Ethical Choice in Nursing

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MAKING JUDGMENTS and then deliberately acting upon those judgments is essential to the practice of nursing. Such actions must involve rational thought rather than emotion or intuition; they involve a conscious, cognitive skill necessary to perceive patient needs and provide patient care.[1,2]

Some theorists believe that the most effective, lasting or helpful decisions or judgments are best made with minimal deliberation.[3] Others postulate that the longer a decision takes and the choices are weighed, the greater the efficiency.[4] Most agree, however, that decision making involves talent in reasoning and involves taking risks.[5-7] Others have shown that decisiveness and the commitment to take action defines judgment and allows an individual to engage in the decision-making process.[8,9] In other words, the decision-making process involves deliberative action whereby options and resolutions are considered and the decision is made in terms of one's judgment as to the

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appropriateness of that choice. In turn, each judgment characteristically involves not only prior judgmental behavior, reaching toward a goal and the "immediacy of the moment," but each judgment also involves an ethical component.[10]

It is a well-acknowledged fact that physicians and professional nurses make decisions daily which affect them, their clients, their profession, the institution in which they practice and, foremost, the quality of care they administer.[1,11,12] Since ethics are generally accepted as a necessary and possibly the most important component of all decisions, recent investigation and literature consequently have shown that responsible decisions made daily by physicians and professional nurses are frequently based upon ethics.[4,10,13–18]

Ethical choice in nursing, as in all areas of health care, is one of the major areas of concern in professional nursing practice. Such issues as accountability, responsibility and even nursing diagnosis have firmly established roots in ethics. "Ethical roots," like the roots of century-old oaks, are neither easily discernible nor easily removed nor destroyed. Instead, they twist and snarl deeper into the surface, often encroaching upon seemingly well-established saplings and neighbors, disturbing even the most solidly built foundations. Attempts to remove them or deny their existence are futile because, regardless of how thorough one is at the attempt, fragments remain and will eventually exert influence.

In order to thoroughly deal with the timely, essential and fundamental issue of ethical choices in nursing, it is important to analyze the definition of responsible

ethical choice, ethical systems upon which ethical choice is based and the validity of teaching ethics to nurses.

DEFINING RESPONSIBLE ETHICAL CHOICE FOR NURSING

Everything is neither right nor wrong. The right or wrong is in the choosing, the keeping, the losing. All paths are light and shadow, and every path is a different thing to each man. The right and the wrong, the good and the evil lie not upon the silent pathway, but in the man that walks it...[19 (p198)]

Decision theory is used today either to focus upon a process concerned with outcomes or to analyze the determinants for individual choice. The second approach not only involves the descriptive or normative rules pertaining to people deciding what is true or what action to take, but also focuses upon the choosing, not the outcome.[20]

Figure 1 presents a model of the types of decisions made and the influences on decisions. Decisions, "resolutions to questions, controversy, disputes or doubt,"[21(p113)] are multidimensional, varying in type from moral to amoral, intelligent to nonreflective, professional to nonprofessional. Furthermore, decisions are influenced by values, beliefs, attitudes, past experiences, morals, knowledge, loves and human philosophy.[9,14,22,23] The last influence, human philosophy, can range anywhere between the two extreme views, between Hobbes and Sartre. Hobbes views society as supreme and law as the pivot point standing between chaos and social functioning.[24] The existentialists, such as Sartre, view the individual as supreme and

