Healthcare Ethics

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Why review ethics?

- Rapid advancements in medical technology and research, as well as fundamental changes in societal values and cultural norms, have resulted in complicated ethical issues.
- Advanced nurses should be prepared to "advocate for social justice, equity, and ethical policies within all healthcare arenas" (American Association of Colleges of Nursing [AACN], 2006). Advanced practice nurses (APNs) make decisions every day that involve conflicts between rights and obligations. These types of decisions are normative and take place within the context of ethics, a framework involving moral questions regarding the quality of life and death.

Ethical Decision Making

- Ethical decision-making is a skill that can be learned.
- Requires mastering the theoretical material and practicing the skill itself.
- It is important to understand ethics and differentiate ethics from science.
- Two major ethical theories, utilitarianism and deontology, supply basic principles APNs can rely on when making moral decisions.

What is Ethics?

- Ethics has been an integral part of nursing practice from the earliest foundations of modern nursing in the late nineteenth century. The very essence of nursing practice requires a continuous evaluation of ethical duties while providing patient care.
- Just what is meant by “ethics,” especially when it’s applied to health care decision making? To answer to this question, certain terms that are used regularly in discussion should be defined.
- The terms values, morals, and ethics are often used interchangeably.

Values, Morals, and Ethics

- **Values**
  - are, in the broad sense, the worth, goodness, or desirability of something, whether moral or non-moral, such as tidiness, efficiency, honesty, and compassion.
- **Morals**
  - or morality, refer to those traditions of belief about what is right or wrong in human conduct that develop, are transmitted, and are learned independently of rational, ethical inquiry.
- **Ethics**
  - denotes that branch of philosophy or reasoned inquiry that studies both the nature of and the justification for general ethical principles governing right conduct.

- Nurses are bound by The American Nurses Association (ANA) Code of Ethics for Nurses. This document offers a statement of every professional nurse’s ethical obligations and duties, ethical standard, and commitment to society. This Code was updated in 2025.
- Notable changes include an emphasis on addressing modern challenges such as health disparities, racism, and the need for self-care.

Ethical Theory

- Ethical theory describes and justifies moral traditions and is often divided into two separate areas: science and philosophy.
- The scientific branch of ethical theory gathers and reports accurate empirical information about existing moral beliefs, without evaluating the worth of moral judgments in any way.
- The philosophical branch of ethical theory moves beyond and either evaluates important moral concepts (e.g., freedom, justice, the good) and moral reasoning from a logical as opposed to a psychological perspective, or establishes theoretical justifications for what is right and wrong in human actions

Ethics vs Science

- Although there are similarities between a scientific and ethical theory, there are also vast differences:
- A scientific theory aims to explain phenomena, whereas an ethical theory aims to justify human action;
- A scientific theory is true or false, whereas an ethical theory generally is not regarded as such and may be right, wrong, or neither, depending on one's justifiable acceptance of theory;
- A scientific theory presents explanations, descriptions, and predictions, whereas an ethical theory presents obligations or "ought" statements along with justifications.
- Ethical theories provide a structured approach to moral reasoning in nursing practice. They may be formal, empirical, dialectical, or intuitive, and makes use of moral principles as well as factual premises aimed at justifying a particular action.

Theories

- Ethics seeks to find reasoned, consistent, and defensible solutions to moral problems.
- Ethical theories do not provide easy, straightforward answers, but they do form an essential base of knowledge from which advanced practice nurses (APNs) can make moral/ethical decisions.
- Nurses, in general, do not ascribe to either utilitarianism or deontology exclusively, but to a combination of the two theories, called **principlism**.
- Principlism incorporates various existing ethical principles and it is these ethical principles that control professional decision-making

Theories

- Although there are many ethical theories, three classes of theories are used most often for moral reasoning in nursing practice. These include:
  - Utilitarianism sometimes called consequentialism or teleological theories - teleological - is derived from the Greek word "*telos*" meaning end and the word "*logos*" meaning science.
  - Deontological or principle-based theories - deontological - is derived from the word "*deon*" which refers to duty.
  - Relational or caring theories.

