

## I . Foundational Concepts in Ethics

- **Moral Philosophy:** Philosophical discussion of good or bad.
- **Ethics:**
  - Derived from **ETHIKA (CHARACTER)** – Aristotle.
  - Offers a formal process for applying moral philosophy.
  - The study for consistent social morality and reflection of societal norms for decision making.
- **Nursing Code of Ethics:**
  - Provides guidance to nurses.
  - **ANA, CNA, and ICN** provided specific codes to serve as guides for nurses in practice.

### Two Basic Schools of Thought (Derivation of Ethical Theories)

- **Naturalism:** Moral judgment is based on human nature and psychology.
- **Rationalism:** Based on reasoning and universal moral principles. There are absolute truths that are not dependent on human nature (rationalist).

## II . Deontology & Kantian Ethics

### A. Deontology

- **Etymology:** Derived from "**Deon**" (Greek for *duty*).
- **Core Principle:** Behaving ethically by meeting duty.
- **Origin:** Originated from **Immanuel Kant**.

### B. Immanuel Kant

- **Universal Rules:** Ethical rules are universal and humans can derive certain consistent principles to guide knowledge of the right course of action in any given situation. This could be obtained by following a maxim of the **categorical imperative**.
- **The Categorical Imperative Maxim:** Always act in such a way that you can also

will that the maxim of your action should become a universal law.

- **Categorical:** Moral rules with no exceptions.
- **Imperative:** Denotes a command that is derived from a principle that must be followed.
- **Realm of Ends:** When the categorical imperative and the practical imperative are merged, there is a strong implication that each person is a member of a realm of ends—a politically organized society. Kant calls this "*a systematic union of rational beings through common objective laws.*"
- **Professional Alignment:** Most professional codes are based on Kantian theory. All people are equally competent to make universally legislative decisions.

### C. Raphael (1994)

- Kantian ethics is in fact the **ethics of democracy**.
- It requires **liberty, equality, and fraternity** within a politically organized society.

## III . Teleology & Consequentialism (Utilitarianism)

### A. Consequentialism / Teleology

- **Definition:** Moral theories evaluate the morality of actions in terms of progress towards a goal. The consequences of the action matter.
- **Etymology:** Also known as teleology, from the Greek "**telos**" meaning "*ends.*"
- **Goal:** The goal of consequentialism is often stated as the *greatest good for the greatest number*.

### B. Utilitarianism

- **Definition:** The best version of consequentialism. Focuses on the greatest overall benefit and the maximization of net utility for all parties.
- **Evaluation:** Rightness/wrongness is based on consequences. Grounded in naturalism.

A right action produces the greatest utility or usefulness; moral value depends on results.

- **The Problem of Intention:** Intention simply confuses two issues:
  1. Whether the act itself is leading to good or bad outcomes.
  2. Whether the person carrying out the act should be praised or not. The second is independent of moral consideration relative to the act.

**C. Major Historical Figures**

- **Epicurus:**
  - Good and evil lie in sensation (**good = pleasure, bad = pain**).
  - True pleasure comes through living a life that cultivates friendship.
  - Deities do not dwell with humans; thus, humans/people control their destinies through moderation, courage, and justice.
- **Jeremy Bentham:**
  - Father of modern utilitarianism. Aimed to increase happiness and diminish misery.
  - *Principle of Utility:* Produces benefit, pleasure, good, happiness; prevents pain or evil.
  - *Measurement of Utility:* Measured through **intensity, duration, certainty, propinquity, fecundity, and purity.**
- **John Stuart Mill:**
  - Greatest good for the greatest number.
  - Identified the greatest sources of suffering: **Indigence, disease, unkindness, and loss of affection.**

**D. Types of Utilitarianism**

- **Act-utilitarianism:** Each act is judged by its net utility. Focuses on actions that increase overall good.
- **Rule-utilitarianism:** Develops rules that produce the greatest net benefit. Aims to maximize overall good when consistently followed.

**E. Utilitarianism in Healthcare**

- **Application:** Basis for policy-level decisions in the distribution of healthcare services and medical emergency triage decisions. It is common in war or natural disasters (*kumbaga yung example na kung sino ang ipraprioritize*).
- **Limitations:** Does not give sufficient thought to respect of persons. There is little recognition of autonomy, and it may sacrifice the rights of individuals for the overall good.