FIGURE 1. INFLUENCES ON DECISIONS: A MODEL APPROACH
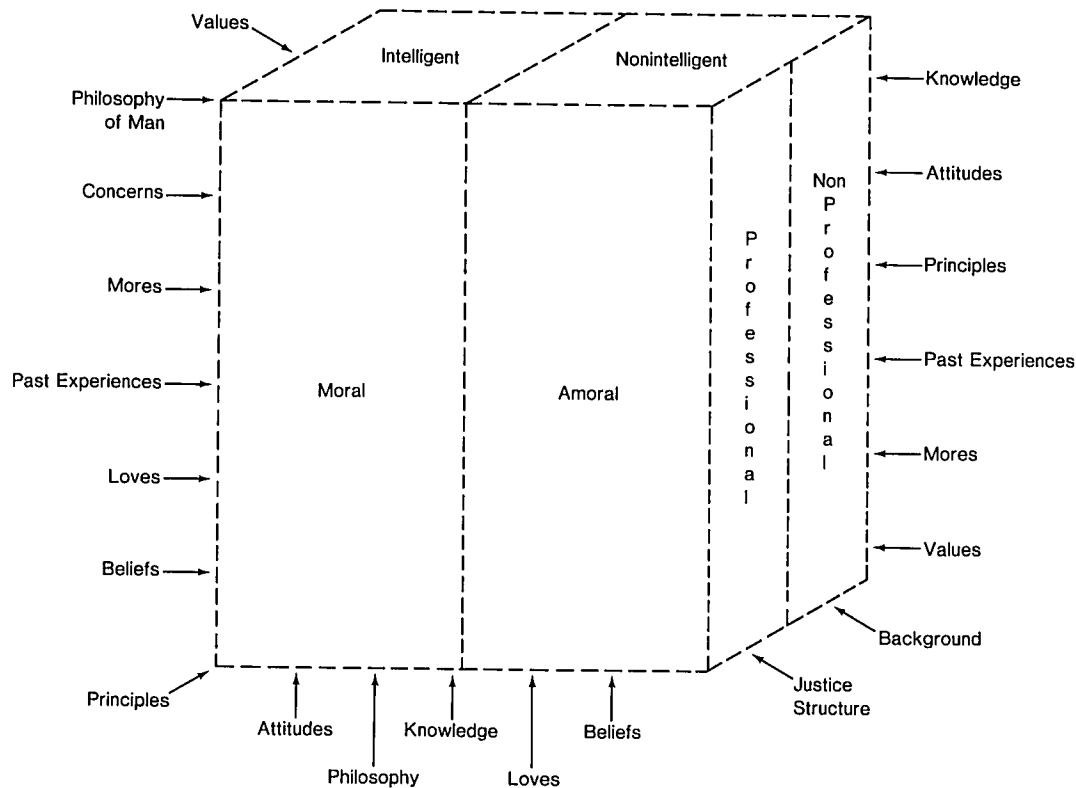
Note: The depicted box is multifaceted and displays only a few of the "types" of decisions possible. This multidimensional approach to decisions also shows how the various types of decisions are not completely distinct—the lines are not solid, accounting for how people might believe themselves to be making one type of decision while in reality they are in another decisional dimension. Numerous biases and other factors (mores, values, beliefs, etc.) are shown to influence all the various types of decisions. Many believe that all types of decisions have ethical components and are influenced, to varying degrees, by the same numerous factors. Sources:

Boulding, K. E. "The Ethics of Rational Decision." *Management Sci* 12 (1966) p. B161-B169.
Murphy, M. A. and Murphy, J. "Making Ethical Decisions—Systematically" *Nurs '76* (May 1976) p. 13-15.

believe that the individual has the freedom to make of himself what he will.[25]

The middle position between these two extremes, pragmatism, takes both sides into account: A decision is reached that respects both just laws and loves ("loves" are our enduring set of internalized beliefs, attitudes and values).[26,27]

The concept of decision, then, implies change. A decision is a process involving choice, "affected with an ethical interest."[10(p161)] Together with ethical interest, choice and change, goes risk, another essential element in the concept of decision.[11,28]

Yet another element is freedom, the

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power to determine one's own actions with the absence of or release from ties or obligations that interfere with reasoning. Freedom is closely connected to choice, and controversy exists as to whether there is such a thing as free choice.[26,29] For every act of freedom equal responsibility exists.[30]

For professional nurses, decisions are an integral part of daily fuctioning. Respon-sible ethical choice based upon responsi-ble ethical behavior involves responsibility, accountability, risk, commitment and justice. These concepts may be defined as follows:

Responsibility requires the capacity for rational, moral decision making.[31] Action itself is not implied but reliability and chargeability are involved; individuals are answerable to something in their own power and control.[32] Responsibility in-volves accountability.

