NZNO Ethical exemplars to accompany
the 2010 NZNO Code of Ethics

Exemplar One: The nurse-client relationship

This was a specific child who was …dying, but he still had to undergo transfusions. There comes a point where the chemotherapy has stopped working, but what happens is because the malignancy is growing out of control you have to top them up with blood transfusions and that actually keeps them going, so it extends their period of life. But for this child… he’d had two previous transfusions and he was coming in for a third and he could have gone on like this for another three, four months. Coming in every week and having a top up… he would have then gone home and sat around and done whatever he wanted to do. But he would have been fairly limited because he would still have been required to keep coming back, and the thing that he found really traumatic was having the needle inserted for his transfusions. And he didn’t want them anymore, he never liked having blood transfusions and he never liked the needles that were associated with them… So he came in for his transfusion and he got me, this little seven year old Maori boy, he got me aside and he said, “I don’t want this”- really simple seven year old language - “I don’t want this anymore.” And so I explained to him what would happen if he didn’t have it, the consequences… And all this sort of stuff about instead of dying in another few months time, you will actually die in two weeks time and he seemed to grasp all that. And I tried to con him, like it’s only one needle and all the bribery and all the corruption that you do, but he was very, very adamant that it wasn’t what he wanted. And he asked me to then say to his family, which was his father who was there at the time, and to the consultant and the registrar, that this was his plan of action. Because for him it was quality of life, he didn’t want to live that way. So then together he and I got the consultants and the doctors and the father in and we talked to them. And there were lots of tears, and the father got really angry, and I think he got really angry because the child took control, because in actual fact the child had made a decision that this was how he wanted to end his life, rather than the father saying “look I really want you to live, I really want you to have the treatment, I don’t want it to end.” And the child’s expectation of me was that I would be his ‘back up’, you know his adult (adapted from Woods, 1997, pp. 150-151).

Commentary

This moving and profound nurse’s story is primarily concerned with the most fundamental of all nursing relationships, i.e. between a nurse and a client, who in this case is a 7 year old child who trusted her sufficiently to act on his behalf. That the nurse did so was strong evidence of her commitment to maintaining the child’s autonomy and necessary support within a clear example of the nurse-client partnership. That the nurse’s actions were supported by the value of beneficence is in little doubt; nor is her use of advocacy skills to prevent further harm - as perceived by the child. That is, the nurse recognised the need for “a client’s perception of fairness and perception of what would be an appropriate outcome” (Code of Ethics, p.14) and in respecting the rights, needs, values and dignity of her client, she shows a considerable understanding of the value of justice. A short examination of the values and explanations in Code of Ethics on pages 13-15 reveals that the nurse fulfilled almost every value listed within, and did so with great courage and dedication to her professional and ethical duty.
Scenario/ Exemplar Two: The nurse-colleague relationship

Under development

Scenario/ Exemplar Three: The nurse-organisational relationship

Under development

Scenario/Exemplar Four: The nurse-societal relationship

...When you go to a home you don't really know what you're going to come across. One day I tested a child's eyes and her vision wasn't perfect, but it wasn't bad enough to need correction. But I also felt if a nurse, I mean as a parent, looked at my child I'd want to know about it. So I went to the child's home as I also wanted to tell the parents that they need to just keep an eye on her vision. And when I got there, it was in summer and the kitchen windows were open and this large woman's voice floated out the window and it said, "it's the [expletive] government!" because I had 'New Zealand government' on my car... On another occasion, I was in a household where quite a lot of drugs were used ... And this day we were sitting in her sitting room and they were talking about using drugs and I said something like "I don't need to get drugs 'cause...I get high on people"... And I think I get excited by seeing people get healthier, I love that, I love it. One of the progressions that happened [to me] was that I started off and I was working one to one with people and I was getting more and more concerned because of the sort of social conditions that they were in. It seemed to me to be enforced on them by this very oppressive system. For example, some families would go from crisis to crisis ... By the end of my first year I felt that I can't just keep on working with one person at a time, I have to work with more people or I'll just get nowhere. So I began to work more with groups and I also began to work in a more political way (adapted from Woods, 1997, pages 87, 108-109).

Commentary

The nurse-societal relationship represents a particular type of social contract between the nurses and their clients. Such a relationship requires all nurses to find adaptive ways to meet the health care needs of individuals, families, groups and communities within present day New Zealand society. The nurse in this exemplar not only recognises this ethical need, but embraces it with a balanced sense of beneficence and fair mindedness towards others as well. For instance, in both of the brief scenarios above, she quickly realised that there was a need to adapt her “practice to a variety of interpretations of the concept of autonomy” (Code of Ethics, p. 20). Furthermore, she reveals a significant insight in the need to not only offer professional care, but to offer in it ways that reflect the great need within society for nurses who do not necessarily judge the socio-cultural practices of others, but find new ways to make a difference through practice that is culturally safe, protective and confidential, whatever the difficulties of the given situation. Even a brief examination of the Code of Ethics (pages 20-21) reveals that this nurse does indeed understand the need for healthy nurse-societal relationships.