**IV. Virtue Ethics**

- **Core Focus:** Action is based on innate moral virtue. Morality is grounded in the character of the person. It equals truthfulness, kindness, and honesty.
- **Etymology:** Ethics derived from Aristotle’s word **ethika** meaning character. It shifts the question from “*What one should do,*” to “*What one should be.*”

**Value and Virtue Classifications**

Cardinal Values & Modern Virtues	Four Focal Virtues (DICT)
Wisdom, Courage, Temperance, Justice, Generosity, Faith, Hope, Charity, Honesty, Compassion, Caring, Responsibility, Integrity, Trustworthiness	<p>Discernment</p> <p>Integrity</p> <p>Trustworthiness</p>

	Compassion
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### A. Aristotle on Character

- **Development:** Goodness of character is achieved through the practice of virtuous behavior. Virtue is developed through training and exercise. **Practice = Habit**, and **Virtue = Excellence of character**.
- **Dependencies:** Depends on **motivation, judgment, self-control, and practice**.
- **Three Criteria of Virtuous Acts:**
  1. Virtuous acts must be chosen for their own sake.
  2. The choice must be from a firm and unchangeable character.
  3. Virtue is a disposition to choose the mean.
- **The Golden Mean:** Practicing moderation (*no excess, no deficiency*).

### B. Modern Proponents of Virtue Ethics

- **Philippa Ruth Foot:** Virtue lies in virtuous acts and in the will. The will is what is wished for and sought. The intention must be morally good to be virtuous, and the motive must be morally good.
- **Beauchamp and Childress:** Character equals stable traits affecting judgment and action. People can learn and cultivate moral traits.

### C. Virtue Ethics in Nursing

- **The Nightingale Pledge:** Implies virtue of character as nurses promise: *purity, faith, loyalty, devotion, trustworthiness, and temperance*.
- **Foundation:** Good character is the cornerstone in nursing. A nurse with virtue acts according to principle.

### V. Moral Particularism & Core Ethical Knowledge

- **Moral Particularism:** Utilizes principles and rules of other moral theories. The

uniqueness of cases is embraced. A moral particularist is aware of ethical principles and maxims and appreciates them as illuminators of moral problems.

- **Ethical Knowledge:** Guides decisions for patients and the organization. It builds on the core principles: **Justice** (*fairness*), **Autonomy** (*respecting patient choices*), **Nonmaleficence** (*do no harm*), and **Beneficence** (*do good*). Decision-making models help apply theory and principles in practice.

### VI. Autonomy, Competence, and Beneficence

#### A. Balancing Beneficence and Autonomy

- **The Goal:** Doing good without harm.
- **Patient Inclusions:** Patient autonomy means involving patients in decisions. Excluding them will violate their sense of self, even if done with good intentions.
- **Beneficence Definition:** Acting to do good for the patient.
- **The Autonomy Link:** Patients may not see actions as kind or compassionate if their autonomy is ignored. Autonomy is important in both clinical decisions and administrative decisions.

#### B. Autonomy and the Deontological Tradition

- **Etymology:** Autonomy refers to self-rule. Derived from the Greek: **Auto** (*self*) + **nomos** (*rule/law*). Respecting this means honoring the person for who they are.
- **Health Care Realities:** Autonomy may not always be clear in healthcare. Patients must be competent and free from coercion.
- **Competence and Freedom from Coercion:** People usually know what it means to make their own choices. This involves more than just understanding choices. **Coercion** occurs when patients feel pressured to please others.

#### C. Forms of Competence

- **Competence (General):** The ability to complete a task. A person may be able to

perform and understand certain things but not others; thus, clinicians act as gatekeepers in decision-making by assessing patient competence.

- **Specific Competence:** Competence depends on the situation or context.
- **Intermittent Competence:** Competence based on time.

- *Physicians:* Time to spend with each patient.
- *Nurses:* Prioritize responses to patient needs.
- *Nurse Managers:* Distribution of limited staff.

- **Justice in Administrative Decisions:** Affects how salary is increased, the allocation of finances, and patient outcomes.

## VII. Principles and Theories of Justice

### A. Recognizing Unjust Actions

- **The Core Question:** *"What kind of facts make an act unjust rather than simply wrong in general?"*
- **Equivalencies:** Unjust = morally wrong. Injustice = being treated unfairly.
- **Healthcare Application:** Injustice occurs in patients with similar cases who do not receive equal treatment.
- **Aristotle's Rule of Justice:** Treat similar cases alike—except where there is a relevant or material difference between the cases.
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### Major Categories and Applications of Justice

#### A. Major Categories of Justice

- **Procedural Justice:**
  - *Core Question:* "Were fair procedures in place, and were those procedures followed?"
  - It is the **due process**.
- **Distributive Justice:**
  - Concerns the allocation of resources.
  - Determining what is fair when decision-makers divide burdens and benefits.

