

Addressing the Issues of Abortion and Euthanasia in the Fundamentals of Nursing: Utilizing the Theory of Moral Distress

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ABSTRACT: Students entering nursing school may have concerns about their future role as nurses and wonder if they will be required to participate in abortion or euthanasia. A course on the fundamentals of nursing is the usual point of entry into the profession. In this paper I will review the most commonly utilized textbooks for this course and will consider how they address the questions of abortion and euthanasia. I will then examine whether the relatively new but widely cited theory of moral distress could provide a way to address these issues.

IN MY EXPERIENCE as a nursing professor at a community college in Queens, New York, any hint of a personal objection to abortion or euthanasia has to be mentioned as a quiet aside near the end of a semester. A student born in Jamaica tells me: "I'm a Christian. I don't want to do anything that goes against my Church." A young, orthodox Jewish student tells me: "We see life like you do, as a gift from God." As I transition from the role of clinical instructor to classroom lecturer, I need to discuss ethical issues in nursing in the classroom setting. But in the *Fundamentals of Nursing* textbook that I am required to use, and in the *Fundamentals* texts that are used all over the nation, I find avoidance of the topics, misinformation, and confusion being offered to students regarding abortion and euthanasia. To compensate for this lack of attention, I attempted to use a relatively new but widely accepted nursing concept – Moral Distress – to provide a foundation for a meaningful discussion of the life issues. I concluded, however, that Moral Distress is greatly lacking as a basis for framing an ethical discussion.

Before I delineate the concept of Moral Distress, let me attempt to explain what led me to pursue this topic. One of the large content- areas required in the course is the need to define the scope of nursing practice,

including the legal and ethical aspects of the profession. Covering this over the course of several hours of lecture is daunting, to say least. The task seems even more formidable in the associate degree nursing program. These students become Registered Nurses in two years and do not receive any separate ethics courses. There is much at stake in the few hours that I have with such students to address ethical issues. These few lectures in fundamentals are their only explicit exposure to legal requirements and ethical principles within nursing. Additionally, the nature of our student body makes it imperative that I present the standards of the profession clearly. I teach at Queensborough Community College, part of the City University of New York, in the most ethnically diverse county in the world. Some 48% of the residents of Queens are born outside of the United States. In our nursing program, over 50% have English as their second language.

Personally, I find that promoting human dignity and respect for human life has always been my deepest desire in nursing. History also shows that these ideals are the foundation of the nursing profession. However, over the last half century, professional nursing organizations seem to have obfuscated the very meaning of the profession. As I review the material pertaining to ethics in the Fundamentals textbooks, the predominant themes are patient autonomy, being non-judgemental, and the advancement of the profession. One “Clinical Alert” box in our *Kozier and Erb’s* textbook warns in bold red: “Clinical Alert! Ethical behavior is contextual. What is an ethical action or decision in one situation may not be ethical in a different situation.”¹

Let me provide you with a brief resume of what the newest editions of the four most often utilized *Fundamentals of Nursing* textbooks in the nation have to teach regarding abortion and euthanasia.

The *Fundamentals of Nursing* (Elsevier, 2013) by Perry and Potter does make reference to abortion, but not in the “Ethics and Values” chapter. I found no reference to euthanasia.² What it tells about abortion

¹ A. Berman, S. Snyder, and G. Frandsen. *Kozier & Erb’s Fundamentals of Nursing: Concepts, Process, and Practice*, 10th ed. (Boston MA: Pearson, 2015), p. 80.

² P. Potter, A. Perry, P. Stockert, and A. Hall. *Fundamentals of Nursing*, 8th ed. (St. Louis MO: Elsevier, 2013).

is very minimal. It appears on a list of legal issues in nursing practice, with a citation to *Roe v. Wade*.³ Abortion is discussed as a “Decisional Issue” within the book’s treatment of sexuality: “Nurses are entitled to their personal views and should not be forced to participate in counseling or procedures contrary to beliefs and values. It is essential to choose specialties or places of employment where personal values are not compromised and the care of a patient in need of healthcare is not jeopardized.”⁴

The *Fundamentals of Nursing* by Wilkinson (F.A. Davis, 2015) does not reference euthanasia at all in its “Ethics and Values” or “Legal Accountability” chapter.⁵ Abortion is referred to under the heading “Professional versus Personal Values” in a patient scenario feature a seventeen-year-old who is seeking an elective abortion. The text states: “Imagine that your personal value in this situation is that you do not believe in abortion but that your professional value is guided by the ANA standards of professional practice, which state that the nurse ‘delivers care in a manner that preserves and protects patient autonomy, dignity, rights, values, and beliefs.’ It is difficult to hold a personal value in high regard while under pressure to assume a conflicting professional value.” The text then asks: “Do you think that you should have the absolute right to refuse to participate in a situation that may violate your personal values?”⁶ The discussion ends there. There are no further references given in this case.

