



College of
Registered Nurses
of Manitoba

Ethical Decision Making in Nursing Practice

Questions?

Contact Quality Practice:

204-774-3477 ext 301
1-800-665-2027
practice@crnm.mb.ca

Date published:

04/2025

Purpose

Modern healthcare is increasingly complex, and nurses more frequently encounter ethical dilemmas. In these times, the unpredictability and complexity of care required makes decision making more difficult. Developing a solid understanding of core bioethical pillars and using a systematic, logical process to guide decision making is essential to improving clinical outcomes and upholding respect for client's human rights including human dignity, value and worth. [The Code of Ethical Conduct](#) (2025) in conjunction with a framework that utilizes the core bioethical pillars to inform ethical decision making provides nurses with a strengthened ability to navigate complex clinical cases and guidance to make the best decision possible in ethically challenging situations.

In this document the use of the word nurse refers to registered nurse, registered nurse (authorized prescriber), registered nurse (nurse practitioner), registered nurse (graduate nurse practitioner), and graduate nurse.

Core Bioethical Pillars

The core bioethical pillars that inform ethical decision making include autonomy, justice, beneficence, nonmaleficence, fidelity, and veracity. These pillars shape one's delineation of right from wrong and provide guidance for actions, and decisions, particularly when faced with ethical dilemmas. They are crucial for maintaining accountability and building trust. The pillars, when utilized together, provide a platform for sound ethical decision making.

Autonomy

Autonomy is honoring individual choice and respecting the client's right to make their own decisions, even when in opposition to the one's personal values and beliefs. It acknowledges that clients are the experts on their own life and should be allowed to make decisions that align with their personal values and goals, free

from undue influence or coercion. Autonomy is expressed with informed consent; ensuring clients are fully informed, understand treatment options, and potential outcomes before making decisions regarding their care. Autonomy must be balanced with the bioethical pillars of beneficence and nonmaleficence. For example, a client wants to make a choice that will potentially cause harm to themselves or others. It is also important for nurses to understand that the concept of autonomy can vary across different cultures. Understanding autonomy will assist nurses in making ethical decisions that honour their client's individual dignity and self-determination.

Justice

Justice in ethical decision making supports fairness and equitable treatment, and guides nurses to make decisions that are free from bias. Fair and just outcomes in decision making require transparency and open communication, empathy and active listening to ensure the rights of the client are respected.

Beneficence

Beneficence is striving to do good, actively seeking ways to improve well-being, quality of life and positive outcomes, and maximizing outcomes for clients. By incorporating beneficence, nurses can make ethical decisions that not only avoid harm but actively contribute to the well-being of clients.

Nonmaleficence

Nonmaleficence is most known as 'do no harm'. It is fundamentally about preventing harm to others through one's actions or inactions. In ethical decision making, nonmaleficence is closely interwoven with autonomy, beneficence and justice. A client's autonomy and right to make their own decisions must be respected but also balanced with avoiding harm to others. Nonmaleficence in ethical decision making guides nurses to make decisions that prioritize safety and well-being, weighing risks versus benefits.

Fidelity

Fidelity refers to trust, faith, and loyalty. It is an unwavering commitment to act with integrity and trustworthiness, the fulfillment of professional roles, and promises to clients. Being reliable, consistent, and honest in one's actions and words sets the foundation for the ability to build trusting

nurse-client relationships. Fidelity means being faithful and committed to providing clients with the best care possible. It also contributes to the protection of client confidentiality. Fidelity emphasizes the importance of relationships, empathy, and care in decision making.

Veracity

Veracity is the quality of being truthful and honest to clients. It means answering questions honestly and sharing all the information available in a way the client can understand, so they can make informed decisions regarding their care.

Framework for Ethical Decision Making

As outlined in the *Code of Ethical Conduct* (2025), the nursing values of respect, trust, partnership, and integrity form the foundation for ethical nursing practice. Therapeutic nurse-client relationships are built on a framework of compassion and respect for human dignity. Client-centered care means involving the client in their care; planning and delivering respectful, humane, and ethical care. Clients and their families must be included in crucial conversations and decisions regarding care, including sharing of relevant information. It is essential that the client's voice is heard to ensure an understanding of their individual identity, meaning of life, desired goals and values which focus attention on the client's dignity.

