FROM THE EDITOR

Our Values, Our Aspirations, and Our Ideals

Marty Lewis-Hunstiger, BSN, RN, MA

So far in our *Creative Nursing* 2018 exploration of Cornerstones of Healing on which the art and science of nursing are based, we have studied Meaning (for ourselves and our colleagues, and for the patients we are privileged to serve), and Quality and Safety (the tools and the measures of our care). But even when we are blessed to find meaning in our work, and have all the resources at hand to attain true excellence in the care we provide, we practice our profession in a milieu that is complex, dynamic, often ambiguous, and fraught with opportunities for interpersonal and intercultural error, all while dealing with people at some of the most vulnerable moments of their lives. We need the wisdom and guidance of experts in order to survive and thrive within this milieu.

In this issue we present the work of two authors who were instrumental in developing the most recent versions of the American Nurses Association (ANA) *Code of Ethics for Nurses with Interpretive Statements*. Our Guest Editor, Dr. Martha Turner, has been living in the code of ethics for her whole career, as a clinician in military, community, global, and academic settings; it was essential to her developing the skill of ethical awareness and a robust ethical competence.

She says that the Code “includes our values, our aspirations, and our ideals; it encompasses our obligations; and it articulates the ethical standards of our profession.” Dr. Turner examines three subjects that are inescapable in the news these days: The opioid addiction crisis, gun violence and school safety, and errors in health care, reminding us that the question is not whether what we see in the daily news is ethical, but rather how we as nurses respond to what we see. In our responses to all the ethical issues we face in our practice, the ANA Code mandates that we have both an individual and a shared responsibility to “create, maintain, and contribute to morally good environments that enable nurses to be virtuous.” Creating an ethical practice environment involves two essential relationships: nurse-to-colleague and nurse-to-patient. Again quoting the Code, both relationships “have as their foundation the promotion, protection, and restoration of health and the alleviation of pain and suffering.”

Dr. Martha Fowler was a coauthor of the most recent (2015) iteration of the ANA Code. In this issue she focuses on the spirit of one of the Code’s Provisions, Duties to Self, that has a venerable history in the literature of the nursing

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profession in its formative years but that had been de-emphasized in the second half of the 20th century. Dr. Fowler says that Provision 5 of the Code, on Duties to Self, affirms the need for nurses to treat themselves with the same respect, regard, and dignity that they would accord patients, families, and colleagues. The nurse is a person of worth and dignity who must be respected by others, and by nurses themselves; such an affirmation leads many places, not the least of which is to an utter rejection of any abuse or degradation directed toward nurses. We are responsible for, and also deserve to be supported in, maintaining a work/life balance that pioneering nursing ethics scholar Charlotte Aikens called “a symmetrical life.” Lifelong learning and competence, not only as drivers of quality patient care but as supports to moral self-regard, self-respect, and self-esteem, are essential elements of care of self.

International volunteering by nursing students and graduate nurses contains potential ethical issues that may emerge at any point in the experience, and may pose a risk to both the volunteer and the host community. Nursing professors Michele Upvall and Marcia Bosek, along with Martha Turner, point out the need to assess the impact of a limited service project on the health-care structures and the social dynamics of the host community, and the possibility of moral distress when volunteers recognize disparities and inequalities between their familiar standards of practice and care and those of the host country. These authors point out that volunteering is not an act of all-encompassing self-sacrifice; nurses who volunteer must extend the same consideration to themselves as they extend to those in host communities. A case study presents many of the issues a potential volunteer should consider. As one example, volunteers should avoid posting photographs that perpetuate the image of suffering, reinforce stereotypes, or portray the community member as a prop for a volunteer selfie.

Dealing with ethical issues involving patients and their families can be exhausting. But for some nurses, the most wrenching ethical issue they have faced involves working with a colleague who is impaired by a substance use disorder. At any given time, 10% of the nursing workforce is either in addiction or in recovery. Marie Manthey, Founding Editor of *Creative Nursing* and also a co-founder of the Minnesota Nursing Peer Support Network, acknowledges this statistic as the reality that demands a clear professional commitment to preventing substance use disorder, articulating the potential risks and outlining an effective response that protects patient safety while fully supporting nurses in seeking treatment and entering into successful recovery. She states that the ANA Code of Ethics provides clear principles to guide us in reclaiming committed nurses from addiction and empowering them to return to practice renewed, grateful, and poised to help others avoid substance use disorders.