Taylor’s Fundamentals of Nursing (Wolters Kluwer, 2015) mentions various items briefly in a list of ethical problems, including beginning-of-life issues and end-of-life issues. It gives a short case scenario for each, with no further delineation of the issues. For the beginning-of-life issues it gives a scenario where a psychiatric nurse is “working in a Catholic hospital whose ethical and religious directives forbid abortion and abortion counseling. A single woman with bipolar

³ Ibid., p. 303.

⁴ Ibid., p. 678.

⁵ J. Wilkinson, L. Treas, K. Barnett, and M. Smith, *Fundamentals of Nursing*, 3rd ed. (Philadelphia PA: F.A. Davis, 2015).

⁶ J. Wilkinson, L. Treas, K. Barnett, and M. Smith, *Fundamentals of Nursing*, 3rd ed., p. 1144.

disorder expresses great ambivalence about continuing the pregnancy. You personally believe that your ethical obligation is to assist the woman in exploring abortion as an option and refer her to outside resources if she elects to abort. The charge nurse tells you that these are not appropriate options within this hospital.”⁷ In the end-of-life issues a woman with advanced cancer asks the nurse case manager to “get her something that will put me gently to sleep once and for all before my pain gets worse.” It then poses this problem: “You believe that this is her sincere wish, not just depression speaking, and you honestly believe that she would be better off spared the last stage of her fatal illness. According to your religious beliefs, however, assisted suicide is wrong under any circumstances. How do you reconcile your desire to help this woman with your profession’s ethical code and your religious conviction that what she’s asking for is wrong?”⁸

Taylor’s chapter on sexuality mentions abortion counseling and includes a brief discussion on abortion as a divisive issue before telling students: “you should examine what you believe, why you believe this, and how your beliefs are likely to influence your ability to counsel women and couples.”⁹ Taylor also includes an abortion counseling situation as a reflective practice scenario, and then asks the question: “Are nurses obligated to be ethically neutral when issues like this come up?”¹⁰

Finally, *Kozier and Erb’s Fundamentals of Nursing* (Pearson, 2015) includes abortion and euthanasia in its section on “Legal Aspects of Nursing.” It mentions that “many statutes include conscience clauses designed to protect nurses and hospitals.”¹¹ It defines euthanasia and discusses the Oregon physician-assisted suicide law. In a chapter on “Values, Ethics, and Advocacy” it mentions abortion and euthanasia again as specific ethical issues. For abortion, it again mentions

⁷ C. Taylor, C. Lillis, P. Lynn, and P. LeMone, *Fundamentals of Nursing: the Art and Science of Person-Centered Nursing Care*, 8th ed. (Philadelphia PA: Wolters Kluwer, 2015), p. 105.

⁸ *Ibid.*, p. 105.

⁹ *Ibid.*, p. 1688.

¹⁰ *Ibid.*, p. 277.

¹¹ A. Berman, S. Snyder, and G. Frandsen. *Kozier & Erb’s Fundamentals of Nursing: Concepts, Process, and Practice*, 10th ed., p. 59.

conscience clauses. For euthanasia, it asserts that States have assisted suicide laws but (referencing the ANA's position statement on Assisted Suicide and Active Euthanasia) it stresses that participation on the nurse's part would be a violation of the nursing code of ethics.

With only one in four books even mentioning conscience clauses and assisted suicide laws, and none giving guidance about reasoning through the ethical dilemmas, I was left frustrated about how to discuss the life issues and how to bring these issues out into the open for my students. I thought that perhaps the concept of Moral Distress might be an answer. I had seen this term utilized in the nursing literature. I also found that it was contained in all of the major Fundamentals textbooks. I thought that this would offer me a way to present to my students a way into the life issues.

The term "moral distress," said one of these texts, "has been deployed to describe the psychological, emotional and physiological suffering that nurses and other health professionals experience when they act in ways that are inconsistent with deeply held ethical values, principles, or commitments."¹² This broad definition comes from a work by Andrew Jameton in 1984. He used the term to articulate the experience of nurses as morally constrained on account of external or institutional constraints. As Jameton states, "moral distress arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action."¹³

The concept has considerable resonance in the healthcare field. A range of empirical tools has been developed to measure the frequency and intensity of such distress, to identify its sources, and to assess its impact on nurses and other health professionals, and there is now a vast literature on the topic. A Pubmed search on the topic yields over a thousand entries. The American Association of Critical Care Nurses has created a training program for all critical care nurses on identifying and

¹² J. McCarthy and C. Gastmans. "Moral Distress: A Review of the Argument-Based Nursing Ethics Literature," *Nursing Ethics* 22 (2015): 132.

