pWEEK 2 — ETHICO-LEGAL CONCEPTS IN CRITICAL CARE NURSING

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1. ETHICS VS. MORALS

Ethics

- Study of **morality or standards of conduct**.
- Involves **critical reflection or evaluation of moral choices** that are made.

Morals

- Commonly shared beliefs within a society about the **"rightness" or "wrongness"** of actions and behaviors.
- Includes **"should" and "should nots."**
- Usually learned through:
  - Family systems
  - Religious traditions
  - Cultural traditions

Ethical Principles

- Serve as **general guidelines in healthcare decision-making**.
- Provide a basis for ethical reasoning.
- **They are not absolute** and may sometimes conflict with one another.

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2. AUTONOMY

Autonomy = the patient's right to **self-determination**.

It is the right to:

- Make independent decisions about one's own body or actions.
- Be free from interference or coercion from others.

Decisional Capacity / Competence

- Legally, adults are presumed competent unless proven otherwise.
- Clinical capacity is determined **case-by-case by the treating provider**.

A patient must be able to:

1. **Understand**
   - Diagnostic information
   - Details of the proposed treatment plan
2. **Appreciate**
   - How medical facts apply to their specific health situation
   - Possible future outcomes
3. **Reason**
   - Logically weigh risks, benefits, and alternatives
4. **Communicate**
   - A clear, stable, and unambiguous choice to the medical team

Easy memory:

U-A-R-C -Understand, **A**ppreciate, **R**eason,**C**ommunicate

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3. FULL INFORMATION DISCLOSURE

Healthcare professionals have an **absolute responsibility to disclose pertinent information** needed for a layperson to make an educated choice.

Information should include:

- Nature of the medical condition
- Purpose of the intervention
- Severity of the condition
- Mechanics of the recommended intervention
- Intent of the intervention
- Expected duration
- Common risks
- Side effects
- Potential burdens
- All viable alternatives
- Option of **complete treatment refusal**
- Risk-benefit profiles of the alternatives

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4. COMPREHENSION / UNDERSTANDING

Disclosure is meaningless if the patient **cannot understand the language used**.

The healthcare provider must communicate information:

- Accurately
- Sensitively
- In plain language
- According to the patient's:
  - Educational background
  - Cultural background
  - Cognitive background

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5. VOLUNTARINESS

The patient's choice must be made **entirely freely**, without external force.

The decision must be free from:

Coercion

- Explicit threats
- Forced compliance by healthcare staff or family

Manipulation

- Deceptive presentation of medical facts
- Intentional distortion of risk information to influence the patient's choice

Undue Influence

- Emotional dependency
- Exploitation of the patient's vulnerability
- Overriding the patient's true desires

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6. INFORMED CONSENT

Informed consent protects **patient autonomy**.Patients must receive enough information to make an informed and intelligent decision to:

- **Accept**, or **Reject** a proposed treatment.

Three legal requisites:

1. **Voluntary**
2. **Adequately informed / knowing**
3. Given by an individual with:
   - Adequate mental capacity
   - Legal authority

Remember: V-I-C - Voluntary **I**nformed **C**apable

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7. ADVANCE DIRECTIVES

An **advance directive** is a legal document in which a person makes provisions for healthcare decisions in the event that they become unable to make those decisions in the future.

It may also designate a **surrogate decision-maker** who can have ethical and possibly legal authority to make medical decisions.

Types: Living Will &Power of Attorney

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8. ORGAN DONATION

Organ donation can be made through:

- A provision in a will
- Signing a card-like form

Nurses may serve as witnesses for individuals consenting to donate organs.

9. DECLARING BRAIN DEATH

An individual is considered dead when there is either:

- Irreversible cessation of circulation and respiratory functions, **OR**
- Irreversible cessation of all functions of the entire brain, including the brain stem.

Requirements

- A physician **not involved in the patient's treatment** documents brain death.
- Another physician confirms the findings.

3 essential findings: CAA

1. **Coma**
2. **Absence of brainstem reflexes**
3. **Apnea**

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10. BENEFICENCE

Beneficence = moral obligation to take positive actions to promote the patient's well-being.

Healthcare practitioners should:

- Act in the patient's best interests
- Promote well-being
- Contribute to positive health outcomes
- Avoid harm
- Promote benefit

3 obligations:

1. **Preventing harm** to others
2. **Promoting and acting for the good** of others
3. **Eliminating harmful or untoward circumstances**

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11. AUTONOMY EXCEPTIONS / WHEN AUTONOMY MAY BE LIMITED

Unconscious Patient ;

- Is completely vulnerable
- Cannot participate in care
- Cannot express needs
- Cannot provide consent

The nurse has a **fiduciary duty** to act as the patient's advocate and make decisions based on the patient's best interests.

