking: isn’t it time for all health care professionals including doctors, nurses, midwives, pharmacists, occupational therapists, social workers, dentists etc to adopt a single code of ethics underlying these fundamental principles explained previously?

Ms Antoinette Attard, Institute of Health Care spoke on *Ethical issues in nursing and midwifery from a local perspective*. She analysed a questionnaire distributed among several nursing officers. The results showed that the most common ethical concerns encountered by nurses related to information giving, and this incorporated truth telling to patients who are diagnosed with a terminal illness, or a chronic condition, and gaining patients’ consent, particularly in the case of children whose parents were separated.

A second problem related to issues of confidentiality. Often nurses and patients come from the same locality, and this raises problems. Another problem is that it is hardly possible to go to

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hospital whether for an outpatient appointment or as an in-patient and not meet people one knows. Patients, particularly with a condition like being positive for HIV and are even reluctant to reveal their diagnose to their partners, let alone with total strangers. The problem of whether to let patients die with dignity, or whether to continue with treatment even when the patient's condition is very poor was another issue of concern.

Other common issues mentioned were information giving, confidentiality, and issues relating to letting a patient die.

The development of the Maltese Code of Ethics (1997) was a milestone in the development of nursing and midwifery ethics, as it provided local guidelines to practitioners to carry out responsibilities consistent with ethical obligations of the profession and with high quality care.

Nurses are bound to give information about nursing care, but nurses and doctors do not work in isolation. If patients are really going to be informed about any procedure, investigation or treatment, then nurses, midwives, doctors, physiotherapists, radiographers and all the health care team have to work together.

Patients tend to shop around for information and may not ask the doctor, and may instead ask the junior nurse who in their eyes may seem to have more time than the doctor or senior nurses. Ms Attard also mentioned problems associated with being a patient. She commented: "Perhaps the majority of you have not experienced the transformation from a 'person' to a 'patient' but this change is like a leap into the dark unknown. And it is a leap which we tend to take for granted."

She wondered whether in Malta confidentiality is a reality or a myth. Patients' cases are discussed between practitioners, students, in academic journals, and sometimes even in social occasions when professionals meet socially and discuss cases forgetting that partners not involved in care may be present. Moreover, storage of files can lead to breaches of confidentiality, especially with the modern trend to store information electronically, and the ease with which hackers seem to be able to breach even the most secure national systems. The Patient Charter (HMC 2001) even states that 'Patients have the right ...for their condition not to be divulged to next of kin, if patients so request in writing.'

Confidentiality is also a problem in research or in education. It is common for students to discuss interesting case studies they have encountered, and due to the size of the island, identify patients even though they do not mention patients' names.

In health care it is accepted that confidentiality should not be broken unless it is in the interest of society. The arguments put forward are that whilst the patients or clients have a right to confidentiality, their partners should be told about the risks involved.

The issue that was commonly raised in the questionnaires, and in discussions during sessions, was whether nurses are expected to initiate resuscitation measures to patients who do not have a 'do not resuscitate' note documented in their files, even though they were terminally ill.

Candidates were asked whether patients have a right to refuse life-saving treatment. Seventy-three per cent stated that competent patients have a right to make such a decision as it is their responsibility.

With regards to resuscitation, she stated that problems arise because there are no clear guidelines suitable for all possible occasions of whether to resuscitate. It is therefore, essential that when elective decisions about whether to resuscitate have taken place, these should be clearly documented in patients' files to avoid any confusion. It is also essential that more multidisciplinary discussions about patients' suitability for resuscitation take place.

The only way that some of the issues effecting the provision of high quality care to patients can be tackled is by multidisciplinary discussion and co-operation.

Dr Donia Baldacchino, Institute of Health Care, gave a summary of a research study which was conducted in the main general teaching hospital in Malta. The aim of this study was to explore patients' anxiety during the recovery period and their perceptions of information-giving during hospitalization.

The interviews revealed lack of information from the multidisciplinary team, including the nurses. Searching information about the severity and progress of their illness was perceived as a means of coping and adaptation to their new lifestyle following myocardial infarction.