¹³ Ibid.

dealing with moral distress.¹⁴ It has been accepted as a nursing diagnosis since 2006.

I intuitively attributed to the term a meaning used by Debra Hanna in her 2005 article entitled, “The Lived Experience of Moral Distress: Nurses who Assisted with Elective Abortions.”¹⁵ This was the only article that I discovered in my literature review on moral distress that touched on abortion. This seemed troubling. Surely abortion would be an issue or act that would cause the provider moral distress.

I discovered that the majority of quantitative studies on moral distress have used the Moral Distress Scale developed by Mary Corley in 1995.¹⁶ This is a 38-item inventory using a 7-point Likert scale to respond to questions about the frequency (how often the situation arises) and intensity (how disturbing the situation is) of moral distress to a given situation. The scale focuses on certain items identified by Crowley. None of the situations deal with abortion or euthanasia. Several deal with questions of futility such as “following family’s wishes for life support when not in the best interest of the patient” and “initiating life-saving actions only to prolong death.” Most deal with the nurse in relation to the healthcare system on such problems as “working with unsafe staffing levels” or “witnessing diminished care due to poor communication” or “carrying out a work assignment for which I do not feel competent.”

From this examination of the very widely used Moral Distress Scale, it becomes evident that the studies utilizing the concept of “moral distress” deal with issues of nurses in the work place more than the morality of an action in relation to the patient. Andrew Jameton noted in a 2013 essay that the development of moral distress in the 1970’s and 1980’s grew out of the need to move bioethics beyond ethical dilemmas.¹⁷ He states that ethical dilemmas are rather limiting, for “they

¹⁴ American Academy of Critical Care Nurses, “Position statement: Moral Distress” 2008, accessed May 2015. http://www.aacn.org/WD/Practice/Docs/Moral_Distress.pdf

¹⁵ Debra R. Hanna. “The Lived Experience of Moral Distress: Nurses who Assisted with Elective Abortions,” *Research and Theory for Nursing Practice* 19 (2005): 95-124.

¹⁶ J. McCarthy and C. Gastmans, p. 132.

¹⁷ Andrew Jameton. “A Reflection on Moral Distress in Nursing Together

stimulated exploring direct conflict among basic theoretical principles.” Further, the scenarios used in ethical dilemmas tend to have “the male physician as the central character in the clinician patient relationship.”¹⁸

Jameton comments: “Although not yet prominent in the bioethics scholarly literature, feminist ethics was on the rise in society and philosophy.” He continues: “Nursing students tended to focus on issues of power, inequality, and assertiveness that characterized feminist literature.”¹⁹ His conclusion is disappointing: “while for many philosophers the important and primary concerns remained with the initial dilemmas of patient care, for many others the more significant and challenging ethical concerns lay in the dilemmas of institutional life.”²⁰

The theory of Moral Distress and its wide acceptance in nursing literature may contribute to nursing ethics that is moving away from being able to ethically reason through foundational dilemmas affecting human life such as abortion and euthanasia, and focusing instead primarily on issues of power and institutional hierarchy. This focus on power and equality in the profession’s ethical discourse can have dramatic effects. For example, at the 2007 UFL Conference Carolyn Laabs presented on the question whether advanced practice nurses can perform abortions. In examining the arguments in favor of nurse practitioners and nurse midwives performing abortions, she found that the primary argument presented by the nursing professional bodies was that “they are capable of doing them” and that “since APN’s are capable of performing them they should not be deprived of the opportunity to do so. Such a deprivation would represent an unjust infringement on the professional practice of the APN.”²¹

With a Current Application of the Concept” *Bioethical Inquiry* 10 (2013): 297-308.

¹⁸ Ibid., p. 298.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Carolyn Laabs. “Should Advanced Practice Nurses Perform Abortions: A Debate in the Profession” In *UFL Life and Learning Conference XVII* edited by Joseph W. Koterski (2007): 381-98, accessible at: <http://www.ufl.org/lifelearningxvii.html>.

The concept of “moral distress” could guide the nurse or student to reflect on areas where an objective good (such as human life) is harmed. But, as Hanna noted, it essentially cannot aid in the determination of the right act for the nurse to take in issues regarding human life. As it is used today, it may have some value in discussion of occupational issues. The recent dominance of this concept in nursing ethics does not advance the ability of nurses to make ethical decisions. The tool developed by the American Association of Critical Care nurses directs nurses experiencing moral distress to consult the ethics committee.

As I consider the problem of teaching ethical issues within the nursing profession, it seems to me that I have much work ahead of me. Students need to know their legal rights within these issues, the ethical standard set forth by the nursing bodies, and the tools with which to engage ethically to defend life. Unfortunately, the textbooks used to teach nursing students, and the widely-referenced theory of Moral Distress will not be able to provide a foundation.