# Toward a theory of nursing ethics

The development of nursing ethics as a field of inquiry has largely paralleled developments within the field of biomedical ethics. However, there is growing evidence that the development of a theory of nursing ethics might not necessarily follow a similar pattern. The value foundations of nursing ethics are derived from the nature of the nurse-patient relationship instead of from models of patient good, rights-based notions of autonomy, or the social contract of professional practice as articulated in prominent theories of medical ethics. The value foundations of nursing are analyzed, and a moral-point-of-view theory with caring as a fundamental value is proposed for the development of a theory of nursing ethics.

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THE DEVELOPMENT of nursing theory to explain and predict the nature of phenomena as they occur within the range of nursing interests in health care has been a consistent theme in the nursing literature over the past 25 years. In the attempt to conceptualize the role of theory in nursing practice and research as well as to formulate some structure for theorizing about nursing, scholars enlisted the help of philosophers Dickoff and James. The outcome of this collaborative effort was the proposal of Practice Theory.[1-3]

Under Practice Theory, nursing theories could be classified as either factor-isolating, factor-relating, situation-relating, or situation-producing and would represent the conceptual frameworks utilized by the nurse in carrying out nursing interventions.[1] As originally conceived, Practice Theory assumed that theories of nursing already existed within the thought pro-

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cesses and strategies that the nurse employed at the bedside with the patient, and it simply organized these theories as they became apparent in the plans and activities of the nurse to bring about the desired patient or nursing goals.

Not surprisingly, these inductive classifications of nursing theories were strongly criticized and did not receive wide support within nursing. Many scholars agreed on the need for prescriptive (situation-producing) theories in order to bring about change. Few, however, accepted Practice Theory as the way to classify all nursing theories or agreed that theorizing by nurses was limited to the thought processes and strategies used by nurses in carrying out patient care interventions. Indeed, one of the more well-known critics of Practice Theory claimed that the system was simply not needed in nursing.[4-6] Arguing that knowledge used by the nurse is not different from the knowledge of science and ethics, Beckstrand concluded that nursing should utilize scientific and ethical theorizing, not Practice Theory, to bring about change in practice.[5]

Over the years, serious consideration of Practice Theory in nursing has gradually dissipated, while Beckstrand's argument for the use of scientific theory in nursing practice has been overwhelmingly accepted. Yet her argument for the development and use of ethical theory in nursing has largely gone unheeded by nurses. Why are there no formal theories of ethics for nursing practice? If one could be proposed, what would its structure be? Would a theory of nursing ethics simply be the application of a general ethical theory to nursing practice? Would it resemble or even mirror a theory of ethics for medical practice, or would it be unique to the range of moral judgments and/or actions used by nurses?

The purpose of this article is to begin to answer these questions by the careful description and analysis of the types of ethical theorizing currently beginning to emerge in the nursing literature. The author is of the opinion that the articulation of a theory (or theories) of nursing ethics is on the horizon and that ethical theory will become an essential part of a yet-to-be-formulated philosophy of nursing. The particular form that any theory of nursing ethics will finally take is, of course, unknowable at present. This situation is probably advantageous, as it allows the nursing community and would-be ethical theorists to learn from the recent and important theoretical developments within the related disciplines of ethics and biomedical ethics. These developments will certainly influence how a theory of nursing ethics is eventually conceptualized and may raise important theoretical and methodologic issues for any theory.

## WHAT IS NURSING ETHICS?

In order to begin theorizing about nursing ethics, one must first be clear about the world view one brings to a consideration of the ethics of nursing practice. Veatch,[7,8] for example, notes that the term "nursing ethics" is, in itself, controversial. While some might argue that nursing ethics is a unique field of inquiry separate from medical ethics, Veatch claims that "there is really very little that is morally unique to nursing."[7(p17)] The same moral issues

emerge in the health care setting whether one is a physician, nurse, or patient. Thus Veatch concludes that "nursing ethics" is a legitimate term only insofar as it refers to a subcategory of biomedical ethics. A branch of applied ethics, biomedical ethics addresses the ethical judgments made within the biomedical sciences; nursing ethics is the ethical analysis of those judgments made by nurses, and physician ethics is the ethical analysis of those judgments made by physicians. According to this view, if nursing ethics is a specific form of inquiry under the more general category of biomedical ethics, then any theory of nursing ethics will necessarily follow from biomedical ethics theory.

