Chapter 8

Ethical dilemmas

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Learning Outcomes

At the end of this chapter, you should be able to:
- identify an ethical dilemma
- use the principles on which ethical decision making is based to manage an ethical dilemma.

Introduction

In this chapter, ethical dilemmas related to current issues are discussed. After you have studied the previous chapters, you should be able to manage these dilemmas in your daily practice. Your advocacy role plays an important part in managing ethical dilemmas, but to do this effectively you need to have a thorough knowledge of the principles that guide ethical decision making.

Definition of ethical dilemmas

An ethical dilemma occurs when a situation has no clear answer. Pera and Van Tonder (2011) see an ethical dilemma as having to make a choice between two equally desirable or undesirable alternatives. (A dilemma means you are faced with two things to choose from, and either you want to choose both or you don't want to choose either.) Ethical dilemmas can also be described as complex problems that cannot be solved by the usual problem-solving methods.

For a problem to be an ethical dilemma, it must have the following characteristics. The problem:

- cannot be solved by using only empirical data (information that can be quantified in numbers).
- is so complex that it is difficult to decide what facts and data are needed to solve it.
- not only affects the immediate situation, but also has far-reaching implications.

Ethical dilemmas are different from moral dilemmas. In an ethical dilemma, a person does not know how to act appropriately in a specific situation because there are two conflicting alternative solutions to the problem. Often, each alternative might appear to be morally right and each may uphold some ethical principles. In a moral dilemma, however, the person knows what the correct action is, but does not want to act accordingly.

A person's basic beliefs and values regarding their duty, rights and aims in life play an important role in making a decision in an ethical dilemma. You should:

- have the specific facts regarding the cause of the dilemma.
- know what the problem is that you have to solve.
- have knowledge of the theories and principles underlying ethical decision making.

How and when do ethical dilemmas occur?

On a daily basis, you, as a nurse, have to make decisions or judgements. What you do will be based on these decisions. To enable you to do this, you should have the knowledge you need to deal with issues. This decision making or judgement could be made on your own or you could make a collective decision together with other health practitioners, the patient and the patient's family.

In South Africa, the changing societal environment and health scenario have brought about many moral and ethical challenges for the nurse practitioner. Among others, they include progressive legislation such as the Choice on Termination of Pregnancy Act 92 of 1996, the Prevention of Domestic Violence Act 116 of 1998, Children's Act 38 of 2005, the ongoing discussions on euthanasia, the Bill of Rights in the Constitution and the Patient's Rights Charter. The HIV/Aids pandemic led to the Charter of Rights on Aids and HIV in 1992 as well as increasing levels of poverty, an influx of illegal immigrants, xenophobia and the impact of technology and social media on healthcare.

In addition, nurses are confronted with new ethical dilemmas. These include the debate regarding ethical and human rights issues surrounding the

issue of universal access to healthcare; the ethical challenges introduced by technological developments in medical and other equipment and the ethical issues brought about by advances in medical science and in the technical skill of surgeons.

To illustrate the ethical difficulties and dilemmas that advances in medicine bring with them, let us look in a little more detail at some of the issues summed up in the paragraph above.

Life-sustaining interventions and equipment have brought about the question of the patient's quality of life and whether or not to terminate the interventions. Gene research, cloning and the use of 3D printing, 3D scans nano medicine and robotics are some of the more recent developments that have given rise to ethical dilemmas that you may have to deal with. Electronic health records that are shared between healthcare providers may also pose ethical challenges such as privacy, confidentiality and ownership of data (Huston, 2013). The advent of smartphones has also added to the privacy, confidentiality and ownership risk. Smartphones can be valuable to enable nurses to get access to knowledge and data that can assist them to render evidence-based and effective nursing care to their patients. At the same time, smartphones may pose an ethical dilemma if they are used inappropriately. For example taking patient's photos in order to post and share them on social media without informed consent.

Areas in which a nurse may encounter ethical dilemmas

Ethical dilemmas in nursing can relate not only to caring for patients but also to nursing practice and interaction with all other health personnel. Many ethical dilemmas occur in nursing practice and midwifery. They most frequently occur in the following areas: HIV/Aids, abortion, euthanasia and/or assisted suicide, sexual orientation, technological advances, child abuse, domestic violence, cultural diversity, racism, substance abuse and managed care.

Ethical dilemmas related to HIV and Aids

HIV attacks a person's immune system and can live in a body for years without obvious effects. When the body is unable to fight infections as a result of HIV, a group of serious illnesses can result, which is known as Aids. However, there are various anti-retroviral drugs available to manage individuals that are infected with HIV. These, together with a healthy lifestyle, help to keep HIV at bay and prevent the infection to a large extent from progressing into Aids.

Persons infected with HIV and those living with Aids are protected by the Constitution, just like any other citizen. However, they have been identified as being more vulnerable than others, and more prone to having their rights violated. To protect people affected with HIV/Aids, they must be afforded the following human rights:

- the right to dignity and non-discrimination
- the right to privacy and confidentiality
- the right to refuse HIV testing.

In addition, their autonomy must also be respected in issues related to their right to decision making. In cases where healthcare practitioners want to involve them in research and want them to make decisions on HIV testing or treatment regimens, their informed consent must be requested. Information must be well explained to them in the language that they can understand. The healthcare practitioners must be thoroughly conversant with the requirements of informed consent as stipulated in the National HIV Testing Services Policy Guidelines 2015 (National Department of Health, 2015).

Every person has the right to privacy, dignity, autonomy and bodily integrity. For this reason, every person must be allowed to give informed consent to any medical treatment. With an HIV test, a person must know what the test is, why it is being done and what the result will mean for them before agreeing to the blood being taken (Van Dyk et al., 2017). Patients should also receive pre-test and post-test counselling to help them understand and accept the effect of a negative or positive result (Van Dyk et al., 2017).

A health worker must get the patient's consent before divulging any information regarding his or her condition or treatment to anyone. If this information is important for the patient's treatment or future care, it must be explained clearly to the patient, but the patient must still give his or her consent. An employer may refuse to keep a person in their service only when that person is too ill to work, not when it is known or suspected that the person is HIV-positive (Van Dyk et al., 2017).

HIV and Aids, as a relatively new pandemic, brought with it new ethical concerns and this in turn stimulated much debate around ethical matters. Some of the ethical issues related to HIV/Aids are disclosure, informed consent, disability rights, economic resources, employment rights, medicine and treatment, duty to warn others, procreation rights, etc. Among the hotly debated issues, one that invoked a lot of interest was the development of a vaccine to prevent HIV infection (London et al., 2012):

- How should permission to conduct trial runs on this vaccine be obtained?
- Who should receive the vaccine?
- What would happen if a person tests HIV-positive after they have been vaccinated?

The South African AIDS Vaccine Initiative (SAAVI) was established in 2000 to assist in the coordination of the development of vaccine in South Africa. The ethical concerns regarding HIV Vaccine Trials (HVT) were raised in African countries remain a concern. A study was conducted by Essack et al., (2010) on the stakeholder perspectives on ethical challenges in HIV vaccine trials in South Africa, and the ethical issues that emanated from HIV Vaccine Trial were identified as follows:

- informed consent
- social harms and physical harms
- collaborative relationship between stakeholders
- fair participant and community selection
- access to treatment for participants who become infected with HIV
- benefits
- payment
- participation of children and adolescents
- confidentiality.

Informed consent is consent given by people who have sufficient mental capacity and enough information to understand what they are consenting to. It raises an ethical issue on whether all participants comprehended the information, issues on the best ways that information can be shared and cultural issues that could affect informed consent. The main issue that was raised was the lack of health literacy, which would affect participants' decision making as they may fail to understand the consequences of their decisions.

