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Ethical Competence and Perioperative Nursing

By Carol Taylor, CSFN, RN, PhD



In this article an experienced nurse ethicist will lead readers in an exploration of the ethical challenges confronting perioperative nurses today. An argument will be made for ethical competence as a core competence for all health care professionals. After distinguishing ethical uncertainty, dilemma and distress, tools to facilitate moral reasoning and ethical decision making are outlined.

Upon completion of this article, perioperative nurses will be able to:

1. Distinguish ethical uncertainty, ethical dilemma, and ethical distress.
2. Identify potential areas of conflict between professional and personal values.
3. Describe ethical competence as a core competence of professional nurses.
4. Apply moral reasoning and ethical decision making skills to ethical dilemmas.

I. Introduction

A. Ethics and Morals

Ethics is systematic inquiry into the principles of right and wrong conduct, of virtue and vice, and of good and evil as they relate to conduct. Many people use the term *ethics* when describing the professional ethics incorporated into a code of professional conduct, such as nursing codes of ethics.

Morals, although similar in meaning to ethics, usually refer to personal standards of right and wrong. It is important to distinguish ethics from religion, law, custom, and institutional practices. For example, the fact that an action is legal or customary does not in itself make the action morally right.

B. Professional Ethical Conduct

Nurses committed to high-quality care base their practice on professional standards of ethical conduct. The study of professional ethical behavior begins in nursing school, continues in formal and informal discussions with colleagues and peers, and culminates when nurses "try on" and make their own, the

behaviors of role models who practice professional nursing that is consistent with high ethical standards. Where do nurses learn the standards for professional ethical behavior? At the very least nurses should understand the ethical theories which dictate and justify professional conduct, be familiar with codes of professional ethics and professional values, and be skilled in using a model of ethical decision making to resolve ethical problems.

C. Theories of Ethics

Ethical theories are systems of reflection that attempt to explain how we ought to live and why. These theories may be broadly categorized as action-guiding theories that answer the question, "What ought I to do?" or character-guiding theories that answer the question - "What kind of person ought I to be?" Action-guiding theories fall into two main categories:

Utilitarian: The rightness or wrongness of an action depends on the consequences the action produces.

Deontologic: An action is right or wrong independent of the consequences it produces.

Nursing ethics, which is a subset of bioethics, is the formal study of the ethical issues that arise in the practice of nursing and of the analysis used by nurses to make ethical judgments. Nurse ethicists frequently use two popular theoretical and practical approaches to doing bioethics: the principle-based approach and the care-based approach.

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Principle-Based Approach

The principle-based approach to doing bioethics offers specific action guides for practice.

Principle	Moral Rule	Implications for Nursing Practice
Autonomy (self-determination)	Respect the rights of patients or their surrogates to make health care decisions	Provide the information and support patients and families need to make the decision that is right for them; at times this may mean collaborating with other members of the health care team to advocate for the patient.
Nonmaleficence	Avoid causing harm	Seek not to inflict harm and to prevent harm or risk of harm whenever possible.
Beneficence	Benefit the patient and balance benefits against risks and harms	Commit yourself to actively promote the patient's benefit (health and well-being). Be sensitive to the fact that individuals (patients, family members and professional caregivers) may identify benefits and harms differently. A benefit to one may be a burden to another.
Justice	Give each his /her due; act fairly	Always seek to distribute the benefits, risks and costs of nursing care justly. This may involve recognizing subtle instances of bias and discrimination.
Fidelity	Keep promises	Be faithful to your promise to the public to be competent and to be willing to use your competence to benefit the patients entrusted to your care. Never abandon a patient entrusted to your care without first providing for their needs.

Sadly, there is no foolproof method for identifying which principle is most important when there is conflict among competing principles. Popularized versions of the principle-based approach to bioethics have too frequently resulted in a type of "quandary ethics" that diminishes in importance the everyday ethical concerns of nurses and misleadingly suggests that how ethical dilemmas are resolved is unimportant, so long as one can justify one's recommendation with recourse to a principle.

