Ethics in End-of-Life Care

Beauchamp and Childress have written, “Ethics is the generic term for various ways of understanding and examining the moral life.” There are several types of ethics. Utilitarian ethics are consequential ethics, whereby actions are right or wrong according to their good or bad consequences. However, utilitarian ethics may not look at immoral preferences or actions. Kantian ethics are obligation-based ethics. This model is based on moral judgments, particularly those that can be generalized to other situations. However, there may be competing obligations, an overemphasis on law, with an underemphasis on relationships. Character ethics are virtue-based ethics. This model holds the ethical principles of autonomy, nonmaleficence, beneficence, and justice as the virtues to evaluate actions. Liberal individualism is a rights-based theory that values protection of life, liberty, expression, and property. Communitarianism is a community-based theory derived from the concept of communal values. This model looks at the common good and communal resources available. Ethics of care is relationship-based. Its emphasis is on the traits and emotional commitments within relationships, such as responsibility, sympathy, compassion, fidelity, and love. Finally, there is casuistry case-based ethics. Its focus is practical decision making in a particular case.

As nurses in end-of-life care, we strive to provide care within each unique patient/family system. Our goal is promote a comfortable death or dying well. Because of the rapid advances in technology, there is the potential for a variety of conflicts in end-of-life care. These conflicts cause discomfort; however, nurses may not be in a position to identify the source of discomfort. Conflict may arise in perceptions and questions surrounding care. We may encounter conflicts in any of the types of ethics and ponder many questions. Who is being served—the patient or family? Is too much being done? Is not enough being
done? Do the benefits outweigh the burdens? Do the burdens outweigh the benefits? What is the common good? Who is obliged to provide what care? What is the appropriate resource allocation of limited health dollars?

To sort through these conflicts, we must contemplate the issues of contradictory beliefs, competing duties, conflicting principles, and rival ethical theories. Our first thoughts focus on the primary values of healthcare: nonmaleficence, confidentiality, beneficence, autonomy, truth-telling, informed consent, and justice. Sorting through these issues can be a complex process because we must weigh the patient’s and family’s values with personal values as nurses involved in end-of-life care.

Often, nurses do not have the time to reflect on ethical issues. We may be so busy at the bedside providing patient care that time to consider such issues is a luxury. Therefore, I, with the Board and Staff of HPNA and the editorial direction of JHPN, are pleased to offer a year-long series of articles on palliative care-related ethics. The theme for these articles was originally conceived 2 years ago. Various publication avenues were considered, including a fifth HPNA monograph. However, it became clear that access to the information might be limited by this particular medium. Because the HPNA mission is for member access to educational information, other options were explored. Leslie H. Nicoll, Editor-in-Chief of JHPN, graciously agreed to have the journal develop a series, because it is pertinent to much of our practice and the journal provides optimal dissemination. I am particularly pleased that all the articles in this series offer continuing-education credit, making them a particularly valuable resource for nurses who are working in end-of-life care. We understand that it is important to read the journal, but to offer credit for keeping current with the literature helps nurse make optimal use of their time.

Although most nurses are familiar with character-based ethics or the principles of ethics, there is opportunity and value to explore other perspectives within ethical thinking. Therefore, I am pleased that this year-long ethics series will provide various topics, including an introduction to ethics, informed consent, double effect, withholding and withdrawal of treatment, assisted death, pediatric participation in clinical trials, ethics and the nursing role, and bioethics consultations. This issue launches the series with an overview by Carolyn Hayes and a discussion on assisted death by Mary Ersek.

We hope to stimulate thought in response to the articles. Moreover, we hope to promote ethical nursing practice within the occasionally perilous arena of end-of-life care.

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References