

Ethics related to Reproduction and the Nursing Profession

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Abstract

The topic of ethical reproduction is very large, and weighs heavily on controversy. When someone thinks of ethical reproduction abortion is often the number one topic. However, please consider the other following topics: sterilization, contraception, and patient rights. Within these categories one must also consider outside influences such as religious beliefs, the community in which one lives, culture, and individual stereotyping and beliefs. Speaking as a nurse, patient rights is the most important issue listed. Therefore, ethical reproduction is related to nursing practice because it involves our patients and their rights. "Simply put, there is no safe haven around these issues, only the challenge to build a firm foundation for our ethical decision-making and to realize that human rights are violated in many subtle ways (Joel, 1997, p. 7)". The more aware we are of our own personal biases and opinions as nurses, the better patient care we can provide, especially in taboo situations.

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Ethics Related to Reproduction and Nursing

Patient rights and being sensitive to others' ideas and wishes without passing judgment is part of the art of nursing. As human beings we all have different points of view, ways of thinking, and ways we react to one another. Therefore this paper will reflect the issue of understanding ethical reproductive concerns without biases, stereotyping, or judgment, and to understand how morals and beliefs related heavily to this particular topic. The purpose is to not allow our own views to impact patient care which can influence poor patient outcomes. Through increased education and awareness this paper will help improve communication between the nurse and patient related to reproductive questions and concerns. This topic is quite vast, and popular in our culture. Reproductive issues are often a key element in the media, and cause flare ups in organized religion, and the government. One of the key arguments is the possible violations regarding human rights. This topic is not black or white, but rather a grey area that people find themselves muddling through.

Theory

Interpersonal Relations Theory

Hildegard Peplau's theory of Interpersonal Relations explains the importance of the therapeutic client-nurse relationship and the outcome of meeting the patients' needs. Considering that reproductive health questions are often times uncomfortable, or high anxiety in content; this theory helps explain the importance of building a trusting relationship with the client so that the patient feels comfortable speaking with the nurse. There are four phases to this particular theory, orientation, identification, exploitation, and resolution. The orientation phase is the problem defining phase and starts when the client meets the nurse as a stranger

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(www.currentnursing.com). The nurse assesses the problem, and decides what types of services are needed. The client seeks assistance, conveys needs, asks questions, shares preconceptions and expectations or past experiences, and the nurse responds, explains, and helps identify problems to use available resources and services (www.currentnursing.com). The orientation phase allows the patient to communicate what reproductive problems or questions need to be addressed, and allows the nurse to build knowledge of the patient wishes and form a plan of care to assist in reproductive care. The second phase of theory is the identification phase. During this phase the client selects the nurse that is appropriate to assist with the reproductive needs, and the patient begins to have a feeling of belonging and a capability of dealing with the problem which decreases the feeling of helplessness and hopelessness (www.currentnursing.com). This phase is important in reproductive health because it is the beginning of trust in client to the nurse. The lines of communication are open and therapeutic discussions can be had. The third stage of this theory is the exploitation phase which includes the use of professional assistance for problem solving alternatives, and advantage of service are used is based on the needs and interests of the patient. Most importantly, the nurse uses principles of interview techniques in order to explore, understand and adequately deal with the underlying problem. The third phase is really getting to the core of the problem or issue. The relationship has been made between the client and nurse, trust has been established, and now comes the point where the nurse is really able to understand what goals to set, and what interventions need to be done to produce the best outcomes for the patient. The last phase of this theory is the resolution phase. This is the termination of the professional relationship. The patients needs have been met by the collaborative effect of the patient and nurse, and the links between the two parties need to resolve (www.currentnursing.com). This final stage illustrates that the reproductive issues have been

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addressed. The client and nurse have worked together to achieve the proper outcomes, and the client is satisfied with the outcomes. As stated earlier, it is extremely important for the lines of communication to be open between the client and the nurse. Establishing trust in the nurse should be a top priority when speaking about sensitive issues such as reproductive concerns. If the patient senses any negativity, or bias feelings from the nurse the client will not allow, or hold back true feelings of the problem being addressed.

Interest Theory. The Interest Theory justifies the right to reproduce on grounds of overriding interest. It should be seen as part of a person's well being, and take sufficient reason for holding some other person to be under a duty. Therefore reproduction interest represents a strong aspect of well being. The identifying interest of this theory regards genetic reproduction and child rearing. Both of these concepts weight heavily in reproductive health, and the rights of the patient. The right to reproduce is a freedom in the choices associated with this theory (Quigley, M. 2010).

Choice Theory. The Choice theory justifies patient rights on the grounds of necessity to protect personal autonomy. The main consensus of this theory is the right to choose to have children, and the right to choose not to have children. The violation of this right would to have others interfering with/preventing a person to have a child. (Quigley, M) .

Healthcare Environment

The Assessment

Reproductive health issues effect people on a personal, legal, and even governmental level. There are many heated debates regarding abortion, genetic counseling, and contraceptive

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use. The majority of these debates are based on personal morals and beliefs. Morals and beliefs are what makes us human, and cannot be disregarded. Medical professionals often find themselves caring for patients with reproduction problems and needs. Patient rights, and respect are highly valued, but what about the rights and respect of medical professionals? When a client and a medical professional do not agree with a medical procedure because of moral implications, the relationship can become blurred. Does the physician have the right to refuse to plant ten fertilized embryos into a client that is requesting this? The physician may feel that planting ten embryos is irresponsible medical practice, and that it may reflect poorly on his/her practice. The client may feel that she has the right to choose how many embryos are implanted because it is her body.