Contrary to Veatch's view, Jameton[9] argues that nursing ethics is not another form of applied ethics, and especially not of biomedical ethics. Since there appears to be a "rich and complex relationship between the moral conventions of nursing practice and the philosophical imagination,"[9(pxvi)] nursing ethics cannot simply be the application of philosophical principles to a new set of facts, according to Jameton. For him, nursing ethics is a form of philosophical study that raises questions about the aims of theory formation, the meaning of philosophical principles, and the nature of philosophical solutions to ethical problems. It is a form of inquiry that contributes to progress in philosophical ethics and influences the work and thought of philosophers in general. Because the study of ethics in nursing is philosophical in nature, it should not be viewed as a form of inquiry independent of ethics. Nursing ethics uses traditional and contemporary forms of philosophical analysis to describe the moral phenomena found in nursing practice, to assess critically the language and theoretical foundations of nursing practice, and to raise normative claims about the aims of nursing practice. Although Jameton does not propose a framework for a theory of nursing ethics, his overall view tends to support the notion that if nursing ethics is a form of ethical inquiry that is primarily philosophical in nature, then a theory of nursing ethics will necessarily be an ethical theory as generally accepted within the discipline of philosophy.

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It is interesting that the views of Veatch and Jameton are congruent with the models of nursing ethics proposed by White[10] (Fig 1). Model #1 depicts nursing ethics as a form of inquiry that is equal to medical ethics within the general field of biomedical ethics. This construct is similar to Veatch's view of nursing ethics. Model #2 depicts nursing ethics as being equal to biomedical ethics and business ethics among the forms of ethical inquiry. This construct is similar to Jameton's view of nursing ethics. Both models depict nursing ethics as a separate form of inquiry within philosophy and ethics, yet only the second model clearly depicts nursing ethics as separate from biomedical ethics, rather than as a subcategory of the larger field. While White stated no preference for the conceptual location of nursing ethics in

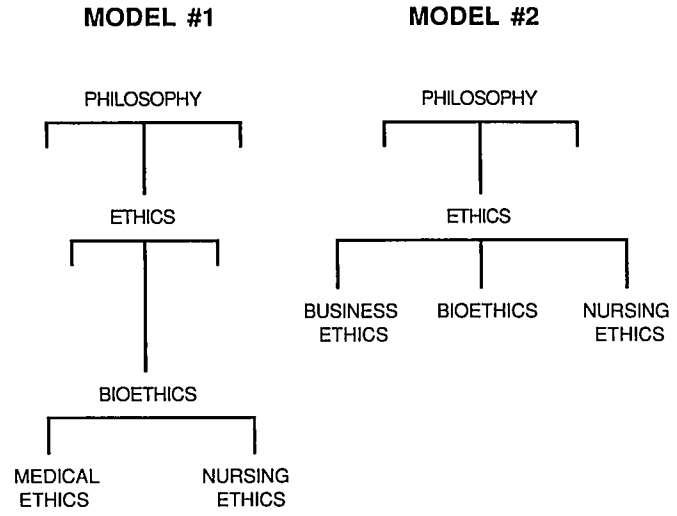


Fig 1. Two models of nursing ethics. Adapted with permission from White G: Philosophical ethics and nursing—A word of caution, in Chinn PL (ed): *Advances in Nursing Theory Development.* Rockville, Md, Aspen Publishers, 1983.

relation to biomedical ethics and medical ethics, she did note that the location should be of concern to those working within nursing ethics, and it would be of interest to those articulating a theory of nursing ethics as well.

During the past ten years, most efforts to describe nursing ethics have tended to adopt Model #1.[8,10-14] Accordingly, they have applied biomedical ethics to the practice of nursing using frameworks from bioethical theory,[15] theologically based contract theory,[16] the secularly based pluralistic theory of human rights,[17] and a well-known liberal theory of justice.[18] This influence on the development of nursing ethics has been quite extensive. Current discussions of nursing ethics tend to revolve around comparisons of deontologic and utilitarian theories, the weight of bioethical principles and rules in nurses' decision making, and the relative importance of nursing's contract with society and individual patients. Empirical studies in nursing ethics have almost exclusively used justice-based theories of moral reasoning from cognitive psychology to interpret their findings about nurses' moral behavior, judgment, and reasoning.[19-23] In addition, biomedical ethics guides most normative discussions of ethics in nursing.[24,25] The result is a trend in nursing ethics that does not take into consideration the role of nurses in health care, the social significance of nursing in contemporary society, or the value standards for nursing practice. By focusing on the terms of justification, gender-based considerations of justice, and the language of principles and rules, nursing ethics has come to be viewed primarily as a species or application of biomedical ethics. Jameton's view of nursing ethics has not been widely discussed, and a theory of nursing ethics based on his view (or any other view) has yet to be articulated.

