

CHAPTER 2

LITERATURE REVIEW

For this study, a number of related articles and studies were reviewed. Related information was grouped under four aspects as follows:

1. Ethical dilemmas
 - 1.1 Definition
 - 1.2 Ethical dilemmas in nursing practice
2. Ethical dilemmas in critical care
 - 2.1 Withholding of information and truth telling
 - 2.2 Withholding and withdrawing of treatment
 - 2.3 Allocation of scarce resources
 - 2.4 Breach of patient confidentiality
3. Resolutions of ethical dilemmas
 - 3.1 Ethical decision-making
 - 3.1.1 Theories and concepts guiding ethical decision-making
 - 3.1.1.1 Ethical theories
 - 3.1.1.2 Ethical principles
 - 3.1.1.3 Code of Ethics
 - 3.1.1.4 Patient Rights
 - 3.1.2 Ethical decision making models
 - 3.2 Religious Approach

3.3 Consultation

4. Hermeneutic Phenomenology

1. Ethical Dilemmas

Ethical dilemmas have always been with nurses, but their nature in the health care setting has changed radically with development of new knowledge and technology. In order to understand the nature of ethical dilemmas, the definition thereof and ethical dilemmas faced by nurses will be explored.

1.1 Definition

The concept of ethical dilemmas is central in nursing practice, especially in intensive care units, because nurses are often confronted with them. From Webster's dictionary (1991), a dilemma is defined as two unsatisfactory alternatives. Sletteboe (1997) identified three conditions of a dilemma: (1) there are two or more alternatives to choose between, (2) when a wanted option leads to unwanted consequences, or (3) a choice where one does not know what is the right thing to do. Beaugard (1990 cited by Sletteboe, 1997) defines the dilemma of the nurse's role as a conflict between the role of patient advocate and handmaiden to the physician. Davis and Aroskar (1991) proposed a more concise definition of dilemma as a difficult problem seemingly incapable of a satisfactory solution, or a choice or situation involving choices between equally unsatisfactory alternatives.

According to Davis and Aroskar (1991), ethical dilemmas are situations involving conflicting moral claims and giving rise to such question as “What ought I to do”? “What is the right thing to do”? “What harms and benefits result from this decision or action”? Some authors view ethical dilemmas as a conflict between values. Wlody (1998) stated that an ethical dilemma occurs when a resolution brought to a conflict encroaches on the interests and welfare of another. Ericksen (1989 cited by Commons & Baldwin, 1997) defined an ethical dilemma as a problem consisting of two moral claims. Two or more ethical principles, personal values, or responsibilities are in conflict.

Thompson and Thompson (1985, cited by Kozier, Erb, & Bufalino, 1989) depicted the following criteria for defining ethical dilemmas in clinical practice:

(1) Awareness of different options.

The individual must be aware of the different options that are open. The awareness may be cognitive (knowing that something is wrong) or it may be affective (feeling that something is wrong).

(2) Moral nature of the dilemma

Is the dilemma the nurse faces a moral issue? Not all situations that appear confusing to nurses are moral dilemmas.

(3) Two or more options with true choice

For a situation to be a moral dilemma, one must have a choice between two or more actions.

To find out whether an ethical situation exists, Fry (1989) has proposed the following criteria:

- (1) A conflict between the human needs of different individuals and a situation where the nurse must choose between them.
- (2) The choice to be made is guided by ethical principles that are prescriptive and that can be universalized.
- (3) A process of weighing reasons and working out the priority of the competing values guides the choice.
- (4) The choice is affected by personal feelings/values and by the content and context of the situation.

1.2 Ethical Dilemmas in Nursing Practice

Nurses are confronted with ethical dilemmas in their daily nursing practice in different settings. The ethical dimension of nursing practice is action-oriented. It is not a feeling, a belief or an attitude; rather, it is deliberate and based on knowledge with consideration of the alternatives and reflection on ethical principles (Post, 1996).

Many studies have focused on ethical dilemmas facing by nurses. In a study of 205 nurses, Davis (1981, cited by Corley, Selig, & Ferguson, 1993) identified a number of ethical dilemmas such as withholding of treatment, prolongation of life with heroic measures, violation of patient autonomy and/or confidentiality, inappropriate allocation of resources, unethical/incompetent activity of a colleague, and abortion. In this study, Davis also cited that about one fourth of the nurses in the sample had limited or no understanding of ethical dilemmas.

Gold, Chambers, and Dvorak (1995), in their study of ethical dilemmas in the experience of nursing practice, found that the major ethical dilemmas experienced by 12 nurses who worked in acute, long-term and home care fell into four major categories: (1) withholding of information and truth telling (veracity, self-determination); (2) unequal care (justice); (3) differences between business and professional values (beneficence, justice); and (4) breaking rules and reporting broken rules (veracity, self-determination).

Post (1996), in the study of exploring ethical dilemmas in perioperative nursing practice through critical incidents in 48 anesthetics nurses and 76 operating theatre nurses, found four domains of ethical dilemmas, which included those arising as value conflicts in the intraoperative phase of surgery; those emanating from the patients' right of self-determination; those arising in caring for patients; and those resulting from the allocation of scarce resources and the demands of increased effectiveness. Reeder (1989) identified in case studies some common ethical dilemmas experienced by perioperative nurses but arising during the preoperative phase. These included issues regarding informed consent and truth telling, the allocation of scarce resources, and the care of HIV-positive patients.

2. Ethical Dilemmas in Critical Care

An intensive care unit is provided for patients who have a serious health condition and require ongoing observation. It is also equipped with complex, sophisticated instruments. In this setting, critical care nurses take care of the most vulnerable patients in the hospital.