Comparing Utilitarianism and Deontology

	Utilitarianism **(John Stuart MIll**	Deontology Immanuel Kant
Model of practical reasoning	Means-ends reasoning: How do I get what I want/what's good?	How do I determine what's rational?
Personal identity (What is essential to the self?)	Will & reason + desires	Will & reason (desires are thought of as outside forces with the potential to thwart rationality)
Rationality	Getting what you want	Doing what reason requires (at a minimum, not having inconsistent or self-contradictory policies)
Central question	What ought I to do? (act orientation)	What ought I to do? (act orientation)
Primary object of evaluation	Consequences (states of affairs)	Acts
The good	**BASIC NOTION** (For most utilitarians, maximum happiness or something similar)	Right action itself (Or possibly states of affairs brought about by right action? Or states of affairs in which people that act rightly are rewarded?)
The right	Actions that maximize the good	**BASIC NOTION**
Virtue	Being disposed to maximize utility (for simple versions of consequentialism, there will be just one big virtue; more complex versions might have many)	Positive attitude toward doing one's moral duty (?

Major Moral Principles

- An APN's ability to make an ethical decision requires a working knowledge of major ethical principles or truths, which encompass basic premises from which rules are developed. Ethical principles are the moral norms that APNs strive to implement daily in their clinical practice. The ethical principles handed down by Hippocrates and other ancient Greeks are still utilized today. APNs will utilize these principles when faced with an ethical dilemma, which is a situation that requires an individual to make a choice between two or more alternatives with two equally unfavorable outcomes

- These key ethical terms or principles include, but are not limited to: autonomy, beneficence, nonmaleficence, veracity, distributive justice, and fidelity. Each of these principles can be used solely; however, it is much more common to see the principles used in combination.

Autonomy

- When applied to health care, autonomy involves the health care provider’s willingness to respect the patient’s rights to make decisions about and for him or herself, even if the provider does not agree with those decisions.
- Autonomy is the antithesis to the medical profession’s long-practiced paternalism, wherein the physician acted on what he or she thought was "good" for the patient, whether or not the patient agreed.
- This principle does not stand alone but is derived from an ancient foundation for all interpersonal relationships, that is, a respect for persons as individuals

Autonomy

- For an APN to practice patient autonomy, he or she must be a partner in his or her patient's care rather than the absolute arbitrator of the timing, intensity, and types of treatment. The most distressing thing to APNs is that accepting their patients' autonomy means that some of them will make, what are perceived as, foolish choices. For APNs dedicated to preserving their patients' well-being, having to allow patients to select what may be considered poor treatment options may be both frustrating and disheartening. However, allowing these "foolish choices" is part of accepting the principle of autonomy

Autonomy

- Autonomy, however, is not an absolute right. There are certain circumstances when limitations can be imposed upon a person's autonomy, such as when the person's autonomy interferes with the rights, health, or well-being of others.

Beneficence

- The term “good” indicates more than providing technically competent care and requires that the APN approach the patient in a holistic manner, that is, including the patient’s beliefs, feelings, and wishes, as well as those of the patient’s family and significant other.
- At the patient’s bedside, beneficence, or “doing good,” has been a long-held and universal tenet of nursing

Beneficence

- The difficulty that may arise when implementing the principle of beneficence lies in determining what exactly is “good” for another, and who can make that decision (Aiken, 2004). The principle of beneficence is related to the principle nonmaleficence.

