Ethics and Politics of Resource Allocation: The Role of Nursing

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ABSTRACT. The use of ethics in everyday nursing practice will become increasingly important to the individual nurse, and nursing as a profession, as technology has a greater impact on health status and the provision of health care. Resource allocation is only one example of an ethical issue in which nursing must have input. Nursing can expand its contribution to society by ensuring that it plays a major role in shaping public policy and legislation. If nursing is to continue to serve the public, the involvement of nurses within the political process must be accepted as an ethical necessity.

Introduction

The notion of social responsibility suggests that one has an obligation to society, a duty to serve the public interest and the common good. Members of professional groups have this obligation since their roles, missions and ethical foundations focus not only on the individuals they serve, but on society as a whole. Professional codes of ethics direct their ethical obligations to clients, and to particular organizations and interest groups. Moreover, they address public duties, and obligations to and responsibilities for society at large. Professionals have this authority, and hence this responsibility, because of their particular body of knowledge, their skill and expertise. They are placed in a position of respect, and as a result they are granted the power and authority to engage in decision-making processes that influence and shape the direction of social policy and societal norms.

As knowledge becomes more specialized and technology and society more complex, established professions will acquire new power, and with it, a greater ethical responsibility. Our society, our world, has traditionally been dependent upon professions as custodians of our most basic values. They support and mold these values and assist in translating them into institutional forms and modes of social practice (Jennings, Callaghan, Wolfe, 1987). Professional codes of ethics, therefore, should express the moral bond uniting the profession, the individuals it serves and society as a whole.

Is the mission and code of ethics of nursing consistent with a social responsibility mandate?

Social responsibility has been explicit in the mission of nursing since Florence Nightingale (1820—1910). The interaction of society and environment is consistently viewed as central to the discipline. The nurse interacts with the client and the environment for the purpose of facilitating the client's health. We have moved from a conceptualization of health that depicts it as the absence of disease to an increasingly

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dynamic one that sees health and illness as a continuum and as expressions of the life process, and that views health itself both as a process of human growth and development and as the expansion of consciousness (Newman, 1983). Health is not just an outcome of health care. Social policies also have implications for health, e.g., policies related to adequate housing, care for the elderly, organ donation, nutrition, protection from the threat of nuclear spills, smoking, clean air, clean soil, and clean water.

The Code of Ethics of the Canadian Nurses' Association affirms that a nurse must recognize his/her responsibility not only to individual patients but also to society, and must participate in activities that contribute to the community as a whole:

> Many public issues include health as a major component. Involvement in civic activities may afford the nurse the opportunity to further the objectives of Nursing as well as to fulfill the duties of a citizen.

The philosophy of the Registered Nurses Association of Ontario (RNAO) is that

> Nursing is a discipline concerned with the promotion of the well being of individuals in society. Nursing reflects and is influenced by the personal, professional, and ethical standards that guide the attitudes and actions of its individual practitioners. Nursing is based on a selected body of scientific knowledge and is a dynamic process which is responsive to the changing needs of society and evolves through the application of study and research in Nursing and other social and health sciences.

How does the nursing profession exercise its social responsibility?

The RNAO, through the Canadian Nurses' Association (CNA), is a member organization of the International Council of Nurses (ICN). Formed in 1899, the International Council of Nurses is the oldest international organization of professional women in the world. The RNAO, the Canadian Nurses' Association, and the International Council of Nurses and other nursing organizations around the world have a tradition of making improvements for working nurses by developing and supporting education and regulation, and by improving the social economic welfare of nurses. The International Council of Nurses acts as a leader in world health organizations and deals with a broad range of health and social policy issues. In fact each quadrenium is marked by an ICN "Watchword" (i.e., 1981—1985: Nurses as a Social Force; 1985—1989: Justice).

The RNAO has presented briefs to many government committees and task forces since its inception in 1904. Usually, lobbies were not developed around these briefs. The officers of RNAO met on a regular but infrequent basis with the Minister of Health. This changed in 1983, when the Provincial Nurse Educator Interest Group of the RNAO initiated a lobby on The Canada Health Act to voice its commitment to a fully-accessible health care system. The RNAO hired a staff member to co-ordinate this lobby. It grew, became a nation-wide lobby co-ordinated by the CNA, and resulted in amendments to The Canada Health Act.

In May 1983, RNAO became a participant in the Royal Commission of Inquiry into Certain Deaths at Toronto's Hospital for Sick Children (commonly known as the Grange Inquiry, named after Justice Samuel Grange who headed the investigation). The Association intervened not only to represent and support the 39 nurses from the Hospital who were involved in the Inquiry, but also to represent the nursing profession and to ensure its public trust. Four years later, in May 1987, RNAO published a book, *RNAO Responds: A Nursing Perspective on the Events at the Hospital for Sick Children and the Grange Inquiry*. The book's purpose was to identify issues and make recommendations for action that could be applied to the entire health care system. The analysis of the system's response to the crisis at Sick Kids showed that the events and issues identified in the period from 1980 to 1985 were not confined to that particular institution, but were representative of system-wide problems occurring in other health care agencies and institutions across Canada (RNAO, 1985).