In the intensive care unit, ethical dilemmas faced by nurses potentially arise from withholding of information and truth-telling, withholding and withdrawing of treatment, allocation of scarce resources, and breach of patient confidentiality (Wlody, 1998; Thelan et al., 1999).

2.1 Withholding of information and truth-telling

Ethical dilemmas that often occur concern issues of truth-telling and patient autonomy, and limit of fidelity to the patient. Knowing confidential information about a patient, nurses are confronted with the dilemma of whether to tell the patient the truth or not. Because it is not customary for nurses to give bad news to patients, nurses might feel obligated to withhold information or even deceive the patients. On the other hand, the nurse might feel obligated to disclose the truth simply because the patient has asked (Reeder, 1989).

Nurses withhold information from patients for many reasons. Sometimes it is considered that to withhold bad news is a beneficent act if it is felt that disclosure of the information will harm the patient (Burkhardt & Nathaniel, 1998). Nurses also sometimes want to lie in order to help the patient (Hall, 1996). Withholding information from patients may be one way to avoid lying to the patients (Corley, Selig, & Ferguson, 1993).

Gold, Chamber, and Dvorak (1995) studied ethical dilemmas in the experience of nursing practice using semistructured interviews with 12 nurses delivering direct patient care in acute, long-term, and home care settings. They found that withholding of information and truth telling was an ethical dilemma experienced by nurses in their

practice. Chaowalit, Suttharangsee, and Takviriyannun (1999), in their study of ethical problems in nursing practice experienced by nursing students in Southern Thailand, also found that truth telling versus withholding the truth was an ethical problem experienced by nursing students in Southern Thailand.

2.2 Withholding and withdrawing of treatment

Withholding treatment usually means that there is no hope for success from the onset, whereas withdrawing means surrendering hope (Thelan et al., 1994). The decision not to employ measures or to discontinue treatment is always difficult and stressful for all involved in the decision. Thus, it surely creates an ethical dilemma for nurses because nurses must protect and preserve human life when there is hope of recovery or reasonable hope of benefit from life-prolonging treatment. On the other hand, nurses believe that patients have the moral right to determine what will be done with them and they also have the right to accept, refuse, or terminate treatment (ANA, 1985 cited by Hudak & Gallo, 1994). In addition, the withdrawing and withholding of treatment or life-sustaining measures can be considered as a form of passive euthanasia (Davis & Aroskar, 1991; Fry, 1994).

Nurses are often involved in the withdrawal or withholding of treatment decision. This puts nurses in a value conflict, including aspects of autonomy, the obligation to do no harm, and the requirement to tell the truth. Thus, nurses may experience ethical dilemmas between their responsibility to alleviate patient suffering and the moral obligation not to take human life (Fry, 1994).

Redman, Hill, and Fry (1997) studied ethical conflicts reported by certified nephrology nurses practicing in dialysis settings. They found 69% of these nurses encountered ethical dilemmas concerning discontinuing or not initiating treatment. Soderberg and Norberg (1993), in their study of situations of ethical difficulty in intensive care, found that their participants (40 RNs and 20 physicians) also confronted withholding or withdrawing of treatment as an ethical dilemma. A similar finding was also found in the study of Cassels and Redman (1989), who studied ethical dilemmas encountered by RN students in clinical practice. They found that of 742 respondents, 671 perceived issues in regard to initiating resuscitation or discontinuing of life-saving treatment as an ethical dilemma.

In Borawski's (1995) study of ethical dilemmas for nurse administrators, of 103 respondents, 40% stated that they encountered treatment versus nontreatment as an ethical dilemma when working in nursing administrator settings. In the study by Huijjer et al. (2000), concerning medical student's cases as an empirical basis for teaching clinical ethics, they found that in 7% of cases reported (from 522 cases), participants confronted withdrawing treatment, and in 1% confronted withholding medication, as an ethical dilemma they had experienced in medical practice.

In the study of euthanasia, nursing, and care of dying, Aranda and O'Conner (1995) found that of the 90 nurses who had requests to forego life-sustaining treatment, 16% had complied with the patient's requests without having been asked to do so by a doctor. All of them believed their actions to be morally right. Of those who did not comply with euthanasia requests, 46% said that morality was not at all a reason for their

noncompliance, while 28% said morality was the sole or primary reason. Eleven percent said their noncompliance was because they considered active euthanasia morally wrong. Requests to forego life-sustaining treatment involved ceasing chemotherapy or radiotherapy treatments. In their study, many respondents questioned the labeling of withdrawal of life-sustaining treatment as passive euthanasia.

2.3 Allocation of scarce resources

ICU is normally a small unit which has limited equipment and nursing staff. This situation tends to produce dilemmas when patients' demands are greater than resources. According to Reigle (1989), an issue of resource allocation for critical care nurses occurs on a personal level (individual patient care decision) as well as on practical level (staffing of the ICU). In addition, critical care nurses work in a progressively more complex environment. Technologic and scientific advances, coupled with new diseases such as AIDS, increased longevity, change in attitude toward healthcare, and cost containment efforts, have resulted in unresolved issues regarding allocation of resources (Wlody, 1990).

When ICU beds are not available or there is an insufficient number of critical care nurses to care for additional patients, allocation decisions must be made. The dilemma that confronts the nurses is how to distribute his or her nursing care in a just manner that will most benefit the patients. Nurses must find the fairest way to allocate care, which often involves judging whether all patients should receive equal treatment. These issues

pose dilemmas to nurses who must prioritize ICU needs for patients as well as staff. The ideas of justice versus autonomy are the ethical principles that contribute to this dilemma.