Care-Based Approach

Dissatisfaction with the principle-based approach to bioethics led many nurses to look to care as the foundation for nursing's moral obligation. The nurse-patient relationship is central to the care-based ap-

proach, which directs attention to the "particulars" of individual patients who are viewed within the context of their life narrative. The care perspective directs that how I choose to be each time I encounter a patient or colleague is a matter of ethical significance. Ethics is not reduced to a decision to withhold or withdraw life-sustaining treatment. Characteristics of the care perspective include:

- Centrality of the caring relationship,
- Promotion of the dignity and respect of patients as people,
- Attention to the particulars about individual patients,
- Cultivation of responsiveness to others and professional responsibility, and
- A redefinition of fundamental moral skills to include virtues like kindness, attentiveness, empathy, compassion, reliability (Taylor, 1993)

D. Nursing Codes of Ethic

A professional code of ethics provides a framework for making ethical decisions and sets forth professional expectations. Nursing codes of ethics inform both nurses and society of the primary goals and values of the profession. These should be compatible with the nurse's personal value system and moral code.

Canadian Nurses Association Code of Ethics

Health and Well-being: Nurses value health and well-being and assist persons to achieve their optimal level of health in situations of normal health, illness, injury, or in the process of dying.

Choice: Nurses respect and promote the autonomy of clients and help them express their health needs and values and obtain appropriate information and services.

Dignity: Nurses value and advocate the dignity and self-respect of human beings.

Confidentiality: Nurses safeguard the trust of clients so that information learned in the context of a professional relationship is shared outside the health care team only with the client's permission, or as legally required.

Fairness: Nurses apply and promote principles of equity and fairness to assist clients in receiving unbiased treatment and a share of health services and resources proportionate to their needs.

Accountability: Nurses act in a manner consistent with their professional responsibilities and standards of practice.

Practice Environments Conducive to Safe, Competent, and Ethical Care: Nurses advocate practice environments that have the organizational and human support systems and the resource allocations necessary for safe, competent, and ethical nursing care. *From the Canadian Nurses Association. (1997). Code of Ethics for Registered Nurses. Ottawa, Ontario. The Association.*

E. Professional Values

Professional values provide the foundation for nursing practice and guide the nurse's interactions with patients, colleagues, and the public. In 1998 the American Association of Colleges of Nursing identified five values that epitomize the caring, professional nurse. It is important for every nurse to critically examine his or her personal values to see if they match these essential professional values.

1. Altruism is a concern for the welfare and well being of others. In professional practice, altruism is reflected by the nurse's concern for the welfare of patients, other nurses, and other health care providers.

Sample professional behaviors include:

- demonstrates understanding of cultures, beliefs and perspectives of others;
- advocates for patients, particularly the most vulnerable;
- takes risks on behalf of patients and colleagues; and
- mentors other professionals.

2. Autonomy is the right to self-determination. Professional practice reflects autonomy when the nurse respects patients' rights to make decisions about their health care. Sample professional behaviors include:

- plans care in partnership with patients;
- honors the right of patients and families to make decisions about health care; and
- provides information so patients can make informed choices.

3. Human dignity is respect for the inherent worth and uniqueness of individuals and populations. In professional practice, human dignity is reflected when the nurse values and respects all patients and colleagues. Sample professional behaviors include:

- provides culturally competent and sensitive care;
- protects the patient's privacy;
- preserves the confidentiality of patients and health care providers; and,
- designs care with sensitivity to individual patient needs.

4. Integrity is acting in accordance with an appropriate code of ethics and accepted standards of practice. Integrity is reflected in professional practice when the nurse provides care based on an ethical framework that is accepted within the profession. Sample professional behaviors include:

- provides honest information to patients and the public;
- documents care accurately and honestly;
- seeks to remedy errors made by self or others; and,
- demonstrates accountability for own actions.

5. Social Justice is upholding moral, legal and humanistic principles. This value is reflected in professional practice when the nurse works to assure equal treatment under law and equal access to quality health care. Sample professional behaviors include:

- supports fairness and nondiscrimination in the delivery of care;
- promotes universal access to health care; and
- encourages legislation and policy consistent

with the advancement of nursing care and health care. *The Essential of Baccalaureate Education for Professional Nursing Practice*. (1998). Washington, DC: American Association of Colleges of Nursing.

II. Ethical Problems and Perioperative Nursing

A. Ethical Problems

1. **ethical uncertainty:** the nurse senses a concern or problem but is unsure of which ethical values and principles apply;
2. **ethical dilemma:** two (or more) clear moral principles apply but support mutually inconsistent courses of action; and
3. **ethical distress:** the nurse knows the right thing to do but institutional constraints make it nearly impossible to pursue the right actions.

B. Reasoning about Ethical Decisions

Nurses need sound analytic skills and the ability to engage in moral reasoning to resolve moral dilemmas and moral distress. Every nurse needs to be confident in using a process of ethical decision making.