In 2008 Bush signed an Act that stated physicians can refuse to give abortions, sterilization procedures, or any contraception use. The federal law during the Bush administration prohibited recipients of federal money from discriminating against doctors, nurses and other health care workers who refuse to perform or assist in abortions or sterilization procedures because of their “religious beliefs or moral convictions (www.nytimes.com). The rationale was that as Americans we all have freedom of speech, and freedom of conscience. If an American has a medical degree it does not forfeit their rights. Therefore if a physician does not morally support abortions, sterilization, or contraception use he/she does not have to treat the patient. It is a conflict of interest. One of the negative arguments was that it will limit patients to healthcare services. The rebuttal stated that regulation does not limit patient access to health care, but rather protects any individual health care provider or institution from being compelled to participate in, or from being punished for refusal to participate in, a service that, for example, violates their conscience (www.huffingtonpost.com).

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In response to Bush's 2008 conscience protections for physicians President Obama retaliated quickly in 2009 stating the rights should be back in the hands of patients. Bush wanted to protect the rights of physicians, Obama wants patients to have control over their health, and that interest should come first. President Bush's law created the potential to limit patient access not only to abortion services, but also to contraception. Obama rid of it and put the power back into the patients. This is because the law now states money can be taken from health care facilities unless it is proven there is no discrimination in relation to health care professionals.

The second move that President Obama made in 2009 regarding reproductive rights was banning the Global gag rule, which barred nongovernmental organizations (NGO's) that work overseas from offering abortion services, counseling, or referrals if these organizations were receiving family planning funds from the U.S. government. It is now possible for NGO's to assist in reproductive health needs of patients internationally with US funded dollars. Other pending reversals included the use of the 2009 omnibus appropriations law to restore discounts for contraceptives that had been inadvertently eliminated through the Deficit Reduction Act of 2005, and the release of \$50 million in funds to the United Nations Population Fund (Schneider, 2009).

The recent acts in our government proves that reproductive rights are important to people; rather representatives are attempting to secure moral beliefs rights of medical professionals, or attempt to put the power back into patient hands the end result will never be one hundred percent supported.

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Human Rights. What are human rights? According to the United Nations universal human rights are often expressed and guaranteed by law, in the forms of treaties, customary international law, general principles and other sources of international law. International human rights law lays down obligations of Governments to act in certain ways or to refrain from certain acts, in order to promote and protect human rights and fundamental freedoms of individuals or groups (www.ohchr.org). Human rights are an entitlement to all people and include the right to life, liberty, expression, work, education, and cultural rights. The Declaration of Independence is based on these rights, but these rights are also supported on a global level. Regarding the topic of reproduction, the right to life is a basic human right that is skewed by those that support pro choice. This argument of pro choice and the right to life can be a thesis of its own all together. Relating to nursing, and the right to life controversy, it is important to nurses to understand their own feelings and beliefs, and be aware of his/her personal biases so that it does not influence negative patient outcomes. Increased education and becoming more culturally aware will help the nurse overcome people barriers to patient care.

Cultural Competence. It is important for nurses to understand what cultural competence is. Many nurses feel that their personal beliefs do not affect patient care. This statement is false because our beliefs effect how we think, feel and act in our environments. When we are born, we are automatically placed into specific cultures and societies, the first couple being, for example, a hospital and a family. Even before we are able to think for ourselves, as we grow up we are given ways of understanding our worlds and ourselves through these cultural/social contexts. In a

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way, then, just as when we are born we have inherited a color of eyes, a size of hand, etc.

(biological inheritances), we also inherit sets of habits and thinking and experiencing, cultural inheritances. Examples of cultural/social contexts which give us these inheritances are: family, schools, religious training and behavior, day care, advertisements, television programs, films, friends, etc (Morris, 2009)”. The quote is a good example of how people think and feel, and how we cannot knowingly pass judgment onto others. Most people have strong opinions about what they believe, and these feelings can be passed on in patient care rather the nurse is aware of this or not. The more educated the nurse is on this subject the more aware of their own feelings on reproductive health so they are more helpful when caring for their patients.

Inferences and Implications

Morals and beliefs are not straight forward. Not all people have the same morals and beliefs which can cause conflict with the medical professional and patient. It is important for the nurse to be educated so he/she is properly able to inform patients to assist in positive outcomes. Nurses have the professional responsibility to provide high quality, impartial nursing care to all patients, regardless of the nurses’ personal beliefs, and have the professional responsibility to provide nonjudgmental nursing care to all patients, either directly or through appropriate and timely referrals (AWHONN, 2009). As nurses we need to be understanding and use our knowledge and experience to aid our patients with reproductive health. The logical interpretation of this data is that there are no right or wrong answers, or clear cut outcomes. The likely outcomes of various reproductive health issues result from the patients needs. Pro-choice, pro-life, sterilization procedures, the request for contraception information, and family planning needs topics are all based around highly ethical, and debatable topics. It is important for the

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healthcare professional to give the most up to date information to patients regarding the choices they request in a non judgmental way. Patient outcomes will improve when the more informed the patient becomes.

Quality of Care

The most important intervention for nurses to comply with when dealing with reproductive issues is increased education, awareness, and to become familiar with different reproductive choices. The public has a right to expect registered nurses to demonstrate professional competence throughout their careers. The ANA believes the registered nurse is individually responsible and accountable for maintaining professional competence (www.nursingworld.org). To is also important for nurses to understand state and national laws, and to become familiar with different reproductive choices. There should be a natural linkage between human rights and professional ethics....Simply put, there is no safe haven around these issues, only the challenge to build a firm foundation for our ethical decision-making... L. Joel RN 1997

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