Nonmaleficence

- In a sense, it is the opposite side of the coin of beneficence, and in fact, it is difficult to speak of one term without mentioning the other. In current health care practice, the principle of nonmaleficence is often violated in the short interim to produce a greater good in the long-term treatment of the patient.
- The principle of nonmaleficence also requires that APNs protect from harm those who cannot protect themselves, for example, children, the mentally incompetent, the unconscious, and those too weak or debilitated to protect themselves. This principle also prohibits experimental health care research that may have a negative outcome and/or the performance of unnecessary procedures as a learning experience

Veracity

- is an ethical and legal principle, simply defined as truthfulness. In utilizing this principle, the APN is obliged to tell the whole truth. This principle is often followed when the APN completely answers patients' questions, giving as much information as the patient and/or family can understand, and telling the patient when information is not available or known.
- Like autonomy, the principle, veracity, is not absolute. An example of a veracity dilemma is when the APN assures the patient that he or she will be kept free of postoperative pain, knowing that there are circumstances when pain medications cannot be given due to hemodynamic instability, for example, the patient who is unable to receive morphine because his respirations are 8 breaths per minute, and administering the morphine would further harm to the patient

Distributive Justice

- Individuals have a right to be treated equally regardless of race, sex, marital status, medical diagnosis, social standing, economic level, or religious belief
- Decisions about distributive justice are made at the governmental, organizational, and individual levels; distributive justice is, therefore, often seen as a policy rather than an ethical principle

Fidelity

- The APN is faithful to the practice of nursing through promises made to his or her respective state via nursing licensure. The monitoring of the APN's ability to keep those promises is conducted through various administrative laws and code of ethics, established by the state nursing boards and professional nursing organizations. Fidelity is the basis for accountability, and ethical dilemmas arise when the APN must be loyal, and thus accountable, to two opposing interests

Other Common Ethical Principles

- **Confidentiality** – is a principle stemming from the time of Hippocrates, and is the presumption that what the patient tells the clinician/ practitioner will not be revealed to any other person or institution without the patient's permission. Like autonomy and veracity, the principle, confidentiality, is not absolute. Occasionally, the law, especially public health statutes, may conflict with this principle, for example in the case of mandatory reporting of child abuse (in all states), mandatory reporting of elder abuse (in most states), and the Tarasoff (1976) duty to warn.
- **Utility** – this principle defines the meaning of moral obligation by reference to the greatest happiness of the greatest number of people who are affected by performance of an action.

- **Paternalism** – this principle refers to practices that limit the liberty of individuals without their consent. Paternalism refers to an attitude or a policy reminiscent of the hierarchic pattern of a family based on patriarchy, that is, there is a figurehead (literally meaning 'father like'… pater in Latin) that makes decisions on behalf of others (the wife and children) for their own good, even if this is contrary to their wishes. It is implied that the fatherly figure is wiser than and acts in the best interest of its protected figures. A paternalistic attitude does not prioritize individuals' choices or wishes. Those acting in a paternalistic way assume that they know better what is good for the patient. In health care, paternalism may imply that the physician is the only one that can act in the best interest of the patient.

- **Rationalism** – this principle focuses on logical sequencing (Aiken, 2004).
- **Pragmatism** – this principle is the process of clarifying ideas objectively through problem solving.
- **Obligations** – are demands made on individuals, professions, society, or government to fulfill and honor the rights of others. Obligations are often divided into two categories: legal and moral.
- **Rights** – are defined as just claims or titles or as something that is owed to an individual according to just claims, legal guarantees, or moral and ethical principles

Theories Without Principles

- As mentioned in your text, ethical theorists are turning away from the principle-based, legalistic approach to ethics in favor of a new approach to ethics that cannot be reduced to sets of abstract principles. We will look at three theories without principles: virtue ethics, feminist ethics, and care ethics.
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Virtue Ethics

- Virtue ethics place less emphasis on which rules people should follow, and focus on helping people develop good character traits, such as kindness and generosity (Taylor, 2002). These character traits will, in turn, allow a person to make the correct decisions later on in life. Virtue theorists also emphasize the need for people to learn how to break bad habits of character, like greed or anger. These are called vices and stand in the way of becoming a good person (Volbrecht, 2001).
- Virtue ethics dates back to the ancient Greek thinkers and is, thus, the oldest type of ethical theory in Western philosophy. Plato discussed four key virtues: wisdom, courage, temperance and justice. The first systematic description of virtue ethics was written down by Aristotle in his famous work Nichomachean Ethics. According to Aristotle, when people acquire good habits of character, they are better able to regulate their emotions and their ability to reason