1. **Assess the situation (gather data).** Recognize and then describe the situation that gives rise to the ethical problem: Main people involved (their views and interests); Patient's overall nursing, medical and social situation; Relevant legal, administrative, and staff considerations.

2. **Diagnose (identify) the ethical problem.** State the problem clearly. Identify your relationship to the decision. Identify time parameters.

3. **Plan.** Identify options and explore the probable short and long-term consequences of each. Use ethical reasoning to decide upon a course of action which you can justify ethically. Decide upon the course of action you are best able to support. **Consultation with a respected and wise colleague or an institutional ethics committee may be helpful at this point.**

4. **Implement your decision.** Implement your decision and compare the outcome of your action with what you considered and hoped for in advance.

5. **Evaluate your decision.** What have you learned from this process that will help you in the future? How can you improve your reasoning and decision making in the future?

C. Ethical Competence

- Ethically competent perioperative nurses
1. are clinically competent,
 2. can be trusted to act in ways that advance the best interests of the patients entrusted to their care,
 3. hold themselves and their colleagues accountable for their practice,
 4. work collaboratively to advocate for patients, families, communities,
 5. mediate ethical conflict among the patient, significant others, the health care team, and other interested parties,
 6. critique new health care technologies and changes in the way we define, administer, deliver and finance health care in light of their potential to influence human well-being (Taylor, 1997).

III. Case Applications

Methodology for Values-Conflict Resolution

Recognizing and Acknowledging the Conflict or Uncertainty

While this step of the process seems self-evident, it is often the source of unresolved conflicts. Participants may deny the actual conflict or uncertainty and reject the idea that there are *legitimate* competing ethical principles and values. Resolutions begin by recognizing that others hold legitimate values and have ethical traditions that must be respected and taken into account. Once this step is made, the conflicts become evident and can be acknowledged publicly—regardless of the specific resolution each stakeholder initially finds preferable.

PREREQUISITE: moral sensitivity and responsibility

Gathering Information

In this step of the process participants attempt to learn all they can about the conflict itself. What is the source of the conflict and related uncertainties? What is at stake? What information is needed to facilitate resolution of the conflict? Who are the stakeholders and what are their values and interests? During the data gathering phase it is essential to distinguish factual judgments from *individual or collective perceptions* which may or may not be true.

PREREQUISITE: intellectual humility, openness, respect

Identifying the Stakeholders

Who are the stakeholders in the decision? That is, who will be affected by it, either through responsibil-

ity for making decisions or implementing the decision, or experiencing the outcomes of its implementation?

Identifying the Stakeholders' Interests

Each stakeholder should talk freely about his or her perspective on the issue in question. (N.B. It is important for all stakeholders to be present at the table and to have a voice. Examples abound of discrepancies between perceived and actual values/interests of particular individuals and groups.) The aim of this phase is to have people talk freely and fully, without contradiction or analysis, so that all the relevant perspectives and data get put on the table.

Articulating and Ranking Values

Begin by articulating, and listing, the cherished values of each stakeholder group. Rank these so that the most important values of each stakeholder are known to the group at large. Use some process to reach consensus about the core values which then ought to direct the resolution of the problem at hand.

PREREQUISITE: respect and trust

Achieving agreement on a decision will depend in large part on the extent to which the participants in the discussion have gained an appreciation of and respect for the concerns and values of the varying perspectives they represent. Ideally, they come to respect for and trust in one another as honest, decent, well-motivated persons, and not as members of hostile "interest groups."

Identifying the Issue

First, the group, after hearing the different perspectives, tries to define the disputed issue or issues as precisely as possible and identify the reasons for or root causes of the problem. The aim here is for the group to understand the problem as accurately as possible. Second, the group reflects on the various explanations for the problem that have been offered, tests them for their relative adequacy, and sees which best "fits" the data gathered in the first phase of the discussion. The aim of this phase is for all stakeholders to reach a common judgment on the best explanation of the issue, which will also involve the overcoming of partial ignorance or personal bias.

PREREQUISITE: intellectual clarity

Generating Possible Courses of Action

Crafting a response to the issue involves the identification of various plans of actions which are then critiqued in light of the most cherished values of the full group.

PREREQUISITE: critical thinking and creativity

Making the Decision

Ideally a consensus is reached and a decision is made on the basis of a relatively adequate understanding of all the dimensions of the problem and a generous concern for, not necessarily all, but the most cherished among the values of each of the stakeholder representatives.

