

# Letters to the editor

## *To the editor:*

I am troubled by Reckling's conclusion in her recent article "Abandonment of patients by home health nursing agencies: An ethical analysis of the dilemma" (ANS 11:3, April 1989) that "no clear moral or ethical obligation exists for the nurse decision maker to continue care of the nonpaying patient."<sup>1</sup> (p. 79) I want to suggest that the writer has used an inappropriate framework for her moral analysis. Relying upon "an accepted pattern of rational ethical inquiry,"<sup>1</sup> (p. 71) Reckling has written an excellent justification for a managerial public policy for a home health agency which must restrict delivery of care to nonqualifying individuals. Her argument is paradigmatic of the application of rules and principles to dilemmas, balancing competing claims, conflicting values, and finally making a reasoned choice.

This rule-and-principle, justice-based framework, however, fails in the situation to which Reckling has applied her analysis, that is, the case of the individual nurse and individual patient with whom the nurse is *already* in relationship. This is a necessary failure, given that within traditional moral theory from which Reckling's framework draws, the posture of the moral agent is prescribed as a chosen posture of detachment, thereby insuring a just and fair outcome. As such, it bears little resemblance to traditional understandings of the nurse-patient encounter which assumes a relational posture. Further, within traditional moral theory the nature of the relationship of the moral agent to the other is appropriately characterized as a contractual relationship.<sup>2</sup> Within contractual relationships both parties, acting autonomously, freely choose to enter into the contract, the terms of the contract are set out a priori with rights and duties clearly delineated, and individuals are assumed to share an equality of power. Contractual relationships greatly reduce the need for either vulnerability or trust.<sup>2</sup> I would argue that the relationship of an individual nurse and a particular patient is inadequately represented by the formal structure of contract. The nurse and patient do not always freely choose to be so engaged; needs are determined as they arise, not a priori; and the inherent inequality of power between health care provider and patient brings into prominence the experiences of vulnerability and trust. It is because of the necessity for trust and the inherent vulnerability of the patient that I find Reckling's conclusion disturbing.

I would propose that the nontraditional ethic of care<sup>3</sup> offers a more adequate paradigm for looking at the moral problems arising from the individual

relationship between the nurse and patient. This framework assumes a posture of natural relatedness, responds to needs as they arise within the relationship, values the ongoing commitment to relationship, and, given its fundamental commitment to the principle of caring, values the trust and protects the vulnerability of the other. When analyzed from the perspective of an ethic of care, failure to maintain the nurse-patient relationship in the face of acknowledged patient need because of inability of the patient to pay is morally problematic and constitutes abandonment. Reckling's framework fails given its inability to account for the moral considerations peculiar to relational concerns or the long history in nursing of fidelity to the patient.

I am not so naive as to suggest that the home health nurse, when faced with the choice of abandonment of a particular patient or loss of her job, should never abandon her patient. Indeed, this course is inevitable at times given the tension between patient and institutional needs. However, abandonment of the patient can never occur without a moral struggle by the caregiver and with the realization that, while it is not morally ideal, it is the best course one can take as a responsible moral agent in this particular complex, tragic moral dilemma. Failure on the part of the nurse to engage in this moral struggle constitutes an additional moral tragedy, that is, the neglect of one's own moral well-being.

Reckling is right in her insistence that the nurse must support changes of public policy that exclude needy, nonpaying patients from nursing care. She also has offered us a thoughtful and thorough analysis of a complex moral nursing dilemma. However, she abandons not only the patient but also the home health nurse in her justification of the abandonment of ongoing nurse-client relationships because of the patient's inability to pay.

## REFERENCES

1. Reckling JB. Abandonment of patients by home health nursing agencies: An ethical analysis of the dilemma. *ANS*. 1989;11(3): 70-81.
2. Baier A. Trust and antitrust. *Ethics*. 1986;96: 231-260.
3. Kittay EF, Meyers DT, eds. *Women and Moral Theory*. Totowa, NJ: Rowman and Littlefield; 1987.

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