Ethics, the RCN and the wider world

RCN Ethics Adviser, Chris Chaloner, explains how the RCN is influencing some of the key ethical issues in health care today.

Although enhancing ethical decision-making within day-to-day clinical practice is at the heart of the RCN’s proposed ethics strategy, nurses also make an increasingly significant contribution to wider ethical debates on issues affecting health care.

Since the last Ethics Bulletin the RCN has been actively involved in a number of significant developments within the world of health care ethics. For example:

- In July, the RCN responded to a Human Fertilisation and Embryology Authority consultation, Hybrids and chimeras: A consultation on the ethical and social implications of creating human/animal embryos in research. In November, the Human Fertilisation and Embryology Bill was published. Amongst its proposals is that the creation of human/animal embryos can go ahead for research purposes, with strict controls. RCN staff and members are looking forward to working with the Government to develop the proposed legislation.

- In October, the RCN, together with the British Medical Association (BMA) and Resuscitation Council (UK) issued revised guidance on cardiopulmonary resuscitation (CPR). RCN General Secretary Peter Carter stated that the revised guidance “...recognises the important part that nurses play in decisions related to resuscitation and will allow experienced nurses to make key decisions in the best interests of their patients.” The launch of the revised guidance attracted some media attention about the potential role of nurses in CPR-related decision-making. However, the document itself clearly outlines the context within which the role of nurses in relation to such decision-making should be considered. The revised guidance is available to download from the RCN website. Hard copies will also be available for RCN members to purchase.

These are just three examples of how the RCN is influencing some of the key ethical issues affecting health care today. If you would to like further information on any of these issues, contact me at: chris.chaloner@rcn.org.uk

RESULTS – thank you

A big ‘thank you’ to everyone who completed the Mental Capacity Act (MCA) questionnaire in the last Ethics Bulletin. The results show that:

- Two-thirds report having only a minimum knowledge of the Act, with no one claiming expert knowledge.
- About three-quarters have received no training, printed material about the MCA or access to either of these.
- Around three-fifths are not aware of the MCA code of practice and of those who are aware, a little over half have easy access to this code in their workplace.

It’s clear that more work must be done to raise the profile of the Act – and nurses’ knowledge of it.
Discrimination or ethical practice?

Chris Barber raises some searching questions.

‘Tis the season of mellow fruitfulness and early morning mists, of jam and fruit wine making, of sitting in front of a warm fire and watching the evenings draw in. No? Pity. More like ‘tis the season of drudging through the rain and snow trying to get into work and wondering for the umpteenth time why we do it. Oh well, we can but dream!

Over the years that I have been newsletter editor for the RCN’s Ethics Forum, I have used this editorial letter to try to highlight a small number of ethical issues surrounding disability and disability discrimination; issues that are close to my heart. Odd really, as I never intended to use this column as a platform for any anti-discrimination views that I hold although, as many of you may know, I have a personal involvement and commitment to disability issues. It just happened that way.

Soapbox

I had actually thought that I could get down off this particular soapbox, as I had done my bit for the cause. That was until I glanced through that pillar of the establishment, The Daily Telegraph (31 October 2007), where a small article caught my eye. A female employee – of a disability charity no less – successfully took her employer to an industrial tribunal, on the grounds of disability discrimination and sexual harassment. This employee has had a physical disability since birth, caused by thalidomide. Is this an isolated incident? Speaking personally, I don’t think so.

Cast your minds back to a series of articles in Nursing Standard (23–29 May 2007), which highlighted disability issues in nursing. In 2006, 8.5 per cent of nursing students had a disability, up from 1.28 per cent in 2001. Disabilities include physical and sensory; mental health issues, learning difficulties and autism. This includes seven students with an autistic spectrum disorder.

Yet why are some nurses and nursing students still afraid to admit to having mental health problems? Why do some nurses with a disability feel that they are discriminated against because of their disabilities, or believe that they have to work harder in order to prove that despite – and even because – they have a disability they are good nurses?

In that same issue, Nursing Standard’s Readers’ panel asked whether academic institutions should be allowed to reject applicants for nurse training on the grounds of disability. One contributor suggested that ‘rejection in some cases (of disability) is ethical practice’.

Is such rejection ethical or is it discrimination? Is the Nursing and Midwifery Council’s ‘fit for practice’ on the grounds of disability, actually discriminatory? Or is it ethical? I’d like to see a debate and a decision. And if such practice is discrimination, then let’s stamp it out. Put a stop to it. A full-stop.

A wonderful opportunity

ANN GALLAGHER, Ethics Forum committee member and senior research fellow at Kingston University and St George’s University of London, explores the benefits of the RCN Political Leadership Programme.

Each year, RCN members are nominated to participate in the RCN Political Leadership Programme (PLP). I was fortunate to be nominated by the RCN Ethics Forum in 2007 and came to the programme keen to further explore the relationship between politics, leadership, ethics and policy-making. More specific objectives included considering how the RCN ethics strategy might be taken forward; and what role an ethics advisory committee or group might have within the RCN.

The PLP is described as an action-oriented programme that draws upon a diverse range of learning strategies and established...
political networks. Speakers and learning set activities enable participants to learn about influencing, lobbying, communication strategies and the current political climate in the four countries of the UK. The media training day provides participants with the opportunity to experiment, in a safe environment, with techniques that enable us to get our message across.

For me, three strengths or advantages of the PLP stand out. Firstly, it provides the opportunity to work with RCN members from across the UK who are passionate and committed to taking forward a wide range of worthwhile policy issues. This is a wonderful opportunity to network, and to learn about practice and policy issues relevant to nursing.