PREREQUISITE: responsibility and accountability

What is to be done if a group of representatives cannot reach consensus and is deadlocked in opposing positions?

• Redo steps above to make sure participants genuinely understand and empathize with the cherished values of each, so that they may be able to set in priority ranking the most compelling concerns in order to reach consensus.

• Strive anew to creatively and imaginatively design a new course of action in which all the required values are promoted.

• Ask the opposing parties if their disagreement is non-negotiable, i.e., is a matter of serious violation of conscience, or whether they could move ahead with the majority's plan of action, even though it is not their preference.

• Check past history to see if there is precedent for one or other of the opposed positions, and how, and how satisfactorily, the issue was resolved at that time.

• The group might be asked to agree on one of the opposed views on the condition that those who disagree would not be obliged to implement it themselves - if this is organizationally possible.

• If time is not of the essence, the decision can be deferred to give opportunity for further thought and reflection.

Implementing and Evaluating the Decision

Once the decision is made about a possible course of action it is important to discern how best to implement the decision given the interests and values at stake. Likewise, there should be some advance discussion about how best to evaluate the consequences of the selected course of action. The aim of this evaluation is to critique the adequacy of the process used to generate the resolution of this issue in order to facilitate future decision making.

PREREQUISITE: responsibility and accountability

This methodology is adapted from materials from the Woodstock Theological Center, Washington, DC and the Health Policy and Bioethics Consultation Group, Berkeley, CA.

Treatment Decisions

A Systematic Framework to Facilitate Health Care Decision Making and Reduce Ethical Conflict

A. Identifying and Supporting the Appropriate Decision Maker

1. **Decision making capacity**
 - a. Decision making capacity versus competence
 - b. Standards for determining decision making capacity
 - 1) outcome
 - 2) categorization
 - 3) functioning
 - c. Criteria for determining decisionmaking capacity
 - 1) ability to comprehend information relevant to the decision at hand
 - 2) ability to deliberate in accord with relatively consistent set of values/goals
 - 3) ability to communicate preferences
 - d. Proof of capacity proportionate to what is at stake
 - e. Who decides capacity?
2. **General Guidelines**
 - a. Persons with intact decision making capacity are self-determining
 - b. The last competent decision of persons who are variably incapacitated holds
 - c. Decisions for incapacitated patients who at one time possessed decision making capacity should reflect their identity, decisional history, moral norms.
 - 1) Advance directives
 - a) living will,
 - b) durable power of attorney for health care,
 - c) advance medical directive,
 - d) documented communication
 - 2) Surrogate Decisionmaker
 - a) criteria for valid surrogate
 - (1) must have decisionmaking capacity
 - (2) must know the patient and his/her values
 - (3) no undue conflict of interest
 - (4) no serious emotional conflict
 - b) legally valid and morally valid surrogacy
 - c) substituted judgment standard
 - d) A surrogate decides for a never competent patient using a best interests standard.

B. Ensuring that Treatment Decisions Advance the Best Interests of Patients

1. Criteria for Treatment Decisions

- a. Begin with the facts
 - 1) medical facts: diagnosis, natural history of disease, prognosis, treatment options, probable conse-

quence of each option (including no treatment)

- 2) social facts: patient's identity, decisional history, moral norms; significant relationships; social history; resources
- 3) goal of therapy:
 - a) restoration and cure
 - b) stabilization of functioning
 - c) preparation for death with dignity and comfort
- b. Determine the **effectiveness** of proposed interventions (A treatment is effective to the degree that it reverses or ameliorates the natural progression of the disease)
 - 1) objective medical determination (to the degree that this is possible)
 - 2) should physicians recommend a course of action or merely lay out each option?
 - c. Use a **benefit-burden analysis** to determine if the benefits of the proposed intervention outweigh the burdens
 - 1) subjective determination which can only be made by the patient or by those who know the patient well
 - 2) determine the moral relevance of third party interests
 - d. Determine the moral relevance of other variables influencing decisionmaking: age, quality of life considerations, legal considerations, economics, caregiver variables

