Point of View

Ethics of nursing and midwifery: responding to change
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Nurses and midwives are taking an increasing interest in ethical matters in their professions. Although the conditions in which they work vary immensely and are undergoing rapid change, it is possible to detect certain basic notions of patient care which transcend cultural, socioeconomic and technological differences.

Historically, obedience to authority has often provided the ethical basis for nursing. This has meant, for instance, following institutional policies and rules without question. Today, however, nurses and midwives are increasingly asking themselves how they should respond to ethical problems. In an age of high technology they, like the members of other health professions, have to combine their traditional responsibilities to patients with their duties vis-à-vis the public as a whole.

Ethical values across the world

Nurses work in very diverse socioeconomic, cultural and other circumstances. Nevertheless, it can be argued that a number of ethical principles of nursing are recognized in most, if not all, cultures. Thus it is generally agreed by nurses that they should be kind and considerate towards patients, although, of course, the way in which this principle is put into practice may vary substantially.

What is perceived as doing good or doing harm may differ from one society to another. For example, in some cultures it is considered desirable to give patients enough information for them to participate in decision-making about their treatment; in others the view is held that patients are harmed by being told about their diagnosis, prognosis and other matters, and that they should not, therefore, have a say in how they are treated. The notion of patient autonomy is prominent in Western cultures but is not necessarily so elsewhere.

In some societies the individual patient is not the predominant factor considered when decisions are being made. The basic unit for decision-making may be the family or its head, and the individual patient may not be involved at all in the process. However, as increasing attention is paid to human rights and as young people become influenced by Western culture to a growing extent, patient autonomy in respect of decisions about health care may assume greater significance.
Nursing is often strongly influenced by Western traditions, especially those of the United Kingdom and the USA. Throughout the world, nurses have access to Western textbooks, while some, notably leaders and opinion-formers, go on study tours and attend classes, workshops and conventions where there is a marked Western presence. Furthermore, the reward system in nursing at the international level tends to promote Western values. This can cause serious attitudinal and behavioural problems among nurses and midwives working with poor patients.

By and large it is true to say that, internationally, nursing and midwifery now have a shared value and ethical system. There is wide agreement at certain levels in the nursing profession as to what nurses and midwives should and should not do in a broad ethical sense and that they should assume both formal and substantive responsibility for their actions.

**Patient care**

Caring for patients requires a commitment to the protection and enhancement of human dignity. In nursing it depends on the respect nurses have and express for patients and their families. Caring also involves the application of the ethical principles of respecting persons, doing no harm, and doing good. Individuals have to be seen as interdependent members of communities (1).

In order to respect patients, nurses and midwives have to examine, understand and question their own values and compare them with those of their patients. This process helps towards a realization of the extent to which the values of nurses and midwives influence their view of and relationship with patients. It is important to appreciate that patients are separate and, in some ways, different from nurses and midwives. The professions should prepare and encourage their members to practice in a caring manner, so that they can discharge their responsibility for respecting, caring for, caring about and acting as advocates for patients to the greatest possible extent.

**Resource allocation**

Nurses and midwives have an ethical and social responsibility to use professional and political organizations as a means of demanding fair access to basic health services for all people. This is justifiable because the goal is attainable, at least to some extent, in every society.

Clearly, not all citizens can obtain everything they need from the health services. It is therefore necessary to address the questions indicated below.

- What are basic health services?
- What criteria should be applied, and who should determine them, when decisions are made on the distribution of resources?
- Because poverty has a major impact on health status, should the concept of health care as a fundamental right include the right to income, housing and nutrition?

The shortage of health care professionals has occasionally led nurses and midwives to confuse what is good for them individually and as a profession with what is good for society. Whereas professional education and self-regulation undoubtedly serve the interests of everyone, the interaction between profes-
sional and nonprofessional care-givers should be studied further in order to assess what is in the interests of the public at large.

Nurses and midwives sometimes undermine efforts to introduce or support nonprofessional health care workers such as nursing aides and traditional midwives. In some instances, the professionals are unwilling to provide acceptable care to patients who are geographically remote, poor or culturally unfamiliar. Where professionals are willing to be assigned to posts in underserved areas, shortages of funds and professional staff often make it necessary for them to work with nonprofessional care-givers.

Professionals should assume responsibility in the fields of access and allocation and apply pressure on governments to provide nurses with adequate wages and accommodation so that they can give proper training, guidance and support to auxiliary health workers, even in remote areas or difficult posts.

This requires nurses and midwives to work collaboratively with governments and respectfully with nonprofessionals. It is unrealistic for nurses and midwives to adopt a negative view of auxiliary workers, harmful to the image of the professionals, and basically irresponsible and unethical; such a view can lead to the proliferation of categories of auxiliary workers. If nurses and midwives behave in accordance with their ethical responsibility in this regard, both society and the health professions could benefit. Of course, health professionals need help and support if this is to be achieved.

What should the priorities be in nursing and midwifery? On the international level, should most emphasis be placed on training people to do research? What areas could most benefit from research? Should special attention be given to strengthening managerial skills or clinical skills? Decisions on such matters can be expected to reflect views on whether the status of the profession or the quality of care for underserved communities is in greater need of change, and on how changes can best be secured. In this connection it is necessary to consider the following points.

- Does raising the status of the professions or the skills of certain leaders improve the quality and availability of care?
- Can or should there be a conflict between what is good for nursing and midwifery and what is good for society?
- If such a conflict exists, what values and ethical principles can be applied with a view to resolving it?

**Social and economic influences on ethics**

Rapid social change, particularly in developing countries, creates many serious dilemmas. Largely because of Western influences, significant numbers of nurses and midwives and of the people they serve are changing their ways of thinking and behaving. Many people are adopting new, in some cases more individualistic, modes of thinking. This can lead, for example, to disagreement between individual patients and family members and even between family members themselves about the care and information that should be given. In such situations, the professionals should use their communication skills to assist patients and families to reach solutions, always bringing a high degree of

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sensitivity to bear on the ethical, social and cultural issues involved.

Nurses and midwives work in every imaginable social, religious and ethnic context, and with people ranging from the highly individualistic to the highly collectivist. Respect for people is vital, and skill is required in identifying the needs of patients and in working with them to develop suitable interventions. Professionals may experience difficulties if they make assumptions about cultures but fail to take social change into account.

If patients belong to vulnerable groups such as prisoners, the mentally ill, the poor or certain minorities, they are just as likely to be abused by the health care system as by the political authorities. Health authorities sometimes fail to protect political prisoners from maltreatment, and, too often, actually participate in torture. However, the commonest problems for vulnerable groups are those of poor care and disrespectful treatment. This situation can be tackled by defining the health care professions in behavioural terms and thereby encouraging nurses and midwives to give competent care to people they may dis-likely or disapprove of. Social and political contexts have a major bearing on the work of nurses and midwives.

The manner in which patients are cared for reveals much about how they are viewed and valued by the carers. Nurses and midwives need support from their professional bodies and leadership if they are to assume responsibility and respect patients.

Nurses and midwives face important ethical problems in a rapidly changing world, and are increasingly taking responsibility for the work they carry out. They are the largest, and in some areas the only, group of health workers, and the ethical decisions they make have far-reaching effects on the communities they serve.

Reference