Medical Ethics and Nursing Ethics
Is There Really Any Difference?

When teaching ethics to nurses, this question is often raised at the outset of the semester: “Is there really any difference between medical ethics and nursing ethics?” The question is a very good one, and without wanting to gloss over the discrete differences and just offering a sweeping statement like “Well, not really . . . they are both a part of the bigger picture that is healthcare ethics,” I will attempt to explain that there is, in actual fact, a subtle difference between the two.

Nursing is concerned with health, whereas medicine focuses on cure. Also, there is a functional difference between care and healing. It is useful here first to consider the history of nursing as it pertains to ethics. The historical influence on ethics might begin by considering Florence Nightingale’s 1893 paper. Since then, nursing has ascribed to the ideals of treating persons rather than to diseases. According to Hull (1980), the history of nursing is a history of nurses’ endeavors to adhere to these ideals through fostering the patient’s active role in treatment and prevention through educational movements, home healthcare, improved personal hygiene and food handling, and working for better hospital conditions to reflect better the psychosocial aspects of illness. On the contrary, medicine has elected an approach that underscores curing as a response to the occurrence of a disease, a paternalistic approach to medical decision making, and the hospital as the center of best medicine.

Other differences in the professional approaches of nursing and medicine are worth mentioning here. Nursing has essentially developed as a health-oriented profession that emphasizes the preservation and restoration of health to persons. Medicine, on the contrary, has developed as an illness-oriented profession that gives emphasis to the treatment and prevention of disease, injury, and deformity through complex surgical, biochemical, and technical interventions (Hull, 1980). Similarly, nursing maintains a locus of care—one that compassionately aids individuals to adapt to chronic illness and capacity, whereas the locus of care of medicine is that of defeating the conditions that render such chronicity and incapacity. Considering the fundamentally different histories and traditions that delineate nursing from medicine, the basic assumption therefore exists that nursing and medicine will have very different values and ethics.

The history of nursing and medicine may not demonstrate their different ethics, yet if we examine the nature and function of what we have come to know of nursing and medicine in today’s healthcare climate, we can recognize the differences. In contemporary practice, the typical physician–patient encounter is episodic in its “consultative” nature. For example, the physician obtains a medical history, reviews signs and symptoms of disease processes, obtains consent
for proposed interventions, documents orders, supervises the training of other medical personnel in administering therapeutic procedures, reviews examination and test results, monitors clinical progress, and arrives at a diagnosis and therapeutic regimen. These activities are normally accomplished in short episodes and serve the goal of cure.

On the contrary, the nurse’s interaction with the patient is far more in-depth and personal, focusing on values and adaptive/restorative processes. I call this the nurse’s “ever-presence,” that is, we are there, 24 hours a day, 7 days a week, providing bedside care (Breier-Mackie, 2001). It is through this “ever-presence” that our ethic of care differs from that of medicine, and that has much to do with the trusting relationships that are built with our patients with whom we spend so much time. Continuous nursing care lends itself not only to greater trust but also to advocacy and is different than the segmented consultative nature that is so characteristic of hospital medicine.

Advocacy is a perspective of nursing that, I believe, shapes our whole “ethics.” Advocacy is an intrinsic element of nursing ethics and the legal definition of nursing practice. It arises from a meaningful and respectful relationship between the nurse and the patient, whether person or community. Processes and skills considered necessary in order to successfully advocate for patients include accountability, ethical analysis and decision making, knowledge of and adherence to clinical standards and legal definitions of nursing practice, health education and counseling, leadership, collaboration, communication, and ability to implement change.

Another interesting exploration into what sets nursing apart from medicine when it comes to patient interaction is in the word “nursing” itself. Hull (1980) reminds us that nursing has a resemblance with the maternal functions of nurturing, educating, and caring for the young. The idiom originates from the Latin word *nutrio*, meaning “to nurture.” Thus, nursing is akin to mothering in that it fosters education, growth, and protection of those in childlike states where they are unable to provide for their own care.

In contrast, medicine is not focused on nurturing, but rather on combating illness, malfunction, and injury. The root term here is the Latin word *medicus* that refers to the science and art of diagnosing, treating, and preventing disease and injury. Its goals are to help people live longer, happier, and more active lives with less suffering and disability. Medical discourse also embraces warlike terms that are commonplace, such as combat, struggle, defeat, and fighting. Essentially, the ethos of medicine is to struggle against an enemy, that is, to fight illness. As Hull (1980) eloquently proclaims, “The nurse and the physician are primitive mother and father, nurturing children and protecting them from the enemy” (p. 51).

In determining whether these differences render different ethics, the following fundamental argument is offered: Compassion and support are primary virtues in nursing, whereas authority, courage, sanction, and risk-taking are those of medicine. Yet despite these differences that impact upon medical and nursing ethics, there must be the recognition of an essential integration of healing and nurturing or curing and caring, for they are, after all, inseparable.

**References**