Accountability signifies action. It is a statement of reasons and consequences whereby nurses may be called upon to account for or explain their actions or position.

Risk is the undertaking of peril, jeopardy or dangerous chance of loss, and is obviously related to accountability.

Commitment means to pledge or align one's self with objects or persons.

Commitment involves self, loyalty and trust.

Justice is the unifying concept or central principle of morality.[34,35] Justice defines morality.[36]

Moral situations can be viewed as conflict-of-interest situations and to re-solve these conflicts, principles of justice are then involved. A person's sense of justice is distinctly moral: "One can act morally and question all rules, one may act morally and question the greater good, but one cannot act morally and question the need for justice."[33(p40)]

When speaking of responsible ethical choice in nursing, several assumptions must be made:

1. One has no right to "play it safe."
2. One has no right to benefit self at the expense of others.
3. One must independently formulate a concept of justice.
4. Agreements create obligations which, in turn, create justification.[37]
5. Action is not right if only done through obligation (Plato).
6. One must not allow emotions to dictate to morals or to affect deci-sions i.e., follow the best reason-ing.

The elements of responsible ethical behavior can now be described. Respon-sible ethical behavior occurs when:

1. A moral principle exists that involves a moral obligation or duty to do or to refrain from doing something that is within the power of the person to do, or is such that the person can do otherwise;
2. Some source of responsibility is

involved as well as a source (hopefully internal) of reward, praise or punishment for responsible action;

3. The cause of the behavior is internal to the individual, i.e., he or she is not compelled by others to act;

4. The behavior itself is not done through ignorance, is respectful of the laws viewed as just by the individual, maintains the integrity and freedom of choice of the "actor" and attempts to do justice to one's loves.[9,14]

In order for responsible ethical choice to occur, certain conditions must exist:

1. The actor is faced with a risky situation, is asked to or is faced with the need to take deliberative action, not merely to respond habitually or mechanically. True choice exists between possible courses of action and the actor places a significantly different value upon each possible action or upon the possible consequences of the action. The actor is accountable for the action taken.

2. A moral principle is involved. A means of achieving ends or goals exists and various alternatives, motives and consequences are available. Also, a commitment is demanded of the actor.

3. The action taken is intelligent, reflective (not blind), free (not forced), just, responsible, consistent with values, consultee-free and it may involve a recipient.[38]

The concept of responsible ethical choice, then, involves a dynamic decision process. While all decisions may involve some sort of ethical component, not all

decisions are ethical ones. It is the complete process that not only designates the difference but also moves the individual to continue toward the completion of the process and the making of ethical, responsible choice.

DEFINING ONE'S ETHICAL SYSTEM: THE BASIS OF ETHICAL CHOICE

> Situations do not present themselves with labels attached ... the crux is in the labeling, or the decision ... depends upon how a situation is "seen." [36(p1093)]

In spite of nursing's sometimes precarious position in the health care field, or possibly because of it, professional nurses are daily faced with decisions involving moral and ethical choices. Since the terms *moral* and *ethical* refer to different levels of activity and are not interchangeable, a nurse can be *moral* by acting according to rules of right conduct without being ethical, i.e., to go through the formal reasoning process to decide upon behavior.[40]

This section will (1) show the necessity for and the development of each individual professional nurse's ethical system, for without the use of a formal, rational ethical system, decisions made by the nurse are not ethical although they may be moral, and (2) since nurses are often called upon not only to make an ethical decision but to explain that decision, knowing the ethical theories and being able to articulate them, the professional nurse gives substance and support to the decision and is afforded increased security in his or her knowledge of the reason behind the action.