C. Preventing and Resolving Ethical Conflict

1. **Establishing that it falls within the domain of each health care profession and authority of each caregiver to prevent/resolve ethical conflict**
2. **Employing Strategies to Prevent/Resolve Ethical Conflict**
 - a. Identify patients and caregiving teams at risk for conflict and initiate prevention/resolution strategies
 - 1) identify sources of conflict
 - 2) address sources of conflict openly
 - 3) mediate a resolution - may involve transfer of patient to another attending or another treatment facility
 - a) communication/documentation
 - b) interdisciplinary team conference
 - c) ethics consult/committee meeting
 - b. Identify ways in which the system needs to change to prevent similar types of conflict in the future
 - 1) new competencies needed
 - 2) new structures/systems of care needed
 - 3) new/modified policies indicated

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Ethics Workup

The ability to workup the ethical aspects of a case is an essential part of clinical reasoning. The emphasis in the ethics workup is on a sensible progression from the facts of the case to a morally sound decision. An ethics workup (this one or a similar version) may be used by a variety of health professionals, such as physicians, nurses, social workers, etc. With some adjustments, it may be used by lay persons. Using the five principal steps of the ethics workup, health professionals holding a variety of philosophical and religious positions regarding ethics can share a basic framework for thinking about and discussing morally troubling cases.

1. WHAT ARE THE FACTS? It is vitally important to clarify the facts of the case in order to anchor the decision. These facts are both medical and social. For example, both an estimate of prognosis and an understanding of the patient's home situation are often relevant to an ethical decision.

Who are the persons involved? **What** is the diagnosis, prognosis, (therapeutic options)? **What** are the patient preferences, beliefs, values? **When** - Chronology of events, time constraints on decision? **Where** is the medical setting? **Why** - Reasons supporting claims, goals of current care.

Nurses and social workers may be instrumental in ensuring that the patient/family and other nonmedical health professionals understand the medical facts and that the health care team understands pertinent non-medical information about the patient and family.

2. WHAT IS THE ISSUE? It is necessary to identify the specific ethical issue in the case. The issue may not be ethical, but rather a diagnostic problem or a simple miscommunication.

3. FRAME THE ISSUE: Some health professionals will explore the issue using only one moral approach. Others will eclectically employ a variety of approaches. But no matter what one's underlying moral orientation, the ethical issue at stake in a given case can be framed in terms of several broad areas of concern, representing aspects of the case which may be in ethical conflict. It is therefore useful, if somewhat artificial, to dissect the case apart along the lines of the following areas of concern:

- a. Identify the appropriate decisionmaker(s).
- b. Apply the criteria to be used in reaching clinical decisions.

(i) **The specific biomedical good of the patient:** One should ask, what will advance the biomedical good of the patient? What are the medical options and likely outcomes?

(ii) **The broader goods and interests of the patient:** One should ask, what broader aspects of the patient's good, i.e., the patient's dignity, religious faith, other valued beliefs, relationships, and the particular good of the patient's choice, are pertinent to the decision at hand?

(iii) **The goods and interests of other parties:** Health professionals must also be attentive to the goods and interests of others, e.g., in the distribution of resources. One should ask, what are the concerns of other parties (family, health care professionals, health care institution law, society, etc.) and what differences do they make, morally, in the decisions that need to be made about this case? In deciding about an individual case, however, these concerns should generally not be given as much importance as that afforded the good of the individual patient whom health professionals have pledged to serve.

The physician explains the medical options to the patient/surrogates and if indicated makes a recommendation. The patient/surrogate makes an uncoerced, informed decision. Limits to patient/surrogate autonomy include the bounds of rational medicine/nursing/social work, the probability of direct harm to identifiable third parties, and violation of the consciences of involved health care professionals. In problematic cases the interdisciplinary team may meet to ensure consistency in their recommendations to the patient/surrogate(s).

c. Establish the health care professionals' moral/professional obligations.

Each health care professional must decide what she/he owes the patient, herself/himself, the health care team, the health care institution, and other third parties. Conflicts may present.

4. DECIDE: In clinical ethics, as in all other aspects of clinical care, a decision must be made. There is no simple formula. The answer will require clinical judgment, practical wisdom, and moral argument. The health care professional must ask herself/himself, "What should I do? Where can I get help?" She/he must analyze the data, reflect on it morally, and draw a conclusion. She/he must be prepared to explain her decision and the moral reasons for it. Sources of justification include:

- a. The nature of the healthcare professional-patient relationship; compatibility of recommended course of action with aims of profession (internal