While this particular situation originated in the health care system, it eventually involved both the legal and political systems. The issues were related to the role and rights of women and of nurses, the value of the work of nursing, and the responsiveness of public systems to the public at large — all matters of importance to Canadian society. RNAO has also spoken out on such issues as de-indexation of the family allowance, federal-provincial fiscal arrangements, health care reform, extra billing, access to

university graduate education for nurses, care of the elderly, AIDS, pay equity as a component of employment equity, midwifery, community health issues and health care for the homeless, and labour issues for nurses.

What are the major social and social policy issues facing the nursing profession today?

One of the most critical ethical and social issues facing nursing in today's highly complex and highly technological reality, is the availability and authoritative allocation of health care resources. Even in a society that values and perceives a right to health and access to health care, decisions have to be made about who gets what, when, and how. The reality is that we cannot have everything we want by way of technology and resources. Decisions in these areas affect nurses and other health care providers directly since their commitment and allegiance to the individuals and communities they serve may at times conflict with the interests of society and the common good. These decisions can relate to standards of care, concerns about quality of life, and indeed to the very ethic of caring within the profession and the health care system. Technology has changed the boundaries between life and death. The irony is that despite major advances in health care delivery, there is a predominant feeling of powerlessness during discussions with health care providers, rather than a feeling of greater control.

Some examples

> At a major urban teaching hospital the emergency department closes because there are no available beds. Sixty beds are filled with patients awaiting transfer to other long-stay facilities. Some have been waiting for two to four years. Some will stay forever because they require special treatments (e.g., dialysis), and there is nowhere for them to go.

In Canada, the publicly-funded health care system was put in place to serve the needs of the public. Yet there are no systematically-required criteria for resource allocation decisions based on health outcomes for patients.

> At another hospital, an elderly patient is seen in the emergency department. She is afraid and not eating well. However, there is no physical reason to justify her admission to hospital. But she doesn't want to go home. Her family is not around, they have other interests and concerns. There is nowhere else for her to go. She is admitted.

Factors which have a direct impact on the health status of a population include nutrition, income and housing as well as clean air, clean soil and clean water. There are approximately 20,000 homeless people in Toronto (January, 1988). The Government of Ontario spends 33% of its budget on health care; it spends 1% of its budget on housing.

> In the dialysis unit the quota or capacity is 65 patients. Yet the census is 74. There are nursing vacancies in the unit, so many of the nurses have been working overtime. Five patients are on acute dialysis in the Intensive Care Unit. A call is received from a referring hospital: a 30-year-old man involved in a motor vehicle accident has gone into acute renal failure. He needs immediate dialysis. Before a machine and staff can be organized and the patient transferred, he dies.

Adequate nursing care is commonly accepted as the single most important element of patient care. But when cutbacks are announced, the staffing budget in nursing is often the first to be cut back.

> Researchers have discovered a new drug to treat acute Myocardial Infarctions (heart attacks). The treatment is six times more expensive than conventional therapy. Close monitoring is required. More ECG monitors and nursing staff will be required.

> It is a busy night on a general medical unit. There are many admissions, many acutely-ill patients. Down the hall a patient with AIDS is dying. He is alone.

The examples are real and there are many more.

Resource allocation decisions must include an ethical process that supports shared roles and clarifies values that confirm our sense of common purpose. By and large, resource allocation decisions in health care have been made without the intellectual and technical expertise of nurses and without input from nurse scientists and researchers. In addition, there is growing concern that the value of "caring" is being eroded in society and that this erosion is beginning to influence those within the health care system. Hence, there is increasing concern with respect to

the availability of health care providers, the most valuable health care resource.

Shortages in the nursing work force in the United States have reached crisis proportions. Shortages have become a critical concern in certain regions of Canada and within certain clinical specialties. We would argue that, ironically, this shortage is influenced by the lack of resources available to the nurse in order to provide equal and just access to health care as well as a high standard of care. There is growing dissonance between a nurse's expectations regarding the standard of care he/she would like to offer and reality. Stress has been highly correlated to lack of resources and contributes to the decision of many to leave the profession. Allocation decisions may in fact not only affect quality of life and manpower availability, but relate directly to professional standards of care and, indeed, to the very ethic of caring in the profession.