Feminist Ethics

- Up until the 20th century, women's voices had been virtually absent from western ethics. The absence of female voices has meant that the moral concerns of men have consumed traditional western ethics, the moral perspectives of men have shaped its methods and concepts, and male biases against women have gone virtually unchallenged within it (Friedman, 2000). Feminist ethics explores the substantive effect of this imbalance on moral philosophy and seeks to rectify it. Feminist ethics shares the general feminist goal of eliminating the subordination and oppression of women and enhancing societal respect for women's viewpoints and capacities (Friedman, 2000). Feminist ethics adopted a number of diverse methodological strategies that were more compatible with women's modes of reflection and understanding. These strategies included: a search for alternatives to Kantian/ utilitarian ethics, legitimation of the personal point of view, defense of the role of emotion in moral judgment, and development of a relationally oriented moral psychology

Care Ethics

- Care ethics grew out of feminist ethics. According to Held (2005), like virtue ethics, care ethics is a normative ethical theory; that is, a theory about what makes actions right or wrong. It is one of a cluster of normative ethical theories that were developed by feminists in the second half of the twentieth century. While utilitarianism and deontological ethical theories emphasize universal standards and impartiality, care ethics emphasize the importance of relationships.

Ethical Dilemma

- Advanced practice nurses will seldom rely on a single ethical principle in their practice.
- At times the ethical principles employed by APNs conflict with each other, resulting in an ethical dilemma.
- An ethical dilemma is defined as a situation that requires an individual to make a choice between two or more alternatives with two equally unfavorable outcomes.
- Resolving ethical dilemmas is not as easy as just flipping a coin. One way to resolve ethical dilemmas is through ethical decision-making frameworks or models.

Common Ethical Dilemmas

- Staffing patterns that limit a patient's access to care
- Management/administration participation in down-sizing that reduces patient services and staff while maintaining quality care and access to that care
- The protection of patients' rights and human dignity
- The right to refuse treatment
- The prolongation of the living and dying process and the need to consider the impact on the patient's quality of life
- Informed consent
- Whether or not to use physical or chemical restraints
- Providing care that may be a risk to the nurse's health
- Potential differences between nurse and patient belief systems regarding issues such as abortion, euthanasia, and organ and tissue donation
- Bioethical issues raised by medical technologies and treatment such as the use of stem cells from human embryos.

- The chief goal of the ethical decision-making process is determining right from wrong in situations where clear demarcations do not exist or are not apparent to the APN faced with the decision.
- The ethical decision-making process also presupposes that the APN making the decision knows that a system of ethics exists, knows the content of that ethical system, and knows that the system applies to similar ethical decision-making problems despite multiple variables.

Considerations

- Who should make the choice?
- What are the possible options or courses of action?
- What are the available options or alternatives?
- What are the consequences, both good and bad, of all possible options?
- Which rules, obligations, and values should direct choices?
- What are the desired goals and outcomes?

Multiple different Models

- 5 step process (the nursing process)
- The Moral Model
- The Bioethical Decision Model
- The four quadrant model

5 step Process

- **Step 1: Collect, Analyze and Interpret the Data.**
- **Step 2: State the Dilemma.**
- **Step 3: Consider the Choices of Action.**
- **Step 4: Analyze the Advantages and Disadvantages of Each Course of Action.**
- **Step 5: Make the Decision.**

Step 1: Collect, Analyze and Interpret the Data.

- Obtain as much information as possible about the particular ethical dilemma to be decided, for example, the patient's wishes, the family's wishes, and the extent of the physical and emotional problems causing the dilemma.
- Example: A patient with a terminal disease has no advanced directive. The physician left instructions for the nursing staff not to resuscitate the patient if he "codes," but go through the motions to make the family feel better. The dilemma: full code or slow code.
  Questions to ask: How mentally competent is the patient to make a no-code decision? What are the patient's desires? What does the family think about the situation? Did the physician seek input from the patient and the family? What are the institution's policies concerning no resuscitation?

Step 2: State the Dilemma

- Statement of the dilemma can be reduced to a statement or two that revolves around the key ethical issues, which often involve a question of conflicting rights or basic ethical principles.
- The statement of the dilemma might be: The patient’s right to death with dignity versus the nurse’s obligation to preserve life and do not harm.

Step 3: Consider the Choices of Action.

- List all the possible courses of action one can take to resolve the dilemma without considering the consequences (the consequences are considered later).
- Options for dealing with a patient who is a questionable resuscitation candidate include:
  - Full resuscitation despite what the physician requested.
  - Just going through the motions without any real attempt to revive the patient.
  - Seek another assignment to avoid dealing with the situation.
  - Report the problem to the supervisor.
  - Attempt to clarify the patient's wishes.
  - Attempt to clarify the family's wishes.
  - Confront the physician.

Step 4: Analyze the Advantages and Disadvantages of Each Course of Action.

- The nurse must consider the advantages and the disadvantages, along with the consequences of taking each course of action, keeping in mind some courses of action will be more feasible than others.
- Pare down the options to a few realistic choices of action. Seek guidance from the ANA's (2005) Code of Ethics for Nurses.
- Options:
  - Attempt to clarify the patient's wishes – may not be feasible if patient is not mentally competent.
  - Attempt to clarify the family's wishes—may not be feasible if family is not present.
  - Confront the physician – might lead to an angry physician who will no longer trust the nurse involved

Step 5: Make the Decision.

- Make the decision, and live with the consequences. By their nature, ethical dilemmas produce differences of opinion, and not everyone will be pleased with the outcome. The best outcome is the one based on a sound ethical decision-making process.
- The patient’s wishes almost always supersede independent decisions on the part of the health care professionals

The Moral Model

- The MORAL model was first developed by Thiroux (1977) and refined for nursing by Halloran (1982). This model can easily be utilized in all patient care settings.
- M = ***Massage the dilemma***
- O = ***Outline the options***
- R = ***Resolve the dilemma***
- A = ***Act by applying the chosen option***
- L = ***Look back and evaluate the entire process***

Massage the dilemma

- ***Massage the dilemma***. Identify and define issues in the dilemma. Consider the opinions of the major players–patients, family members, nurses, physicians, clergy, and other interdisciplinary health care members–as well as their value systems.

Outline the options

- ***Outline the options***. Examine all options fully, including the less realistic and conflicting ones. Make two lists, identifying the pros and cons of all the options identified. This stage is designed to fully comprehend the options and alternatives available, not to make a final decision.

Resolve the dilemma

- ***Resolve the dilemma***. Review the issues and options, applying basic ethical principles to each option. Decide the best option based on the views of all of those concerned in the dilemma.

Act by applying the chosen option

- ***Act by applying the chosen option***. This step is usually the most difficult because it requires actual implementation, whereas the previous steps had allowed for only dialogue and discussion.

Look back and evaluate the entire process

- ***Look back and evaluate the entire process***, including the implementation. No process is complete without a thorough evaluation. Ensure that all those involved are able to follow through on the final option. If not, a second decision may be required, and the process must start again at the initial step.

Bioethical Decision Model

- Thompson and Thompson (1985) developed a 10-step bioethical decision model. The goal of this model is to identify, clarify, and if necessary, change the individual value orientation of people involved in an ethical dilemma. It is recommended that the model be used in the order of the steps; however, once one is familiar with the process, shortcuts may be taken. The authors warned that skipping steps may lead to missing critical pieces of the data.