Taking the above into consideration, as well as the ethical principles set out in Chapter 2, read the case study below and decide what the correct action would be in the ethical dilemma that forms the basis of the case study.

CASE STUDY 8.1

For 10 years, Joy has been working with a firm that produces powdered milk. She is admitted to hospital with recurring pneumonia. The doctor suspects that she is HIV-positive and sends her blood for HIV testing without her permission. The results of the blood test confirm that she is HIV-positive.

- What are the correct steps to be taken by the healthcare staff?
- Should the healthcare staff tell Joy's family of her HIV status?
- Should the employer be told of Joy's status?
- Does the employer have the right to terminate Joy's duties?
- What health education should be given to Joy?

Abortion

An abortion is when a pregnancy is ended by medical or surgical means before the baby is born. According to the Choice on Termination of Pregnancy Act 92 of 1996 (CTOP), an abortion can be done in South Africa in the following circumstances:

- Before 12 weeks of pregnancy if this is requested by the woman. If the woman wants to end the pregnancy within this time period, she does not need to give reasons.
- Between the 13th and 20th week of pregnancy, if, after consultation with the mother, a doctor decides that there is a risk to either the mother or the foetus. If the mother's social and economic condition is such that she will not be able to care for the baby, or if the pregnancy is the result of rape or incest, an abortion can also be done after the 12th week of conception.
- After the 20th week of pregnancy, an abortion can be done only if a doctor, in consultation with another doctor or registered midwife, believes that the pregnancy could be dangerous to the mother or that the baby will be severely deformed (DENOSA, 1997, 7).

This information is summarised in Table 8.1.

Table 8.1 Procedures for performing an abortion

When can an abortion be done?	Before 12th week	Between 13th and 20th week	After 20th week
Who should be consulted	Performed by midwife or doctor	Doctor in consultation with mother	Doctor in consultation with another doctor or midwife
Reasons for abortion	No reason needs to be given	Risk to mother Danger to mother or foetus	Danger to mother
		Mother's social and economic condition too poverty stricken to support a baby. Baby severely deformed	Baby severely deformed
		Rape or incest	

The abortion may only be performed at a place that has been authorised by the Minister of Health. Counselling should be provided before and after the abortion.

A woman does not need the consent of her husband to have an abortion. The Children's Act 38 of 2005 allows a child of 12 years or older to have an abortion without the consent or knowledge of her parents, providing she is of 'sufficient maturity and has the mental capacity to understand the benefits, risks, social and other implications of the treatment' (section 129). She should be advised to talk to her parents, but cannot be forced to do so. Proper counselling must be done to enable a woman or a young girl to make an informed decision.

Although legalised in South Africa, abortion remains a moral issue for most people, including the health professionals who have to perform it. A commonly held view is that doctors and midwives may not refuse to do an abortion, even if their ethical beliefs are against it. This point is a cause for concern because it is not in line with the Code of Ethics for Nurses as determined by the ICN. Nurses, who do not agree with this point in the act, are advised not to work where they might be expected to perform abortions.

DENOSA, a member of the ICN, states in its policy document on abortions the following regarding the nurse or midwife:

- The nurse/midwife/accoucher's right to freedom of conscience should be respected.
- The nurse/midwife/accoucher who does not wish to participate in direct termination of pregnancy should make her/his viewpoint known in good time.
- The nurse/midwife/acchoucher has a responsibility to nurse the patient before and after the procedure.
- The employer has a responsibility to provide facilities for debriefing and counselling (DENOSA, 1997).

Counselling should be available to nurses, as performing an abortion may cause a lot of stress, especially to those nurses who do not believe in abortions. Always bear in mind that it is a woman's reproductive right according to the Constitution to terminate her pregnancy if she chooses to.

Read the following case study and decide what the correct action for the midwife should be and describe it in detail.

CASE STUDY 8.2

Nomsa is a 17-year-old girl who discovers that she is pregnant. After missing two of her menstruation periods she decides to have an abortion at the local Marie Stopes clinic. The midwife at the clinic knows the girl's parents and is not keen to perform the abortion without the parents' consent. She

tells Nomsa that she must first go home and bring one of her parents with her to the clinic. Nomsa is reluctant to do so, but the midwife insists.

- Does Nomsa have the right to insist on having the abortion done?
- Can the midwife refuse to do the abortion?
- Is the midwife correct in asking Nomsa to first consult with her parents?
- What counselling should Nomsa receive, if any, if the midwife decides to perform the abortion?

Euthanasia

Euthanasia can be divided into two categories – active and passive euthanasia:

- Passive euthanasia is when a person, who is fully conscious and who has all the necessary information, refuses treatment at their own free will (e.g. chemotherapy), agrees to only selective treatment (e.g. pain sedation), and is allowed to die.
- Active euthanasia refers to active intervention by a health worker to speed up death.

Closely related to euthanasia is the 'living will'. A living will is a legal document made when a person is well. In this document a person states what they want to happen if they are so ill that they can only be kept alive by artificial means. A living will therefore expresses a person's right to dignity and autonomy when they are close to death. In addition to this, the Constitution supports the right of a terminally ill patient to make decisions about their medical treatment. The Patient Health Charter also supports this. A health worker is not allowed to inject or give a terminally ill patient something to make them die.

However, if a person has signed a living will saying that they refuse any medical treatment, including artificial life-support systems, if this is the only way that he or she can be kept alive, the person's wishes should be respected. Where the family of a patient knows of a living will in which the patient has made a request like this, they may even instruct a doctor to turn off a respirator or any other life-support machine (Iglesius & Vallenjo, 2013).

There are problems related to the implementation of a Living Will, however. Interpreting the wish could cause a problem, especially if the surrogate (i.e. the person representing the patient) is not competent to make the decision.

No person is allowed to kill a very ill person deliberately to prevent them from suffering. To withdraw a life-support system is technically seen as murder, although according to the South African Law Commission, no definite law guides this decision. This point is hotly debated at the moment for the law does not yet recognise euthanasia. However, the case of Stransham-Ford in the Gauteng North High Court (of 29 April 2015) stimulated a new debate as the judge granted him his wish to die. The decision sparked a lot of debate, with

those against, arguing that it is immoral and illegal to practise euthanasia in South Africa: Amongst those against the decision were the Minister of Health, the Health Professional Council and church representatives (Koenane, 2017). It has been decided that each case will now be looked into based on its own merits, which may include looking carefully at the following:

- A doctor is not allowed to act against a patient's wishes.
- There is no reasonable prospect of recovery.
- The patient has been in a constant state of unconsciousness and there is no possibility of them leading a reasonable life.
- The above points must be confirmed by at least one other doctor not involved in the patient's treatment.
- A written record must be kept of the situation.
- The medical superintendent of a hospital can give permission under the same conditions as above.

Decision making regarding life-support therapy is closely related to euthanasia.

Withdrawal of life-support therapy is a sensitive issue and becomes more complicated as more people become involved. Healthcare professionals must be aware of relevant ethical principles that will assist them in decision making. When the family becomes involved, moral conflict can result. The patient's and the family's right to self-determination and autonomy involve them in this decision making and treatment. The decision has therefore become an interactive process where the medical practitioner is no longer the only one making the decision – the patient and the family are involved too (Shah, 2014).