Thelan et al. (1994) stated that most ethical dilemmas encountered in critical care are foregoing treatment and allocating the scarce resources of critical care. Bunch (2000) studied ethical dilemmas in the context of ambiguity on a critical care unit in Norway. Using a qualitative comparative design with participant field observations and interviews with 15 ICU staffs, she explored the clinical discussions providers engaged in, in terms of continuing or terminating treatment. She found that resource allocation was also perceived as an ethical dilemma by nurses in intensive care units in Norway. Post (1996) reported similar findings in her study of 124 perioperative nurses where 12 nurses perceived allocation of scarce resources as an ethical dilemma. In Borawski's (1995) study of ethical dilemmas for nurse administrators, of 103 respondents, 75% respondents stated that they encountered allocation of scarce resources as an ethical dilemma when they worked in nursing administrator settings.

2.4 Breach of patient confidentiality

Confidentiality is the ethical principle that requires nondisclosure of private or secret information with which one is entrusted (Burkhardt & Nathaniel, 1998). Confidentiality is a complex issue which is too easily overlooked and too often breached. It is an issue over which nurses come in conflict with doctors (Tschudin, 1992). The UKCC advisory paper on confidentiality (1987 as cited by Tschudin, 1992) stated that "the responsibility to either disclose or withhold confidential information in the public

interest lies with the individual practitioner, that she/he can not delegate the decision, and that she/he can not be required by a superior to disclose or withhold information against his/her will.” The ANA nursing code of ethics emphasizes the value of confidentiality, which they state to be the nurse safeguarding the client’s right to privacy by judiciously protecting confidential information (American Nurses Association, 1985 cited by Bandman & Bandman, 1995).

In some situations, nurses are forced to tell a patient’s confidential information to other parties. This happens because not disclosing the information would harm the patient or other people. For example, the case of a patient who is diagnosed HIV positive and tells the nurse that he has not told his wife will create an ethical dilemma for the nurse. The nurse has to follow the ethical principle of fidelity, but on the other hand, she must prevent harm to other people. Confidentiality should always be upheld unless harm would occur to innocent others (Tcshudin, 1995).

3. Resolution of Ethical Dilemmas

Ethical dilemmas need to be resolved adequately by critical care nurses. Tucker and Friedson (1997) identified three methods of resolving difficult ethical dilemmas. These include ethical case analysis by using principle-based models of decision-making, simple communication tools, and consensus-building skills.

Ethical decision making enables nurses to recognize and understand the nature of a dilemma. To participate in ethical decision making, nurses have to use a thorough and

consistent process for analyzing a dilemma. It should be based on ethical principles and codes.

Nurses always use simple communication techniques in every day practice. This technique is helpful when it is used during the process of resolution of a conflict. Communication skills such as clarification, active listening, reframing, emphasizing, or summarizing are commonly used to facilitate resolutions of ethical dilemmas in critical care settings.

Consensus-building skill refers to joint problem solving that results in a collaborative agreement by individuals with differing values and positions. It promotes shared decision making by facilitating understanding of differing positions and development of common ground. It consists of two phases: the preliminary phase and the intervention phase. In the preliminary phase, discussion must be undertaken to share views and conclusions regarding medical data among the members. The participants in the discussion include physicians, nurses, chaplains, and social workers. In this phase, ethical analysis also should be undertaken by using an ethics model. In the intervention phase, consensus will be developed by using eight guidelines throughout the intervention phase, which are described as follows (Tucker & Friedson, 1997):

1. Facilitate communication by providing a nonthreatening environment for discussion.
2. Ask each party to explain his or her perception of the situation
3. Remain as neutral as possible.
4. Separate emotion from substance

5. Find common ground and encourage the parties to recognize the areas they agree upon
6. Be sensitive to assertion of power by any party
7. Time: focus on future and set time limits
8. Brainstorm to create practical options.

Ethical decision making, the religious approach, and consultation to resolve ethical dilemmas are discussed below.

3.1 Ethical Decision Making

Ethical decision making is a cognitive skill, requiring education in ethical principles and understanding of specific ethical issues and current relevant literature. Ethical decision making is also defined as a psychodynamic process, involving personalities, motivations, perceptions, and opinion (Salladay & Haddad, 1986).

Ethical decision-making is influenced by many factors. According to Wlody (1990) factors influencing ethical decision making are patient needs, the disease process, patient rights, patient feelings/wishes, family wishes, the goals of the treatment team, and social influence. Faced with ethical dilemmas, nurses can use ethical decision making to resolve them. To understand the ethical decision making, ethical theories and ethical principles are needed (Gaul, 1988; Rushton, 1988). Theories and concepts guiding ethical decision-making are discussed below.

3.1.1 Theories and Concepts Guiding Ethical Decision-Making

In order to make appropriate ethical decision, nurses have to consider theories and concepts related to nursing ethics. The followings are theories and principles which are often used in ethical decision making.

3.1.1.1 Ethical Theories

Ethical theories provide a framework for nurses to determine and distinguish appropriate action. Ethical theories are more general than rules and principles and provide the most basic foundation for ethical decision making, especially when rules or principles conflict (Pryor-McCann, 1994). There are two basic ethical theories that have been used to analyze ethical dilemmas: deontology and utilitarianism. These theories may not provide specific answers to the nurse in clinical practice. They offer only a general approach and serve to guide the critical thinking process as one decides a moral course of action (McAthie, 1999).