She says that "formal rehabilitation programmes are recommended to equip patients with the necessary information to enable them to adapt to their situation."

Understanding by the nurses and multi-disciplinary team of the importance of information-giving to patients "will pave the way towards change of attitude," she said. "This will enable patients to rehabilitate themselves to the new lifestyle with relief of anxiety. It is well known that the construction of the new hospital, *Mater Dei*, is at an advanced stage. However, I hope that reconstruction of nurses' attitudes be promoted by further education in order to bridge the gaps identified by patients and to actualise information-giving in care, which is ultimately the right of the patient."

Prof Rev Emmanuel Agius spoke on the "Ethical Challenges of the Future for the Nursing Profession."

He spoke about the role of nurses and midwives in providing professional care and emotional and spiritual support to people in times of personal crisis around some of the most critical 'life events'. He discussed the role of high-tech medicine that can be seen as threatening. Whatever the healthcare professional does for the sick person involves, by definition, a certain closeness or relationship. High-tech medicine is threatening this encounter. Technology-minded healthcare professionals are dreaming of a medical care devoid of relationship, and based entirely upon data provided by sophisticated machines and computers. This view influences every aspect of high-tech medical care.

High-tech healthcare should not be a substitute for the humanising touch of healthcare professionals. Nurses and midwives will require more and more skills in technology assessment and confidence to use advanced technology to enhance quality of care and information exchange. However, there will be a need to balance the high-tech with the human aspects of caring and compassion. The technological environment of our healthcare systems should never lead to the depersonalisation and dehumanisation of the patients.

He emphasised the fact that the focus of healthcare professionals should remain on care rather on control and power. A shift is required from a “paradigm of control” to a “paradigm of relationship”. To care for the patient means to be compassionate, competent, conscientious, committed and confident.

He then touched on the relevance of codes of ethics particularly when Maltese nurses may decide to work overseas. All codes of ethics for healthcare professionals endorse explicitly a clause that safeguards the healthcarer’s right to conscientious objection. The fact that European countries have legalised abortion or voluntary euthanasia is definitely not a valid argument to refrain our healthcare professionals to expose themselves to other clinical settings. The challenge to uphold sound ethical values should not preclude nurses and midwives from immense future opportunities offered by full membership to the EU.

The general public has become more critical of the behaviour of those who care for them during their stay in hospitals. Patients are becoming more demanding, expect more information, more attention to holistic care, quality of care, and active participation. The nursing profession requires today more than ever before a greater level of competence in communication skills, a greater sense of honesty and responsibility.

At the same time, concerns with human rights, equity, accountability and ethical issues will come to the forefront of debate and action. In the future, nurses and midwives will be expected to take more and more the roles of patient’s facilitator, patient’s advocate and whistleblower. Do nurses have the right to blow the whistle? Some authors claim that in some situations there is a moral obligation to disclose harms.

In the exercise of their professional accountability, nurses and midwives are expected to accept the role as an advocate on behalf of her/his patients.. The nurse is obliged to ensure that patients receive appropriate information prior to consenting to treatment or procedures, including participation in research.

With regards to the need of the elderly, Prof Agius said that, while an increase in the elderly will challenge healthcare delivery, nursing actions in wellness clinics and homes will enhance positive health and healthy ageing so that older people will lead active and productive lives with minimum disability.

The current model of healthcare features a bias towards cure rather than care, another towards length of life rather than quality of life, still another toward technological interventions rather than health promotion and disease prevention. If

everyone is to have access to a decent level of care, not everyone can have access to the most optimal care.

An individual has a legitimate claim only to a fair share of healthcare resources, not to every treatment that might well be beneficial. There are economic and ethical limits in providing all and every possible medical intervention.

Regarding the changing role of the nursing profession he said that there is increasing professional autonomy and the expanded nursing role in which nurses function in areas previously performed by physicians will be a dominant trend in the future, according to the 1998 Royal College of Nursing. *In a case management model, nurses become true collaborators in the patients’ care process. They no longer simply take orders, but actively participate in designing a plan of care.*

Research in teamwork in health care settings suggests that doctors, nurses and paramedics and administrative staff are generally ill-prepared to work in teams with other professionals.