#### B. Distributive Justice Realities

- **Kaiser Family Foundation:** Issues in distributive justice arise due to disparities in resource allocation for healthcare, in terms of demand and spending.
- **Distributive Justice at All Levels:**

### Nonmaleficence & Philosophical Definitions of Harm

**Hippocratic Ethical Teaching:** "First, do no harm; only benefit." In healthcare, there are many forms of harm.

#### A. Ethical Theories on Harm: "Harm is What?"

- **Consequentialist:** Harm prevents good, leading to less good or utility.
- **Natural Law Ethicist:** Opposed to our rational natures; that which circumscribes or limits our potential.
- **Deontologist:** Harm prevents us from carrying out our duty or that which is opposed to the formal conditions of the moral law.
- **Virtue Ethicist:** A person of practical wisdom would find that harm is immoderate; that which leads us away from manifesting our proper ends as humans.
- **Ethical Egoist:** Opposed to his self-interest.

#### B. Harm in the Clinical Setting

- **Definition:** Harm is what worsens the condition of the patient.
- **The Justification:** We justify harm to patients since healthcare involves pain, discomfort, inconvenience, and expense because there is a greater good.
  - *A consequentialist* would say that greater good/greatest utility can result from accepting some harm.
  - Providing the most appropriate treatment with the least pain = resemblance of a *deontological principle*.

### C. Harm Beyond the Physical

- Ineffective supervision by healthcare managers = understaffing or poorly maintained equipment.
- Major financial losses = inability to operate.
- Improper disposal of hazardous materials in the community puts the public at risk.
- In healthcare, changing eligibility requirements leaves certain patient populations unable to access care.

### Clinical Misconduct, Autonomy, and Violations

#### A. Harm as Negligence

- **Negligence:** A person fails to exercise the due diligence expected of someone in their role and level of responsibility.
- **Omission:** This act is caused by a failure to follow protocols.
- **Malfeasance:** Neglect of fiscal responsibility that violates policy or the law; failed adherence to standards of good financial management.
- **Prevention:** Practice **due diligence** to avoid harm and malpractice.
- **Integrity & Practical Wisdom:** Cultivating individuals of integrity who regard it as a personal violation to put those who trust them at risk.
- **Collaboration:** Collaboration in ethical decision-making addresses complex ethical situations by sharing a common understanding of the mission, vision, and values of healthcare.

#### B. Harm as a Violation of Autonomy

- **Paternalism** in imposing treatment violates the principle of autonomy.
- **Autonomy and Informed Decision-Making:** Not fully informing the patient about treatment options or discouragement of the use of certain treatments due to cost or lack of insurance is a violation. Regardless of the circumstances, the principle of autonomy holds that individuals have ownership over their own lives.

- **Autonomy and Incompetent Patients:** If a patient is incompetent, healthcare professionals use **substituted judgment** to determine the wishes of the person at the time they were competent, that is within what a reasonable person would choose.

#### Beneficence as a Professional Expectation

- **Etymology:** Derived from the Latin *bene* meaning “well” or “good.”
- **The Higher Moral Burden:** Reflects a level of altruism (*focusing on others first*). The ethical principle of beneficence requires that we are morally obligated to take positive and direct steps to help others.

#### A. Beneficence Tied to Key Frameworks

- **Beneficence and Consequentialism:** Human nature is fundamentally benevolent (*innately good*). The greatest good for the greatest number is itself a good expression of benevolence.
- **Beneficence vs. Ethical Egoism:** Ethical egoism is fundamentally different because our primary obligation is to ourselves, asserting that selfishness is a virtue.

#### B. Beneficence in Practice

- **The Professional Context:** In everyday life, failing to open a door for someone in a wheelchair is merely discourteous. In a healthcare context, such a failure is unprofessional and may result in disciplinary actions.
- **Compassion and Respect:** Acting with kindness, compassion, and understanding even under extremely stressful circumstances is an essential aspect of professionalism in healthcare.
- **Active Beneficence:** The ability to recognize each patient as a unique individual with inherent worth.
- **The System Challenge:** Balancing beneficence and clinical decision-making can be challenging during significant change or stress.