To solve ethical dilemmas, nurses must be aware of their own moral values, as well as their legal and professional ethical obligations. To mitigate the risk of substandard and inequitable care, it is critical that nurses not allow their personal values to displace professional values. Utilizing a systematic process allows for consistency in the application of the bioethical pillars in ethical decision making. An ethical decision-making framework can be used to assist nurses in navigating complex ethical dilemmas and assisting clients to make the best decision possible regarding their care.

Step 1 - Identify the issue

Determine if there is an ethical dilemma. To do so requires an understanding of the difference between an ethical dilemma, a moral dilemma and/or a professional practice issue. Ethical and moral dilemmas are often used interchangeably and frequently refer to the same situation where a decision must be made between two or more conflicting courses of action where any decision made could have negative ethical implications regardless of the choice. Ethical dilemmas are based on professional guidelines and codes of conduct while moral dilemmas are based on the person's individual beliefs about right and wrong. A professional practice issue in nursing is a situation that affects the nurse's ability to provide care and meet all practice expectations and compromises care and/or services putting the client at risk.

- [Registered Nurse Responsibilities Related to Professional Practice Issues](#)

Note: Steps 2–4 are intertwined and often completed simultaneously.

Step 2 - Gather facts

Review the facts and consider how each of the bioethical pillars apply to decision making. Note when the pillars seem to be in conflict.

Step 3 - Be aware of applicable laws and regulations

There may be laws that prevent the client from accessing the care they desire such as not meeting eligibility criteria for Medical Assistance in Dying (MAiD).

Step 4 - Consult other health disciplines

To assist in decision making, consult other health disciplines and specialists as appropriate, e.g.: social work, pastoral care, ethicist, home care, palliative care, surgical team, nephrology, cardiology, neurology, psychiatry to name a few.

Step 5 - Evaluate options

Consider possible courses of action and their consequences.

Step 6 - Make a decision

Choose what appears to be the best course of action and implement it.

Step 7 - Reflect

Reflect on the outcome of the decision. Reflection on ethically challenging situations is a method in which nurses can have a focus on skills and characteristics that allow them to respond positively to moral distress. Moral distress can occur when nurses are not able to provide care according to their personal values and moral judgment. Moral distress can be experienced in many situations including conflict with other health care team members, excessive workloads, challenges with end-of-life conversations and decisions, challenging clinical situations, and service delivery issues.

Case Scenario

Mr. James is 92 and resides alone in an assisted living complex in a small rural town. His wife died last year due to an untreated cardiac illness, for which he is still angry. He was transferred and admitted to a large hospital in the city six hours away, for shortness of breath, chest pain, and dizziness. Mr. James has a history of aortic stenosis, angina, diabetes, and osteoarthritis. He is independent with his activities of daily living and banking but does have some difficulty mobilizing and uses a walker for ambulation. He has two sons who are supportive and involved with his care as this was a promise to their mother. One son is also angry about his mom's death due in part to being estranged from his parents and brother prior to her death.

On admission, Mr. James was found to have elevated blood glucose levels, shortness of breath with low oxygen saturation requiring oxygen administration, and intermittent angina. A coronary angiogram revealed severe aortic stenosis with calcification of the valve, and several coronary artery occlusions. Consultation with the cardiology and cardiac surgery team indicated the aortic valve must be replaced and the coronary blockages required intervention. Mr. James was presented with the option of open-heart surgery to replace the aortic valve and multiple coronary artery bypasses. Due to Mr. James' advanced age and

health history, the surgery is considered high risk with potential for severe complications including stroke, bleeding, poor wound healing, and inability to survive the surgery.

The multidisciplinary health care team have differing opinions as to proceeding with surgery. Not having surgery will result in death while proceeding with surgery poses a high risk of catastrophic complications with a lengthy hospital stay, reduced quality of life and possibly death. Mr. James and his sons are informed of the high risk involved with the surgery and potential complications and the consequence of not having surgery. Mr. James and his sons are faced with a difficult decision and this situation poses an ethical dilemma for the healthcare team.

In using the ethical decision-making framework, the first step for the health care team in dealing with this situation is to identify the issue. The ethical dilemma is whether Mr. James should proceed with aortic valve replacement and coronary bypass surgery. The surgery is technically possible to perform, however, the success and trajectory of recovery is unclear.