Your role as a nurse becomes more complicated as you not only participate in the decision making but also act as an advocate to the patient and their family. The National Patients' Rights Charter clearly indicates the patient's right to participate in decision making, confidentiality, privacy, informed consent and refusal of treatment

CASE STUDY 8.3

Mr Ndou is admitted to ICU after a motor vehicle accident. He is in a serious condition with extensive brain damage as well as multiple fractures. He has a very poor prognosis and will be in a vegetative state for the rest of his life.

He had told his family that he would like to be allowed to die if he should ever be in these circumstances. His family wants the doctor not to give any treatment that would keep Mr Ndou alive. The doctor asks the nurse to turn off the respirator.

- How would the argument of autonomy and beneficence be applied here?
- Should Mr Ndou be allowed to die by having the nurse switch off the life-support system?

- Can the doctor give him a large dose of morphine to help him to die peacefully? Explain why or why not.
- Should he be kept alive, since the law holds life to be precious above everything?
- Should he be kept alive because no one has the right to terminate life?
- Should only his basic needs be taken care of, by putting him on intravenous fluids and alleviating pain?

Sexual and gender minorities

The term 'sexual and gender minority' is all encompassing. It includes: lesbian, gay, bisexual, transgender, queer, questioning, intersex, pansexual, two-spirit (2s), asexual, ally (LGBTQQIP2SAA) (Muller 2016, 195), Sexual and gender minorities are often faced with discrimination and social prejudice. They are also presumed to be at a greater risk of contracting HIV and other sexually transmissible diseases (STDs). Such people face harassment in their communities and even from their families. Section 9 of the South African Constitution prohibits direct and indirect discrimination by the state on a number of grounds. It also prohibits such discrimination by individuals. It explicitly includes sexual orientation as one of the grounds of prohibited discrimination. When the South African Constitution was enacted with its Bill of Rights, South Africa was hailed as one of the most progressive states and a world leader in human rights law. Section 9(3) states that the state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including sexual orientation and (4) states that an individual may not discriminate against anyone on one or more grounds indicated in (3). In explicitly including the right not to be discriminated against on the grounds of sexual orientation in its Constitution, South Africa led the world in protecting sexual and gender minorities (Cele, Sibiya & Sokhulu, 2015).

As the Constitution is the supreme law in South Africa, all other pieces of legislation and policy must be in line with the Constitution. The nursing code upholds the rights enshrined in the Bill of Rights. It requires nurses to uphold human rights and patient's rights. Nurses are expected to respect the patient's autonomy and treat their patients equally. Nurses are therefore held to the same standard that is expected by the Constitution. Nurses are not allowed to discriminate against patients based on race, ethnicity, gender, nationality, disability and creed. However, this is not the reality on the ground. The nursing profession is currently falling short of the Bill of Rights in that there is failure to uphold the rights of sexual and gender minorities. Being a sexual minority patient in the hospital attracts discrimination and stigma. Issues such as access to health care and how the healthcare of sexual minorities

needs can be met remain a challenge as the structure and administration of the hospitals, including even the records, are not designed to accommodate sexual minorities. For example gender is still recorded as either male or female.

Achmat et al.'s statement on the discrimination against sexual minorities in 1997 is still wholly relevant today:

> *Sexuality education ignores, avoids or even misrepresents same-sex practices or relations and [is] silent on the needs of people who are not heterosexual. This silence results in lesbian, gay, bisexual or transgendered people not receiving sexuality education, appropriate to them, which could make them more susceptible to becoming HIV positive'. The LGBTA community scramble for availability, accessibility, acceptability and quality of healthcare services (Achmat et al., 1997, 110).*

It is important that nurses reflect on the issues of sexuality in as far as the health and the well-being of the individual patient is concerned. Nurses have to confront and address their own prejudices about sexuality and maintain an open mind within the context of the law and ethical principles. Muller (2017) argues that the majority of nurses display homophobic and transphobic behaviour. No one should be discriminated against for any reason, including sexual orientation.

CASE STUDY 8.4

Sexual and gender minorities

James was transferred by ambulance as an emergency to the male surgical ward in a provincial hospital due to a head injury that he sustained during a motor vehicle accident. When he regained consciousness, he immediately expressed his dissatisfaction with the ward he found himself in. He explained to the sister that he was gay and he wished to be placed in a unisex ward as he did not feel safe in a male ward. The professional nurse in charge explained to him that the ward was full and there was nothing that could be done to accommodate his needs as they did not have a unisex ward in the hospital. He then requested to be transferred to the side ward where he would not be sharing a room. He was told that the side-wards were also full. He still expressed his dissatisfaction as he felt the ward was not suitable and safe for his stay.

- Identify the ethical dilemma.
- What are the ethical issues that you can identify in this scenario?
- What would you do differently to the sister if you were the professional nurse in charge of the ward?
- Discuss measures that can be put in place to accommodate the LGBTQQIP2SAA community in healthcare settings.

Technological advances

Organ donation and human tissue

Technological advances have resulted in organ transplants becoming an everyday occurrence. This has brought about the need for specialised nursing care, but even more important are the complex ethical decisions that go with it.

If you work in a unit where organ transplants are done, you should be aware of the Human Tissue Act 65 of 1983, which describes:

- the legal requirements regarding donors and the removal of tissue
- the consent and authorisation needed for donating tissue confidentially.

As the donor should be dead before an organ may be removed, the core issue here is: When can a person be declared dead?

Medical practitioners usually allocate organs to patients who are awaiting transplants. It would be very valuable, however, if nurses working with transplant patients were included in the decision making. This would give them the satisfaction that allocation was done fairly. A donor's family is contacted by a doctor for consent to use their loved one's organs in transplant operations.

Consent must be given either by the donor before they die or by the donor's relatives after their death. The donor might have told their relatives of their decision, or they may not know. It could also happen that the first time the family knows anything about the donation is when the doctor approaches them about donating an organ. A nurse has to support the family after a patient has been declared dead as, besides their grief, they also have to decide whether or not to give their consent for their organs to be donated. This can be very traumatic. Whatever the family's decision, the nurse has to respect their wish, based on their personal autonomy.

Nurses should be given the opportunity to have open conversations with colleagues, medical personnel and other members of the healthcare team in matters concerning organ transplants (Pera & Van Tonder, 2011). Utilitarianism, the greatest good for the greatest number, morally favours organ transplants. People should keep beneficence in mind too, as more good than harm can result from the donation of organs.

The moral permissibility of organ transplants differs from person to person, as well as from religion to religion. When a patient is declared brain dead the ethical perspective is on the family. Should the family refuse to give consent for organ donation, you, the nurse, will apply the ethical principle of autonomy in dealing with the family.

CASE STUDY 8.5

In Unit A, Ms Hill, a 35-year-old mother of two small children, is seriously ill and awaiting a liver transplant. In the trauma unit, a patient is admitted with severe brain damage and death is inevitable. The patient is not registered as an organ donor and he had never mentioned being a donor to his family. According to blood grouping and other tests, the patient would be an ideal donor for Ms Hill.

- What is the responsibility of the healthcare staff in getting consent to use the patient's liver for Ms Hill?
- Who should contact the family to get permission to use the organ?
- When should the family be approached?
- Should Ms Hill be informed of the possibility of receiving a liver?
- What is the nurse's responsibility towards the family of the possible donor?
- What if the family refuses to donate the patient's liver?

Resuscitation

Another ethical issue that emerges from high technology is whether or not to resuscitate. Successful cardiopulmonary resuscitation (CPR) can be one of the most rewarding aspects of nursing care.

The decision to resuscitate or not is often left to a doctor, but nurses are frequently the ones who are present when a patient needs to be resuscitated.