The shortage of staff nurses feeds on itself, in that increased workload-demands placed on staff nurses result in burnout of those who remain. Another factor contributing to the nursing shortage is a lack of other resources such as extended care, home support, and transitional care. Finally, nurses do not receive enough recognition for their pivotal role in the provision of health care (i.e., monetary rewards and higher status) and for their ability to participate in decisions about resource allocation.

What level of care does society want? What level of care is the health care provider able (and willing) to provide?

In the U.S., technicians are assigned the function of performing certain nursing tasks such as dispensing pills and making beds. This results in fragmentation of care and dehumanization of individualized care. The role of nursing relies heavily on interventions based on observation and assessment. Activities that keep the nurse in contact with the patient are pivotal to the nurse's effectiveness. In California a group of lobbyists are working to put the question of legalized euthanasia to a state-wide referendum in November. Is this a result of our failure to provide humanity and dignity to a dying population? Will it be seen as an effective means for reducing our resource needs in the future?

What should nurses be doing?

Nurses must empower themselves to be more actively involved in the policy analysis and development of these critical issues. As an expression of their social responsibility, they must utilize their knowledge and expertise and must communicate their concerns, points of view and solutions to the public, to interest groups, and to health care organizations and government. Legislators need nurses' expert advice. If public policy analysis is to constitute service to the public good, it is important for nursing to embrace fully its role in this process.

To support this renewed commitment to the public good and to ensure results, nursing must increase its political involvement. Politics means "who gets what and how" (Lasswell, 1936). In order to strengthen the decision-making process in relation to the "what" and the "how," and to build on the values inherent in nursing, there must be an interface of ethics and politics (Aroskar, 1987).

Ethics is right or good action. It is the systematic study of what our conduct and actions ought to be, of the justification of what is right or good, of what we ought to do. Ethics in nursing, as an area of applied ethics, uses the insights gained from systematic study and reflection to incorporate ethical decision-making and practice within policy development. It includes consideration of the environments in which client care occurs, and of the integrity of individual nursing practitioners and of the profession collectively. However, applying ethics in the complex world of health care has political, social, and economic dimensions. To move forward, the application of politics is necessary.

Politics influences the regulation and control of persons living in society. Political activity concerned with achieving control and the advancement of a specific goal has been called public or social ethics. This branch of ethics deals with the state as a whole, as well as the ethical relations and duties of government or other social organizations. Ethical dilemmas often arise when there are conflicts between the

needs/interests of competing groups or individuals. As the conflicts unfold, the interface or overlap between ethics and politics becomes more clearly visible (Aroskar, 1987).

The interface of politics and nursing

Three different system levels are included in this interface: the *micropolitical* (the politics of patient care and decision-making), the *intermediate political* (institutional and organizational activity and policy-making), and the *macropolitical* (the development of public policy for financing health care delivery). Politics, the political process and power have traditionally been viewed negatively by nurses. But the words in themselves are harmless. It is how politics, the political process, and power are used that determines whether they are negative or positive (Dick, 1985).

Nurses are a profession with expertise; consequently, we have a social responsibility to both individual clients and communities. In order to operationalize this responsibility, nurses must become involved in decision-making at all three levels of politics – micro, institutional, and macro. In order to accomplish this, we must become involved in the political process, influencing the authoritative allocation of resources or "who gets what, when and how."

Strategies supporting increased involvement of nursing in decision-making

1. Integration of the following components into all aspects of nursing (i.e., practice, administration and research):
   - A public policy and ethical analysis process.
   - An understanding of how we are governed and how public policy is developed.
   - An understanding of how resource allocation decisions are made now and how the process should be reformed.
   - Concepts of political process and prerequisites of power.
   - Role expectations that support (1) patient advocacy and involvement in resource allocation and public policy, and (2) debate.
   - As expected norms, the use of the political process and prerequisites of power.
   - A full interdisciplinary approach; improved health and patient care should be a common goal.
   - The ability to build coalitions.
2. Facilitation of joint ventures with government and governing bodies to be ensured by development of:
   - A mechanism that provides for systematic ethical analysis of resource allocation decisions, i.e., community-based ethics committees, ethics committees in health care institutions and agencies, an ethical consult team in government.
   - "Affirmative action" programs to ensure systematic input from nurses and others at all levels of decision-making, from the bedside or community level to senior levels of government.
   - Strategies to improve the workplace for nurses and to foster the recruitment and retention of nurses.
3. Development of strategies to inform the public through the media of the political and ethical components of resource allocation, and the issues which face us as a society.

Conclusion

The use of ethics in everyday nursing practice will become increasingly important to the individual nurse, and nursing as a profession, as technology has a greater impact on health status and the provision of health care. Resource allocation is only one example of an ethical issue in which nursing must have input. Nursing can expand its contribution to society by ensuring that it plays a major role in shaping public policy and legislation. If nursing is to continue to serve the public, the involvement of nurses within the political process must be accepted as an ethical necessity.

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