## TRADITIONAL VALUE FOUNDATIONS OF NURSING ETHICS

Despite the lack of clear conceptual underpinnings for nursing ethics, several individuals have attempted to identify the moral foundations of nursing and the central value(s) important to any theory of nursing ethics. For example, empirical studies of the clinical decision making of nurses have pinpointed autonomy as a fundamental value affecting the moral dimensions of nursing practice.[26,27] The results of another study have suggested that subjective values, such as producing the greatest good for the greatest number, are basic to nurses' ethical decision making.[28] Unfortunately, the results of these studies were interpreted in terms of these values as predetermined ideologies for nursing practice. What was assumed to be the case in biomedical ethics was assumed to be the case in nursing ethics as well. In other words, autonomy and producing good were categories that the researchers expected to find because autonomy and producing good are prominent features of biomedical ethics.

This should not be a surprise. Both of these values—autonomy and producing good—are indeed prominent features of theories of biomedical ethics. Engelhardt,[17] for example, posits autonomy as the foundational value of secular bioethics, and Pellegrino and Thomasma[29] urge the restoration of beneficence as the fundamental principle of medical ethics. As used in these theories, autonomy and producing good constitute idealized value components of a social ethic for the practice of medicine, and they function within a structured framework of ethical principles and rules for physician decision making. Both secular bioethics and medical ethics rely on traditional interpretations of their central principles and use traditional patterns of moral justification as articulated by leading bioethicists. The same views of autonomy and beneficence have even been claimed by some nurses to form the moral basis for needed social reform of the institutional setting in which nursing is practiced.[30] However, there is no good reason to assume that autonomy and producing good are, de facto, the appropriate value foundations for nursing ethics simply because they are accepted moral foundations for biomedical ethics. While no one would dispute that nurse autonomy and producing good are related to the practice of nursing, neither of these values derived from theories of biomedical ethics has been convincingly demonstrated to be the primary moral foundation of nursing ethics.

Other approaches to identifying the moral foundations of nursing have been both analytical and normative. For example, Stenberg[24] analyzed the value concepts of several theoretical frameworks in biomedical ethics in terms of their relevance to the practice of nursing. She found the concepts of code, contract, and context, as discussed in the works of May[31] and Fletcher,[32] to be inadequate as bases for the nursing ethic. On the other hand, Stenberg judged the concept of covenant, as discussed by Ramsey[33] and May,[31] to be adequate as an "inclusive and satisfying model for nursing ethics."[24(p21)] Covenant, interpreted as a binding agreement, was viewed as the foundational value for such health worker actions as fidelity, promise

keeping, and truth telling in patient care. On the basis of this analysis, the medical ethical interpretation of covenant was adopted without alteration by Stenberg as a sound moral foundation for the practice of nursing. Because covenant was a moral foundation for the physician-patient relationship, it was seen to be similarly valid for the nurse-patient relationship as well. This tendency to adopt medical ethical frameworks as valid moral foundations for the practice of nursing is repeated in more recent analyses of the moral foundations of the nursing ethic.[34,35] However, it is important to question whether the values appropriate to the practice of medicine or the moral foundations for the physician-patient relationship are necessarily applicable to the practice of nursing or the nurse-patient relationship.

## THE MORAL VALUE OF CARING AS A FOUNDATION FOR NURSING ETHICS

A few individuals have attempted to articulate values other than medical values as foundational for the moral practice of nursing. Gadow,[36] for example, argues that the value of caring provides a foundation for a nursing ethic that will protect and enhance the human dignity of patients within the health care system. Viewing caring in the nurse-patient relationship as a commitment to certain ends for the patient, Gadow analyzes existential caring as demonstrated in the nursing actions of truth telling and touch. Through truth telling, the nurse helps the patient to assess the subjective as well as objective realities of illness and to make choices based on the unique meaning of the illness experience. Through touch, the nurse assists the patient to overcome the depersonalization that often characterizes a patient's experience in the health care setting. To touch the patient is to affirm that he or she is a person rather than an object and to communicate the value of caring as the basis for nursing actions. This approach thus identifies a moral foundation for nursing ethics based on the reality of the nurse-patient encounter in health care and has been supported by those who wish to articulate caring as a foundation of the nurse-patient relationship and its meaning.[37-39]

Watson built on the ideas of Gadow to propose a slightly different view of caring as the foundation of "nursing as a human science."[40(p13)] Viewing nursing as a means to the preservation of humanity within society, Watson posits caring as a human value that involves "a will and a commitment to care, knowledge, caring actions, and consequences."[40(p29)] Such a view of caring requires a commitment on the part of the nurse to protect human dignity and preserve humanity. Caring becomes a professional ideal when the notion of caring transcends specific acts of caring between nurse and patient to influence collective acts of the nursing profession, at which point it takes on important implications for human civilization. Like Gadow, Watson views caring as a moral ideal that is rooted in our notions of human dignity. Unlike Gadow, however, Watson sees human caring as constituting a philosophy of action with many unexplained metaphysical and spiritual dimensions. This view of caring supports Watson's abstract philosophy of nursing, but it does not adequately support caring as a moral value that ought to serve

as a foundation for the nursing ethic. The value of caring remains an ideal rather than an operationalized aspect of nursing judgments and/or actions.