(1) Deontology

Deontological theories claim that the morality of an act is determined by more than the consequences of the action (Pryor-McCann, 1994). Deontology focuses more on the act or duty to be performed than on the outcome or consequences of the act. This kind of thinking leads one to consider the inherent rightness or wrongness of an act or duty itself (Potter & Perry, 1997). In the deontological approach, the rightness or wrongness of actions depends on the nature or form of the action in terms of its moral

significance. Moral principles and rules decide duties and obligations, e.g., always telling the truth or always keeping promises. In all deontological approaches, a rule establishes the right or wrong without regard to the situation, time, or circumstances (McAthie, 1999). The advantages of using a deontological framework in making ethical decisions in health care are that it holds that an ethical judgment based upon principles will be the same in a variety of similar situations regardless of time, location, or people involved, and the terminology and concepts used in the deontological approach are very similar to those used by the legal system (Catalano, 1992).

Deontology focuses on duties and obligations based on universal rules and principles. Deontological ethical theory directs nurses to carefully weigh the competing ethical claims, identify the ethical principles involved, relate the ethical claims to the principles, and finally, determine which ethical principle should have precedence (Beauchamp & Childress, 1983, cited by Gaul, 1988). Figure 2.1 shows a diagram of the deontological method for resolving ethical dilemmas (Pfettscher, 1993).

(2) Utilitarianism

Utilitarianism considers primarily the consequences of action. This kind of moral theory invents the good by looking at situations to determine what should be done, guided by the consequences the action will have on the involved persons. Utilitarianism calculates the effect of all alternative actions on the general welfare of present and future generations. Thus, this position is also referred as calculus morality (Davis & Aroskar, 1991).

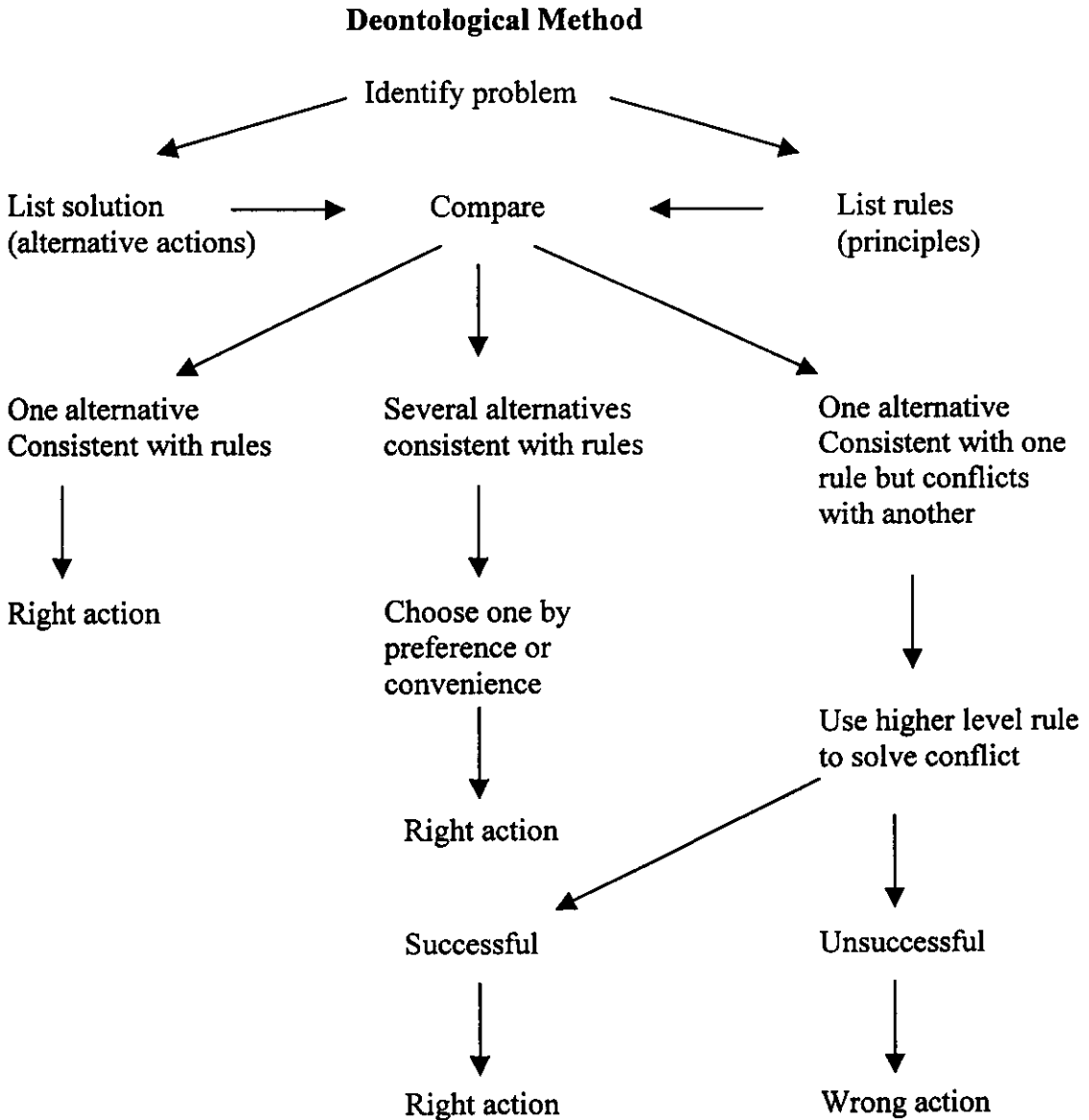


Figure 2.1 Deontological method for resolving ethical dilemmas.

Utilitarianism theory directs the nurse to identify the competing claims, consider ethical principles, predict consequences and base the choice of a solution upon the alternative that provides the greatest good or happiness to the greatest number or the

greatest amount of value over disvalue (Beauchamp & Walters, 1982, cited by Gaul, 1988). Figure 2.2 shows a diagram of utilitarian method for resolving ethical dilemmas (Pfetscher, 1993).