## The Shift Beyond Beneficence: The Rise of Autonomy

### A. Historical Background: Why Insufficient Principles Exist

Historically, physicians defined what counted as “harm” and “good” in patient care. Patients often had little understanding of:

1. Medical procedures
2. Prescribed treatments
3. Clinical decision-making

Physicians determined the patient’s self-interest and acted on their behalf. Consequently, care became paternalistic.

### Defining Paternalism

- **Etymology:** From the Latin *pater* (“father”).
- **Concept:** Treating the patient as one would treat a child.

### B. Paternalism vs. Autonomy

Paternalism still exists in modern healthcare. However, significant changes are influencing patient-provider relationships:

- **The Affordable Care Act (ACA 2010)**
- **Internet access** to healthcare information

### C. Modern Patient Dynamics

Patients now:

- Assert decision-making rights.
- View themselves as partners in care.
- **Implication:** Healthcare must move beyond nonmaleficence and beneficence to include the principle of autonomy. Ethical issues are commonly examined through ethical principles, which are fundamental moral truths that guide deliberation and action.

## Respect for Persons and Veracity in Nursing Practice

### A. Respect for Persons in Healthcare

- **Definition:** Respect the value and uniqueness of each person.
- **Standing:** It is a principle in its own right. Genuine regard and respect for others form the cornerstone of any care profession.

### B. Veracity in Nursing

- **Definition:** Telling the truth.
- **Virtue Status:** Truthfulness is a universal virtue, and honesty is taught from childhood. It is a core virtue in nursing and is heavily supported in ethical philosophy.
  - *Immanuel Kant:* Supports duty-based truthfulness.
  - *John Stuart Mill:* Supports moral reasoning.
- **Professional Responsibility:** Truth-telling is a vital professional responsibility. It supports respect, trust, effective communication, and shared responsibility.

### C. Violations of Veracity in Nursing Ethics

- Lying shows disrespect and undermines patient autonomy.
- Withholding info limits participation.
- **Andrew Jameton's Classifications:**
  - *Manipulation* = Coercion
  - *Beneficial Deception* = Paternalism
  - *Harmful Deception* = Fraud

### D. Accountability and Deception in Nursing

- Deception assumes unnecessary responsibility.
- Negative outcomes increase accountability.
- Truth shifts the blame to circumstances.
- Honesty protects professional integrity.
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### Truth-Telling and Trust in Nursing

- Truth-telling builds patient trust
- Trust strengthens professional relationships
- Patients share information openly
- Trust encourages acceptance of guidance
- Patients rely on caregivers
- Without trust, relationships fail

### Veracity and Patients' Rights

- American Hospital Association importance of veracity
- Patients have right to information
- Information must be understandable
- Responsibility involves physicians and nurses

- Nurses uphold patients' rights

### **Veracity in Nursing and Medicine**

- Healthcare delivery is largely an interdisciplinary effort. Both nurses and physicians are involved in disclosing information to patients.
- Effective communication requires collaboration among healthcare professionals.

### **Truth-Telling VS. Beneficence**

- Some fear truth may harm
- Beneficence used to justify nondisclosure
- Some physicians choose deception
- Mack Lipkin supports selective disclosure
- Patients may lack medical knowledge
- Some patients prefer not knowing truth

### **Joseph Ellin on Medical Truth-Telling**

- Absolute veracity may cause anguish
- Hope may promote healing
- Lying: intentional false statements
- Deception: withholding information
- Duty: avoid lying, not all deception

### **Sissela Bok's Critique of Medical Deception**

- Beneficence used to justify lying
- Lying historically seen as excusable
- Some claim doctors deserve exception

### **Historical Silence on Veracity in Healthcare Ethics**

- Veracity absent in many oaths
- Rarely mentioned in professional codes
- Hippocratic Oath omits truthfulness
- American Medical Association Code (1847) stance Discouraged causing patient distress
- Some deception indirectly endorsed

### **Differences Between Nursing and Medicine on Disclosure**

- Nursing and medicine differ
- Physicians control disclosure decisions
- Withholding seen as beneficent
- Nursing supports autonomy and rights

### **Privacy and Confidentiality in Nursing**

- Privacy: control of personal information

- Fundamental individual right
- Limits disclosure of secrets
- Confidentiality requires nondisclosure
- Protects entrusted private information
- Maintains another's privacy

### **Nursing Responsibility in Safeguarding Privacy**

- Nurses safeguard private patient information
- Share only care-related details
- Historic codes uphold confidentiality
- Ethics require protecting patient privacy
- Highlighted in Nightingale Pledge
- Recited by graduating nurses for decades

### **Commitment to Confidentiality-Nightingale Pledge**

- "I will do all in my power to elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping and all family affairs that come to my knowledge in the practice of my profession."