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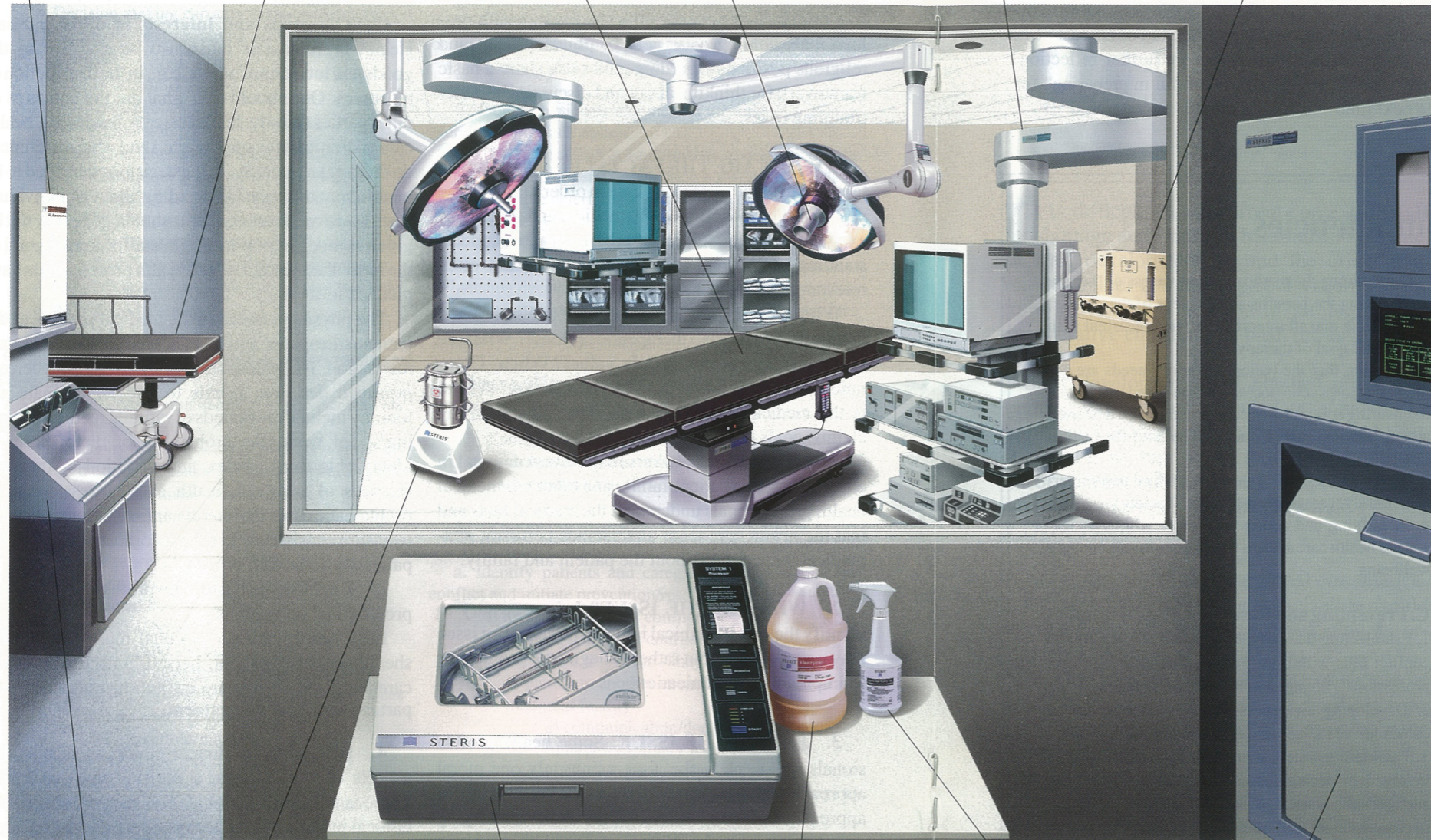
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morality of profession)

b. Approaches to ethical inquiry: principle-based ethics, virtue-based ethics, casuistry, feminist/caring/existentialist ethics, theological ethics

c. Ethically relevant considerations:

- 1) Balancing benefits and harms in the care of patients
- 2) Disclosure, informed consent, and shared decision making
- 3) The norms of family life
- 4) Relationships between clinicians and patients
- 5) The professional integrity of clinicians
- 6) Cost-effectiveness and allocation
- 7) Issues of cultural and religious variation

8) Considerations of power (Fletcher et al.)

d. Grounding and source of ethics: philosophical (based in reason), theological (based in faith), socio-cultural (based in custom).

