Letters to the editor

To the editor:

In her article, "Covenantal relationships: Grounding for the nursing ethic," published in *ANS* 10:4 (July 1988), Mary Carolyn Cooper argues that covenantal relationships between the nurse and the patient provide a more substantial foundation for the nursing ethic than either Yarling and McElmurry, or Bishop and Scudder's approach. The point of this letter is not to judge that claim, but rather to raise questions about this alternative approach suggested by Cooper. I admit that on the surface this approach seems plausible. It places as central to the nursing ethic the idea that there is a *reciprocal relationship* between nurse and patient and that this relationship is mutually beneficial. But this fact alone neither works for nor against Cooper's approach since such reciprocality and mutuality is not unique to this foundation; it can be accommodated in others (for example, within a contractual framework).

According to Cooper there are three components to this covenantal relationship: (1) the initial gift that precedes the covenant—this is the gift that the patient gives the nurse; the entrusting of oneself to the nurse for care; (2) the response of indebtedness by the caregiver to the patient for the benefits of practice and engagement that includes the promise to safeguard the health and safety of these patients. Thus from this gift special obligations arise; (3) grounded in the principle of fidelity, obligations within this covenantal relationship have a serious claim on the caregiver.

My first comments are addressed to the notion that the patient "gives" to the nurse a gift by placing himself or herself in the nurse's care. What does it mean to give a gift to someone? At the very least a necessary requirement seems to be that the person *freely* chooses to present the individual with something he or she would otherwise not expect to receive. It does not seem at all the case that people choose their nurse so freely. This has more truth when one considers the physician–patient relationship (the subject of Mays' original work), but very few patients are given any choice about the individual nurse who will care for them, and more generally whether *any* nurse will care for them.

Second, even if the above case can be made, gift giving and gift receiving is a funny metaphor for the nurse–patient relationship. Generally, gift giving is seen as a single event, that is, not one that requires a response by another. The lack of a thank-you is seen as rude perhaps, but not an instance of a broken promise. This metaphor undercuts the idea that individuals and society need nursing for its expertise and competence in providing a needed service, and places the profession in the position of awaiting gifts from society, rather than as offering a service.

Furthermore, Cooper argues that the nurse is obligated by the prima facie duty of fidelity to the patient. But surely no one would seriously debate this claim. The problems arise for the duty of fidelity when it clashes with other duties—Cooper has not given us any guidelines to help us adjudicate such fundamental disputes. This same criticism has been the source of much criticism in Ross' theory also. For example, one of the central ethical problems within the AIDS crisis can be traced to this very issue. If a nurse cares for an AIDS patient the duty of fidelity may conflict with other prima facie duties, for example the duty of beneficence (to guard the safety and health of individuals within the society). There are occasions when it is appropriate to override this prima facie duty (that is what a prima facie duty is), but we get no clue from Cooper on how this should be accomplished.

Thus this letter raises two types of criticisms—one that hits at the heart of covenantal relationships (the idea of gift giving as central to the nursing ethic) and one that points out an incompleteness in the conceptualization (how is it that we can mediate prima facie duties). Both of these criticisms are serious ones that require discussion and answers.

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Author's reply:

Salsberry proposes three thoughtful criticisms which will be addressed in turn. I agree with Salsberry that reciprocity is not unique to covenantal relationships. What *is* unique to covenantal relationships is the *extent* of reciprocity. Within contractual relationships, duties, rights and penalties are made explicit at the outset and participants are bound by the parameters of these previously agreed upon terms. There is little discretionary power. In covenantal relationships, needs and responses are not delineated by previously determined boundaries but are addressed within a caring context as they arise. Mutuality and reciprocity are determined by the extent to which the participants are willing to be so engaged. Covenantal parties have greater discretionary powers.

I am sympathetic to Salsberry's concern that "the idea of gift giving as central to the nursing ethic" might undercut nursing's claim to "expertise and

competence in providing a needed service." Admittedly the use of this metaphor could be used as a weapon to undermine the profession. However, when applied to the fundamental nature of the nurse–patient relationship—not the nurse in relationship to society or other professionals—the metaphor of gift giving and gift receiving suggests an appropriate posture of openness and responsiveness by the nurse. This attitude in turn acknowledges our mutual humanity and thereby counteracts the danger of what Veatch calls the "philanthropic condescension" that so often accompanies "professional expertise."

Salsberry questions the usefulness of fidelity as a prima facie duty in the absence of guidelines for balancing competing principles. I would agree that covenantal relationships share the same problems as contractual relationships in terms of choice between conflicting prima facie duties. But when we seek an appropriate ethical model for the individual relation of nurse and patient (in contrast to a model for the relationship of the profession of nursing to the larger society or to medicine), it seems to me that the virtues of a covenantal model outweigh those of a contract model. Salsberry's acute criticism suggests that the move from contract to covenant may be insufficient; it does, nevertheless, constitute a step in the right direction by providing a less rule bound, more individually tailored and discretionary paradigm for ethical activity between the nurse and patient.

What is now needed might well be a framework for nursing ethics that is not constrained by the limitations of the rules-and-principles ethic that currently dominates biomedical ethics. Movement in this direction might lead to an exploration of the work of Carol Gilligan and the numerous scholars who are responding to Gilligan's work with a beginning explication of an ethic of care. I welcome Salsberry's insightful contribution to this quest, and am looking forward to further explorations of the unique nature of the nursing ethic.

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