De-mystifying ethics

CHRIS CHALONER, our RCN Adviser, talks about a series of articles which aim to raise awareness of ethics.

In April/May this year, members of the RCN Ethics Forum Steering Committee and I published a series of articles on ethics in the art and science section of Nursing Standard. The aim of the series was to increase awareness of ethics and ethical decision-making and to clarify the relationship between ethical thinking and effective nursing practice.

In developing the series, we aimed to “de-mystify” ethics, a subject that many nurses may consider confusing, off-putting or simply irrelevant to the day-to-day realities of their roles. By publishing a series of clear, well-written and informative articles, we hoped that ethics could be promoted as an accessible and relevant concept. A number of significant ethical issues were examined in order to show how ethics impacts upon nursing. The series demonstrated that ethics is not a remote concept but an essential aspect of good nursing practice.

The series of articles was not intended to offer a definitive overview of ethics and nursing as many other areas of a nurse’s professional role (both clinical and non-clinical) demand critical ethical exploration. The series focused on some of the “big issues” simply to engage the reader and provide a focus for ethical concepts and principles to be explored. The articles are available to view via the RCN website www.rcn.org.uk/library (click on “Full text journals”).

For the full article listing and the full version of this article please see our forum website, www.rcn.org.uk/ethics
Reductionally v. Holistically

“Will the 2007 series droid nurse mechanoid please give a bed bath to the Asperger patient in bed 13? And, by the way, what is this disease called Asperger’s syndrome?”

This is clearly a somewhat “tongue in cheek” over simplification of a medical and nursing reductionism, dreamt up by someone who has watched a bit too much Red Dwarf to be credible, an over simplification whose time has come and long since gone.

Or has it? Is this reductionism still alive and kicking in the opening years of the 21st century? Is such medical reductionism actually ethical and conducive to nursing the whole person?

During Congress 2005 at Harrogate, there was a debate about learning disability at which I mentioned that my son had Asperger’s syndrome and that I also considered myself to be Asperger’s. During a coffee break later that day, I was approached by a nurse steeped in such medical reductionism who asked what this disease called “Asperger’s syndrome” was.

To say that I was, and still am, flabbergasted, annoyed and irritated at such unthinking reductionism is a slight understatement.

When I, as a nurse, approach someone who is a patient or service user, do I see and nurse that person as a whole person, as a medical and/or nursing condition or do I see and nurse that person in his or her entirety, as a complete and social being with a family, friends, interests, past, present, future, hopes, joys and fears?

Do I nurse “reductionally” or do I nurse “holistically”? Do I nurse as a whole person, body, mind/intellect, soul and emotions or do I nurse mechanistically and leave my emotions, my soul at the entrance door along with my coat to be picked up at the end of my shift on my way out?

During my training I, along with my fellow students, was told to leave my emotions out of my nursing work. Whilst it could be suggested that emotions could cloud professional judgment, does such an approach lead to an emotionless, soulless, mechanistic automaton and is this right and ethical? You decide!

(By the way, everyone knows that the 2007 series only feeds those with mobility problems. You want the 2005 series droid nurse mechanoid for bed baths!)

Chris Barber

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- involve members in ethical debate and decision-making
- enable the RCN to provide leadership in the field of health care ethics
- enhance the nursing profession’s contribution to wider ethical debate
- establish and maintain strong links within professional and political arenas, as well as within relevant RCN membership groups

One of the key components of the strategy is the establishment of an Ethics Advisory Committee (EAC) which would support and influence the RCN’s ethics activity. The EAC would have core membership representing the RCN’s reformed professional membership structure, the four UK countries plus appointed experts.

I believe that by enabling its members to engage with ethics and participate in ethical debate, the proposed ethics strategy will enhance the RCN’s reputation and place members in a position of influence in the wider health care world.

Your contribution to the development of this strategy is welcome. Please send me your comments and suggestions: chris.chaloner@rcn.org.uk

For the full version of this article visit our website: www.rcn.org.uk/ethics

Chris Chaloner

The Science of Morality
Collected papers

Can science illuminate morality? The Science of Morality is an absorbing series of essays exploring the science behind our moral sense. Traditionally, the sciences study what is, while morality deals with what ought to be. But increasingly, work in the human sciences – such as genetics, evolutionary biology, anthropology, neuroscience, neurology, psychology and psychiatry – is invading the heartland of morality, blurring the distinction between fact and value.

The papers included in the book were first delivered at a conference held at the Royal College of Physicians and the contributors were drawn from all the relevant key disciplines. Papers include The neuroscience of morality by Baroness Susan Greenfield and The neurology of consciousness – and conscience by Professor Adam Zeman. Camila Batmanghelidjh, founder of Peckham-based children’s charity, Kids Company, and winner of the Woman of the Year 2006 award, contributed Demons and angels: who cares? Poor care structures and moral breakdown.

AC Grayling, Professor of Philosophy at Birkbeck University, writes in the foreword to the book: “The discussions in The Science of Morality examine the possibilities for increased understanding of the social and moral capacities of human beings. There can scarcely be a more important set of enquiries.”

The Science of Morality was published in March 2007 and can be purchased from www.rcplondon.ac.uk/pubs

NEWSFLASH

Congratulations to Jane Denton, Ethics Advisory Panel member, on the award of a CBE in the recent Queen’s Birthday Honours List.
RCN Congress has come and gone. Here we have two reports, one from a seasoned Congress attendee and the other from a first timer. Both tell us what they thought of that eventful week in April.