There are two characteristics which the members of health-care teams should consistently display: first, solidarity with and mutual respect for one another, and secondly, a willingness to co-operate with one another for the good of patients. Where these characteristics are absent, the well-being of patients may be put at risk.

Nursing is at present at a crossroad in its development. It is a relatively young, fast-growing academic discipline and comprises an occupational group numerically larger than any other in health care.

Dr Bridget Gafà spoke on the legal aspects of Nursing and Midwifery. She pointed out that these professions are continuously changing, and it is important for nurses and midwives to keep up to date with developments. She stated that: “Refusing to carry out a particular task claiming incompetence smacks of gross negligence unless that nurse takes the initiative to update his/her knowledge. It is imperative to keep in mind that patients and relatives sue both when they feel aggrieved by a commission as well as by an omission.”

She also emphasised the need to keep good and accurate records in the patient’s history. She stated: “Medical records are the only documents, which ideally give a clear picture of an individual’s state of health. Hence any information in that file should be accurate. Very often minute details are left out, as they are deemed unimportant. This unfortunately is a far cry from the truth. In court, every detail counts, and minute details may turn out to be very strategic pointers in the future. Nothing should be taken for granted.”

Confidentiality was another aspect she put great importance on. The patient record belongs to the patient. It is an official document that should not leave the wards. She added: “It is becoming quite common to have patients claiming breach of their right to privacy because someone used their medical history outside a hospital setting without their consent. Healthcare professionals may only use information about a patient within a hospital setting, and in the interest of that patient, unless of course there is a court order ordering the

release of the records. It may not be used for research purposes without the express consent of the patient. Furthermore, the relatives and spouse of the patient do not have an automatic right to any information regarding the patient unless that patient consents to it. It is important to register that consent in writing in the medical history of the patient."

Workshops

Four workshops were organised as part of this conference dealing with the following topics, namely:

- 1) Information giving
- 2) Confidentiality
- 3) Accountability
- 4) Significance of Code of Ethics and the Patient Charter

At these workshops, participants had plenty of opportunity of airing their views and making recommendations.

In her concluding remarks, **Mrs Grace Jaccarini** said that the seminar "provided a much-needed opportunity for reflection and dialogue about ethical dilemmas" faced by nurses and midwives in their daily practice. She suggested that "Maybe a

formal committee as an offshoot of the Bioethics Consultative Committee should be set up to develop guidelines on mechanisms to help nurses and midwives to review their rights and responsibilities in their practice."

She also emphasised the need for "an institutional culture with supportive conditions, where nurse leaders together with other health caring professionals could engage in regular meetings to discuss case studies to further knowledge and confidence in this area."

Finally, she added that: "We must carry out research, set up networking and encourage discussion in order to be able to move forward. If we can build up an enabling practice environment, then we will be able to create the opportunities, the confidence, the authority and the accountability to identify and to try to solve these practice-related problems."

Thanks

The Bioethics Consultative Committee wishes to thank all those who have been so active in participating and preparing for this conference, and particularly, Dr Sandra Buttigieg, Mrs Grace Jaccarini, Mr Andrew Galea, and his team, as well as Ms Salvina Bonanno and Therese Bugeja, also members of the Bioethics Consultative Committee.

Copies of ***Ethical Issues in Practice for Nurses, Midwives and Family Medicine*** can be obtained (free of charge) from the Institute of Health Care, St Luke's hospital. This publication contains the papers given at the seminar for Nurses and Midwives held in November, as well as papers from the recent seminars on family medicine and the EPSMH Conference.

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Science, Ethics and Society

The Bioethics Consultative Committee is in the process of organising a one-day conference on this topic in order to encourage participation of scientists as well as the public in this very important issue. It will consist of a one-day seminar on 10th May, and will consist of lectures by experts in the area, followed by three workshops on related topics. Those interested should contact the Secretary, Tel:21312229; e-mail: linger@keyworld.net