

10.4 Nurses

Like physicians, nurses hold a primary ethical obligation to promote patients' well-being. Nurses' training, expertise, and scope of practice complement physicians' professional commitments and expertise.

While physicians have overall responsibility for the quality of care that patients receive, good nursing practice requires that nurses voice their concerns when, in the nurse's professional judgment, a physician order is in error or is contrary to good medical practice.

In light of their shared professional commitments, physicians' relationships with nurses should be based on mutual respect and trust. As leaders of the health care team, physicians should:

- (a) Listen respectfully and take seriously the concerns a nurse raises about the physician's order and explain the order to the nurse and modify if appropriate.
- (b) Recognize nurses' professional responsibility not to follow orders that are contrary to good medical practice.
- (c) Acknowledge that in an emergency situation when the physician is not immediately available, nurses may have a professional obligation to take prompt action contrary to the physician's order to protect the patient's health.
- (d) Seek assistance from the ethics committee or other institutional resource to resolve disagreement in nonemergent situations when disagreement about patient care persists.

AMA Principles of Medical Ethics: IV, V

Background report(s):

CEJA Report 3-A-16 Modernized *Code of Medical Ethics*

CEJA Report B-A-83 Interpersonal relations with nurses

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Like physicians, nurses hold a primary ethical obligation to promote patients' well-being. Nurses' training, expertise, and scope of practice complement physicians' professional commitments and expertise. [new content sets out key ethical values and concerns explicitly]

While physicians have overall responsibility for the quality of care that patients receive, good nursing practice requires that nurses voice their concerns when, in the nurse's professional judgment, a physician order is in error or is contrary to good medical practice.

In light of their shared professional commitments, physicians' relationships with nurses should be based on mutual respect and trust. As leaders of the health care team, physicians should: [new guidance adapted from 10.2]

- (a) Listen respectfully and take seriously the concerns a nurse raises about the physician's order and explain the order to the nurse and modify if appropriate.
- (b) Recognize nurses' professional responsibility not to follow orders that are contrary to good medical practice.
- (c) Acknowledge that in an emergency situation when the physician is not immediately available, nurses may have a professional obligation to take prompt action contrary to the physician's order to protect the patient's health.
- (d) *Seek assistance from the ethics committee or other institutional resource to resolve disagreement in nonemergent situations when disagreement about patient care persists. [new content consistent with 10.7, 10.7.1]*

(Judicial Council - A)

ARTIFICIAL INSEMINATION BY DONOR

Physicians have an ethical responsibility to use the utmost caution and scientifically available screening techniques in the selection of donors for use in artificial insemination. Relying only upon the verbal representations of donors as to their health, without any medical screening, is precarious. The donor should be screened for genetic defects, inheritable and infectious disease, Rh factor incompatibility and other disorders that may affect the fetus. When the physician is not equipped to fulfill these responsibilities, the services of a skilled medical geneticist or other appropriate specialist should be sought.

Since the identity of donors usually should not be available to recipients or the offspring that may result, the risk of inadvertent inbred and serious undesirable genetic and biological consequences should not be ignored. Physicians have an ethical and social responsibility to avoid the frequent use of semen from the same sources.

IN VITRO FERTILIZATION

The technique of in vitro fertilization and embryo transplantation enables certain couples previously incapable of conception to bear a child. It is also useful in the field of research directed toward an understanding of how genetic defects arise and are transmitted and how they might be prevented or treated. Because of serious ethical and moral concerns, however, any fertilized egg that has the potential for human life and that will be implanted in the uterus of a woman should not be subjected to laboratory research.

All fertilized ova not utilized for implantation and that are maintained for research purposes shall be handled with the strictest adherence to the Principles of Medical Ethics, to the guidelines for research and medical practice expressed in the Judicial Council's opinion on fetal research (2.07), and to the highest standards of medical practice.

B. INTERPROFESSIONAL RELATIONS WITH NURSES (Reference Committee on Amendments to Constitution and Bylaws, page 313)

HOUSE ACTION: ADOPTED

Physicians and nurses must work cooperatively together to provide optimum patient care. The Judicial Council has adopted the following opinion on Interprofessional Relations Between Physicians and Nurses, and submits this opinion to the House of Delegates.

INTERPROFESSIONAL RELATIONS WITH NURSES

The primary bond between medical practice and nursing is mutual ethical concern for patients. One of the duties in providing reasonable care is fulfilled by a nurse who carries out the orders of the attending physician. Where orders appear to the nurse to be in error or contrary to customary medical and nursing practice, the physician has an ethical obligation to explain those orders to the nurse involved. Whenever a nurse recognizes or suspects error or discrepancy in a physician's orders, the nurse has an obligation to call this to the attention of the physician. The ethical physician should neither expect nor insist that nurses follow orders contrary to standards of good medical and nursing practice. In emergencies when prompt action is necessary and the physician is not immediately available, in the performance of reasonable care a nurse may be justified in acting contrary to the physician's standing orders for the safety of the patient. Such occurrences should not be considered to be a breakdown in professional relations.