Empathy and ethics are interconnected in the decisions nurses make about patient care, according to nursing professor Sara Adams. Empathy in the nurse-patient relationship involves the nurse’s ability to walk in the patient’s shoes, garner a complete cognitive understanding of the patient’s perspective, and respond effectively as a result. Both nurses and patients value nursing care that involves a level of emotive understanding, affective connection, compassionate concern, and the ability to communicate feelings. Many scholars agree that professional, or cognitive, empathy in nursing and other health professions is a clinical skill that can be taught, cultivated, improved upon, and measured. A study of practicing nurses’ perceptions of the use of empathy to guide patient care decisions found that patient care situations that were difficult or that chal-

lenged conventional beliefs were the times when the use of empathy was most essential.

Lois Swope is the mother of Karly Wahlin, who as a child had severe neurological problems and developmental delays, including the inability to communicate, and was given a diagnosis of profound mental impairment. The family dealt with dozens of specialists, none of whom gave them a vision for Karly's life that might make it worth living. Then, when Karly was 10, a therapist specializing in communication for children with autism developed a way for Karly to communicate, and in the years to come, she was able to express what she had learned, write poetry (an example is included in the article), and compose music. In an interview with Creative Health Care Management CEO Mary Koloroutis, Lois presents lessons she learned through Karly's 27 years of life:

1. Everyone is more than their symptoms. See the whole person, not just their diagnosis.
2. Assume intellect. Trust the experience of the patient and their family.
3. Every person has a back story. Be curious and compassionate.
4. Death is part of life. Accept that mortality is not failure.

Of their life along the way, Lois says, "Hearing a health-care professional say, 'You're doing a great job' carries so much weight. It's a really tough life behind closed doors, for families like ours."

Advocating for patients and families is a passion for Tammy Sinkfield-Morey, nursing supervisor at a children's specialty health-care organization, who warns how using the term "non-compliant" keeps providers from partnering with patients. She says, "The term non-compliant indicates a wanton disregard for a suggested path to well-being, but fails to acknowledge the mistrust, disruption, inaccessibility, and even the marginalization that sometimes perpetuates a person's need to deviate from a health professional's care plan." She presents three firsthand examples of people who were designated non-compliant patients, and a fourth example in which the patient's autonomy was respected. She examines the phenomenon of labeling individuals as noncompliant through the lens of three ethical principles.

- *Respect for autonomy*: "The predominant indicator of autonomy is the patient's ability to provide informed consent, not the outcome of the patient's decisions; the right to choose is not limited by the right to choose rightly."
- *Beneficence*: "When outcomes do not accord with providers' expectations, non-compliance with the plan of care may be the first factor suspected; a more beneficent approach is one in which the provider reassesses the care plan rather than seeing the patient as the locus of the problem."
- *Nonmaleficence*: "There have been so many occurrences of morally and ethically questionable medical and scientific activities involving vulnerable children and adults that patients may feel compelled to rely on their autonomy rather than on the beneficence and nonmaleficence of providers."

The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person; part of this respect is recognizing that departures from the plan of care are not necessarily risky or self-destructive. Sinkfield-Morey ends with a challenge: For all who read this article, let the term

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non-compliant be our personal and professional call to action to get curious about what the patient needs that we have obviously failed, so far, to offer.

In our Student Voice feature, nurse clinician and Doctor of Nursing Practice candidate Lauren Lee discusses the ethics of organ procurement from living donors who have never attained capacity, do not yet have the capacity, or have permanently lost the capacity for decision making. A consensus statement in 2000 by the Living Organ Donor Consensus Group affords protection to potential donors who are unable to consent, but the article cites court cases from the years before the consensus statement in which state courts allowed organs to be procured from patients who clearly lacked the capacity to understand the process, based on judgments of surrogate decision makers. The author states, “Organ donation by living donors relies on an important balance between respect for their autonomy and their voluntary will to help people who are in need of an organ; this process requires expression of the donors’ determined will after they receive thorough information about how the procedures will impact their future lives.”

Readers who join us for all the articles in this issue have the opportunity for deeper learning about aspects of this Cornerstone of Healing that you may already know about, particularly the ANA Code of Ethics and the ethical principles of respect for autonomy, beneficence, and nonmaleficence. You also have the chance for new learning about the ethics of empathy, global volunteering, organ donation, and helping impaired colleagues, and the dangers of labeling people or behaviors.

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