You are responsible for safeguarding the patient's interests and should respect their decision as well as the uniqueness and dignity of every patient. CPR can prolong the process of dying and might deny a patient a peaceful and dignified death. In research reports it has been noted that only 15 per cent of patients who received CPR survive until discharge.

When you believe that CPR is inappropriate or if you are aware of the patient's wish not to be resuscitated, you should inform the doctor of it as soon as possible.

Indications that CPR is unlikely to be successful are:

- when the patient's condition is such that successful CPR is unlikely.
- if there is a record of a mentally competent patient indicating the wish not to be resuscitated.
- if the quality of life for the patient is going to be severely impaired.

Good communication with the family is essential. If the decision not to resuscitate is made for medical reasons, the family needs to be told of this (Landman, 2012). However there is often uncertainty among nursing staff about not resuscitating. Do Not Resuscitate (DNR) does not mean stop caring. Nurses are responsible for end-of- life care (palliative care). They must

continue rendering care to the best of their ability until the end. The DNR sign is sometimes disturbing to the family as it is now a well-known abbreviation. In certain cases, doctors write AND, which means Allow Natural Death. Inappropriate CPR has the following consequences:

- The patient may be denied a dignified and peaceful death.
- It may be distressing for the relatives.
- A cardiac arrest team can become demoralised if they are always 'failing'.
- Other patients may be denied care or treatment while the crash team is preoccupied with CPR.
- There may be inappropriate use of valuable resources, including personnel (Landman, 2012).

Accurate record-keeping is essential in all cases where the decision not to resuscitate is taken.

CASE STUDY 8.6

A 50-year-old patient with cirrhosis of the liver has instructed the nursing staff that he does not want to receive CPR should he have a cardiac arrest. He has not told his family this. During the night he arrests and the intern on duty orders that the patient be resuscitated. The nurse in charge explains about the patient's living will, but the intern demands that CPR be done.

- What is the nurse's responsibility?
- Should they keep to the agreement with the patient?
- Must the doctor's orders be followed?

Child abuse

Although children are regarded as our hope for the future, they are often the most neglected group in society. All over the world, including in the South African community, large numbers of children do not have access to healthcare and are often neglected and abused. If nurses and other healthcare professionals encounter children who show signs of abuse and/or neglect, they are obliged to act as these children's advocates and seek redress.

Statistics on crimes against children indicate that the number in South Africa is rising daily. Hendricks (2014) indicated that for the period 2012-2013, 540 cases for crimes against children were respectively reported. These crimes include sexual assault, abduction and murder of children under the age of 18 years. 'Children are soft targets, physically and emotionally, and children have a sense of trust, especially for elders. This sense of trust results in children looking at adults as mentors for socially and sexually correct behaviour. Lack of proper parental supervision and not teaching children personal safety contribute to child abuse.

Neglected and abused children are found not only in poor and poverty-stricken strata of society, but in more affluent communities too. The enormity of the problem of child abuse has led to legislation to protect children, for example the Child Care Act 74 of 1983.

This Act imposes a legal duty on nurses to report any cases of suspected child abuse. This Act has been replaced by the Children's Act 38 of 2005 and its amendments, which is very progressive and takes into account the rights of the child. There are many cases that do not come to the attention of the average person, such as sexual molestation and minor physical injuries that do not need medical treatment. Nurses, however, are the people who are most likely to encounter these cases because they are involved in such a wide spectrum of health services. Section 110 of the Children's Amendment Act 41 of 2007 mandates specified professionals to report cases of child abuse. Nurses and midwives are among those specified professionals. It is the duty of the nurse to report abuse to child protection organisations, the police, and the provincial social development department.

Makoea et al. (2012) say that children have many reasons for not telling when they have been abused, including the following:

- A child is too young to know what is happening to them.
- The child and the abuser are closely related.
- There is a stigma attached to being involved. This results in the child struggling with shame and guilt.

What are some of the symptoms you should be looking for when dealing with children who might have been abused? (You should remember that a child will very seldom admit to this on their own.)

Besides physical evidence, there are non-sexual behaviours that could be indicators. You should be on the lookout for the following:

- enuresis
- sleep disturbances
- encopresis and regression
- depression and self-destructive behaviour (Makoea, Roberts & Wards, 2012).

As an advocate for children, you are faced with a difficult, but most important task. You must be committed to getting hold of information on laws and regulations related to protecting children. You must also be aware of child and family welfare organisations and measures to protect the child. Your first priority is to protect the child, but, as an advocate for both the child and the family, you should also know what community resources are available for counselling and therapy.

You also have a responsibility to guide a child towards taking part in ethical decision making. The child should be told what they need to know, depending on their age and ability to understand.

CASE STUDY 8.7

As a school nurse you come across a child of 10 who is being sexually abused by her mother's boyfriend. During a routine physical examination by the school doctor, it is found that there are signs of penetration. When you start to ask questions, the child admits that the man and she have a very special secret. He has asked her not to tell anyone the secret. If she does, he will kill her. You do not think that you should keep to your promise of confidentiality to the child, and you are worried about the moral consequences of the case.

- What is your responsibility as a nurse?
- Should you respect the child's confidentiality?
- Who needs to be informed?
- What treatment should the child receive, if any?

Child labour

An aspect of child abuse that is not given enough attention is child labour. There are about 250 million children worldwide between the ages of 5 and 14 years who are already working. 1.2 million of these children involved in child labour are in South Africa. There are different forms of child labour that range from chores to hard labour. Hard labour, such as subjecting children to gathering wood and fetching water from distant places for their household occurs frequently in rural areas. The majority of children are also involved in active jobs on the farms. Although some of the children are only involved in labour after school, the exploitation makes them tired and unable to concentrate fully on their schoolwork. Children are more at risk of physical and mental exhaustion in the workplace than adults are. They are also exposed to health and safety hazards that could endanger their growth and development (Frankel, 2017). For example children working in agricultural settings may be exposed to pesticides, carrying heavy loads, and in certain instances they may also be exposed to psychological trauma.

In addition to child labour, human trafficking affects mainly women and children who are forced to become sex workers and child labourers in all sectors.

Domestic and gender-based violence

The Domestic Violence Act 16 of 1998 defines domestic violence as any emotional, financial and physical trauma experienced by a person in a relationship; in other words, it does not only occur between married couples.

In a situation where love and support should be shown (in other words, the home and the family), people are often at a greater risk of violence than anywhere else.

> *Domestic violence has been declared as a public health problem with devastating consequences.* (Davhana-Maselesele, 2011).

Violence manifests in different forms. It can be physical where women or men are assaulted by their spouses. It can also be in the form of rape, which sometimes also occurs between married couples. In most cases victims of abuse do not report the cases for fear of further assaults or because of fear of losing support. Domestic violence, however, refers not only to women but also to men and elderly parents living with their children.

The elderly are sometimes subjected to economical abuse, which is a form of domestic violence. For many families the pensions of the elderly are the only income the family has and this often leads to serious abuse, neglect and exploitation of the elderly.

It is the health worker's responsibility to recognise domestic violence. This is not always an easy job because, like children, adults who have been abused often do not talk freely about it. This could be out of fear of their family's reaction. They are scared that they will suffer further abuse or violence if the person abusing them finds out that they have told someone else.

Some of the most obvious signs of domestic and gender-based violence include:

- injuries to parts of the body that are usually covered by clothes
- injuries that do not match the explanation that the person gives
- injuries at various stages of healing (as with children)
- physical symptoms related to stress (such as irritable bowel syndrome).

When you start asking questions related to domestic and gender-based violence, you must be extremely cautious. You must remember that the person's safety is very important and that, even though you might want to help to protect them from harm, the patient still has the right to make their own decisions.