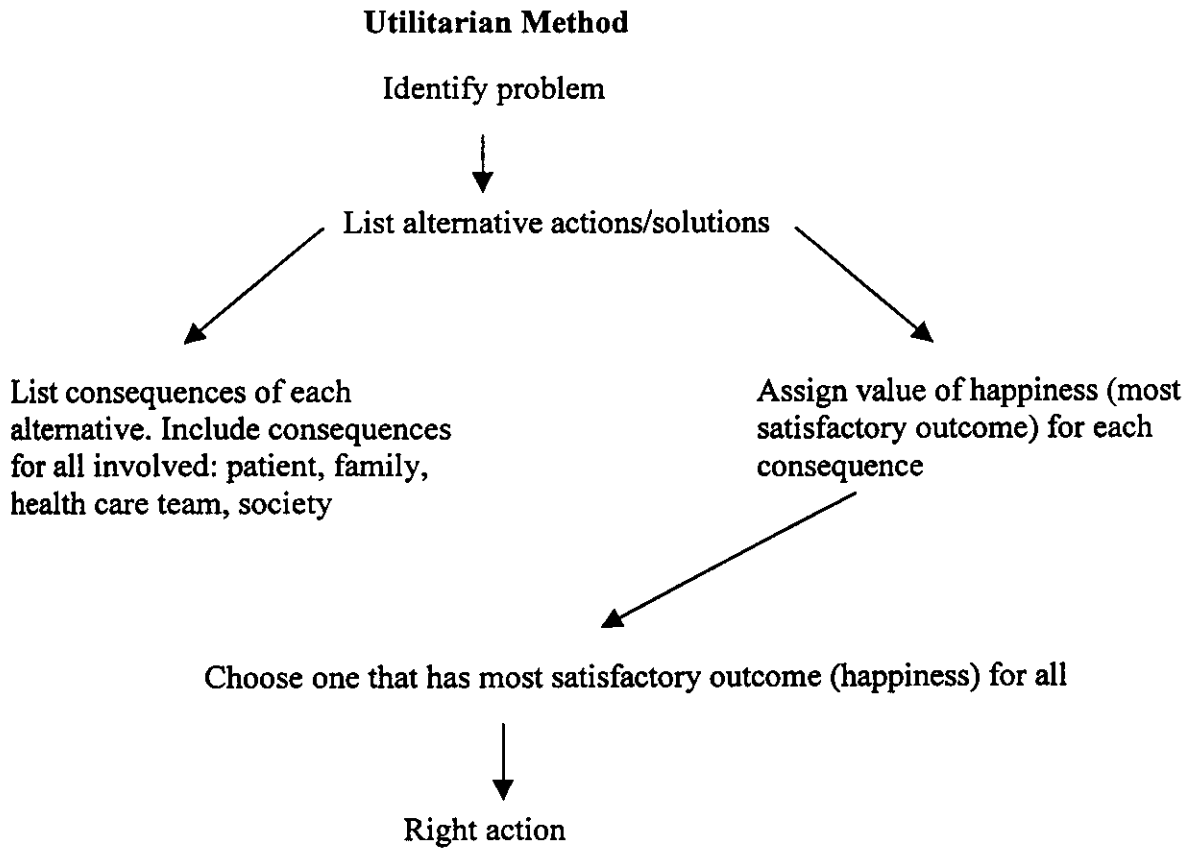


Figure 2.2 Utilitarian method for resolving ethical dilemmas.

3.1.1.2 Ethical Principles

When making clinical judgments, nurses often justify their reasoning using both consequences and universal moral principles and duties (Potter & Perry, 1997). Ethical principles are derived from ethical theories and are used to justify an ethical position

(Rushton , 1988). Four of the primary principles used to make ethical decisions are those of autonomy, beneficence, veracity, and justice (Chally & Loriz, 1997).

(1) Autonomy

Autonomy essentially means that individuals have the freedom to choose their own life plan and ways of being moral (Potter & Perry, 1997). Autonomy implies that it is within the domain of each individual to make decisions concerning his or her life, including his or her own health care. This principle supports the patient's right to know, to be informed, and to be able to act on autonomous decisions (Kopala, 1997). In order to be an autonomous person and act autonomously, it is important for patients to have all relevant information in order to make decisions, and to have the freedom to act in accordance with that information.

Nurses who follow this principle recognize that each patient is unique, has the right to be what that person is, and has the right to choose personal goals. Honoring the principle of autonomy means that the nurse respects the patient's right to make decisions even when those choices seem not to be in the patient's best interest. It also means treating others with consideration (Kozier, Erb, Berman, & Burke, 2000).

(2) Beneficence

Beneficence is the obligation to do good to other people. The principle of beneficence requires the nurse to provide health benefits to patients, balance the benefits against the risks in a situation in which a choice must be made, and determine the best

way to assist the patient (Potter & Perry, 1997). The ordinary meaning of this principle is the duty of nurses to be of a benefit to the patient, as well as to take positive steps to prevent and to remove harm from them. Nurses work to accomplish good for patients by promoting their best interest and striving to achieve optimal outcomes. Nurses take beneficent action when they take action to relieve the patient's pain, change the wound dressing to promote the healing process, or give the health education to prevent a relapse of the disease (Craven & Hirnle, 2000).

(3) Veracity

Veracity is defined as telling the truth. This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the nurse's primary obligations include respecting the position of trust inherent in the nurse-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity. Truth telling engenders respect, open communication, trust, and shared responsibility (Burkhardt & Nathaniel, 1998). Truth telling is an essential element in informed consent and in confidentiality. The nurse must be honest in all actions involving patients.