Nonetheless, both Gadow and Watson posit caring as a value of central importance to the nature of the nurse-patient relationship.[36,40] First, like Griffin,[37] they consider caring to be a mode of being, a natural state of human existence in which individuals relate to the world and other human beings. This is not unlike Heidegger's[41] notion of care as a fundamental mode of human existence in the world and Noddings's[42] view of caring as a natural sentiment of being human. As a mode of being, caring is natural—a feeling or an internal sense made universal in the whole species. It is neither moral nor nonmoral; it is simply one's way of being in the world.

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Second, caring is considered to be a precondition for the care of specific entities, whether things, others, or oneself.[37] In other words, a conceptual form of caring must exist as a structural feature of human growth and development prior to the point at which the process of caring actually commences.

Third, caring is identified with moral and social ideals. For example, Watson[40] views caring as occuring in society to serve human needs, such as the need for protection from the elements or for love. Similarly, Gadow[36] views caring as a means of protecting the human dignity of patients while their health care needs are met. Thus, as a phenomenon of human existence, caring gains moral significance because it is consistently reinforced as an ideal by those who have the responsibility of serving the needs of others.[37] Because practice of nursing is socially mandated to assist with the health needs of individuals, and because the nature of the nurse-patient encounter is viewed as having important moral dimensions, caring becomes strongly linked to the moral and social ideals of nursing as a profession.

## THREE MODELS OF CARING RELEVANT TO A THEORY OF NURSING ETHICS

Given these attributes of caring as defined by accounts of the nurse-patient relationship, at least three models of caring are relevant for a theory of nursing ethics that posits caring as a foundational value.

### Noddings's model of caring

The first model is found in the work of Noddings[42] and is theoretically based on ethics and social psychology. Building on the work of Gilligan,[43-45] Noddings combines a knowledge of ethics with perspectives on moral development in women. She states her purpose to be "feminine in the deep classical sense, rooted in receptivity, relatedness, and responsiveness,"[42(p2)] yet she is careful to develop her notion of caring as applicable to both females and males.

Caring is a feminine value in that the attitude of caring expresses our earliest memories of being cared for—that is, one's

store of memories of both caring and being cared for is associated with the mother figure. However, caring is also masculine, in that it involves behaviors that have moral content and that can be adopted and embraced by men, even though it may not be their natural tendancy to adopt such notions.[42] In defining care, Noddings states that "to care may mean to be charged with the protection, welfare, or maintenance of something or someone."[42(p2)] Rather than an attitude that begins with moral reasoning, caring represents the attitude of being moral or the "longing for goodness."[42(p2)] Caring is thus not an outcome of ethical behavior, in Noddings's view, but itself constitutes ethics. As such, it is not necessarily gender-dependent but is gender-relevant.

Central to this view of caring are the aforementioned notions of receptivity, relatedness, and responsiveness: the acceptance or confirmation by the caregiver of the one cared for (receptivity), the relation of the caregiver to the one cared for as a fact of human existence (relatedness), and commitment from the caregiver to the one cared for (responsiveness). Ethical caring, which is not necessarily either masculine or feminine, is simply the relation in which we meet another morally. Motivated by the ideal of caring in which we are a partner in human relationships, we are guided not by ethical principles but by the strength of the ideal of caring itself, claims Noddings. Thus, instead of the notions inherent in conditions for traditional moral justification,[15] Noddings's ethic of caring depends on "the maintenance of conditions that will permit caring to flourish."[42(p5)] It is a person-to-person encounter that ultimately results in joy as a basic human affect within relationships bound by ethical caring.

Scholarship on the caring phenomenon in general has been strongly influenced by Noddings's model of caring, which stresses the ethics and morality of caring from a perspective that is definitely gender-related, although Noddings herself would undoubtedly deny that she is advocating a feminist model of caring. The model's relevance to the practice of nursing, however, remains largely unexplored. For those who recognize the limitations of theories of biomedical ethics as bases for a theory of nursing ethics, Noddings's model is a rich resource for future discussion of nursing ethics. It may also prove to be an acceptable model for the descriptive study of ethical decision making in nursing practice. While its focus on the ethic of caring as inherently feminine might not be attractive to nurses who are not female, its foundations in the notions of receptivity, relatedness, and responsiveness between the caregiver and the one cared for make it a viable theoretical framework that realistically represents the nature of the nurse-patient relationship.