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As stated earlier, the terms *moral* and *ethical* are not interchangeable. Ethics is considered one of the three branches of philosophy; the other two are metaphysics, dealing with theories of reality; and epistemology, which distinguishes between knowledge and belief. Ethics deals with the values of human life in a coherent, systematic and logical manner. It is concerned with the type of conduct that is judged as right or wrong or good or bad. In other words, ethics deals with practical problems that arise from human conduct when an individual is faced with a choice between alternative values. Individuals must decide among several possible alternatives what to do in a given situation; they must decide upon the best action to take in spite of conflicting choices that confront them.

Every question of ethics weighs the values involved in problems of choice. An ethical problem, with its two essential ingredients, *choice* and the *valuing* of actions and their consequences, is considered both general, since it involves a vast assortment of moral acts, and theoretical, because it calls upon and leads to ethical theories. Ethics, then, systematically seeks a critical grasp of the principles and standards that help in making morally right choices.

Two basic assumptions are inherent in understanding ethical choice: (1) "Each day man makes innumerable decisions and some are involved with truly moral problems;"[9(p47)] and (2) "An individual can avoid a moral issue that plagues and perplexes others but no competent human being can completely escape the necessity of making responsible ethical decisions."[41(p14)]

Accordingly, the moral sphere includes only acts that are not trivial, that affect both an agent and others and that are matters of conscience. In turn, moral problems are specific (not general), employ the word *ever* and arise from practical decisions with answers readily applicable to future practice.[41] For example, is the taking of human life ever justifiable?

Therefore, working through a moral problem causes normative questions to arise that reaffirm a norm by which both the "rightness" and "wrongness" of an act and the values attached to objects of the act can be judged. For instance, from the moral problem "Is the taking of a human life ever justifiable?" naturally comes the normative question "What makes an act right or wrong?" That question is answered by the theory of obligation to which one subscribes. A moral problem such as "Is LSD of value to man?" leads to the theoretical normative question "What is intrinsically good?" That question is born of one's accepted theory of value.

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formed. In other words, a theory of value is necessary to complete a theory of obligation. The task is to combine the two into a system of moral philosophy that will adequately answer daily moral questions.

What, then, are the theories of obligation and value that together form an ethical system?

Theories of Obligation

Theories of obligation, i.e., "What makes an act right or wrong?," define the right- or wrong-making characteristics of an act as grounds of obligation. Eight theories of obligation are generally accepted to describe the possible approaches in determining what makes an act right or wrong.

The *one-characteristic-of-an-act* theory of obligation states that one and only one feature, regardless of the complexities surrounding the problem, makes an act right or wrong. For instance, to kill is wrong regardless of whether the killer is an adult or a child, the aggressor or the attacked, whether the act is done spontaneously or is premeditated. The single feature says that to take a human life, no matter what the circumstances, is still wrong by virtue of its intrinsic nature.[42]

The major argument against this approach is that the theory oversimplifies morality when conflicting obligations exist. For example, a nurse has contracted with an outside agency to work with an evening outpatient group of depressed individuals. One day an emergency arises on an acute care unit where she is a clinical specialist; she chooses to stay and deal with the emergency. She never arrives at the group session across town and is unable to notify anyone of the problem. Accordingly, to account for the complexity of moral choices evident in this example, another theory must be considered.

The *one-or-more-characteristics-of-an-act* theory of obligation states that what makes an act right or wrong is intrinsic to the nature of the action itself, and is not external to it. This approach, however, denies that only one characteristic feature of obligation exists. According to this theory, the agent must weigh the key features of the problem and do what has the greatest obligation of rightness; he or she must consider if the right outweighs the wrong.[43] For instance, consider again the dilemma facing the clinical specialist with conflicting obligations: which action—to stay for the obvious crisis or to leave and avert a potential crisis with the outpatient group—has the greatest obligation of rightness? Which right-making characteristics outweigh the wrong-making ones?