A patient must be counselled to make sure that they realise and understands that they are being abused. All cases of domestic violence must be reported. The Domestic Violence Act 16 of 1998, which came into effect on 15 December 1999, empowers people to take action against those who are guilty of abusing them.

Patients should also be told of the positive role Soul City has in relieving violence against women. They have a 24-hour helpline and provide advocacy to make sure that the Domestic Violence Act is upheld effectively.

In addition to Soul City there is an organisation that is dedicated to helping the elderly. Elder Abuse is a national organisation, run by volunteers, that seeks to prevent abuse, neglect and exploitation of older persons, and to give support and advice that aims to empower older persons.

CASE STUDY 8.8

A woman is admitted to the casualty department with multiple injuries to her abdomen and face. At first she explains that she fell from a ladder. On examination, it is clear that she has various other injuries in different stages of healing. She is also nervous and tries to avoid answering questions.

- Describe how you, as the nurse, would try to persuade this woman to give truthful information about her injuries
- Who should be told about the case?
- What guidance should the woman be given?

Cultural diversity and cultural competency

Culture can be defined as those values, beliefs, norms and practices that distinguish one group from another. Cultural groups are distinguished by many characteristics, including mode of dress, language, values, rules or norms of behaviour, economics, politics, law and social control, technology, dietary practices and healthcare (Camphina-Bote, 2011). In South Africa, we have different population groups and 11 official languages. This means that nurses need to be aware of the different cultures these languages signify so that they will avoid giving offence in caring for patients.

In addition, we also have an influx of people from other countries and that on its own constitutes what is viewed as multiculturalism. Multiculturalism is becoming more prevalent as the world becomes more and more a global village. Nurses have to be taught about cultural diversity, which will equip them to render culturally congruent and safe care. Nurses need to be culturally competent. Cultural competence is knowing about other people' s cultures. This means nurses must possess cultural awareness, knowledge, skills, and a desire to acquire cultural competence (Camphina-Bote, 2011).

People's beliefs and practices affect how they view illness and diseases. People's decisions and actions are therefore guided by their culture. It can therefore affect how people cope with illness and how they communicate with the members of a healthcare team. As we know, cultural knowledge and cultural awareness may assist nurses to cope better with patients, while the inability to understand patient's culture may cause barriers to communication (Holland, 2017). The following are some of the barriers to cultural communication between patient and nurse:

- Anxiety on both the nurse's and the patient's side caused by the nurse's insufficient knowledge about a situation.
- The nurse's assumption that people think the same, instead of her admitting that they could have different views, because she is ignorant about their culture.
- The nurse thinking that her culture is better than another person's because she does not know anything about the other person's culture.
- The nurse's assumption that people of a specific culture all act in the same way.
- Racism, which means the prejudice, and discrimination against someone of a different race based on the belief that one's own race is superior.

When your cultural values, beliefs and practices are different from a patient's, the outcome of a situation can be negative. Two people might not see caring behaviour in the same way. You should aim to learn as much as possible about the values and beliefs of the patients who you nurse.

It is not fair to the patient to expect them to adjust to the culture of the healthcare provider. Instead, you, as the nurse, are expected to be knowledgeable and, to the best of your ability, to nurse the patient according to their culture. It is also your responsibility to provide the patient with the necessary knowledge to help them to adjust, where possible, to the healthcare culture. The healthcare culture does not necessarily refer to your own culture, but to what is expected in a healthcare environment (Louw, 2016).

CASE STUDY 8.9

A 12-year-old girl, diagnosed with leukaemia, was admitted to a hospital in Johannesburg in a serious condition. She had suffered severe haemorrhage and her blood haemoglobin level was very low. The doctor prescribed a blood transfusion. Her parents refused this because they belong to the Jehovah's Witness Church. A blood transfusion was, however, crucial for her recovery as without it, she would most certainly die.

- Should the nurse continue with the doctor's orders (i.e. take blood for compatibility and order the blood)?
- Should the patient's autonomy be respected and, if so, what should the nurse do?
- Should the patient's right to religion be upheld?
- Should the patient's parents be coerced into allowing their daughter to have the blood transfusion?
- What should the general approach towards the patient be?

Substance abuse

Substance abuse includes the abuse of drugs, alcohol and tobacco. A drug is a substance that affects the way the body works. These can be illegal substances such as cocaine, ecstasy, cannabis (marijuana/dagga), etc., and legal medicines, which include painkillers and other stimulant substances, as well as commercial substances, for example, glue, hairspray and correction fluid that can be just as addictive. Alcohol, whether it is wine, beer or any other liquor, and tobacco are also habit-forming substances.

The difference between drug use and drug abuse depends largely on society's attitude. Smoking cigarettes and drinking alcohol is perfectly acceptable in most countries, except those where Islamic law prevails and forbids the use of alcohol or places where laws have been passed on the smoking of tobacco.

Illegal drugs are used for different reasons. These include:

- getting away from life or personal problems.
- experimenting to see what the effects will be.
- group pressure.
- seeking the feelings of pleasure that drug-takers believe can result from using drugs.

Abusing drugs can also be the result of the loss of a loved one, status, ideals, dreams or friendships. Social challenges or isolation can also play a role, as can leaving one's family. As well as those who abuse street drugs, there are people who become addicted to drugs prescribed by doctors. For example, when people seek medical help to overcome the depression caused by loss, they are often prescribed sedatives by doctors to help them cope. However, these need to be prescribed with care as people can also become addicted to sedatives and to the painkillers given after an operation or during illness.

South Africa in recent years has seen an unprecedented influx of drugs being smuggled into the country from all over the world. Thousands of amphetamines in the form of ecstasy tablets are reported to be used in major cities over any single weekend. There has also been a marked increase in the use of cocaine and heroin. An estimated 80 per cent of the youngsters who attend raves are under the influence of alcohol or drugs.

Effect of drugs on the nurse and responsibilities towards colleagues

It has been found that teenagers who use cannabis were 85 times more likely to use cocaine than those who do not use cannabis. Cannabis, or 'dagga' as it is generally known in South Africa, is regarded as a soft drug, which many teenagers start experimenting with while still at school. Nurses who start their

training when they leave school, mostly around the age of 18 years, are not immune to drugs. Drugs are available as they are sold in areas where students hang out such as clubs, residences and university campuses. As well as this, if they have already been experimenting at school, student nurses might find that having easy access to legal drugs is a temptation. It is the responsibility of nurse educators and managers to warn student nurses as well as other staff members against the dangers of drug abuse. In addition, professional nurses may also be victims of drug abuse. In certain instances, some professional nurses have been known to take Schedule 7 drugs, which are meant for patients, and that on its own presents an ethical dilemma. Nurses should be able to recognise the disease concept of alcoholism and drug dependency.

Signs that could lead you to suspect that someone is addicted to drugs are:
- loss of appetite.
- uncharacteristic aggression or irritability.
- sudden unexplained changes of mood.
- frequent moody behaviour.
- changes in sleep patterns (i.e. insomnia or drowsiness during the day).
- loss of interest in hobbies, sports, etc.
- unusual stains, marks or smells on clothes or body.
- telling lies, taking money or selling belongings.

A person could be an alcoholic if they:
- drink frequently to escape from stress or problems.
- drink more than most people.
- drink alone.
- feel guilty about drinking and promise to drink less.
- blame others for his or her drinking problem.
- deny they have a drinking problem.
- tend to forget what happened during a drinking period.
- lose time from work or school because of drinking.
- lose control when drinking.
- have physical complaints that may be related to drinking.

