

# [Professional moral compass](https://assignbuster.com/professional-moral-compass/)

[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/), [Nursing](https://assignbuster.com/essay-subjects/health-n-medicine/nursing/)

Professional Moral Compass Professional Moral Compass Introduction The Chapter 3 reading en d “ To Heal Sometimes, To Comfort Always of the President’s Council on Bioethics discussed the role of medicine both within the doctors and patients perspectives. Medicine is the representation of physicians’ dreams in using knowledge to achieve perfect wholeness among vulnerable, mortal human body (The President’s Council on Bioethics, 2012, n. p.). However, medicine has imperfections and a doctor cannot always heal but only can provide the highest comfort that could be delivered to patients. A doctor is placed in a critical dilemma in caring for continuing illness or certain deaths. Thus, it is the conflict between meeting one’s obligation to patients and a doctor’s professional responsibility and moral compass that always collide. Using the reading and the questionnaire ‘ My Nursing Ethic,” the author’s professional moral compass will be discussed together with the personal, cultural, and spiritual values of worldview and philosophy of nursing, values, morals, and ethics in the context of obligation to nursing practice, and own personal thoughts of morals and ethical dilemmas the author probably may face in the health care field. My Nursing Ethics PASSION: Why am I here? Ever since I was a child, I have this great desire of becoming a nurse and be able to help others who are in need of care. According to Husted & Husted (2008), a passion is any behavior that an entity undergoes through a force external to itself and not as an outcome of any act of self-determination (p. 180). To put it simple, passion occurs when there is intolerable situation of behavior coupled with overwhelming emotion such as love, hatred, joy, grief, desire, aversion, hope, courage, fear, and anger. Learning these, the author thought that it was not only the desire since childhood that rationalizes my existence in nursing but my love for patients and hatred towards inequalities in health care. MOTIVATION: What moves me to act? My purpose of why I entered nursing, the inequalities in health care settings that I’ve seen as a student nurse, and being in a difficult yet challenging situation moves me to act. Having motivation or thoughts about the preferred future for ethical nursing practice encourages an aspiring individual to take action to achieve that future and be able to deliver quality patient care (Fry & Johnstone, 2002, 61). In addition, this motivation will guide the future nurse in responding to actions beyond the ethics of care. For instance, I always remember my purpose of entering nursing whenever there are unbearable times. I also act as patient advocate when I see that patients’ rights and needs are neglected by an individual. Meanwhile, instead of being discouraged by heavy workloads, I find it very productive and contributory of professional competence. Despite strong motivations to act, institutional policies and culture may at times hinder the delivery of a motivated care. INSPIRATION: What keeps me in motion? The pediatric and geriatric patients serve as my inspiration and keep me in motion. When it comes to these patients, I have strong emotional attachments towards them. I believe that these patients are often the most neglected among all groups as most of them find it hard to communicate their needs. Majority of the reasons why I participated in social work was to care for children and elderly and help them cope and understand their feelings. Through nursing, I wanted to ease the heartaches of many elderly and be able to mold a child into a productive member of the society. LOYALTY: Whom do I serve? My loyalty goes to the health care institution, members of the profession, and patients as well. The Nightingale Pledge states that “ With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care” (White, 2005, 72) and thus, refers clearly to whom shall nurses adhere their loyalty. Nurses’ loyalty belong to the physicians and members of the team committed to care of the patients and according to the reading, physicians are often left in a dilemma to fulfill their obligations in dying patients. As a sign of loyalty, nurses shall aid the physician in resolving ethical and moral dilemmas surrounding care. Worldview and Philosophy of Nursing A worldview philosophy of nursing seeks to answer philosophical questions fundamental to knowledge development such as what is nursing and how do we come to understand nursing (Cody, 2012, 363). Nursing emanates from people, groups, and communities; thus, the worldview philosophy of nursing also depends on one’s personal, cultural, and spiritual values. The personal, cultural, and spiritual values of the author include respect for human dignity, integrity, autonomy, altruism, and social justice. These values have influenced the author’s nursing practice because: respect for human dignity enables the author to provide the human needs of people with diverse cultural and ethnical background, different value systems, and lifestyles; integrity promotes independence and ensures compliance of patients in the provision of care or proposed change; autonomy promotes independence in decision and provision of spiritual needs; altruism fosters a nurse who care with passion and serve the community selflessly; and social justice ensure equality in health care and provision of health to all. Thus, the author’s worldview philosophy of nursing aims toward the promotion of these values in addressing specific human needs. Values, Morals, and Ethics Values are worthwhile or desirable standard of quality that the individual believes to be true; morals refer to what the nurse must and ought to do; while ethics is viewed as the science of morals that explains the why and wherefore of morals (Geyer, Mogotlane & Young, 2009, 70-72). The obligation to practice may create an ethical dilemma with the author’s personal values, philosophy, and worldview of nursing as not all we believe is true may be ethically or legally accepted in nursing. For instance, the author believes that a nurse has the responsibility to promote the common good among all patients by rendering all the necessary treatments. But what if the patient refused? Would you stick to your values and create an ethical dilemma against autonomy and legality of patient’s right or would you choose to consider state and institutional policy and disregard your values? Ethical dilemma arises when one’s personal values is incongruent with the professional and legal obligations of a nurse; thus, calls for a collaborative decision within the health care institution considering both ethics, values, morals, and philosophy of nursing. Reflection of Moral and Ethical Dilemmas Reflecting on personal experience, I came to remember an incident that significantly influenced my behavior and decision making. Our group was in the ICU for observation and we heard a discussion from a physician and family member about euthanasia. The patient relies only on mechanical ventilation and hopes of consciousness are low. The family no longer affords the hospital expenses and was given the option of removing the ventilator since the patient mentally dead. Hearing this, my mind screams that it is immoral to kill a person but I have also reservations that it is also legal provided that consent is given and ethical because it falls under the respect for human dignity which is to die at peace and with dignity. However, I learned that time that I highly preserved my moral values that I thought that if I’m going to face a decision involving euthanasia, I would highly convince the family and relatives that euthanasia is immoral. References Cody, W. K. (2012). An Ontological View of Advanced Nursing Practice. Philosophical and Theoretical Perspectives for Advanced Nursing Practice (5th ed.) (p. 361-368). Massachusetts: Jones and Bartlett Learning, LLC. Fry, S. T. & Johnstone, M. J. (2002). Ethical Analysis and Decision Making in Nursing Practice. Ethics in Nursing Practice: A Guide to Ethical Decision Making (2nd ed.) (p. 55-64). Oxford: Blackwell Science Ltd. Geyer, N., Mogotlane, S. & Young, A. (2009). Introductory Ethics. Juta’s Manual of Nursing Volume 1 (2nd ed.) (p. 70-74). Lansdowne: Juta and Co. Ltd. Husted, J. H. & Husted, G. L. (2008). Elements of Human Autonomy. Ethical Decision Making in Nursing and Health Care: The Symphonological Approach (4th ed.) (p. 157-190). New York: Springer Publishing Company, LLC. The President’s Council on Bioethics. (2012). Chapter 3: To Heal Sometimes, To Comfort Always. Retrieved on May 27, 2012 from http://www11. georgetown. edu/research/nrcbl/pcbe/bookshelf/reader/chapter3. html White, L. (2005). Legal and Ethical Responsibilities. Foundations of Nursing (2nd ed.) (p. 57-81). New York: Thomson Delmar Learning.