Emergency Exception-In acute, life-threatening emergencies where the patient is:

- Unconscious, or
- Incapacitated and immediate intervention is required, **the law presumes consent** to preserve life.

Lack of Internal Capacity

Autonomy cannot be reliably verified when patients have conditions such as:

- Progressive dementia
- Severe cognitive impairment
- Acute drug/alcohol intoxication
- Certain psychiatric delusions

In such situations:

- Surrogate decision-makers
- Advance directives may guide care.

Harm to Others / Public Health

- Patient autonomy may end when it directly harms the community.

Example: A patient cannot autonomously refuse mandatory isolation or treatment for certain highly contagious and dangerous pathogens when this threatens public safety.

12. USE OF RESTRAINTS

Alternatives First

Before restraints are used, attempt and document **less restrictive alternatives**, such as:

- Verbal redirection
- De-escalation
- Reducing stimuli
- Distraction
- Pain/needs assessment
- 1:1 sitter
- Bed/chair alarms
- Moving patient closer to nurses' station
- Covering IV lines with gauze wrap

Physician/LIP Order

Restraints require an order from:

- Physician, or
- Licensed Independent Practitioner (LIP)

The order must specify:

- Reason
- Type of restraint
- Duration
- Behavioral criteria for discontinuation, when applicable

Important:

- **NO PRN/as-needed restraint orders**
- **NO standing orders**

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13. RESTRAINT TIME LIMITS

Violent / Self-Destructive Behavior

Initial maximum durations listed in the lecture:

Patient	Maximum initial duration
Adults ≥18 years	**4 hours**
Children/adolescents 9–17 years	**2 hours**
Children <9 years	**1 hour**

Orders can be renewed for up to **24 hours** with appropriate reassessment.

Nonviolent / Non-self-destructive

Duration and renewal depend on:

- Hospital policy
- State law

Often every **24 hours**, requiring a new order and in-person provider assessment.

Face-to-face assessment

For violent/self-destructive behavior:

- Must occur within **1 hour** of initiating restraints/seclusion.
- May be performed by physician, LIP, or trained RN/PA when permitted.
- If RN/PA performs it, ordering physician/LIP must be consulted ASAP.

Discontinuation

Remove restraints **as soon as possible** once the behavior no longer justifies their use.

Training

Staff applying or monitoring restraints must be trained and demonstrate competency.

14. ASSESSMENT AND MONITORING OF RESTRAINTS

Frequency

Follow hospital policy.

Common practice:

Violent / Self-Destructive

- Continuous or very frequent monitoring
- Example: **every 15 minutes**

Nonviolent / Non-Self-Destructive

- Regular monitoring
- Example: **every 1–2 hours**

Assessment Focus

Safety

- Proper application
- Not too tight
- Not too loose
- Quick-release knots
- Knots attached to **bed frame, not rails**
- Airway obstruction

Circulation

- Distal pulses
- Skin color
- Temperature
- Sensation

Skin Integrity

- Redness
- Skin breakdown
- Provide appropriate skin care.

Physical / Comfort Needs

- Fluids
- Nutrition
- Toileting
- Range-of-motion exercises
- Repositioning-is typically at least **every 2 hours**.

Psychological Status

- Comfort
- Anxiety
- Agitation

Reorient the patient as needed.

Continued Need- Continuously determine whether restraints are still necessary and assess readiness for discontinuation.

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15. PRIMARY NURSING OBLIGATIONS FOR UNCONSCIOUS PATIENTS

Advocacy- Be the voice for the patient's:

- Known wishes
- Inferred wishes

Safety-Prevent injury through:

- Turning
- Skin care
- Fall precautions

Physiological Stability

- ABCs
- Neurological checks
- Nutrition
- Hydration

Dignity

- Provide respectful care.
- Speak to the patient **as if they can hear**.

Golden Rule

- Treat every unconscious patient as if they are fully aware.

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16. NONMALEFICENCE

Nonmaleficence = the fundamental agreement to **"do no harm."**

It obligates healthcare professionals to:

- Avoid undue pain
- Avoid suffering
- Avoid harm to others

Harm may occur through a **breach of professional standards of care**.