### Pellegrino's moral obligation model of caring

Pellegrino, a humanist and a physician, has written extensively on caring as a derivative value of the physician's obligation to do good.[29,46] When discussing the role of the physician vis à vis the patient, Pellegrino notes that there are at least four senses in which the word "care" is understood by the practice of medicine. The first sense is care as compassion or concern for another person. This is a feeling of sharing

someone's experience of illness and pain or of simply being touched by the plight of another person. To care in this sense, according to Pellegrino, is to see the person who is ill as more than the object of our ministrations. He or she is "a fellow human whose experiences we cannot penetrate fully but which we can be touched by simply because we share the same humanity."[46(p11)]

The second sense of caring is related to doing for others what they cannot do for themselves. This entails assisting others with the activities of daily living that are compromised by illness (eg, feeding, bathing, dressing, and meeting personal needs). Pellegrino recognizes that physicians do little of this type of caring but that nurses do a great deal. Interestingly, he also contends that nurses do much less of this type of caring than they used to do and that nurses' aides do most of it in contemporary nursing practice.[46]

The third sense of caring discussed by Pellegrino is taking charge of the medical problem experienced by the patient. It is a type of caring that assures that knowledge and skill will be directed to the patient's problem. It includes inviting the patient to transfer responsibility and anxiety about what is wrong to the physician, and recognizes that the patient's anxiety calls for a specialized type of caring that is presumed to be available from a physician.

Pellegrino's fourth sense of caring has to do with ensuring that all necessary procedures (personal and technical) in patient care are carried out with conscientious attention to detail and with exemplary skill. He regards this as a corollary of the third sense of "care" but argues that it is differentiated from the previous sense by its emphasis on the craftsmanship of medicine. Together, the third and fourth aspects of caring make up what most physicians understand to be competence.

Pellegrino does not find these four aspects of caring to be separable in clinical practice. Care that conforms to all four definitions is called "integral care." This type of care is, for Pellegrino, a moral obligation of health professionals, not an option that can be exercised or interpreted "in terms of some idiosyncratic definition of professional responsibility."[46(p13)] The moral obligation to care in this manner is created by the special human relationship that brings together the one who is ill and the one who offers to help.

In assessing whether the caring model is foundational for medical practice, Pellegrino reexamines the relationships of physicians with their patients and concludes that "to care for the patient in the full and integral sense requires a reconstruction of medical ethics."[46(p17)] What is needed, he claims, is an ethic that attends to the concept of care in its broadest sense and that makes caring a strong moral obligation between patient and professional. Instead of a relationship of curing between physician and patient, a relation of caring is needed to express the nature of the obligation between physician and patient.

Central to Pellegrino's notion of care is the good of the individual (ie, patient good), which is prior to any other notion of good within the practice of medicine. Within a human obligation model of caring, it is patient good that ultimately guides a physician's decision making in regard to a patient's health and illness.

Hence, while the various aspects of caring engender desirable physician behaviors toward the patient, the physician's decision making is primarily guided by the notion of patient good. In the final analysis, then, Pellegrino's integral caring is reduced to being a derivative value of patient good as it conforms to typical biomedical ethical theorizing by utilizing a more general (and traditional) value as the foundational value for a theory of medical ethics. Therefore, rather than a theory of caring, Pellegrino actually proposes a theory of patient good that simply uses caring to operationalize patient good.

While Pellegrino's ideas about caring generally fit in with the realities of nursing practice, the subordinate role assigned to caring within his medical ethical theory of patient good limits the theory's usefulness for the development of a theory of nursing ethics. For nursing, caring seems to be more than a mere behavior between nurse and patient, and it might not always be derived from a notion of patient good. For example, even when the good of the patient is undecided or unknown, the nurse carries out interventions designed to care for the patient. Conversely, even when the patient's good has been made evident, nursing interventions may be carried out that do not in fact contribute to this restrictive sense of patient good. The value of caring, for the nurse, extends beyond the notion of patient good as conceived by Pellegrino, because the nurses's caring relates to the patient's status as a human being.[36,37] For this reason, Pellegrino's moral obligation model of caring may not be appropriate to the development of a theory of nursing ethics.