### **Confidentiality in Medicine and Ethical Debate** *(weighing the risk of sharing information. e.g. telling pt they have covid or HIV)*

- Physicians also uphold confidentiality
- Hippocratic Oath affirms secrecy
- Protects private patient information

### **Privacy as an Expression of Autonomy**

- Privacy reflects personal autonomy
- Control over personal information
- Protects intimate personal matters
- Maintains control over life

### **Hazel Markus and Brian Lockwood on Privacy**

- Privacy grounded in autonomy
- Avoid prying into others' lives
- Respect personal confidences
- Share only with strong justification

### **Confidentiality as Respect for Persons**

- Maintaining the confidentiality of patients is an expression of respect for persons.

### **Ethical Arguments for Maintaining Confidentiality**

- The first is the individual's right to control personal information and protect privacy. The second argument is based on utility.

### Privacy as Respect for Autonomy

- Privacy stems from autonomy
- Reflects respect for persons
- Patients expect limited information sharing
- Avoid unnecessary provider disclosure
- Never discuss in public settings

### Risks of Casual Disclosure and Record Access

- Casual discussion risks privacy violations
- Professionals must avoid informal sharing
- Many staff access patient records
- Includes nurses and physicians
- Also therapists and support staff
- Access must remain legitimate and necessary

### Protecting Sensitive Information in Practice

- Sensitive information may spread widely
- Patients may confide in nurses
- Record only necessary information
- Be cautious with chart documentation
- Prevent electronic confidentiality breaches
- Stay alert to privacy threats

### The Importance of Confidentiality in Protecting Vulnerable Patients

- Confidentiality is particularly important when the revelation of intimate and sensitive information has the potential to harm the patient. Confidentiality is especially important when dealing with vulnerable populations

### Confidentiality and Utility (Practical Benefits)

- The second argument is based on utility. If patients suspect that health care providers reveal sensitive and personal information indiscriminately, they may be reluctant to seek care.

### Confidentiality and the "Chilling Effect"

- Those caring for patients with AIDS also recognize the need to maintain confidentiality.
- The chilling effect is brought upon once patients learn about their illness (e.g. HIV)

### Limits of Confidentiality-When Exceptions May Apply

- **The Harm Principle:** recognizes that maintaining confidentiality would result in preventable, wrongful harm to innocent others.
- **Vulnerability Theories:** particularly when individuals or groups are at significant risk of harm.

### Exceptions to Confidentiality in the Interest of Public Safety

- **American Nurses Association Code of Ethics for Nurses (2001)** recognizes that the duty of confidentiality is not absolute and may need to be modified to protect the patient, other innocent individuals, and in cases of mandatory disclosure for the sake of public safety.

### Foreseeability and the Duty to Warn

- **Foreseeability** is an important consideration in situations in which confidentiality conflicts with the duty to warn. A nurse or other health care professional should be able to reasonably foresee harm or injury to an innocent third party before violating the principle of confidentiality

### The Vulnerability Principle

#### Harm Principle and Vulnerability Principle

- Duty to prevent harm becomes stronger when innocent individuals are **dependent** or **especially vulnerable**. Obligation to protect those who cannot adequately protect themselves. Vulnerability means: Increased risk or susceptibility to harm

### Ethical vs. Legal Considerations

- Nurses must recognize that careful consideration of the ethical implications of their actions will not always be supported within bureaucratic and legal systems.

### Confidentiality Carries Legal Weight

- Today, a breach of confidentiality may result in a criminal conviction or other legal penalties.

### Fidelity as a Professional Obligation

- **Fidelity** means faithfulness and promise-keeping
- Core ethical principle in nursing
- Society grants licensure and certification
- Licensure protects nursing practice domain
- Nurses accept professional responsibilities
- Uphold social contract with society

### Faithfulness to Society and Professional Commitments

- Nurses owe faithfulness to society ·
- Uphold professional code of ethics ·
- Practice within defined scope ·
- Maintain competence in care ·
- Honor institutional policies ·
- Keep promises to patients

### Fidelity Within the Nurse-Patient Relationship

- Fidelity requires loyalty and commitment
- Basis of nurse-patient relationship
- Duty to keep promises
- Honor professional commitments ·
- Conflicts may create ethical dilemmas ·
- Keeping promises may cause harm

### Limits of Fidelity: Weighing Promises

- Fidelity builds trusting relationships
- No absolute duty to promise-keeping
- Most ethicists reject exceptionless rules
- Consider potential harmful consequences
- Weigh benefits against risks
- Ethical judgment guides final decision

### Informed Consent

- Informed consent relates to a process by which **patients are informed of the possible outcomes**, alternatives, and risks of treatments, and are required to give their consent freely. It assures the legal protection of a patient's right to personal autonomy in regard to specific treatments and procedures.
- The concept of informed consent is one that has come to mean that patients are given the opportunity to autonomously choose a course of action in regards to plans for medical care.