Depending on the physical and mental state of the person, the SANC will deal relatively leniently with a case of drug dependency. A person is usually given a suspended sentence such as not being allowed to work in an area where dependence-producing substances are under his or her control. Rehabilitation treatment is usually advised.

CASE STUDY 8.10

Registered Nurse Pearl is a very diligent, competent nurse. She was transferred to a hospital in town from a small country hospital three months ago. It has been noted over the last two months that whenever the drugs are checked there seem to be entries that cannot be accounted for, or valium is missing.

Nurse Pearl's conduct also seems to be somewhat suspicious. She is moved to theatre. Here the trilene and pentothal quantities do not balance with the number of operations done.

- As a supervisor, what would your responsibility be?
- How should you start your investigation?
- Should you confront Nurse Pearl?
- If it can be proved that she is guilty, what is your responsibility towards her and the service?

Responsibility of the nurse towards the community regarding drug abuse

The serious physical and psychosocial effects of alcohol and addictive drugs on the development of children and the youth are reason for concern. First of all, it is your responsibility not to get involved in the abuse of drugs, as this could influence your competency and skills and could endanger patients' lives.

Nurses are also often seen as role models to the youth, and if their abusive behaviour is copied, they will be responsible for it. You should find out about the signs and symptoms of drug abuse, as well as the treatment and counselling of affected people.

Managed care

Allocation of limited resources in healthcare has raised a number of ethical questions. Who should receive what care and who should pay what? Healthcare is seen as a national priority, but with limited funds it is a problem to find a means to meet the needs of the total population.

Nurses working in the rural areas as well as in the many informal settlements are familiar with the problem of limited resources. It is, however, not only in these areas that steps are taken to provide healthcare in the most cost-effective ways. Even in the sector where medical aid schemes allow for the payment of medical costs, steps have had to be taken to curb expenses.

Hospitals are experiencing financial pressure, and because of this the costs of hospitalisation are rising. However, medical aids set limits on the amount that can be spent for certain procedures or treatment.

The most recent way of trying to meet patients' needs is managed care or case management. Managed healthcare is defined in the Medical Schemes Act 131 of 1998 as

> *an arrangement through which utilisation of healthcare is monitored through the use of mechanisms which are designed to monitor appropriateness, promote efficacy, quality and cost effectiveness of the delivery of relevant health services.*

These components of managed care are:

- Clinical outcomes need to be achieved within a prescribed period of time, with the caregiver acting as the case manager in episodic group practice.
- Active participation of the patient and the family is essential to achieve the expected outcomes.

Managed care aims to provide care at outpatient-settings to limit the costs of hospitalisation. To do this, providers of healthcare and healthcare insurers (such as medical aids) lay down certain guidelines based on the patients' complaints, symptoms, or tentative diagnosis'. These guidelines suggest the extent and type of service needed to treat a patient who has a specific condition at a specific level of quality in the most cost-effective way. The amount paid is then based on the needs of an average patient with a particular disease or ailment.

An example of payment for a specific condition

If a patient needs to have an appendectomy, it is assumed that the patient will be hospitalised for a maximum of two days. The member of the medical aid must get permission from the medical aid to be hospitalised, before admission. The medical aid will then, if permission is granted, pay for no more than two days in hospital. Should any complications arise, a motivation must be sent to the medical aid to explain the reasons, and to ask for additional days to be paid.

To ensure that costs are kept within the limits that have been laid down, the provider must justify the services needed by the patient. A certain amount of money is given to the provider for a specific patient and the insurer will not pay any extra amount that the services cost, and the patient or the provider will be responsible for the extra money.

Because the goal of insurers seems to be financial gain, the national healthcare policy and financial constraints have led to the need for control in delivering health services. Managed healthcare organisations and medical schemes have responded with the development and employment of systems to manage the funding of risk-related medical events.

CASE STUDY 8.11

Mr Themba is admitted to a private hospital with chest pain. He is diagnosed with coronary artery occlusion and needs to have a cardiac bypass. He belongs to a medical aid that functions on a managed-care basis. The medical aid must first be contacted to get permission to do the bypass, but the surgeon wants to do the operation as soon as possible. After some delay, permission is given, but only a certain amount is allocated for the whole procedure and the hospital staff. After the operation, the patient develops complications, which extend his stay in the ICU, and the money allocated has already been used. The medical aid is not prepared to give more towards treatment in the private hospital.

- Should the patient be transferred to a state hospital?
- Should the family be informed and asked whether they are willing to pay the additional costs?
- Should the patient be informed even if this could have a negative effect on his condition?
- Should treatment continue without consulting with the patient or family?

Possible solutions to the dilemmas

The solutions given below are just guidelines on how to go about solving an ethical dilemma. They also indicate the different ethical principles and theories that you should consider when you are faced with an ethical dilemma and you have to make an ethical decision. You should think about the solutions given and decide whether or not you agree with them. You should also add any ideas of your own that you would have considered in coming to a solution to a dilemma.

Check the ethical decision-making steps and guidelines that can assist you to discuss the resolution.

Dilemma related to HIV/Aids

Refer to Case study 8.1 on page 177.

Why did the doctor have the patient's blood tested without her permission, and should the patient's status be made known?

- **Autonomy:** The patient has the freedom of choice to decide whether she wants her blood tested or not. The patient can also decide whether or not she wants to have her status disclosed to her friends and family. The employer need not be told of the patient's HIV status.
- **Beneficence:** However, in trying to promote good, sending the patient's blood for HIV testing could be a wise decision. You would then be able

to give the patient treatment (e.g. ARV) that would be to her benefit if she were HIV-positive. When you cannot do good, at least you should do no harm. If nurses know the HIV status of a patient, they should take precautions to prevent themselves from becoming infected and not infecting other patients.

- **Truth-telling/veracity:** If the patient is told, she should also receive the necessary counselling.

Dilemma related to abortion

Refer to Case study 8.2 on page 179.

- **Autonomy and privacy:** The deontologist would argue that according to the Choice on Termination of Pregnancy Act (CTOP), Nomsa has the right to insist that the abortion be performed. Her privacy should also be respected and therefore her parents should not be informed of the procedure.
- **Utilitarianism:** Looking at it from a utilitarian point of view, you could argue that she should be persuaded to inform her parents and not to have the abortion done. This would provide the greatest good for the greatest number of individuals, including the foetus.
- **Paternalism:** This principle means that the individual's freedom to make her own choice is restricted. It could be justified if the reason for informing the parents is to prevent harm to the girl.
- **Beneficence:** As an advocate to Nomsa, you should advise her to go for counselling if you cannot do the counselling yourself. She should also be advised to inform her parents so that they can give her some moral support. The aim is to promote good.
- **Non-maleficence:** Associated with beneficence is non-maleficence, which states that if you cannot do any good, at least you should not do any harm.
- **Justice:** According to the TOP, a nurse cannot refuse to do the abortion. If you do not have the competency to do so, or should your value system not allow you to do so, you should refer Nomsa to someone who can do it.
- **Truth-telling:** You would be correct in asking Nomsa to consider informing her parents of her pregnancy. You cannot force her to do so.

Dilemma related to euthanasia

Refer to Case study 8.3 on page 181.

- **Autonomy:** The patient and the family have both the autonomy and the basic right to make their own decisions related to the use of life-support systems. The specific factors of the case have to be studied to make a decision. Human rights and the patient's rights have to be considered.