The *agent's welfare* is a third theory of obligation. Also known as *ethical egoism,* this theory postulates that right or wrong is determined by the agent's welfare and the impact the action or lack of action will have on his or her welfare. The major underlying premise is that the act that is most advantageous and beneficial to the agent is the right one.[26] For instance, is one obligated to always tell the truth? Is it right to tell a "little white lie" to save embarrassment when no one will know the difference or be hurt by it? Is the physician who pockets charges without recording and reporting them to the Internal Revenue Service rightfully obligated to report and record this additional income?

Act utilitarianism is the theory of obligation that states that the rightness or wrongness of an act depends upon the degree to which it is harmful or useful. For instance, telling the truth is right because it is useful, and falsehoods are wrong because of their harmful effects.

44   The October issue of *Nursing '74* reported on the honesty of nurses. Based on 11,681 replies, 70% of the nurses admitted to regularly taking hospital supplies ranging from aspirin and antacid to linens and surgical supplies; economic considerations alone can speak to the harmful effects of this practice.

Rule utilitarianism states that an act is right or wrong depending upon whether it conforms to or violates a moral rule. In turn, a moral rule is justified or unjustified depending on its utility or desirability, thus avoiding problems with act utilitarianism. For example, it is wrong to not tell the truth *except* to save a life or spare someone's feelings.[44(p410)]

Universalizability states that what makes an act right is the ability to universalize its maxim; a wrong act is not universalizable.[45] For example, nothing is gained by cheating since we do not want everyone to cheat and it is morally wrong to make one's self an exception; therefore, since we *cannot* universalize and say cheating should be done by everyone, cheating is wrong. Universalizability, then, distinguishes right from wrong. The theory's strength seems to lie in the way in which it "captures the essence of morality," for to act morally means to act on principle.[41]

Obligation by *mores* and the *dictates of the law of God*, are also theoretical approaches to the rightness or wrongness of an act. Both theories strongly address the bindingness of obligation. Anthropologists such as William Sumner maintain that mores make an act right or wrong; man should abide by customs that are socially sanctioned, or mores. For example, if our culture took the maxim "an eye for an eye..." literally, we would cut off our hands because we stole bread to feed our family.

The theory of *the law of God* provides for man a standard of right and wrong above society and temporal concerns. According to this theory, what determines an act to be right or wrong does not lie in the nature of the act itself, an act is right or wrong because God so says through the Bible, His representatives on earth, etc. Strong criticism is directed to this theory of obligation, since the determination of right or wrong is seen by some to be closely related to the nature of the act itself.

It is not enough to act solely upon a theory of obligation; concerns about value easily arise when considering obligation. Every ethical problem faced by an individual is a combination of *choice* between what "should" or "ought to" be done (theory of obligation) and *judgment* about the value of the chosen action (theory of value).

Theories of Value

Theories of value question what makes an act morally good or evil. Numerous approaches to theories of value exist and several will be highlighted here. These theories each point to the one "thing" of value upon which determination of good and evil can be made.

Love, according to many moralists, makes an act virtuous. What determines the moral value of an act is not conformity to external laws of either God or society, but the spirit in which it is done. If all human life becomes the object of agape love (the selfless concern for well-being of

others), then actions, dictated by the love, will be virtuous.

Conscientiousness, according to Kant, is the sense of duty which motivates an individual to act. Love, on the other hand, is seen as an unreliable motive because it can lead the moral agent to act in violation of duty. Duty to family, to self, to job, etc., are all motivators to act virtuously— to do good and refrain from evil.

Both *actual value of consequences* and *intended consequences* are theories of value addressed by and to moralists, philosophers and theologians. Righteousness, power, pleasure, motives etc. can be used to explain what it is that makes a thing desirable or undesirable, good or bad. Since ethics is a rational process concerned with determining the best course of action in the face of choices which conflict, part of this rational process is an evaluation of the rules and principles that guide the individual's conduct, actions and decisions. Part of this evaluation is for the individual to answer "What is intrinsically good?" and "What makes an act good as opposed to evil?" In addition, some awareness of what makes an act right or wrong must be arrived at.