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### Frankena's moral-point-of-view model of caring

The third existing model of caring that is relevant to the development of nursing ethics is the moral-point-of-view (MPV) model. As described by Frankena[47] in his critique of other MPV theories, it entails adopting a certain point of view by defining its moral priniciple or central moral value. The MPV model is a type of ethical theory for which Frankena is a major advocate.

In essence, one takes a moral point of view by (1) subscribing to a particular substantive moral principle (or value) and (2) adopting a general approach, perspective, stance, or vantage point from which to proceed. Whereas most MPV theories contain views about moral judgments and principles, the differences between them and nonmoral principles, and the general nature of their justification, taking a moral point of view in itself simply means adopting a moral principle or value and the methodology to argue for that principle. It entails the endorsement of a general outlook or method by someone seeking to reach conclusions in a particular field.[47]

According to Frankena, various moral principles have served as the central principles or values of MPV theories. Mill, for example, accepted a principle of utility that

was pivotal to his MPV theory.[48] Mill started with a particular outlook (his moral point of view) and accepted the principle of utility as the focal principle that indicated the kinds of facts about which he would make moral judgments. Frankena, however, argues for going farther than simply accepting a certain view of morality. For him, taking a moral point of view entails not only acceptance of a particular view of morality but entering the moral arena oneself, "using moral considerations of the kind defined as a basis for evaluative judgments."[47(p70)] It means subscribing to a particular view of morality and living that morality in one's life, rather than merely accepting a certain view of morality and the relevant criteria for separation of the moral from the nonmoral.

Frankena thus takes a significant step in establishing the crucial difference between his conception of taking a moral point of view and the approaches of others who espouse MPV theories. Like Hume, who argued for sympathy as his "sentiment of humanity,"[49] Frankena believes that there is always something that "moves us to approve or disapprove of persons."[47(p70)] It is an attitude or precondition that is ultimately the source or motivating factor in a person's taking a moral point of view. In other words, it is not so much the setting forth of any particular fact as a reason for deciding what is good and right, but rather it is what generates the setting forth of that particular fact (and not some other fact) that is important to taking a moral point of view.

For Frankena this attitude or precondition has to do with the fundamental status of persons and their human dignity. While he never explicitly defines this attitude or precondition, he does eventually claim that it generates a moral point of view of caring or, as he puts it, "a Non-Indifference about what happens to persons and conscious sentient beings *as such*."[47(p71)] Frankena's substantive moral value is the value of caring, which takes the form of Kantian respect for persons or Christian love. The result is a moral point of view that includes direct caring about (or nonindifference to) what goes on in the lives of sentient beings beyond oneself. It includes the making of normative judgments and a concern with being rational in those judgments. It is a moral point of view that does not entail the acceptance or use of any particular test of justifiability, validity, or truth. A judgment based on caring is assumed to be morally justifiable because it "would be agreed to by all who genuinely take the MPV and are clear, logical, and fully knowledgeable about relevant kinds of facts (empirical, metaphysical, or whatever)."[47(p72)]

Frankena's view of caring is quite different from that of Pellegrino. Whereas Pellegrino's notion of patient good provides the basis for the physician's evaluative judgments, Frankena posits caring as the basis of normative human judgments in general. His focus on caring is direct and involves taking a moral point of view toward caring as a fundamental moral value or principle for normative judgments involving persons, unlike the indirect focus on caring (through patient good) that is characteristic of Pellegrino's medical ethics. Like Noddings, Frankena eschews both the structures of moral justification that typify traditional biomedical ethical theories and the separation of the condi-

tions for justification from the context of ethical decision making in regard to persons. Whereas much of moral philosophy defines a moral point of view as simply acting on principle or out of duty, Frankena's moral point of view requires a human response in the form of respect for persons or Christian love. In other words, it requires an identifiable form of response on the part of the caregiver to the person cared for.

Unfortunately, Frankena makes no attempt to define respect for persons, and he certainly does not discuss his principle of caring in terms directly relevant to the practice of nursing. However, he does indicate that adopting the moral point of view of caring stems from an undefined, preexisting attitude toward personhood and human dignity. This is not unlike the notions of receptivity, relatedness, and responsiveness that anchor Noddings's view of ethical caring. While it would not be appropriate to interpret Frankena's view of caring as identical or even similar to Noddings's, his method of arriving at caring as a lived principle for a system of morality (taking the MPV) certainly bears some relevance to Noddings's views and to the consideration of a theory of nursing ethics.

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Given the models of caring proposed by Noddings, Pellegrino, and Frankena and the views on caring that have been developed by nurses, several recommendations for the future development of a theory of nursing ethics seem appropriate.