‘An exhausting but invigorating week’

RCN Congress was its usual hectic, passionate, exhausting self, full of hard work and equally hard play! The RCN Ethics Forum was well represented by forum committee members (Chris Barber, Ann Gallagher, Paul Wainwright and myself), RCN Ethics adviser (Chris Chaloner) and advisory panel members (Karen Sanders, David Edwards and Jane Denton).

The Congress opened with an uplifting opening speech from our new president (and ethics advisory panel member), Maura Buchanan, on the theme of change makers. Maura emphasised the importance of embracing the changing role of nursing whilst maintaining the human touch and core nursing principles, which our patients need and value.

It was also the first Congress for our new General Secretary, Dr Peter Carter, who made a dramatic first impression with an impassioned speech stating that “enough is enough”. Dr Carter emphasised the importance of the government in valuing core nursing principles, which our patients need and value.

The debates were diverse and covered a number of issues including the financial cuts, is one too many.

The debates were all handled beautifully by Jason Warriner and Rod Thomson, chair and vice chair of Congress respectively.

An extraordinary general meeting was also called to discuss concerns over the selling of the RCN HQ in Cavendish Square in London.

I left Harrogate exhausted and yet invigorated, having reacquainted with old friends and having made many new ones. I was hyped by the adrenaline from presenting my first ever resolution and keen to be a change maker before next year’s Congress in Bournemouth.

‘A fantastic experience’

Attending RCN Congress – I’ve been threatening to do it for years. And this year, I finally got around to doing it and so I’m no longer a Congress novice. And what an experience it was. Who’d have imagined we’d vote to invoke Rule 12? And our Congress Chair certainly had a baptism of fire, when anything that could go wrong did. He had to call a card vote, the first in years. Despite everything, Jason maintained his composure throughout.

What struck me first was the friendliness of everyone. When a fellow delegate, Karen Sanders, found out I was alone, she made a point of telling members of the RCN Ethics Forum at my hotel to look out for me, which they did. As did she. Thank you, Karen! And I have to say, Chris Barber sure works fast – five minutes after meeting him for the first time, I had agreed to write this article, my personal reflection on Congress.

I personally felt that most of the resolutions were “safe” topics. This meant that there was little actual debating taking place with the majority of speakers being in favour of the resolutions, and it was obvious what the outcome would be from the start. That said, I enjoyed listening to what everyone had to say, and see how passionate nurses can get about their work. The evenings provided excellent opportunities to network and meet new people.

Congress was a fantastic experience and I thoroughly enjoyed and highly recommend it. I will be back for more!

Caroline Carron-Mayunga

For Kiera’s complete Congress report visit the Ethics Forum’s website: www.rcn.org.uk/ethics

For Caroline’s complete Congress report visit the RCN Ethics Forum website: www.rcn.org.uk/ethics

For more information on the debates, speeches and Congress events, visit: www2.rcn.org.uk/congress/2007
The Mental Capacity Act 2005 became law this April. Some provisions are already in place, and further elements are due to come into force from this October.

Despite the statutory obligation on health care trusts and social care organisations (amongst others) to ensure that all staff are aware of and compliant with the Act, there is anecdotal evidence that insufficient preparation has been made by organisations and practitioners remain uninformed.

The Act is based on five key principles:

- **A presumption of capacity** – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
- **The right for individuals to be supported to make their own decisions** – people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
- **That individuals must retain the right to make what might be seen as eccentric or unwise decisions.**
- **Best interests** – anything done for or on behalf of people without capacity must be in their best interests.
- **Least restrictive intervention** – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

(MCA 2005)

Practitioners now have a legal duty to apply these five principles to decision making on behalf of those assessed to lack capacity. This is irrespective of the context of the person, be it care home, acute trust, day care centre, or even his or her own home.

The Act introduces a range of provisions. The mistreatment of an adult without capacity became a criminal offence in April. An Independent Mental Capacity Advocate (IMCA) can be appointed to assist in decision making. The right to make an advanced refusal of treatment is protected. From October, the individual will be able to nominate a lasting power of attorney (LPA) to make health and welfare decision on their behalf. There will be additional protection for the vulnerable adult as two new statutory public bodies are introduced; the Court of Protection (the final arbiter for capacity decisions) and the Public Guardian (the registering body for LPAs).

The MCA represents many changes in the law regarding the treatment of those who lack capacity. This is only a brief introduction. The Act has far ranging implications for all staff involved with vulnerable adults. We are interested in the experiences of those working in health and social care relating to the Mental Capacity Act. We are particularly interested to hear what provisions are being made for the training and implementation of the Act within your sphere of work.

### We would be grateful if you would take a few moments to answer the following questions:

1. **How would you describe your understanding of the Mental Capacity Act 2005?**
   - Minimal/basic understanding
   - Working knowledge
   - Expert knowledge

2. **Has your organisation offered you any training about the Mental Capacity Act?**
   - Yes
   - No

3. **Have you received any training about the Mental Capacity Act?**
   - Yes
   - No

4. **Have you received any printed materials from your organisation about the Mental Capacity Act?** (e.g., handouts from training sessions, booklets, etc.)
   - Yes
   - No

5. **Do you have access to printed materials (either your own organisation’s or published by others) for patients/clients and families to inform them about the Mental Capacity Act?**
   - Yes
   - No

6. **Are you aware there is a Mental Capacity Act Code of Practice?**
   - Yes
   - No

7. **If you answered yes to question 6, do you have easy access at your place of work to a copy of the Code of Practice?**
   - Yes
   - No

Please return the form to Chris Chaloner, PND, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN.