A 32-year-old mother of three requires a blood transfusion in order to survive. As a Jehovah’s Witness, she has repeatedly refused the transfusion. But just before becoming unconscious, realizing that she may be on the verge of death, she whispers to the nurse, “Please do not let me die.” The patient’s husband, however, is insistent that she not receive a transfusion—that it is not what his wife would want. Should the patient receive a transfusion? If so, how forcefully should the nurse advocate for that course of action?

This scenario is just one example of the many ethical dilemmas in health care today. There are power struggles that can affect patient care. There are issues about when to withdraw treatment, when to use experimental treatments, whether money should be spent on one person if it means less treatment for others. Short staffing or lack of resources in an institution are ethical issues nurses encounter on a regular basis.

“Nurses are typically with patients 24/7, so they sometimes cannot address it using an ethical framework, or explain why it is not right.” To that end, Glasgow has focused on making sure that ethics has a role in every program at the School of Nursing.

Undergraduates learn fundamentals, such as the ethical reasons for washing hands or performing skills properly. Advanced programs teach ethics related to organizations, leadership and research.

Not surprisingly, ethical dilemmas cause a great deal of anxiety for nurses. “Nurses often face situations where they know the right thing to do, but they are constrained by law, by institutional policy, by the path of least resistance and sometimes by physicians,” states Dr. Eric Vogelstein, an assistant professor with a joint appointment in the School of Nursing and the McAnulty College and Graduate School of Liberal Arts’ Department of Philosophy. “That is a phenomenon called moral distress, and it is a key component in nurse burnout and turnover.”

This is just one of the challenges that the School of Nursing addresses in educating nurses on how to think and debate in a rational way and thereby empowering them to stand up for what they know is right.
GIVING NURSES A VOICE IN ETHICS

Although nurses are often in the best position to raise ethical issues, the School of Nursing recognizes that coming forward is not always easy. “There is a power differential,” Glasgow maintains. “Sometimes the right thing does not happen. Everyone needs to be a safety advocate and do the right thing. Teaching that theory to nurses and giving them those skills is essential.”

According to Vogelstein, because the institutional power is different between physicians and nurses, physicians often have more decision-making authority, despite the fact that they may not have the knowledge that nurses have on the specifics of the case. “This creates some problems and tension and is one of the main causes of moral distress among nurses,” says Vogelstein. “Nurses do not have the organizational power to do what they know is the right thing, based on their experience with the case. That is why a collaborative, team-based approach to health care is so important.”

As the health care environment continues to change, it is important to develop nurses who can make an impact in health care institutions and higher education in order to give nursing an important voice around ethical issues.

Introducing the nation’s first PhD in Nursing Ethics. Glasgow describes why this PhD program, which is being introduced this summer, is so unique. “It is not an add-on or a couple of courses,” she says. “All of the courses are related to ethics, and student dissertations are on health care ethics. And students are not only going to be taught by nursing faculty who understand the clinical environment, but they are also going to be taught by health care ethicists like Dr. Vogelstein and faculty from our Duquesne University Center for Healthcare Ethics. Students will have a mixture of clinical faculty and experts who really understand theoretical ethics.”

Vogelstein adds, “In this research-focused program nurses will gain expertise in the ethical dimensions of their practice in a way that is rare among nursing schools.”
“Duquesne has a track record of ethics education for nurses that is unique,” remarks Vogelstein. “Our Catholic background provides a foundation in ethics and our Spiritan mission specifically includes ethics.”

He adds, “You need leadership at the dean and administrative levels to press ethics education in a vigorous way. Thankfully, that is what our dean has been doing, by revamping the curriculum to include stand-alone ethics classes which, in and of itself, is fairly innovative. The goal is to have the School of Nursing known as a leader in nursing ethics, and I think we are on our way, given that this is going to be the first PhD in Nursing Ethics in the country.”

“All the pieces fit,” states Zoucha. “It is the next natural progression for our school—to be known as the place to study nursing ethics because of the faculty from the Center for Healthcare Ethics and our faculty in the School of Nursing.”

Glasgow says, “One thing that differentiates Duquesne is our focus on ethics throughout the university. We talk about ethics in business and law and all our other disciplines. Duquesne has a history of valuing ethics that distinguishes us from other institutions.”

**Nurses will develop the intellectual skills and the practical knowledge to identify ethical issues in nursing practice, to evaluate both the various options according to moral and ethical reasoning, and standards of evaluation that are decidedly ethical in nature, as well as to come to a well-reasoned resolution and conclusion. According to Associate Professor Dr. Rick Zoucha, chair of advanced role and PhD programs, who helped to develop the program, students will receive the best of both worlds. “They will be well trained by experts in health care ethics and well trained in nursing research methods with a nursing focus. Each program will offer its strengths in helping to build a scholar in nursing ethics,” he says.**

**SHINING A NATIONAL SPOTLIGHT ON NURSING ETHICS**

Thanks to the generosity of nursing alumna Carol Carfang, N’73, and Anthony Carfang, B’73, a member of the Duquesne University Board of Directors, the School of Nursing will host the Carol Carfang Nursing and Healthcare Ethics Conference in 2018.

“We will be inviting nationally recognized nurses and ethicists to talk about some of the leading health care issues that are happening presently,” states Glasgow. “We will discuss how to analyze and address ethical issues and come to well-reasoned conclusions from a nursing perspective. Ethics is something that nurses can relate to; they have all experienced situations that elicit discomfort and they want to talk about them. The conference will offer opportunities to discuss solutions from a policy or organizational perspective.”

**CONTINUING THE CONVERSATION: ETHICS AND NURSING**

Vogelstein’s paper, “Autonomy and the Moral Authority of Advance Directives,” which argues that advance directives lose their authority when someone has severe dementia, will be published in *The Journal of Medicine and Philosophy.*

His most recent paper, “Professional Hubris and Its Consequences: Why Organizations of Healthcare Professionals Should Not Adopt Ethically Controversial Positions,” appears in *Bioethics.* Vogelstein believes that it is problematic for organizations like the American Medical Association and the American Nurses Association to take positions on controversial medical issues. “They are speaking with some degree of authority,” he says. “I suggest that the leadership of these types of organizations has no special ethical authority over others who think about the issues in depth, such as academic ethicists or even the public at large, and that there are various negative consequences of taking these types of stances.”

Recently, Vogelstein received an internal grant from Duquesne to write a paper called “Deciding for the Incompetent,” which is forthcoming in an anthology called *Ethics at the End of Life.* The paper evaluates the standard theories about how we ought to make medical decisions for patients who are not competent to make their own choices, and discusses how those theories result in different actions.