- **Beneficence and non-maleficence:** The main intention in any act is to act for the good of the patient and the family, but at the same time to look at how the action will affect you. The intention here may be to relieve pain and suffering for the patient. The intention is also to relieve the family of the emotional trauma of a long illness that has no expected positive outcome.

  The ability of the doctor to predict the outcome will influence the decision that everybody involved will make. The patient's prognosis will also play a role. The patient should be given all the basic treatment to sustain life (i.e. water, food, etc.).
- **Justice:** The right or wrong of the action will be evaluated by each person involved. This will involve not only legal aspects, but also people's own beliefs and values. Distributive justice will be an important factor in making the decision because allocation of scarce resources could play a role. Finances could also be seen to play a role, as medical aid schemes pay only for a limited period, and once the funds have run out, the family may have to pay for the treatment. Individual rights, policies and legislation can also play a role. As shown in the discussion on euthanasia, the South African Law Commission has given guidelines on when a life-support system can be withdrawn. The decision-makers in this case will have to follow those guidelines. Knowledge, skills and emotional factors will also play a role when the people involved have to make the correct decision.

  The doctor will not be able to give a large dose of morphine, as it is still a crime to take a life.

Dilemma related to sexual and gender minorities

Refer to Case study 8.4 on page 183.
The ethical dilemma in this case involves the inability of a hospital to accommodate LGBTQQIP2SAA community in healthcare settings as its wards are designed to accommodate male and female (heteronormative) patients only.

The ethical issues involved are:

- **Respect for autonomy:** James deserves respect as a person. James revealed the information about his status to the professional nurse in charge of the ward, who must keep it confidential and respect his freedom of choice. He has the right to choose how he would like to be treated. He requested to be nursed in a private side-ward as he needed to have privacy. The nurse should find a way of accommodating his request.
- **Beneficence:** We must always do good. James verbalised his problem.

It is the responsibility of nurses to do good and avoid inflicting harm (non-malificence). Harm in this case can be viewed as the inability to provide a comfortable and safe place for the patient.

- **Justice:** in this case James may feel that he is being treated unfairly based on his sexual orientation. He may feel discriminated against.
- **Patients' rights:** According to the Patients' Rights Charter and the Bill of Rights, James has a right to equality, dignity and privacy and so the hospital's failure to accommodate sexual minorities infringes on these rights.
- **Right to safety:** James has a right to be nursed in a conducive to healing and safe environment which will make him feel comfortable.

Measures that can be put in place to accommodate the LGBTQQIP2SAA community in healthcare settings

- Create a hospital structure and buildings that accommodate LGBTQQIP2SAA community for example, toilets that are unisex, private side-wards etc.
- Creation of an inclusive environment.
- Include sexual orientation and gender identity options on the hospital forms.
- Train nurses and all members of the health care team about LGBTQQIP2SAA community and diversity of needs.

Dilemma related to organ transplants

Refer to Case study 8.5 on page 185.

- **Autonomy:** The patient is no longer able to give permission to donate his liver. His family can now act on his behalf. The patient's religion should also be considered before contacting the family, as they may have religious beliefs preventing them from donating the liver. The doctor should be the one to contact the family as soon as possible, perhaps even before the patient dies, as it could be too late to do so afterwards. The autonomy of the family to refuse should be respected.
- **Beneficence and non-maleficence:** Keeping in mind both the donor's and the recipient's rights, more good than harm can be achieved through donating the liver. You would serve as an advocate to the family by being supportive if they agree. You could emphasise the generosity of allowing a mother of two children to have a better life. If the family refuses, you would still provide the necessary support in handling the inevitable death of their family member.
- **Confidentiality:** Raising the hopes of Ms Hill would not be to her benefit, as the disappointment could be detrimental to her health. She should be informed only after permission has been given. Professional health workers are expected to keep information to themselves. For this reason, you would

not reveal the names of the two patients. It is also the family's right to decide otherwise.

Dilemma related to CPR

Refer to Case study 8.6 on page 186.

What is the ethical status of the patient's living will?

- **Autonomy:** The patient's autonomy will not be respected if he is resuscitated, as he will not be allowed to have a dignified death.
- **Beneficence:** Is the doctor acting out of beneficence or is he willing to do harm so that he can be seen to be doing good?
- **Fidelity:** Both the nurse and the intern have agreed to go along with the patient's wish not to be resuscitated. They cannot justify breaking a promise to a patient.

Dilemma related to child abuse

Refer to Case study 8.7 on page 188.

- **Privacy and confidentiality:** When the child told the nurse what her secret was and also told her about the threat, she expected the nurse not to tell anyone else. You would have a moral obligation to the patient, but as she is a minor and the Children's Amendment Act 41 of 2007 instructs you to report a case like this. Your duty and your moral obligation could come into conflict.
- **Beneficence:** The abuse is clearly not in the best interests of the child, as the psychological trauma she experiences can cause her lifelong problems (it would interfere with her normal psychological development). It would therefore not be in the child's best interests for you not to report the case.

  Beneficence requires that the case must be reported, so that the child can live a normal childhood life.
- **Fidelity:** The mother should know the truth so that she can protect her child. The child's fear of being killed if the boyfriend becomes aware that she has exposed him could prompt you not to tell the whole truth. The mother could perhaps be made aware that the child is being molested, but this may or may not safeguard the child against future harm from the boyfriend.

Dilemma related to domestic violence

Refer to Case study 8.8 on page 190.

- **Autonomy:** It is the patient's right not to tell you what the real situation is. You should respect this, while at the same time telling her what can be done to help her if she is a victim of domestic violence.
- **Privacy and confidentiality:** The patient's privacy and confidentiality should be respected. Her case should not be discussed with the rest of the staff except with those who will be directly involved in her treatment. She must be counselled so that she understands her situation and is willing to have the necessary treatment, which may include sessions with a social worker and psychologist.
- **Truth-telling:** You could weigh up the consequences of reporting the case to a social worker without the woman's permission against not reporting it. You would also consider the consequences of repeated abuse or violence.

Dilemma related to cultural diversity

Refer to Case study 8.9 on page 191.

- **Beneficence and non-maleficence:** Alternative treatment should be given until the matter is resolved. The hospital superintendent should be approached for possible legal intervention to act in the interests of the child. Although the patient's religious beliefs are respected, the courts will most likely order that blood be given to the patient in order to save her life. Two constitutional rights are in conflict here, and the right to life in this case means more than the right to religion.
- **Justice and fidelity:** As the patient's advocate, and because of your commitment to doing what is best for the patient, you should tell the doctor of the patient's religious beliefs if you know them. The patient's family should also be informed. The patient cannot be coerced into receiving the transfusion. Both you and the doctor should recognise the patient's right to religion. The patient also has a right to life, which will be sustained by a blood transfusion.
- **Respect and autonomy:** The patient's beliefs and values should always be respected. It is her autonomous decision to belong to whatever religion she wants to belong to. You would have made a commitment to nurse the patient.

Dilemma related to substance abuse

Refer to Case study 8.10 on page 194.

- **Autonomy:** Progressive discipline recognises the autonomy of Nurse Pearl. She has the choice to follow the organisation's rules or to be further disciplined if she does not abide by the rules. If she continues to behave like this and if her services are terminated, she has made the choice herself.

