

# SaskEthics

*An Ethics Newsletter for Catholic Healthcare Organizations in Saskatchewan*

## Safety and duty to care can be in tension

Dear *SaskEthics* Readers,



**H**ow many of you have a favourite Code of Ethics? I do! It's the Canadian Nurses Association (CNA)'s 2017 Code of Ethics for Registered Nurses. This is the code I turn to most often when a member of one of our teams, whether they are a nurse or not, calls me because they have experienced an ethical dilemma.

The thing about ethical dilemmas is that they do not have an easy answer. Ethical dilemmas occur because we are pulled in different directions by competing values and responsibilities, and the solution is likely going to involve sacrificing one good thing for another.

What makes the CNA's Code of Ethics stand out to me is that it recognizes this inherent tension in ethical dilemmas. Rather than prescribing a list of abstract virtues or dos and don'ts, this document guides readers through processes for resolving these tensions.

For example, imagine a scenario where a nurse recognizes the need to provide care to a patient, and also realizes that in the moment they find themselves in, this cannot be done in a safe way. Both OH&S regulations and the nursing duty to provide care are critical in framing a response. And yet here they are in tension with one another. Which one needs to bend to give space to the other?

The CNA Code of Ethics does not answer this question directly, but it does provide overarching guidance that is helpful. In all ethical situations, nurses are called to name the ethical issue and bring it forward for discussion.

When I am invited into these discussions there is an analogy that I like to keep in mind. Providing safe, competent, compassionate and ethical care is a lot like bowling. We are all hoping for a clean strike – the kind that makes the whole bowling alley applaud. We might not always get there, but what we really don't want is to throw a gutter ball. In situations involving the tension between safety and providing care, the left gutter of the alley is represented by our OH&S regulations. They are the bare minimum we need to achieve staff safety and breaching them is



a sign that something has gone very wrong. The right gutter is patient consent. Their consent is the bare minimum we need to proceed with care.

We need to take this analogy a step further though because we shouldn't be satisfied with just missing the gutter. We need to remember that if you want to throw a strike, you need to be looking at the headpin rather than staring at the gutter.

So how do we keep our eyes focused on compassionate care while being aware of regulations and patient needs? There are a few questions I often ask in these challenging situations: (1) How long will it take to find the support you need to provide care safely? (2) Will your patient be harmed if you wait that long? If yes, can you mitigate these harms? (3) How will you respectfully delay care until it can be provided safely? (4) What else can you do

to support your patient? (5) How would it impact your patient and your team if you were injured while providing care?

The CNA Code of Ethics also provides this guidance: "When the integrity of nurses is compromised by patterns of institutional behaviour or professional practice that erode the ethical environment and the safety of persons receiving care (generating moral distress), nurses express and report their concern individually or collectively to the appropriate authority or committee."

This guidance is echoed in OH&S regulations and by ethicists everywhere. Change is not possible if we work alone.

Dr. Mary Heilman,  
Bioethicist, St. Paul's Hospital & CHAS  
(306)-655-5197  
mary@chassk.ca

## 2024 W.F. Mitchell Bioethics Seminar:

"Complex Patients and Discharges:

What should we do when every option feels problematic?"

This year's guest speaker, Katarina Lee-Ameduri, Director of Ethics for Réseau Compassion Network, walked participants through a case study which she applied to the Beauchamps and Childress' four principles of medical ethics: autonomy, beneficence, non-maleficence, and justice. She shared that what often makes these situations so complex is the tension within and among these principles. The presentation closed with a discussion of moral distress.

View the session online:

<https://stpaulshospital.org/news/wf-mitchell-november-2024>