Easy distinction:

- **Beneficence = Do good**
- **Nonmaleficence = Do no harm**

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17. VERACITY

Veracity = truth-telling.

It is foundational to the nurse-patient relationship.

Truth-telling and informed choice support:

- Self-determination
- Respect for persons

Patients have the moral right:

- To determine what happens to their own person
- To receive accurate information
- To receive all information necessary to make informed judgments

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18. FIDELITY

Fidelity = duty to be faithful to patients.

It includes:

- Keeping promises
- Fulfilling contracts
- Fulfilling commitments

Confidentiality

Confidentiality is an aspect of fidelity and is essential to a trusting relationship.

Patients have the right to know:

- Who has access to their healthcare information
- That their information will remain confidential
- That safeguards exist for privacy, security, and authorized access.

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19. WHEN CONFIDENTIALITY CAN BE BROKEN

Confidentiality is **not absolute**.

It may be broken when:

1. There is **imminent danger** to the patient or another party.
2. Disclosure is required for **public health reporting**, such as certain:
    - Infectious diseases
    - Abusive situations

20. JUSTICE= fairness / that which is due to others.

It implies **equal treatment of all clients**.

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21. PRACTICAL PRINCIPLES FOR ETHICAL DECISION-MAKING

1. **Identify the source of authority** for decision-making.
2. Achieve **effective communication** with patients and families.
3. Carry out **early determination and ongoing review** of the patient's desires.
4. Clearly recognize **patient rights**.
5. Follow **hospital policies**.
6. Protect the nurse's own **standards of care**.

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22. END-OF-LIFE ETHICAL PRINCIPLES

Key ethical principles include:

- Focus on **patient comfort**
- Distinguish between **withholding** and **withdrawing treatment**
- Use a **multidisciplinary approach** to decision-making

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23. EUTHANASIA

Euthanasia comes from a Greek word meaning **"good death."**

It is popularly known as **"mercy killing."**

The lecture identifies:

- **Active euthanasia**
- **Passive euthanasia**

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24. WITHHOLDING VS. WITHDRAWAL OF TREATMENT

Withholding

- **Never initiating** a treatment.

Withdrawal

- **Stopping a treatment after it has already been started.**

Easy memory:

- **WITHHOLD = DON'T START**
- **WITHDRAW = STOP**

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25. CPR DECISIONS

Ethical questions surrounding CPR include:

- **In what situations should CPR be performed?**
- **For how long should CPR be continued?**

DNR-Do Not Resuscitate (DNR) orders are commonly implemented in critical care as a prelude to **end-of-life care**.

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26. REPUBLIC ACT 9173

- **Republic Act 9173** is discussed in the lecture in relation to nursing regulation.
- **Purpose-**Protect the public
- **Regulatory power-**The Board of Nursing is usually authorized to oversee nursing.

Scope of practice-Provides guidance regarding

- Acceptable nursing roles
- Acceptable nursing practices

Nurses are expected to:

- Follow the Nurse Practice Act
- Not deviate from usual nursing activities
- Be aware of limitations under their applicable practice act.

27. UNPROFESSIONAL AND UNETHICAL CONDUCT

The lecture identifies the following:

1. Gross incompetence or serious ignorance

2. Malpractice or negligence

In the practice of nursing.

3. Fraud, deceit, or false statements

Used to obtain:

- Certificate of registration
- Professional license
- Temporary special permit

4. Violations

Violations of:

- The Act
- Rules and regulations
- Code of Ethics of Nurses
- Ethical standards for nursing practice
- Policies of the Board
- Policies of the Commission
- Temporary/special permits

5. Practicing during suspension

Practicing the profession while suspended from practice.

Principle / Concept	Core Meaning
Autonomy	Patient's right to decide
Beneficence	Do good / promote well-being
Nonmaleficence	Do no harm
Justice	Fairness / equal treatment
Veracity	Tell the truth
Fidelity	Keep promises / be faithful
Confidentiality	Protect patient information
Informed consent	Voluntary + informed + adequate capacity/legal authority
Advance directive	Future healthcare decisions
Living will	Written wishes regarding future care
Power of Attorney	Designates someone to make decisions
Withholding	Don't start treatment
Withdrawal	Stop treatment already started
DNR	Do not resuscitate
Euthanasia	"Good death" / mercy killing
Justice	Equal/fair treatment
Veracity	Truth-telling
Fidelity	Faithfulness/commitment
Beneficence	Positive action for patient's good
Nonmaleficence	Avoid harm