(4) Justice

Justice or the principle of fairness is the basis of the obligation to treat all patients equally and fairly (Craven & Hirnle, 2000). Persons have the right to be treated fairly and justly, and part of that just treatment is to continue aggressive care unless the

person has communicated alternative wishes regarding treatment. Justice means that patients with similar health care problem deserve the same care. It also means that nurses should take into consideration a patient's cultural and religious preferences (Cardona et al., 1994). It is generally held that persons who are equals should qualify for equal treatment. Nurses face issues of justice when they are giving nursing care to a group of patients and deciding how much time to spend with each of them. The decision should be based on the patient's needs and a fair distribution of resources.

Autonomy, beneficence, veracity and justice are characteristics which all nurses must have in order to be ethical. All these principles serve as the basis for rules that govern the relationship between nurses and patients (Craven & Hirnle, 2000).

3.1.1.3 Code of Ethics

A code of ethics provides a framework in which each nurse can make ethical decisions and discharge their responsibilities to the public, to other members of the health team, and to the profession. It provides moral guidelines for nursing practice in accordance with the consumer's health care interests and rights (Bandmand & Bandmand, 1995). A nursing code of ethics serves as a means of self-regulation and a source of guidelines for individual behavior and responsibility. It is a system of rules and principles by which the profession is expected to regulate its members and demonstrate its responsibility to society (Christensen & Kockrow, 1995). Ladd (1980, cited by Fry, 1994) stated that a professional code of ethics generally has at least five purposes or objectives:

1. to inspire members of the professional group to be ethical in their conduct.
2. to sensitize members of the group to the moral aspects of their work.
3. to enforce certain rules on the members of the group, thus defining the group's integrity and protecting its ethical standard of practice.
4. to offer advice on resolving moral conflicts.
5. to indicate what the public might expect from a member of the professional group.

Nurses who are confronted with an ethical dilemma can refer to the nursing code of ethics, which describes minimum standards of acceptable ethical conduct and indicates some of the ethical concerns that nurses have to consider in deciding their conduct (Storch, 1982). Most nursing institutions have their own code of ethics. It serves as a practical aid in choosing priorities of action and the scope of such action in specific situations involving ethical questions.

The Indonesian Nurses Association also has a Nursing Code of Ethics. The code was developed and approved at the National Congress on Nursing in 2000 (Indonesian Nurses Association, 2000). The ethical statements are grouped into five parts: nurses and clients, nurses and practice, nurses and society, nurses and co-workers, and nurses and the profession. Ethical statements in the codes are described as follows.

Nurses and Clients

1. The nurse provides nursing service with respect for human dignity, the uniqueness of the client, and unrestricted by considerations of nationality, race, age, sex, political influence, religion, and social status.
2. The nurse, in providing nursing service, always maintains the atmosphere of environment, with respect for cultural values, customs, and religion of the client.
3. The nurse assumes major responsibility for the individual who needs nursing care.
4. The nurse is obligated to hold confidential all information except as needed by an authorized party and in concordance with the law.

Nurses and Practice

1. The nurse maintains and improves competence in nursing through continual learning.
2. The nurse always maintains a highest standard of nursing care with professional truthfulness in applying nursing knowledge and skills accordance to the client's needs.
3. The nurse, in making a decision, bases it upon adequate information, and considers the capability and qualifications of the individual when doing consultation, receiving delegation and giving delegation to others.
4. The nurse always maintains the integrity of the nursing profession through professional conduct.

Nurses and Society

1. The nurse shares with citizens the responsibility for initiating and supporting actions to meet the health care needs of the public.

Nurses and Co-workers

1. The nurse always maintains cooperative relationships with other nurses and other health team members and maintains a harmonized working environment to meet health care goals.

2. The nurse acts to protect clients from incompetent, unethical, or illegal health care conducted by others.

Nurses and the Profession

1. The nurse plays a major role in determining standards of nursing practice and nursing education and implementing it in activities of nursing practice and education.

2. The nurse is active in developing a core of nursing profession

3. The nurse participates actively in establishing and maintaining conducive working conditions to achieve quality nursing care.

This Code can be used for nurses in making decisions in clinical situations when ethical dilemmas arise. The Code integrates universal ethical principles such as autonomy, veracity, justice, beneficence, maleficence, and fidelity, which serve as the foundation for ethical action.

3.1.1.4 Patients' Rights

Patients retain their personal rights even though they have been admitted to hospital. The patient has a moral rights to determine what will be done with their own body, to be given information that is necessary for making decisions, to be told the possible effects of care and to accept, refuse, or terminate treatment (Davis & Aroskar, 1991). It is the obligation of every health care member, including nurses, to respect the patient's rights and role of patients in decision-making concerning every treatment and other aspects of their care.

Patients' rights issues include the day-to-day ethical issues of patient care such as patient privacy, confidentiality, and informed consent. Ethical principles are implicitly contained in the patients' rights statement. It is important to consider the patient's rights before taking action for nurses who are facing an ethical dilemma.

Many hospitals have a statement concerning patients' rights or have adopted a bill of patients' rights (Guido, 1988). In Indonesia, hospitals have a statement of patient's rights. The patient's rights of Dr. Pirngadi Hospital are described below (Dr. Pirngadi Hospital, 1998):

1. The patient is treated with dignity
2. The patient has a right to choose a doctor and preferred hospital
3. The patient has a right to receive medical and nursing care in accordance with professional standards.
4. The patient has a right to obtain medical information about him/herself.
5. The patient has a right to choose the level of service offered.

6. The patient has a right to agree to or refuse medical treatment.
7. The patient has a right to obtain a second opinion from another doctor through consultation.
8. The patient has a right to a guarantee of confidentiality about him/herself.
9. The patient has a right to perform his/her religious activities.
10. The patient has a right to access to communication outside the hospital.
11. The patient has a right to propose suggestions concerning his/her treatment.
12. The patient has a right to obtain personal preferences in accordance with hospital rules.
13. The patient has a right to get respectful care, treatment, and be treated equally with other patients.
14. The patient has a right to be accompanied by family members in accordance with hospital rules.
15. The patient has a right to terminate treatment/care based upon his or her own responsibility.

