



# OTAGO BIOETHICS REPORT

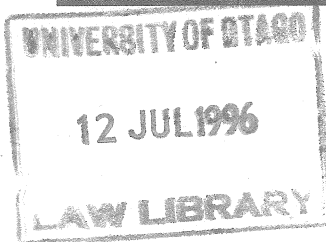
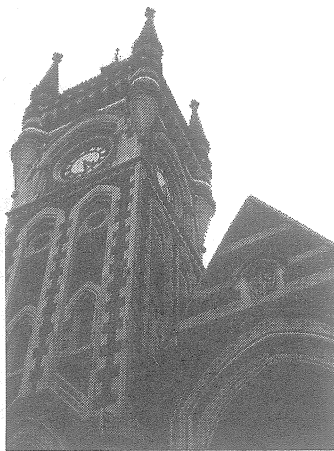
*Incorporating Bioethics Research Centre Newsletter*

University of Otago  
Te Whare Wananga o Otago

Volume 4 Number 1 February 1995

## Guest Editorial

### *Nurses' Search for an Ethical Identity*



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Until quite recently nursing ethics tended to follow developments in medical ethics that typically use deontological and teleological or consequentialist ethical theories with their rights and duties, principles and rule-based approach. During the 1980s a number of books on ethics in nursing practice appeared, most of which viewed nursing ethics as a subset of contemporary medical ethics (eg Benjamin & Curtis 1986; Davis & Aroskar 1983; Johnstone 1989; Melia 1989; Veatch & Fry 1987). Of these authors only Johnstone (1989) pointed out that traditional Western ethical theories are flawed and have been the subject of intense philosophical debate since their inception. She suggested that contemporary feminist ethical theory had much to offer nursing. About the same time other nurse scholars began to criticise the use of traditional "malestream" ethical frameworks to guide nursing practice and decision-making (Cooper 1990; Crowley 1994; Fry 1989; Parker 1990) and the usefulness of Kohlberg's theory of moral reasoning for nurses (Duckett et al 1992). Their critique has been informed by Gilligan's (1982, 1987) research which showed gender differences in ethical thinking, and Noddings' (1984) "ethic of care" in education and contemporary feminist ethical theory. From this time forward it could be said that nurses began searching for their own ethical identity.

Because the majority of nurses are women, the ethical issues facing nurses are also those facing women in general. Studies of nurses' moral reasoning using Kohlberg's theory of moral development showed that nurses (like women) showed inferior levels of moral reasoning (eg Nokes 1989:172). While such results have

since been challenged on methodological grounds (Duckett et al 1992) and by Gilligan's (1982) research which showed that women's thinking about ethical issues was different than men's, this has not necessarily changed men's perceptions of women's or nurses' ability to participate in ethical decision-making. Nurses continue to experience moral distress because their ability to be moral agents is often severely constrained by conflict with physicians, hospital policy or fear of legal implications (Rodney & Starzomski 1993) and they feel powerless to influence ethical decisions (Erlen & Frost 1991). When nurses tried to exercise their expert judgment they met resistance, physicians dominated decision-making, and their attempts to pursue collaborative decision making were ineffective. Erlen and Frost (1991) suggest this was because the nurses in their study were not viewed as colleagues, their clinical knowledge and expertise were not recognised, they lacked power and possibly perceived ethical issues differently from the physicians.

Gilligan's (1982) research showed that

when women are presented with moral conflicts, they tend to focus on details about the relationships that hold between the individuals concerned, and they seek out innovative solutions that protect the interests of all participants; that is, they strive to find options that avoid bringing harm to anyone. Men, in contrast, tend to identify the appropriate rules that govern the sort of situation described, they select the course of action most compatible with the dominant rule, even if someone's interests may be sacrificed to considerations of justice.

Gilligan named the former *an ethic of responsibility or care* and the latter *an ethic of justice*. (Sherwin 1992: 46)

Nel Noddings (1984) built on Gilligan's work, and also held that caring is morally significant but went so far as to argue that it is the only legitimate moral consideration. In her book *Caring: A feminine approach to ethics and moral education* she argues that both men and women ought to pursue an ethic of care and abandon the insensitive demands of the abstract moral rules of justice. For Noddings an agent's moral obligation is to meet others as "one-caring" and to maintain conditions that permit caring to flourish, whereas, those cared-for have an obligation to demonstrate reciprocity or, at least acknowledge

1987; Gadow 1985; Watson 1985). Noddings' (1984) ethic of care's notions of receptivity, relatedness, and responsiveness seem to capture the essence of the nurse-patient relationship and some authors have suggested that nursing ethics should be grounded in a relational ethic of care (Hodge 1993; Parker, 1990). However, what these two authors fail to acknowledge is that an ethic of care does not yet constitute an adequate ethical theory. For example, in an ethic of care what is the "good" and who decides what is the "good"? Whose "goodness" shall count most when there are competing "goods" at stake? Gilligan (1982) pointed out the need for a link between care and justice.

## Violence against women continues to be a major social problem and increasing violence against nurses has also been reported in the media. Clearly some women (and nurses) find themselves in dangerous relationships and Noddings' ethic of care may obscure the exploitativeness of the relationship.

the caring (Sherwin, 1992:47). Ethical behaviour involves putting oneself at the service of others, seeing the world from their perspective, and acting "as though on my own behalf, but on behalf of the other" (Noddings, 1984:33). Noddings (1984) repeatedly stresses that caring can only occur within a relationship, and is not something that can happen unilaterally.

While she is careful to not discount entirely ethical rules and principles as guides to ethical conduct, she also points out how they are frequently destructive of the very relationships that an ethic of care seeks to preserve. The ethic of care and the ethic of justice (within bioethics seen as "care" versus "cure") have since been viewed by some writers as competing perspectives with some favouring an ethic of care as being the most relevant for nurses (Cooper 1990; Crowley 1994; Fry, 1989) because it has been claimed that caring is the essence or primary value in nursing (Benner & Wrubill

Contemporary feminist scholars have raised a number of important concerns regarding an ethic of care. For example, a major concern is the potential for continued exploitation of women and nurses in an ethic of care. Violence against women continues to be a major social problem and increasing violence against nurses has also been reported in the media. Clearly some women (and nurses) find themselves in dangerous relationships and Noddings' ethic of care may obscure the exploitativeness of the relationship. "Because the ethic commands the turning outward of the one caring toward the needs and projects of the other, there may be a loss of recognition of the needs of the self" (Crowley 1994:75). It is also contended that "... elevating caring into an ethical ideal threatens to valorise the maintenance by carers of relationships that ought to be dissolved or those from which a carer should be able to withdraw without being in any way "ethically diminished" (Card 1990:105-106).

Nurses are seeking an ethical identity, distinct from medical ethics, which they feel most appropriate for their practice. As they do this it is crucial that they ponder the ideas and heed the concerns expressed in the wider ethics literature about an ethic of care if they are to avoid being ethically diminished in future.

Anne Coup  
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For bibliographic details please contact the Centre.

We apologise to Jan Crosthwaite for a misprint in her commentary in our October issue. On page 11 where it reads:

"Of course, Karen might share that belief, and beliefs will be reasonable as well as their choices"

it should have read:

"Of course, Karen might share that belief, and choose on that basis to reject treatment. But we should assume (defeasibly) that people's beliefs will be reasonable as well as their choices."

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