First, theories of biomedical ethics, as currently formulated, are not directly applicable to the development of a theory of nursing ethics. The context of nursing practice requires a moral view of persons rather than a theory of moral action or behavior or a system of moral justification. Present theories of medical ethics tend to support theoretical and methodologic views of ethical argumentation and moral justification that do not fit in with the practical realities of nurses' decision making in patient care and that, as a result, tend to deplete the moral agency of nursing practice rather than enhance it. Any theory of nursing ethics should consider the nature of the nurse-patient relationship within health care contexts and should adopt a moral point of view that focuses directly on this relationship, rather than on theoretical interpretations of physician decision making and their associated claims to moral justification for this decision making.

Second, the value of caring ought to be central to any theory of nursing ethics. There is a commitment to the role of caring in several conceptions of nursing ethics and nursing science. There also appears to be an important link between the value of caring and nurses' views on persons and human dignity. As proposed by Frankena, taking a moral point of view entails adopting a view of caring that is rooted in an attitude of respect for persons. If a theory of nursing ethics is to have any purpose, it must espouse a view of morality that not only truly represents the social role of nursing as a profession in the provision of health care but also promises a moral role for nursing in the care and nurture of individuals who have health care needs. For theory to achieve this purpose, its view of morality ought to turn on a philosophical view of caring that posits caring as a

foundational, rather than a derivative, value among persons.

Third, taking a moral point of view and developing an MPV theory need not necessarily include the acceptance or use of any particular test of moral justification. Thus, a theory of nursing ethics need not endorse typical frameworks of justification contained in theories of biomedical ethics. It is true that judgments must be justified within the moral point of view and must pertain to the sorts of facts that are considered relevant according to the MPV theory. However, the moral point of view of the theory of nursing ethics itself should not be defined by reference to any external system of justification.

A final point: To the extent that any theory of nursing ethics takes seriously the claims of the MPV model and the role of caring as a central value within its framework, there is reason to believe that the discipline of biomedical ethics will benefit as well, for such a theory cannot develop apart from the practice of medicine and nursing or from the evolution of biomedical ethics as a discipline. The links between all three types of theorizing are probably more important than is currently realized. When the role of a theory of nursing ethics within a philosophy of nursing becomes articulated, the links between the various types of theorizing will, of course, become clearer.

## REFERENCES


1. Dickoff J, James P: A theory of theories: A position paper. *Nurs Res* 1968;17(3):197-203.
2. Dickoff J, James P, Wiedenbach E: Theory in a practice discipline. Part I: Practice oriented theory. *Nurs Res* 1968;17(5):415-435.
3. Dickoff J, James P, Wiedenbach E: Theory in a practice discipline. Part II: Practice oriented research. *Nurs Res* 1968;17(6):545-554.
4. Beckstrand J: The notion of a practice theory and the relationship of scientific and ethical knowledge to practice. *Res Nurs Health* 1978;1:131-136.
5. Beckstrand J: The need for a practice theory as indicated by the knowledge used in the conduct of practice. *Res Nurs Health* 1978;1:175-179.
6. Beckstrand J: A critique of several conceptions of practice theory in nursing. *Research in Nurs and Health* 1980;3:69-79.
7. Veatch RM: Nursing ethics, physician ethics, and medical ethics. *Law Med Health Care* 1981;9:17-19.
8. Veatch RM, Fry ST: *Case Studies in Nursing Ethics.* Philadelphia, Lippincott, 1987.
9. Jameton A: *Nursing Practice: The Ethical Issues.* Englewood Cliffs, NJ, Prentice-Hall, 1984.
10. White G: Philosophical ethics and nursing—A word of caution, in Chinn PL (ed): *Advances in Nursing Theory Development.* Rockville, Md, Aspen Publishers, 1983, pp 35-46.
11. Benjamin M, Curtis J: *Ethics in Nursing,* ed 2. New York, Oxford University Press, 1986.
12. Davis AJ, Aroskar MA: *Ethical Dilemmas and Nursing Practice,* ed 2. New York, Appleton-Century-Crofts, 1983.
13. Muyskens JL: *Moral Problems in Nursing: A Philosophical Investigation.* Totowa, NJ, Rowman & Littlefield, 1982.
14. Thompson JB, Thompson HO: *Ethics in Nursing.* New York, Macmillan, 1981.
15. Beauchamp TL, Childress JF: *Principles of Biomedical Ethics,* ed 2. New York, Oxford University Press, 1983.
16. Veatch RM: *A Theory of Medical Ethics.* New York, Basic Books, 1981.
17. Englehardt HT: *The Foundations of Bioethics.* New York, Oxford University Press, 1986.
18. Rawls J: *A Theory of Justice.* Cambridge, Mass, Harvard University Press, 1971.
19. Crisham P: Measuring moral judgment in nursing dilemmas. *Nurs Res* 1981;30:104-110.
20. Ketefian S: Critical thinking, educational preparation, and development of moral judgment among selected groups of practicing nurses. *Nurs Res* 1981;30:98-103.
21. Ketefian S: Moral reasoning and moral behavior among selected groups of practicing nurses. *Nurs Res* 1981;30:171-176.