In the end, every ethical problem faced by an individual is tied to both the problem of *choice* between what "should" or "ought" to be done (theory of obligation) and *judgment* about the action chosen, usually expressed as "good," "bad," "admirable," etc. (theory of value). The wedding of the two, then, constitutes not only the core of normative ethics but provides the framework for understanding the ethical system used to make responsible ethical choices.

CAN AND SHOULD RESPONSIBLE ETHICAL BEHAVIOR BE TAUGHT TO PROFESSIONAL NURSES?

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> Each of us should lay aside all other learning, to study how ... to distinguish the good life from the evil.[46(p310)]
> Ethical judgments are neither true or false, they are not the sort of things that can be known, learned or doubted.[41(p291)]

Baccalaureate nursing educators profess to educate students in decision making as beginning practitioners in the nursing profession.[47,48] Throughout such nursing curricula emphasis is placed upon the decision-making process and the exercise of concise and pertinent nursing judgments.[49-51] However, from both a random hand survey of accredited baccalaureate nursing curricula in the United States in February 1978 and the results of a recent study by the Hastings Center in August 1977, one major component of this decision-making process, ethics, appears to be ignored, only slightly touched upon, or haphazardly included within the curriculum. If included, education in ethics appears limited to a few lectures on the ethical components of decision making, usually presented within the last year of the baccalaureate nursing program.

Few of the accredited colleges or universities in the United States that offer degrees in nursing require specific courses in ethics, ethical choice and the like. Those that do may do so because of pressures from the overall university with its own requirements, as part of a course or courses in the legality of nursing practice or nursing research, or because there is some acknowledgement of the importance

46 of ethical concerns in all nursing judgments.[15,52] On the other hand, those that do not include required courses in ethics in their curricula may do so from ignorance, from fear or inability to make or to introduce major changes in their programs, or because they subscribe to the theory that moral development and subsequential ethical behavior has its roots early in the developmental process where values are given base and structure and so it is useless to include these courses in a college curriculum.

If it is true that values, beliefs and ideals are formed early in life and therefore are unaffected by courses or even role models, courses in ethics might, at best, only broaden the knowledge base of the nurse and stimulate some questions and insights into existing behaviors, or, at least, provide a few additional credits toward graduation.

Much recent literature has concerned itself with modern American society, its decreasing morality and prolonged adolescence.[53-55] If emotional development is prolonged and the stages are not as evident or diagrammatic as proposed by major developmental theorists, perhaps the same can be said of the moral development of the individual in modern American society. Perhaps many individuals either do not attain the final stages of moral development where change or alteration is next to impossible and are in effect arrested in their moral development.[34,56] If this is so, could not the individual be either educated or internally (morally) affected by formal education in ethics during baccalaureate nursing education?

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who are capable of exercising reasonable clinical and professional judgments and are not limited to common, recurrent problems as are students in the associate degree program, are they not decision makers? And, as decision makers, are not graduating baccalaureate nurses expected not only to display but to use leadership qualities?

Recent professional literature shows that professional schools of medicine, dentistry, law, etc., are increasingly including courses in ethics. Professional nursing should not imitate other professional schools, for nursing is itself unique and can stand alone. But baccalaureate nursing education, in its premise that it turns out leaders in the field, change agents and decision makers, should consider all aspects of the decision-making process, including ethics.

Some questions must be asked: (1) Is it possible to effect ethical changes in adults? (2) Can and should formal courses in ethics be included in baccalaureate nursing education? (3) If so, when within the baccalaureate nursing education program should these courses begin, and who should teach them?

