

NURSES' NEW ROLE: PATIENTS' ADVOCATE

Arthur Schafer



here has been a quiet revolution in nursing ethics, and some members of the medical profession are beginning to look anxiously over their shoulders.

An Ontario woman recently won a medical malpractice suit against her anesthetist. The case attracted a good deal of media attention, partly because it was revealed that the anesthetist had worked on a crossword puzzle during the operation and partly because the Supreme Court of Ontario awarded the victim damages and compensation of more than \$1 million – the largest award against a physician in Ontario.

However, one feature of this case has not been widely noted: the crucial role played at the trial by a nurse. One of the operating room nurses, Jackie Coathup, saw the anesthetist working on a crossword puzzle during the operation and saw him tear the puzzle into pieces and crumple it after things went wrong. Her testimony at the trial was of decisive importance. The patient was left severely brain-damaged and physically handicapped after what should have been a routine operation. Nevertheless, the patient might not have won her case if none of those who witnessed the operation had been willing to testify.

Nurse Coathup's action should not be seen as an isolated event. Increasingly, over the past two decades, the nursing profession has come to see its role as including patient advocacy, even when this means "blowing the whistle" on doctors or hospitals or other members of the health-care team.

"With loyalty will I endeavour to aid the physician in his work." These words of the Nightingale Pledge encapsulate the essence of traditional nursing ethics. In the war against disease, the doctor was viewed as the captain of the health-care team; nurses were taught to view themselves as loyal foot-soldiers. As Isabel Robb declared, in *Nursing Ethics* (1901), "implicit, unquestioning obedience is one of the first lessons a probationer (nurse) must learn, for this is a quality that will be expected from her in her professional capacity for all future times."

By contrast, the newly promulgated Code of Ethics of the Canadian Nurses Association makes no mention of loyalty to doctors, or unquestioning obedience. The model of nurse as obedient foot-soldier has been replaced by the model of nurse as patient advocate. The pledge of loyalty to physicians has been replaced by the obligation "to take steps to ensure that the client receives competent and ethical care."

The journey from the Nightingale Pledge to the CNA's new Code of Ethics has been long and interesting. Two legal cases stand out as landmarks.

In 1921, nurse Lorenza Somera was convicted of manslaughter and sentenced to prison. Her crime: she failed to question the orders of a physician. The attending doctor instructed Nurse Somera to administer cocaine to a tonsillectomy patient, when he meant to order procaine. When the patient died as a result of this mistake, both physician and nurse were accused of manslaughter. The doctor was acquitted. The nurse was convicted.

Although Nurse Somera was later pardoned, her case aroused worldwide indignation among nurses. Paradoxically, although the conviction was unjust, it represented an important advance for the status of nurses. By holding Nurse Somera independently responsible and accountable for her actions, the court in effect was affirming that nurses were genuine professionals, required to exercise their autonomy and their professional judgment, and accountable when they failed to do so.

Without at least some degree of legally recognized autonomy, nursing would be merely an occupation, not a profession.

A more recent U.S. legal case has once again brought into focus the difficult ethical issues involved. In *Tuma versus Board of Nursing* (1979), nurse Jolene Tuma lost her job and had her nursing licence suspended because she discussed treatment alternatives with a dying leukemia patient. The doctor had strongly recommended chemotherapy, but the patient had doubts and wished to discuss alternatives with Nurse Tuma.

The nurse was aware of the risks, but felt her obligation to the patient required that she answer the patient's questions. She was charged with interfering unethically with the physician-patient relationship. Nurse Tuma challenged the suspension of her licence and won reinstatement after an appeal to the state's supreme court.

Nurse Tuma probably would have been found innocent of any breach of ethics had she been tried under the CNA's new Code of Ethics. For the code affirms that "nurses should respond freely to their clients' requests for information and explanation when in possession of the knowledge required to respond accurately."

Should the general public welcome these dramatic changes in nursing ethics? Is the patient better served by a nursing profession committed to the old virtues of loyalty and obedience (to the doctor) or to the new role of patient advocate?

To answer properly, one must first explore the rationale for the old virtues. The primary moral commitment of the nurse (like that of the physician) is to the health of the patient. It is widely accepted that the patient's confidence in the doctor and in the treatment prescribed by the doctor is an essential part of good therapy. Thus, it would seem to follow that the nurse's loyalty to the patient is best expressed by protecting the patient's faith in the doctor.

This argument is plausible, but it has obvious limitations. In an ideal world, loyalty to patients and loyalty to doctors would always coincide. But doctors are sometimes incompetent or unethical, so conflicts of obligation are inescapable.

Moreover, nurses generally spend far more time with the patient than do physicians. Their opportunities to know the patient, to empathize with the patient, and to understand the patient's attitudes and needs usually exceed those of the physician. Thus, many nurses believe it is proper to serve as patient advocate and, when necessary, to challenge a physician's orders.

"Obey and grieve." This used to be, and to some extent still is, the motto governing the nurse-doctor relationship. But nurses' challenges to medical authority are likely to increase. While previously a nurse might indirectly question a doctor's authority by asking whether he really meant to order such-and-such, today's nurse might directly challenge him if the indirect approach failed to produce results. A case in point is the willingness of three nurses at Mount Sinai Hospital in Toronto in 1976 to face suspension rather than accept what they considered an unsafe patient load on their unit.

Every recent opinion survey of physicians and nurses shows a marked change of attitudes and values in both professions. There seems little doubt that Canadian nurses have been deeply influenced by the feminist movement, by a growing sense of professional autonomy, and by the growth of a consumers' rights perspective among patients.

But if we focus exclusively on potential conflict and controversy

between doctors and nurses, we run the danger of neglecting their common commitment to patient welfare. As the nursing Code of Ethics acknowledges, "relationships in the health-care team should not be disrupted unnecessarily." Conflict between doctor and nurse could harm patients. The relationship toward which the medical and nursing professions should be working is mutual respect and co-operation. Each profession must acknowledge its limitations and recognize the special skills and competence of the other. Some conflict is inevitable, but the shared goal of patient benefit provides the context within which all such conflicts must be resolved.

1. Schafer states in his article that the "journey from the Nightingale Pledge to the CNA's new Code of Ethics has been long and interesting." Prepare a brief outline which might be used for study purposes summarizing the significant stages of this revolutionary journey.
2. Working with a classmate, prepare arguments for both sides of a debate on the resolution "A patient is better served by a nursing profession committed to the old virtues of loyalty and obedience to the doctor." Use your own arguments as well as arguments from Schafer's article.
3. Through an examination of the language, assess the extent to which Schafer
 - conveys factual information;
 - attempts to persuade the reader of a point of view.Compare your findings with another classmate's.
4. Imagine that Schafer's article is to be printed in a medical journal and that you, as a doctor, have been asked to write an accompanying editorial recommending acceptance of the new role of nurses to your colleagues. Write the editorial and include it in your writing folder.

Now as I was young and easy under the apple
boughs
About the lilting house and happy as the grass
was green,
The night above the dingle starry,
Time let me hail and climb
Golden in the heydays of his eyes,
And honoured among wagons I was prince of
the apple towns
And once below a time I lordly had the trees
and leaves
Trail with daisies and barley
Down the rivers of the windfall light.
Dylan Thomas, from "Fern Hill"

In a small group, study the first stanza of
"Fern Hill," comparing your impressions. (You
may wish to read and study the whole poem.)
Jot down notes on the images and turns of
phrase Thomas uses and on the themes in the
poem.