


The importance of learning, teaching and practice of ethics in nursing



Verena Tschudin, RN, PhD
Visiting Senior Fellow
University of Surrey
Guildford, UK

My two editor-colleagues,
Anne Davis and Louise de Raeve,
send you greetings.

Anne sends warm greetings and many thanks to everybody.
Louise had once taught ethics in Barcelona and wished she had
more time to look round the city.

It is a great honour for me to be here and see and read of the work of the Foundation.

The Bioethics Center is to be congratulated for publishing this volume.

Thank you to our colleague Professor Maria Gasull, contributor of one of the chapters to the English text, and the inspiration for the Spanish translation.

A profession can be judged by its ethics, both in the written format and in the actions of its practitioners based on such writings.

Anne Davis was the first author of a textbook on ethics within nursing, with her publication in 1978, with Mila Aroskar, of *Ethical Dilemmas and Nursing Practice*.

Ethics cannot be taught, only learned.

Yet, being conversant with the basic theories, principles, concepts, approaches to and aspects of ethics give the profession and professional practitioners the means of thinking about ethical issues and a language in which to express their concerns. How ethics is taught, learned and practiced is what counts.

Most of us will remember some person who became a role model.

We also remember people who exhibited bad behaviour or practices, and they play a role in what we learn not to do.

This kind of learning is based on character traits and the role models themselves are largely unaware of their status and influence. When I was at nursing school, we called this type of learning 'sitting with Nellie'.

Nelly Garzon has been a significant role model for nursing in the whole of South America, and much wider too through her presidency of the ICN from 1985-1989. One constant concern for Nelly Garzon is social justice.

Learning about ethics – or ‘learning ethics’ – makes us more keenly aware of
the needs of other people
professional behaviour
the impact our behaviour has far and near
in the short and long term.

Four different conceptual ways of thinking about ethics.

A criticism of this approach was that it would deter people from acting ethically at all.

We chose the four different approaches that are best known and made a distinct impact.

GoodWork™ project based at Harvard University

Ann Gallagher, Director of International Centre for Nursing Ethics (ICNE), at University of Surrey, UK:

Main goal of teaching ethics is to reach 'ethical competence'.

Components are:

- * ethical knowing
- * ethical seeing or perception
- * ethical reflecting
- * ethical doing
- * ethical being.

You just graduated from college with a degree in accounting. A few weeks after graduation, Camel Cigarettes offers you a position in their accounting office for a great salary (\$20,000 higher than anything else you've seen advertised). You've never been a smoker, and in fact one of your uncles, who smoked two packs a day, died from lung cancer a few years ago. Still, it's a great job opportunity with a high salary. If you don't take the job, someone else will. Do you take the job? Why or why not?

Ethics teaching at Surrey of undergraduate nursing students:

First year:

Begin with their own experiences: items from the media, including local issues and international events. What do they think about them and do about these issues? How do these issues relate to health care generally, to their own work, to nursing in general, to their education?

Second year:

Professional codes and various guidelines and legal issues.

Third year:

Personal and professional responsibilities, ethical theories and principles, ethical and moral obligations of professional practice.

One aspect of nursing ethics is globalisation.

The nursing workforce has always been mobile. In the past it was from west to east and north to south; now it is from east to west and south to north.

Professionals who move to a different culture bring with themselves their own cultural values and experiences, including ethical practice.

This necessitated an attitude of interested *listening* to each other, highlighting differences and similarities. This has moved to *learning* from each other, integrating what we learned, and benefit from this learning.

In teaching about ethics, it may become necessary to address not only the immediate personal decisions that need to be taken in the light of these issues, but the wider consequences of a lack of attention to these issues.

A focus on larger issues such as declining health and rising poverty, declining infrastructure, national and international governance of big business, pharmaceutical companies, and the inordinate wealth accumulated by some companies.

To achieve ethical competence will mean being able to question and challenge practices that may not at first sight be obviously connected with patient care. Part of ethical competence is seeing the bigger picture, the whole environment of health care, the micro as well as the macro.

Teaching ethics therefore becomes an ever more intricate and perhaps also a more 'international' issue.

Teaching and learning entail that we acquire the capacity to act ethically. It does not mean that we are always able to act rightly or always have the right answers.

People who are ethically competent are probably more able to ask relevant and sensitive questions of themselves and others.

Thank you