While it is rare that any student who enters college today does not have some preliminary, elementary exposure to the

scientific method and basic ethical considerations in research and inquiry, ethics, as an essential element in this process, appears to be missing.[18,57] Fundamental ethical behavior and thought has also, to date, been neglected. However, several federally funded programs have begun during the last five years in an attempt to begin to teach the child ethics and ethical behavior early in formal education. Curricula in secondary education and beyond has either included ongoing practical ethics courses or, at least, planned for future courses. Professional schools are also gradually including more and more seminars in ethics as well as practical ethics courses.[58-61]

Professional nursing education, i.e., baccalaureate nursing education, has been slow to follow the example set by other professional schools and suggestions made by some of nursing's own leaders.[62,63] While the American Nursing Association (ANA), in 1977–78, has listed ethics as a priority in terms of research, little evidence of additional courses in ethics exists.[18,57,64]

In the United States, as reported by Virginia Ohlson to the International Council of Nurses, 280 accredited basic nursing education programs in colleges and universities grant the baccalaureate degree. The Goldman Study in 1923, the Brown Report in 1948 and the Bridgman Report in 1953 each identified the need to place nursing education in colleges and universities rather than keep it within hospitals. In 1966, the ANA's "Position Paper on Nursing Education" declared that the nurse should be educated in colleges and universities and, beginning in 1972, a noticeable trend toward preference for baccalaureate education for nurses has been noted. Since

the National League for Nursing (NLN) and ANA standards for baccalaureate nursing education emphasize the education of students as decision makers, all aspects of the decision-making process should be included in the curricula. Ethics is one part, and not a small part, of the decision-making process, and thereby, should be included in baccalaureate nursing curricula.[10,13,60]

However, in the United States no national nursing curriculum requirements exist, and the requirements that do exist are the responsibility of each individual state through its state board of nursing. As an academic discipline, nursing is obliged to preserve liberal education and provide, at the least, background basics in the arts and philosophy.[49,63] Some specific trends are evident in baccalaureate curricula and these include provision for more learning experiences so that future professional nurses can make more competent, definitive judgments based upon their increased responsibility in the management of patient care.

Even as early as 1923 Goldman suggested that ethics and the teaching of practical ethics courses be part of baccalaureate nursing education and recent goal overviews also suggest ethical development as a measureable objective for baccalaureate nursing education. But the same questions reoccur: (1) To what extent should practical and theoretical ethics courses be required in baccalaureate nursing curricula? and, (2) If so offered, can such courses have any lasting effect on baccalaureate students whose values, beliefs and ethics may have been solidified early in their development?

Vital to the survival of one's ideals,

48 values, beliefs and ethics is culture.[65-67] While morality embraced by a culture must be both "flexible and stable enough to adequately respond to the challenges of the time," it must include discipline in its socialization.[66(p97),68] In our modern American society this socialization has become increasingly dependent upon curricula in formal education establishments. Formal education now appears to be the primary means of socialization in our society and is viewed, consequently, as a moral task concerned with the development of moral conciousness and moral character.[60,69,70]

Others have postulated and documented that moral development is sequential, observable and eventual.[34,56] Philip Rieff has stated, "Morality is largely developmental in character ... (and) grows and evolves as does the body. Each stage of moral growth demands its own distinct education, as does the body, and is best nurtured by different foods and regimens during its various stages."[71(p11)]

In other words, morality evolves at different stages with education helping to foster the behavior that is appropriate to each stage. According to Max Weber, the "fostering of moral consciousness in the educational system is as much an art as a science and finds its best setting in the confines of the university."[72] Parsons maintains that the school not only universalizes the socialization pattern but helps children to internalize a level of social values and norms a step higher than those they can learn from the family.[66] Other writers contend that while role requirements and attitudes are internalized fairly early in life, internalization comes later. Fischer points to the dichotomy in modern schools whereby values and expectations are inconsistent in the education of children from the first grade on.[73]