Step 1: Review the Situation

- This step is necessary in order to determine health problems, decisions needed, ethical components of the situation, and the key individuals involved.
- Early identification of decisions or actions needed helps one to begin to structure the situation for ethical analysis.
- All decisions in health and illness have an ethical component.
- Note the use of language that includes the concepts of rights, responsibilities, duties, and obligations.
- An important consideration when deciding which individuals are involved includes recognition of the competence or capacity of each regarding decision-making.

Step 2: Gather Information

- Gather additional information to clarify the situation
- The acquisition of demographic data, health status and prognosis, level of patient knowledge and understanding, competence, and knowledge of significant others involved in the situation is the central focus of this step.

Step 3: Identify the Ethical Issues

- Common issues of concern include, but are not limited to:
- quantity versus quality of life
- freedom versus control and prevention of harm
- truth-telling versus deception or lying
- desire for knowledge in opposition to religious, political, economic, and ideological interests
- evidence-based therapy versus nonscientific therapies or treatment in the clinical trial stage.

Step 4: Identify Personal and Professional Moral Positions.

- Enacting this step requires that the health care provider clarify personal and professional values, particularly their relationship to the ethical issues identified in Step 3

Step 5: Identify the Moral Position of Key Individuals Involved.

- Knowing what another person believes and values in the situation contributes to one's understanding of that person and the situation. Clarification of moral positions can contribute to alternatives and the prediction of consequences of those actions.

Step 6: Identify the Value Conflicts (if any).

- These conflicts may be intrapersonal, interpersonal, or may concern loyalties.

Step 7: Determine Who Should Decide.

- Ask the following questions:
- Who owns the problem?
- Who decides who decides?

Step 8: Identify Range of Actions with Anticipated Outcomes.

- Ask the following question:
- What would happen if I did this?

Step 9: Decide on a Course of Action and Carry the Action Out.

- A person may choose to use a utilitarian approach, a deontological approach, a cost-benefit technique, decision tree and/or decision matrix techniques, autonomy model, and/or beneficence model in order to decide the course of action. The person must have knowledge of these models.

Step 10: Evaluate/Review Results of the Decision or Action.

- This step is often neglected by many individuals who make ethical decisions. Completing this step allows the person to determine if the decision or action produced the intended results. In addition, the information gained from this step may be transferrable to future situations.

The Four Quadrants Approach

- The aim of this model is to provide clinicians and ethicists with a structured framework to guide them towards an informed, morally justified decision
- The four considerations include:
  - **Medical Indicators**
  - **Patient References**
  - **Quality of Life**
  - **Contextual Features**

Medical Indicators

- The Principles of Beneficence and Nonmaleficience
- What is the patient's medical problem? History? Diagnosis? Prognosis?
- Is the problem acute? Chronic? Critical? Emergent? Reversible?
- What are the goals of the treatment?
- What are the probabilities of success?
- What are the plans in case of therapeutic failure?
- In sum, how can this patient be benefited by medical and nursing care, and how can harm be avoided?

Patient References

- The Principle of Respect for Autonomy
  - Is the patient mentally capable and legally competent? Is there evidence of incapacity?
  - If competent, what is the patient stating about preferences for treatment?
  - Has the patient been informed of benefits and risks, understood this information, and given consent?
  - If incapacitated, who is the appropriate surrogate? Is the surrogate using appropriate standards for decision-making?
  - Has the patient expressed prior preferences (e.g., Advanced Directives)?
  - Is the patient unwilling or unable to cooperate with medical treatment? If so, why?
- In sum, is the patient's right to choose being respected to the extent possible in ethics and law?

Quality of Life

- The Principles of Beneficence and Nonmaleficence and Respect for Autonomy
- What are the prospects, with or without treatment, for a return to normal life?
- What physical, mental, and social deficits is the patient likely to experience if treatment succeeds?
- Are there biases that might prejudice the provider's evaluation of the patient's quality of life?
- Is the patient's present or future condition such that his or her continued life might be judged undesirable?
- Is there any plan and rationale to forgo treatment?
- Are there plans for comfort and palliative care?