22. Munhall P: Moral reasoning levels of nursing students and faculty in a baccalaureate nursing program. *Image* 1980;12:57-61.
23. Murphy CC: *Levels of Moral Reasoning in a Selected Group of Nursing Practitioners,* dissertation. Columbia University, Teachers College, New York, 1976.
24. Stenberg MJ: The search for a conceptual framework as a philosophic basis for nursing ethics: An examination of code, contract, context, and covenant. *Milit Med* 1979;144:9-22.
25. Silva MC: Ethics, scarce resources, and the nurse executive: Perspectives on distributive justice. *Nurs Econ* 1984;2:11-18.
26. Alexander C, Weisman C, Chase G: Determinants of staff nurses' perceptions of autonomy within different clinical contexts. *Nurs Res* 1982;31(1):48-52.
27. Prescott PA, Dennis KE, Jacox AK: Clinical decision making of staff nurses. *Image* 1987;19:56-62.
28. Self DJ: A study of the foundations of ethical decision-making of nurses. *Theor Med* 1987;8:85-95.
29. Pellegrino ED, Thomasma DC: *For the Patient's Good.* New York, Oxford University Press, 1988.
30. Yarling RB, McElmurry BJ: The moral foundation of nursing. *Adv Nurs Sci* 1986;8(2):63-73.
31. May WF: Code, covenant, contract, or philanthropy. *Hastings Cent Rep* 1975;5:29-38.
32. Fletcher J: *Situation Ethics: The New Morality.* Philadelphia, Westminister, 1966.
33. Ramsey P: *The Patient as Person.* New Haven, Yale University Press, 1970.
34. Bishop AH, Scudder JR: Nursing ethics in an age of controversy. *Adv Nurs Sci* 1987;9(3):34-43.
35. Cooper CC: Covenantal relationships: Grounding for the nursing ethic. *Adv Nurs Sci* 1988;10(4):48-59.
36. Gadow S: Nurse and patient: The caring relationship, in Bishop AH, Scudder JR (eds): *Caring, Curing, Coping: Nurse, Physician, Patient Relationships.* Birmingham, Ala, University of Alabama Press, 1987, pp 31-43.
37. Griffin AP: A philosophical analysis of caring in nursing. *Adv Nurs* 1983;8:289-295.
38. Huggins EA, Sclazi CC: Limitations and alternatives: Ethical practice theory in nursing. *Adv Nurs Sci* 1988;10(4):43-47.
39. Packard JS, Ferrara M: In search of the moral foundation of nursing. *Adv Nurs Sci* 1988;10(4):60-71.
40. Watson J: *Nursing: Human Science and Human Care.* New York, Appleton-Century-Crofts, 1985.
41. Heidegger M: *Being and Time.* Macquarrie J, Robinson E (trans). New York, Harper & Row, 1962.
42. Noddings N: *Caring: A Feminine Approach to Ethics & Moral Education.* Berkeley, Calif, University of California Press, 1984.
43. Gilligan C: Woman's place in man's life cycle. *Harvard Ed Rev* 1979;49:431-446.
44. Gilligan C: *In a Different Voice.* Cambridge, Harvard University Press, 1982.
45. Gilligan C: Gender difference and morality: The empirical base, in Kittay ER, Meyers DT (eds): *Women and Moral Theory.* Totowa, NJ, Rowman & Littlefield, 1987.
46. Pellegrino ED: The caring ethic: The relation of physician to patient, in Bishop AH, Scudder JR (eds): *Caring, Curing, Coping: Nurse, Physician, Patient Relationships.* Birmingham, Ala, University of Alabama Press, 1985, pp 8-30.
47. Frankena WK: Moral-point-of-view theories, in Bowie NE (ed): *Ethical Theory in the Last Quarter of the Twentieth Century.* Indianapolis, Hackett Publishing Co, 1983, pp 39-79.
48. Mill JS: *Utilitarianism.* 1863. Reprint. Gorovitz S (ed). Indianapolis, Bobbs-Merrill, 1971.
49. Hume D: *An Inquiry Concerning the Principles of Morals.* Indianapolis, Bobbs-Merrill, 1957.