Question
I have been assigned to provide care to a patient who is refusing prescribed medications. I am unsure if she is competent. I am concerned that she requires the medications but do not want to force her to take them. My colleagues are considering hiding the medication in food or beverages and administering them without the patient's knowledge. I am very uncomfortable with this practice and have told the charge nurse that I wish to discuss this issue further. Am I right to be concerned?

Answer
You have every reason to be concerned. You are involved in a potentially serious legal and ethical violation that needs to be addressed immediately. The Code of Ethics for Registered Nurses sets out the ethical behaviours expected of registered nurses in Manitoba. It provides guidance for decision-making concerning ethical matters and serves as a means for self-evaluation and self-reflection regarding ethical nursing practice. The values in the Code which must be considered in this situation are choice, dignity and accountability.

Choice
Nurses respect and promote autonomy in clients and help them to express their health needs and values and to obtain desired information and services so they can make informed decisions.

Choice #1
- Registered nurses must be committed to building trusting relations as the foundation of meaningful communication. Nurses must ensure that nursing care is provided with the patient’s informed consent.

Choice #9
- Nurses must be sensitive to their position of relative power and should identify and minimize sources of coercion.

In this case the patient has made a decision regarding receiving medications. As there is a question of the patient’s competence, the nurses involved must continue to provide opportunities for people to make choices even when illness or other factors reduce the person’s capacity for self-determination. The ethical principle of truth telling (veracity) would be violated if the nurses deceive the patient. If the patient does lack decisional capacity nurses must obtain consent from a substitute decision maker. If prior wishes are not known or are unclear, the nurses’ decisions must be made based on what the person would have wanted and must be made in the best interest of the person in consultation with the family and other health care providers.
Dignity
Nurses recognize and respect the inherent worth of each person and advocate for the respectful treatment of all persons. A therapeutic relationship is based on mutual trust and respect. This will be lost if “experts” are the sole determiners of what is best for the patient. The competent patient who is excluded from participating in their care can experience a sense of loss of control and increased vulnerability. The nurse is in an ideal position to advocate for the rights of the patient to be an active participant in their care and treatment. If the patient is unable to participate the substitute decision maker/family should be consulted as part of the decision making process. Statutes tend to provide a hierarchy of substitute decision-makers. First priority is given to a court appointed substitute decision maker or person with a power of attorney for personal care or proxy. If these do not exist, authority falls to a spouse, or then to various family members in accordance with the statutory list. Careful documentation is essential when consent is obtained from a substitute decision maker.

The primary responsibility for creating a trusting and respectful relationship rests with the care providers. Intentionally deceiving the patient fails to meet this responsibility. An appropriate plan of care must be established for the patient. If the patient is unable to participate in decisions, the substitute decision maker and the health care professionals must consider and respect the patient’s best interests and previously known wishes or advance directives.

Accountability
Nurses are answerable for their practice and they act in a manner consistent with their professional responsibilities and standards of practice.

Nurses have the responsibility to conduct themselves with honesty and to protect their own integrity in all professional interactions. Disagreements among health care providers about the treatment and care provided to a patient should be clarified and resolved by the members of the health care team so as not to compromise their relationship with the person receiving care. Many agencies have processes for discussion and resolution of such disagreements and conflicting opinions. If a process does not exist, nurse and physician leaders of the agency must become involved in resolution (see Code of Ethics Appendix A).

Resolution
The resolution of this situation will involve a number of activities and participants. The first step is to begin a discussion regarding the legal and ethical issues in the situation with colleagues. This discussion should include the Code of Ethics and Standards of Practice for Registered Nurses. Responsibility for specific activities will be determined by the established agency process or by agency leaders and may not require the participation of the nurse in all of the steps.

Essential activities will include:
1) Identifying and clarifying the problem, the ethical issues arising, and those involved.
2) Implementing a process for resolution through reporting the situation to agency leaders and participating in the process as required.
3) Reviewing the factors that lead to the situation and initiating measures to prevent recurrence.
4) Informing the patient of the violation and re-establishing a trusting and therapeutic relationship.

Summary
Health care providers are not expected or required to participate in care activities or procedures that are contrary to their professional judgment or personal moral values. Health care providers are obligated to advocate for patients and work to resolve practice issues such as this one. By declaring in advance your inability to follow the proposed plan of care for this patient you served two purposes:
1) Highlighting the ethical violation so that it could be addressed.
2) Maintaining your professional accountability to the code of ethics.
Resources

College Resources
- Standards of Practice for Registered Nurses (2004)
- Registered Nurse Responsibilities Related to Professional Practice Issues (2005)
- Contact a College nursing practice consultant

CNPS Publications
- InfoLaw: Consent for the Incapable Adult

Canadian Nurses Association Publications

Other Resources
- Position Statement on the Covert Administration of Medications. United Kingdom Central Council for Nursing and Midwifery. September, 2001

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For more information please contact a College consultant, nursing practice at 204-774-3477 800-665-2027 (Manitoba toll-free)

This publication is provided for general information. For more specific information see our Standards of Practice for Registered Nurses, the Canadian Nurses Association Code of Ethics for Registered Nurses and the Registered Nurses Act and Regulations.

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