Contextual Features

- The Principles of Loyalty and Fairness
- Are there family issues that might influence treatment decisions?
- Are there provider (physicians and nurses) issues that might influence treatment decisions?
- Are there financial and economic factors?
- Are there religious or cultural factors?
- Are there limits on confidentiality?
- Are there problems of allocation of resources?
- How does the law affect treatment decisions?
- Is clinical research or teaching involved?
- Is there any conflict of interest on the part of the providers or the institution?

Law v Ethics

- Both give rules of conduct to follow.
- Laws are rules made by human beings to guide society and regulate human interactions.
- Laws stem from legislative statutes, administrative agency rules, or court decisions; though laws may vary in different locales and are enforceable only in those jurisdictions where they prevail.
- Laws are based on what society defines as right or wrong, which is structured on an ethical or moral foundation.
- The fundamental goal of society's laws is the preservation of the species, which could be achieved by the promotion of peaceful and productive interactions between individuals and groups of individuals.
- Laws achieve this goal by preventing the actions of one citizen from infringing upon the rights of another citizen. Laws are based on concerns for fairness and justice

Law v Ethics

- Ethics is a discipline that also deals with the rightness and wrongness of actions.
- Ethics incorporates the broad values and beliefs of correct conduct. The goal of ethics is similar to that of the legal system, except in most cases there is no system of enforcement, and ethical principles do not change because of geography, at least not within one culture, but the interpretation of the principles may evolve as societies change.
- This evolution also occurs within the law. Although societal values are incorporated into both the law and within ethical principles and decisions, ethical principles are basic to society. Keep in mind that good ethics often make good law, whereas good law does not necessarily make good ethics.

Law v Ethics

- Significant overlap exists between legal and ethical decision-making. Both ethical analysis (in ethics committee deliberations) and the law (in the courts) use case-based reasoning in an attempt to achieve consistency.
- Legal and ethical principles have existed since ancient time, have evolved over time, incorporate basic societal values, and form the basis for policy development within health care as well as in other parts of society.

Law v ethics

- The law and ethics differ markedly in some areas.
- For instance, the law operates under formal adversarial process rules, such as those in the courtroom, which allow little room for deviation, whereas ethics consultations are flexible enough to conform to the needs of each institution and circumstance, and, rather than being adversarial, are designed to assist all parties involved in the process.
- The law also has some unalterable directives, sometimes called black-letter law, that require specific actions.
- Ethics, although based on principles, is designed to weigh every specific situation on its own merits. Perhaps the key difference between ethics and the law is that ethics relies heavily on the individual's values. Furthermore, even without the intervention of trained ethicists, medical personnel can and often should be able to make ethically sound decisions. The law does not consider individual values and generally requires lawyers for interpretation.

comparison

- Source
  - Law: External to oneself; rules and regulations of society
  - Ethics: Internal to oneself; values, beliefs, and individual interpretations
- Content
  - Law: Conduct and actions; what a person did or failed to do
  - Ethics: Motives, attitudes, and culture; why one acted as one did
- Interest
  - Law: Society as a whole as opposed to the individual
  - Ethics: Good of the individual within society
- Enforcement
  - Law: Courts, statutes, and boards of nursing
  - Ethics: Ethics committees and professional organizations

Case study

- Terri Schiavo was a bright and vibrant woman who, at the age of 26, went into cardiac arrest in her home. Although life-saving care was provided, Ms. Schiavo was placed on life support and diagnosed as being in an irreversible vegetative state, with no hope for a meaningful recovery. Her husband, Michael, sought additional medical and rehabilitative services in the hope of improvement, but to no avail. In 1998, her husband petitioned the court for permission to remove her feeding tube. A legal battle ensued between her husband and her parents. In 2005, the court ordered that Terri's feeding tube could be removed, and she subsequently died. This petition to the court placed her case at the forefront of legal and ethical issues.