Privileged
Secondly, the PLP provides a legitimate reason to talk with nurse leaders with a view to gaining different perspectives on specific policy issues and, in my case, on the relationship between ethics and political leadership. For example, I have been privileged to meet with RCN President, Maura Buchanan, RCN General Secretary, Dr Peter Carter and Professor Anne-Marie Rafferty, Dean of the Florence Nightingale School of Nursing and Midwifery, Kings College London. All have been extremely generous with their time and ideas.

Thirdly, the PLP provides an opportunity to consider the meaning and significance of political leadership, in relation to one’s own practice. For instance, it has caused me to further explore the relationship between ethics and political leadership, and to consider how ethics relates to policy.

In relation to the work of the RCN Ethics Forum and Advisory Panel, I would be interested to hear the views of forum members on how we might further engage with nurses to promote the consideration of ethics in everyday practice. Email your thoughts to: a.gallagher@hscs.sgu.ac.uk

Finally, I would like to thank members of the RCN Ethics Forum committee and Ethics Advisory Panel; Chris Chaloner, RCN Ethics Advisor; and Professors Anne Davis and Paul Wainwright for their support with this programme.

An appendectomy is also being sought, as there are concerns that the girl would be unable to communicate effectively if the organ ruptured.

As a learning disability nurse I would be very interested in the reaction of other nurses to these difficult situations. I’ve been struck by the polarisation of views. Parents have had to defend their decision-making against groups advocating for disabled people who see these treatments as an attack on the human rights of people with disabilities, particularly the rights to sexuality and reproduction. I usually find myself being supportive, in general terms, and wondered why, in this instance, I felt less inclined to be so.

Upon reflection, I’ve come up with a number of possibilities for my discomfort. They all seem to relate to the issue of prioritising what is the best course of action for each individual child.

There are photographs of one of the children on the internet and the other child has been named in the British press. I wondered if complete anonymity would have been preserved if these children did not have a disability?

Tackling such issues in the public domain attracts the views of interested parties. It is important to discuss important ethical issues publicly – and that’s precisely what I am doing now. But, in the first instance, does this detract from the ability to properly focus on ascertaining the best course of action for the particular child involved? Perhaps we need to be able to separate out discussion about individuals – private -and the more general themes that their situations are examples of – public.

One of the key principles of the Mental Capacity Act 2005 – relating to adults in England and Wales – is that, where people do not have the capacity to make a particular decision, any course of action should be the least restrictive one. The welfare principle in the Children’s Act 1989 does not have an explicit ‘least restrictive’ standard, but the ethical principle seems to me to be a good one.

Try as I might – and there may be details of the individuals situations which were not fully reported – I just cannot see how the procedures outlined for these children are the least restrictive options. The treatments are severe, lifelong and irreversible. With some creativity and commitment to implement them, it’s my belief that there are numerous gentler alternative solutions to the scenarios detailed here.
Guidelines offer practical help not dogma, says professor

The Royal College of Physicians (RCP) launches updated and extended guidelines for research ethics committees (RECs) considering research involving human subjects.

The RCP’s Guidelines on the practice of ethics committees in medical research with human participants offer a concise summary of the ethics of biomedical research involving human participants. Now in its fourth edition, for the first time the RCP’s guidance covers issues such as the internet and the involvement of prisoners in research. Professor John Saunders, Chairman of the RCP Committee on Ethical Issues in Medicine, says: “We hope our guidelines will be of value not only to members of RECs, but to the research community and all those involved in research governance. Some changes since the last edition have been extensive, and perhaps controversial, such as issues around the responsibilities for systematic review and the ethics of sham surgery. However, we hope to have achieved practical guidance, rather than an unhelpful dogmatism, when such issues arise.”

Professor Sir John Lilleyman, former Medical Director of the National Patient Safety Agency, says: “This guide will be a valuable and much-used source of advice for those contemplating a clinical trial or other medical study, helping those who sit on ethics committees to do their job more effectively.”

Designed to be compact and accessible, the guidelines are comprehensive enough for everybody involved in research, and will contribute to the development of research to help improve human welfare. Although the guidance is written from a UK perspective, it will also be of great interest to those involved in research governance – especially research ethics committees – throughout Europe and worldwide.

The latest guidance has been produced by a working group – under the auspices of the RCP’s Committee for Ethical Issues in Medicine – drawing upon contributions, comments and guidance from other professional bodies. These include members of the Intercollegiate Ethics Forum, the Department of Health, and the Central Office for Research Ethics Committees, now reconstituted as the National Research Ethics Service (COREC/NRES).

The first edition of these guidelines was published in 1984. It was prepared by Professor DR Laurence, at the request of a steering committee set up by the RCP’s then President, following a meeting of chairmen of ethics committees and others. A second edition, under the auspices of the RCP’s Committee for Ethical Issues in Medicine, appeared in 1990, with a third in 1996. Following the first edition, the RCP also published two related documents: Research on healthy volunteers (1986) and Research involving patients (1990). This new edition incorporates these subject areas.

Although the guidelines describe the legal background to the work of RECs, they should not be used as a definitive statement of law. Those involved in research governance should seek appropriate legal advice.


Writing offer for RCN members

If you would like to enjoy the stimulus and wider horizons offered by creative writing, plus the opportunity to network with established and experienced writers the Society of Medical Writers (SOMW) might be just what you are looking for. SOMW is an independent organisation which provides a forum for discussion and debate on matters to do with writing, authorship and publication. It is not just limited to academic fields but includes poetry, drama and prose.

It is currently offering a privileged annual subscription of £30 for the first three years of membership to RCN members (usually the annual membership fee is £45). To obtain an application form contact richard_cutler_novelist@yahoo.co.uk and refer to the discount offer mentioned here.

To find out more about SOMW visit www.somw.org.uk