- **Beneficence:** Your actions must entail an effort to promote good for Nurse Pearl as well as for the patients. If non-maleficence is taken into account, you should at least suspend the nurse to make sure that if she can do no good at least she can do no harm. The focus should also be on sending Nurse Pearl for rehabilitation to ensure that she will benefit from the episode.
- **Duty-based reasoning/deontology:** A decision has to be made because everyone is obliged to do what is right. The rules of the institution clearly state that drug abuse cannot be allowed and that certain steps must be taken if someone is suspected of being guilty of abusing drugs.
- **Justice/fidelity:** As a supervisor, you would have accepted the commitment to make sure that the patients and your staff are safe. You must honour your agreement with both and must care for them, listen to them and counsel them when this is needed. The patients have the right to expect that everything is done for their good, and can demand fidelity. You are therefore obliged to counsel the nurse and send her for treatment on the basis of your knowledge. You must have the courage to ensure the safety of the patients.
- **Paternalism:** If the nurse can be proved guilty in this case, you should take on the authority to make a decision for her and send her for treatment, even if she is not willing. In the end, this decision would benefit the nurse and the community at large.
- **Rights-based reasoning:** Nurse Pearl has her basic rights, but she cannot use this as a reason to infringe the rights of others (i.e. the rights of the patients and her colleagues). If she is guilty she will have to be disciplined.
- **Utilitarianism:** As the supervisor, you would like to achieve the greatest good for the greater number of people, and so you should try to solve the problem as soon as possible. If you suspect Nurse Pearl, you should find out her past history. You should find out why the nurse left her previous job and what the report from that hospital said. If any of this information suggests that Nurse Pearl could have a problem, she should be confronted.

Dilemma related to managed care

Refer to Case study 8.11 on page 196.

- **Autonomy:** The patient still has the autonomy to decide whether he would like to be treated in the private hospital or whether he should be transferred to a state hospital. He should, however, be given the necessary information to make an informed decision. He needs to know how much he will have to pay for hospitalisation, and someone should explain this to him very carefully. If the patient is unable to make this decision on his own, the family should be given the chance to decide for him.

- **Beneficence:** The decision should be based on what is best for the patient – to be burdened with big debts on discharge, or to be given the chance to have cheaper care that is not necessarily less effective.
- **Fidelity:** As the advocate to the patient and his family, you must provide support as long as the patient remains in the hospital. He should receive the necessary treatment until alternative arrangements have been made.
- **Justice:** It would be unfair to both the patient and his family not to inform them of the costs involved if he stays in the private hospital for any length of time.
- **Truth-telling:** The patient and his family need to know what the decision to move him or not to move him will mean to them financially, as well as how it will affect his health.

Some more dilemmas to consider

With your group members, consider the following dilemmas and try to work out how they could be resolved. Research the problem and then consult with your facilitator.

The immigrant nurse

You are working in a private clinic as a registered nurse. One of your ward aides is an immigrant nurse from another country. She has been in the country for more than two years and could not be registered by the SANC because she has twice failed the Foreign Registration Examination. (Nurses trained in other countries should pass this examination before they can be registered to practise nursing in South Africa. This is standard procedure in many countries, such as the USA for example.) She has been offered a job as a ward aide so as to make ends meet. However, because she is a registered nurse in her country, she often does the work of a registered nurse.

- Will you report her activities?
- If so, to whom?
- If not, why not?
- Do you think she is being exploited?

Refusal of care

A quadriplegic man of 28 years is admitted to your ward with pneumonia. He also has bedsores in several areas. While recovering from the pneumonia he starts refusing to take his meals. He indicates that he does not wish to continue living.

- What do the patient's bedsores and pneumonia indicate about his life before he was admitted to hospital? What bearing do they have on the man's wish not to continue living?
- Suggest the ethical reasons why this man's wish should not be granted.

National Health Insurance (NHI)

Currently, the South African healthcare system is designed as a curative system. The citizens of the country prefer to go to hospital for curative healthcare services and the primary healthcare model introduced by the National Department of Health in the 1990s is often ignored. Consequently, there is a need to strengthen the promotive and preventive healthcare services. For this reason, primary healthcare reengineering is the basis of the proposed National Health Insurance (NHI) plan.

The curative system is composed of both public and private hospitals. On the whole however, quality healthcare services are deteriorating and are very poor due to factors such as lack of infrastructure, lack of equipment and shortage of staff. There is an economic gap between the poor and the rich. The rich are able to access a better healthcare system as they have medical aid schemes that enable them to have quality care, while the poor are still struggling to access very basic healthcare services (Moyakhe, 2014).

To address the inequity in healthcare access, the government is introducing the National Health Insurance scheme. National Health insurance is a finance method that the National Department of Health aims to introduce to ensure that all South Africans regardless of economic status are able to access and receive equitable quality healthcare services (Moyakhe, 2014). The NDH has established the office of the healthcare standards compliance to ensure that all healthcare institutions are monitored and encouraged to maintain the set standards. It is also envisaged that the infrastructure, such as buildings and equipment of the public hospitals, will be improved and maintained at all times.

The primary healthcare engineering model that has been proposed is critical for the success of NHI. A good referral system is also needed to ensure that all patients have universal access to care. The NHI is currently being piloted in designated hospitals (Amado et al., 2012) .

Drawbacks to the success of NHI are that the ethics of care are severely affected by the shortage of staff and the inability of nurses to provide quality care according to the set standards. Ethical principles such as respect of autonomy of patients and clients, beneficence and non-malificence and justice are often neglected and patients' human rights violated.

- What are the ethical issues related to NHI?
- Discuss how equity, redistribution and social justice will be achieved through the introduction of NHI?
- Critically analyse the concept 'Universal access' in relation to NHI.

Ethical issues occurring within nursing education

Recently, new ethical dilemmas have arisen that nurse educators are faced with daily in universities, classrooms and clinical settings. The academic environment has become difficult and combative. Students of the 21st century are manifesting attitudes that are often a challenge to their lecturers who were socialised in an era where seniority was part of the professional manners of nursing. Hierachical structures were internalised and practised in all spheres of nursing. Nowadays, the students have a tendency to ask a lot of combative questions. This is why they have been termed the 'Y' generation. The lecturers frequently find it difficult to cope. They feel that the students are disrespectful, disruptive, rude and, in certain instances, defiant. Some of the students continue to chat on their phones while the lecturers are busy teaching. They demonstrate bullying and violent behaviour (Fowler & Davis, 2013).

In addition, the nursing programme is very demanding as students have to correlate practice and theory. In most cases, students get frustrated due to the amount of work that they are expected to cover within a short period. They end up cheating, plagiarising, fabricating data and forging the signatures of professional nurses (Fowler & Davis, 2013).

- From this view of student nurses, identify the ethical issues that can arise in an academic environment.
- Give an example of a case study that shows what senior academic nursing staff often have to cope with in their lecture rooms.

Conclusion

Every day, nurses have to make judgements, and decisions based on these judgements. This is often difficult to do, even when it is clear that the patient's best interests should be paramount. Nurses must deal with ethical dilemmas, which are problems that cannot be solved simply on the factual evidence, are so complicated that the solution is unclear and inaccessible, and have implications not only for the present, but also for the future.

In the South African context today, nurses face dilemmas relating to HIV/Aids, abortion, euthanasia, sexual orientation (possibly their own, as well as their patients' and other healthcare providers'), technological advances such as organ transplant and resuscitation, child abuse, domestic violence, cultural diversity, substance abuse (possibly their own, as well as their patients' and other healthcare providers') and managed care. Other dilemmas that can take place in the nursing setting are related to immigrant nurses, and the patient's refusal of treatment.

There are various ways of dealing with such dilemmas. Referring to the case studies provided in this chapter, nurses can learn to deal with the

dilemmas by taking into account the patient's right to autonomy, privacy and confidentiality, and by using models such as beneficence, truth-telling, non-maleficence, utilitarianism, justice, fidelity, deontology and rights-based reasoning.

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