The teaching of values, beliefs and ethics has often been regarded as outside the scope of education for several reasons. First, the idea prevails that values and ethics belong to the innate aspects of the personality that are "impervious to change by educational method."[75(p17)] Secondly, the techniques of teaching and curriculum development have proven to be too crude to provide adequate methodology for teaching values and ethics and evaluating the impact of such teaching methods. However, values and ethics are implicit not only in the functioning of a culture but in institutional dynamics and the forms of education. The education of values and ethics is all pervasive and for the most part unconscious. The task of education is to "make this process conscious, rationally defensible, and as far as the role of curriculum is concerned, more effective."[68(p18)]

In the classical sense, according to Durkheim, to know means to know the reason for, to understand something in terms of its causes.[75] Therefore, it is by explanation, questioning and critical analysis of moral principles that moral knowledge is internalized and effectively actualized as *ethical behavior*. In addition, an individual must be far enough along in intellectual development to be able to synthesize, internalize and effectively use this knowledge through rational processes.

Significance: A Possible Answer

Questions such as "when does moral education occur?" and concerns about whether or not ethics and values courses

taught in higher education curricula can have an impact on adult student behavior, are of contemporary significance, especially for the student professional. The underlying theme, however, is far from a contemporary concern; centuries ago a student of Socrates asked, "Can you tell me whether virtue is acquired by teaching or by practice; or if neither by teaching or practice, then whether it comes to man by nature, or in what other way."[76(p799)]

Socrates responded that far from knowing the answer to the question posed, "I'm not even sure of what virtue (morality) is. . . . Is any man?" As would be expected, this topic continues to raise interesting questions for contemporary professional nursing education but remains a question which is still inconclusive in its answer.

In order, then, to include "ethical teaching" in a curriculum, identifiable need must be evident and the following assumptions must be made:

1. It is possible to influence and develop responsible ethical behavior through courses offered in baccalaureate programs and beyond.

2. Professional nurses are increasingly aware of the ethical dimensions of their work and recognize ethics as at least a major influencing factor if not an essential component of the decision-making process.

3. Ethics courses can, at least, foster greater ethical consciousness by teaching nurses both to think critically about situations presented and actions taken, and to recognize some common link in ethical dilemmas.

4. And, as Aristotle has stated in *Nichomachean Ethics,* "Experience *can* promote ethical intelligence."[39(p1094)]

Once the preceding assumptions have been accepted, curriculum development of courses in ethics can begin. Those planning such courses must recognize for what and to whom a professional nurse can be ethically responsible. In other words, the professional nurse's role, limitations within that role and unique areas of ethical responsibility and possible ethical dilemmas must be identified. *Nursing ethics is different from biomedical ethics, not in process but in substance.* Therefore, curricula

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should reflect the nature of ethical dilemmas faced by nurses (as opposed to other disciplines) and, ideally, should be developed for clinical settings as well as formal class discussion (of principles, case histories, etc.).

Each curricula must both address and concretely answer the problems of (1) who will teach courses in ethics; (2) how much priority must be given to development of such courses; (3) how can ethics courses become a valued part of the curriculum; and (4) in what way and to what extent can development of an integrated ethics program occur within the entire curriculum? These are fundamental questions to answer in order for ethics to be included in a curriculum. They naturally lead to the less philosophical and more concrete, equally difficult questions concerning

50   format, specific content, scheduling, crediting and evaluating "performance."

Most educators are aware that basic moral and ethical values are acquired by a combination of deliberate teaching and subtle interaction, role modeling and trial-and-error experience. Critical analysis of moral behavior (ethics) is a process that can be influenced beyond the time when basic foundations are set; the ethical process can be taught later in life either to make up for deficiencies in basic moral education or to bring into focus ethical guidelines by which true critical analysis can result.

The need exists for decision makers in nursing to develop responsible ethical behavior as part of their natural decision-making repertoire. Ethical dilemmas are a daily reality facing professional nurses. Therefore, active movement toward teaching ethics in professional nursing curricula is a key step toward helping future practitioners deal with ethical problems.

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