



College of
Registered Nurses
of Manitoba

Covert Medication Administration

Code of Ethics Application

Question

I have been assigned to provide care to a client 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 client'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 of Ethics* 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 client'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 client has made a decision regarding receiving medications. As there is a question of the client'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 client. If the client 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 client. The competent client 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 client to be an active participant in their care and treatment. If the client 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 health-care providers. Intentionally deceiving the client fails to meet this responsibility. An appropriate plan of care must be established for the client. If the client is unable to participate in decisions, the substitute decision maker and the health-care providers must consider and respect the clients’ 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 client 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 *Practice Expectations for RNs*. 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 client 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 clients 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 client 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

- *Practice Expectations for RNs*
- *Registered Nurse Responsibilities Related to Professional Practice Issues*
- Contact a College practice and standards consultant

CNPS Publications

- *InfoLaw: Consent for the Incapable Adult*

Canadian Nurses Association Publications

- *Code of Ethics for Registered Nurses*
- *Joint Statement on Preventing and Resolving Ethical Conflicts Involving Health Care Providers and Persons Receiving Care*. Canadian Healthcare Association, Canadian Medical Association, Canadian Nurses Association, Catholic Health Association of Canada, 1999

Other Resources

- *Position Statement on the Covert Administration of Medications*. United Kingdom Central Council for Nursing and Midwifery. September, 2001
- *Health Care Directives Act (1992)*. Government of Manitoba

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For more information please contact one of our practice and standards consultants at

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