5. CRITIQUE: It is important to be able to critique the decision that has been made by considering its major objections and then either responding adequately to them or changing one's decision. The health care professional should also seek her/his colleagues' input when time permits, and some cases can be taken to an ethics committee for further reflection. Retrospective analysis is also useful in preparing "for the next time" such a situation is encountered. □

Advocacy Competencies

A. Supporting Autonomy

1. Determining and documenting the patient's decisionmaking capacity; ensuring that agency/institutional policies specify how this is to be done and identify responsible parties.
2. Protecting the right of patients with decisionmaking capacity to be self-determining
 - a. Facilitate communication and documentation of the patient's preferences
 - b. Anticipate the types of treatment decisions that are likely to need to be made
 - c. Assist in the preparation of advance directives.
3. Promoting authentic autonomy; Authentic decisions reflect the individual's identity, decisional history, and moral norms
4. Identifying the morally as well as legally valid surrogate decision maker for patients who lack decision making capacity
5. Supporting the surrogate decisionmaker, clarifying the surrogate decisionmaker's role
6. Identifying limits to patient/surrogate autonomy and limits to caregiver autonomy
7. Developing agency/institutional policies which identify the caregivers responsible for and the procedures to be used to identify and support the appropriate decisionmakers.

B. Promoting Patient Wellbeing

1. Clarifying the goal of therapy: Cure and restoration; stabilization of functioning; preparation for a comfortable, dignified death

2. Determining the medical effectiveness of therapy
3. Weighing the benefits and burdens of therapy
4. Ensuring that all interventions are consistent with the overall goal of therapy
5. Ensuring that the patient's priority needs are addressed (bio-psycho-social-spiritual needs)
6. Ensuring continuity of care as patient is transferred among services, and within and without the institution
7. Weighing the moral relevance of third party interests (family, caregiver, institution, society)
8. Identifying and addressing forces within society and the health care system which compromise patient wellbeing

C. Preventing and Resolving Ethical Conflict

1. Establishing that preventing and resolving ethical conflict falls within the authority of all health care professionals engaged in the care of a patient
2. Developing awareness of and sensitivity to the conscious and unconscious sources of conflict
3. Facilitating timely communication among those involved in decisionmaking: one-on-one meetings and periodic meetings of the patient, family and interdisciplinary team to clarify goals and plan of care
4. Documenting pertinent information on the patient record
5. Referring unresolved ethical issues to the ethics consult team or the institutional ethics committee
6. Identifying and addressing system variables which are contributing to recurrent ethical problems.

Delivering OR Staff Beyond The Basic Orientation

By Yves Panneton, RN, BSc., BBA

It is difficult, in the current context of staff shortage and financial restraints, to conduct staff development beyond the orientation. With one hour a week, a global vision and the combination of a few basic strategies, the perioperative educator can push the envelope.

Staff development is a planned process of learning experiences intended to enhance the employee's contribution to organizational goal. The goal is to improve an individual's abilities and bring them in line with existing or anticipated job requirements (Heneman, Schawab, Fossum & Dyer, 1986).

According to the organizational communication model, four areas of the organization should be considered at once when developing an organization. In a nut shell they are:

- (i) The process (how things are or should be done);
- (ii) How to teach new skills or re-enforce the current practice;
- (iii) The group dynamic; and,
- (iv) How the organization adjust to change and/or new situations (Laramee, 1993).

The interpretative school in the field of organizational communication states that an organization is the result of an implicit bargaining amongst the player of the organization (Charron, 1995).

Therefore, to be successful, a staff development program in the operating room should allow

a two way exchange between the staff and the perioperative educator. Somehow, it should be able to look at how things are done and what can be done to improve them. When implementing new skills, the program should consider the impact on the group dynamic and offer ways to do adjustments as the new skills are being implemented.

Because staff development has an impact on the operation of the operating room in general, all educative interventions should involve the unit manager, the unit assistant and the perioperative educator. The unit manager facilitates staff development by virtue of his/her authority and orients the development to meet new or anticipated needs for the operating room at hand. The unit assistant acts as a first responder in "ironing out the wrinkles" of the undergoing change. Finally, the perioperative educator provides the knowledge and/or the skills needed by the staff. The perioperative educator can also act as a "liaison officer" between the operating room and the other units when a change occurring in the operating room has an impact on units/departments outside the operating room. This facilitates the adjustments of the units/departments involved with the operating room.

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