3.1.2 Ethical Decision Making Model

Ethical decisions are inherent in nursing care. It is important for nurses to realize that they make ethical decisions and to identify which decisions they can make alone and which require collaboration. To facilitate the ethical decision process, a model or a framework must be used so that all involved will consistently and clearly examine the ethical issues which arise in critical care.

Ethical decision making models provide an orderly approach to analyzing the value dimensions involved in ethical conflicts and offer a systematic approach to implementing ethical decisions in patient care (Fry, 1994). Rushton (1988) identified 3 benefits of using decision-making models. First, ethical decision models can facilitate rational thought processes and avoid decisions derived from incomplete information or faulty assumptions. Second, they can help resolve dilemmas by using theories and principles to clarify them and enable nurses to gain awareness of personal values. Third, they can improve nurses' ability to articulate their views and to reach decisions in a rational and thoughtful manner.

For making ethical decisions, several models (Thompson & Thompson, 1985; Wlody, 1990; Silva, 1990) have been developed. Silva (1990) drew from components of several ethical decision making models to present a five-part model. This model consists of the following steps:

1. Data collection and assessment
 - A. Situational consideration
 - B. Health team consideration
 - C. Organizational consideration
2. Problem identification
 - A. Ethical consideration
 - B. Nonethical consideration
3. Consideration of possible action
 - A. Utilitarian thinking

- B. Deontological thinking
- 4. Decision and selection of course of action
 - A. Contribution of internal/group factors
 - B. Contribution of external factors
 - C. Quality of decision and course of action
- 5. Reflection on decision and course of action
 - A. Reflection on decision
 - B. Reflection on course of action

Collection and assessment of data related to an ethical dilemma is integral to the decision making process. In regard to step A, situational consideration, the nurse must determine if a situation is an ethical dilemma or another type of dilemma. Concerning health considerations, it is important to determine what person will be affected by the decision. Regarding organizational considerations, the nurse must identify how the organization, particularly its procedures and policies, may affect the resolution of an ethical dilemma.

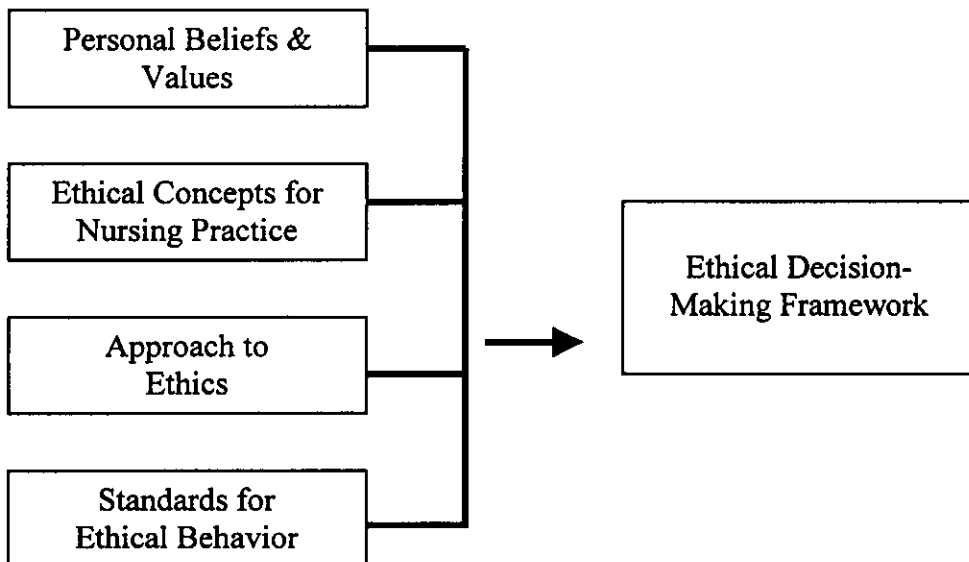
In the second step, clear understanding of the ethical problem is crucial to resolving a dilemma. Both ethical and nonethical consideration must be identified.

In the third step, the ethical problem is identified, and possible actions must be considered. Serious consideration should only given to those actions that are reasonable to implement.

In the fourth step, the nurse is making a decision. Both internal and external factors should be considered.

In the last step, a decision is implemented; the result must be evaluated for its effectiveness. If the action accomplishes its purpose, resolution of the ethical dilemmas will have occurred. If the dilemma is not resolved, additional problem solving approaches will need to be implemented.

Fry (1994) proposed that in making ethical decisions in practice, nurses have to learn to integrate their personal values and beliefs with knowledge of ethical concepts, traditional and contemporary approaches to ethics, and standards for ethical behavior. This integration is summarized below.



Aiken and Catalano (1994) proposed an ethical decision-making model based upon the nursing process for resolving an ethical dilemma. The major goal of the model is determining right from wrong in a situation where clear demarcations do not exist or are not apparent to the nurse faced with the decision. This model consists of five steps.

1. Collect, analyze, and interpret the data

In this step, nurses have to obtain as much information as possible about the particular ethical dilemma to be faced. The important things to know are the patient's wishes, the family's wishes, and the extent of the physical or emotional problems causing the dilemma.

2. State the dilemma

Nurses need to state the dilemma as clearly as possible after collecting and analyzing all available information.

3. Consider the choices of action

In this step, nurses list all the possible courses of action that can resolve the dilemma without considering their consequences. The consequences of the different actions are considered later. To get ideas for courses of action, nurses can seek help from outside sources such as colleagues, supervisors, or even experts in an ethical field.