### Understanding Paternalism in Nursing

- Paternalism is a gender-biased term that literally means acting in a fatherly manner. The traditional view of paternal actions includes such role behaviors as benevolent leadership, decision-making, protection, and discipline. As commonly used in nursing, the term paternalism carries negative connotations, particularly in relation to implied dominant male versus submissive female roles.

### Parentalism in Health Care

- The term parentalism is a nongendered alternative that parallels the meaning of paternalism while avoiding gender bias. In the health care arena, the concept of parentalism **refers to situations in which professionals restrict a person's autonomy, usually to protect that individual from perceived or anticipated harm.** Parentalism may be considered appropriate when a patient **is judged to be incompetent or to have diminished decision-making capacity.**

### Advocacy and Justified Parentalism

- As advocates, we choose to do for the patient what it is reasonable to believe the patient would choose for themselves if they were able to do so.

### Parentalism, Advocacy, and Patient Autonomy

- Paternalism can be considered **advocacy** if there is genuine concern and a justified belief that the patient cannot make autonomous decisions.
- Risk of harm alone is **not enough** to declare a patient incompetent.
- Competent patients must be allowed to act **autonomously**, even if their decisions may cause harm or future incompetence.

### Concerns About Paternalism in Nursing

- Paternalism is often viewed negatively in nursing because patient autonomy was historically violated in the name of beneficence. Healthcare professionals may wrongly assume that their medical knowledge alone qualifies them to make decisions for patients, ignoring the patient's own values and perspectives.

### Respecting the Whole Person in Decision-Making

- This kind of thinking allows us to ignore multiple factors that may be unrelated to physical outcomes yet still affect the whole person.
- These factors include, among others, economic considerations, lifestyle, values, roles, culture, and spiritual beliefs. In making decisions, all relevant factors must be taken into account. This requires that the patient be autonomously engaged in the decision-making process.

### Perspectives on Paternalism in Nursing and Medicine

- **Nursing literature** generally describes paternalism in a **negative light**. Nurses often view paternalism as behavior that **undermines or precludes autonomy**
- **Medical literature**, on the other hand, often portrays paternalism as a **benevolent quality**.

### Historical and cultural Influences on Views of Paternalism

- The difference between nursing and medical beliefs about paternalism probably relates to historical, cultural, and gender factors within each professional community. Interdisciplinary discussion is needed in order to reach of consensus about the appropriateness of paternalism in health care decision-making

## NONCOMPLIANCE

### Patient Noncompliance in Health Care

- The term **noncompliance** is generally understood to refer to a patient's **unwillingness or failure to participate in health care activities**. This often involves not following a treatment regimen that has been planned by a health care professional but must be carried out by the patient.

### Assessing Patients' Ability to Follow the Plan of Care

- Patients may be unable to comply with these plans for a variety of reasons, including lack of resources, insufficient knowledge, lack of support from family members, psychological factors, and cultural beliefs that are not consistent with the proposed plan of care.

### Barriers to Compliance in Health Care

- Patients are often labeled noncompliant when they fail to follow a treatment plan, such as not buying expensive medications. However, the real issue may be the healthcare provider's failure to assess the patient's ability to afford or follow the prescribed plan.

### Ethical Principles and Respect

- Codes of ethics for nurses universally support respect for individuals and their right to make their own choices, regardless of social or economic status. Furthermore, nurses must not allow patients' individual differences in background, customs, attitudes, or beliefs to influence the care

they provide. Because health care practices are an integral part of patients' backgrounds, customs, and beliefs, refusal to participate in a plan of care—regardless of the outcome—is the patient's prerogative and must not affect the quality of care given by the nurse.

### **Respecting Patient Autonomy in Health Care Decisions**

- Ultimately, decisions about health care practices belong to patients. When patients are given the opportunity to choose, they should not be labeled negatively for making choices with which nurses may disagree. It is inappropriate for professionals who believe that all competent patients have the right to autonomous decision-making to make value judgments about those choices and subsequently label patients as noncompliant.