4. Analyze the advantages and disadvantages of each course of action

Nurses have to consider in detail the advantages and disadvantages of each action. Along with each action, the consequences of taking each course of action must be thoroughly evaluated.

5. Make the decision

In the last step, nurses must make a decision and then live with the consequences. By their nature, ethical dilemmas produce differences of opinion. Not everyone will be pleased with the decision. The best decision that can be hoped for is one that is based on a sound ethical decision-making process.

3.2 Religious Approach

The religious approach is one of ways used by nurses to resolve ethical conflicts. Religion provides some rules and beliefs which direct people to answers about the nature and purpose of human life. Religious teaching generally includes rules regarding right and wrong and guidelines for dealing with ethical issues (Burkhardt & Nathaniel, 1998).

Religion plays a vital role in trying to resolve ethical dilemmas faced by nurses (Sampson, 1982). In a survey of 100 nurses in Canada, Davis (1988) found most of them stated that religion was their moral guide in ethical dilemmas. Nurses can consider these beliefs and rules in deciding what is important to do and what is right or wrong. When nurses face a dilemma, she or he can find out the resolution by asking their religious leader. For example, faced with the issue of euthanasia, nurses can use religion to articulate a moral position on it. Ancient religions support a value system that puts humanness, human dignity, and personal integrity above biological life and functions (Davis & Aroskar, 1991).

Another benefit of using a religious approach is to relieve the distress due to ethical dilemmas. Uncomfortable feelings resulting from the conflict can be helped by practicing religious activities. Rituals such as praying or meditation are believed to be effective in resolving such feelings. Other religious practices commonly used by Muslim are zikir, sholat tahajut (praying in the late midnight), or fasting.

3.3 Consultation

Sometimes a nurse is confronted with a difficult ethical dilemma which cannot be resolved by herself. In this situation, the nurse can make consultation with other people such as the head nurse, director of nursing in the hospital, or ethics committee which is available in many hospitals. These resources can be used to help to deal with ethical dilemmas.

The ethics committee can provide a safety net for nurses who are struggling to resolve difficult ethical dilemmas. It is apparent that an ethics committee functions more effectively because of involvement of its members, which varies from staff physician, administrator, legal counsel, nurses, social worker, clergy, and community public volunteers. Ethical committees are primarily involved in consultation, prospective review of certain cases including withholding or withdrawal of treatment or other ethical dilemmas, policy formulation, and education (Rushton, 1988).

Penticuff and Walden (2000), in their study of the influence of the practice environment and nurse characteristics on perinatal nurses' responses to ethical dilemmas, found that the most frequently reported action to resolve clinical ethical dilemma was to discuss the dilemma with other nurses (94%), the head nurse (79%), or physicians (72%). Huijer et al. (2000) identified that 8% of participants consulted with their supervisor to address ethical dilemmas they faced.

Kuhse and Singer (1993) conducted a survey on voluntary euthanasia and nurses in Australia. Subjects were 943 registered nurses. They found that when nurses were asked to forego life-sustaining treatment, 92% of them discussed the requests with other

nurses, 90% with medical staff, 68% with a relatives or close friends, 44% with a religious advisor, and 35% with someone else.

4. Hermeneutic Phenomenology

The word “hermeneutics” is derived from the Greek “hermeneia” which means bringing to understanding particulars where the process involves language. Allen and Jensen (1990) stated that hermeneutics is the science of interpretation.

Hermeneutic phenomenology has both descriptive and interpretive elements. Its primary objective is the direct investigation and description of phenomenon as experienced in life by using the practice of phenomenological reflection and writing to understand the form of life (van Manen, 1983 cited by Zalm & Bergum, 2000). A hermeneutic phenomenology approach was proposed by Martin Heidegger. Heidegger describes phenomenology as a way of access to what is to be the theme of ontology, and it is a way of giving it demonstrative precision (Heidegger, 1962 cited by Petpichetchian, 1999). Heideggerian hermeneutics focuses on the existential-ontological question of how people come to understand. It concentrates on the experience of understanding (Koch, 1995). Therefore, philosophical hermeneutics has a primary focus on understanding.

The heideggerian phenomenology method is that of hermeneutics or interpretation of the experience (lived experience) which is viewed as an interpretive paradigm of inquiry (Schwandt, 1994 cited by cited by Petpichetchian, 1999). The central concern of this method is the intersubjective experiences, that is, the shared experiences and interpretation of being-in-the-world in which individual constructs are elicited and

refined through iterative interaction between and among a researcher and participants during the process of discourse followed by textual interpretation.

Methodologically, philosophical hermeneutics as a basis for interpretive inquiry is bound to hermeneutic phenomenology. Therefore the steps of the inquiry process for hermeneutic phenomenology aim to identify and provide an understanding of the variety of constructions that exist about a phenomenon and to bring them into consensus (Annells, 1996).

Hermeneutic phenomenology is particularly suitable for nursing research and offers considerable potential for informing nursing practice (Annells, 1996). In particular, hermeneutics attempt to reveal shared practice and common meanings which are embedded in everyday lived experiences (Little, 1999). Reeder (1995, cited by Annells, 1996) identified the benefits of using a hermeneutics approach for nursing research as follows: an emphasis on the universality of language as relevant among and across persons receiving and giving care; a fostering of the skill of listening to the speaker and to the content/meaning of the expressed language; lived experience being seen to precede understanding; the ability to illuminate nursing questions; and the multiple perspectives (history, tradition, initial attention) in hermeneutics interplay and the deepening and broadening through the fusion of horizon of past, present, and future of persons in different situation.