The next step is for the team to gather the facts, ensuring the ethical decision-making pillars are applied. Questions to consider include:

1. Has Mr. James and his sons been provided with all potential treatment options, including benefits, risks, and outcomes? Have members of the healthcare team listened to Mr. James' concerns, values, and wishes, even if they differ from those of his two sons and/or their own? (Fidelity, Veracity, Justice, Autonomy, Beneficence)
2. Have staff been honest and transparent in sharing information in a way that is understood by Mr. James and his sons? (Veracity)
3. Have staff kept their own personal values and beliefs out of the decision-making process? (Autonomy)
4. Has the health care team been careful not to coerce or advocate for a decision that could potentially cause unnecessary mental and/or physical suffering? (Nonmaleficence)

The bioethical pillars of autonomy, beneficence, and nonmaleficence are at the forefront of this ethical dilemma. To ensure a fully informed decision is made, consultation with other health

professionals, specialists, and health care services is important to ensure all the relevant information is provided to Mr. James and his sons. In this scenario, palliative care, home care, social work, and pastoral care are consulted, as Mr. James shared that he has a strong faith, he has all his affairs in order and is not afraid of death. Prior to assisting Mr. James and his sons with making a final decision, it is important to identify any applicable laws or regulations that may impact on the decision and ability to carry out the desired plan of care.

Once all the information is gathered, a family meeting is held with the multidisciplinary health care team, Mr. James, and his sons. All options for his care plan are shared and discussed. The team listens to Mr. James' concerns, values and wishes, and answers his questions. Mr. James' sons have differing opinions and they are feeling moral distress with their father's expressed desire not to proceed with surgery and choosing palliative care.

Mr. James is given time to review all the information and discuss it with his sons and eventually decides he does not want to proceed with surgery. He does not want to risk suffering a stroke, and prolonged hospital stay far from his home and family, experiencing a reduced quality of life with the inability to live independently, walk and/or talk, living his last days in a long-term care facility. Mr. James sees this risk as undue suffering and harm to himself (nonmaleficence). He shares with the health care team that he has experienced a full life and has accepted the consequences of not proceeding with surgery. He chooses to work with the health care team to develop a palliative plan of care. The decision is his to make. He is of a sound mind, and the decision fits with his values and beliefs, and he is at peace. Mr. James' sons are referred to a clinic that provides care to families dealing with grief and moral distress with end-of-life decisions.

Using the framework and incorporating the pillars of ethical decision making helps to ensure that Mr. James' autonomy and human rights are upheld. Although this decision may be difficult for his sons and some members of the health care team to accept, his autonomy and individual rights must be respected. It is important that nurses reflect on the decision-making process, and awareness of moral distress because of the decision. The ability to reflect allows nurses to recognize they are providing clients with the best care possible according to the client's wishes, care that is compassionate and client centered, allowing Mr. James to have a dignified death according to his personal values and wishes.

Resources

- Bush, S. (2019).** Use of Practice Guidelines and Position Statements in Ethical Decision Making. *American Psychologist*, 74(9), 1151-1162. <https://dx.doi.org/10.1037/amp0000519>
- College of Registered Nurses of Manitoba (2025).** Code of Ethical Conduct.
- College of Registered Nurses of Manitoba (2024).** Registered Nurses Responsibilities Related to Professional Practice Issues.
- Collings-Hughes, D., Townsend, R. & Williams, B. (2022).** Professional codes of conduct: A scoping review. *Nursing Ethics*, 29(1), 19-34. <https://doi.org/10.1177/09697330211008634>
- Haslam, L. & DePaul, V. (2019).** Case Study Application of an Ethical Decision-Making Process for a Fragility Hip Fracture Patient. *Canadian Geriatrics Journal*, 22(1), 7-12. <https://doi.org/10.5770/cgi.22.272>
- Pilkington, B. & Giuliante, M. (2023).** Nursing ethics as a distinct entity within bioethics: Implications for clinical ethics practice. *Nursing Ethics*, 30(5), 671-679. <https://doi.org/10.1177/09697330231174535>
- Rainer, J., Schneider, J. & Lorenz, J. (2018).** Ethical dilemmas in nursing – an integrative review. *Clin. Nurs* (27), 3446-3461. <https://DOI:10.1111/jocn.14542>
- Tisdale, D. & Symenuk, P. (2020).** Human rights and nursing codes of ethics in Canada 1953-2017. *The Nursing Ethics*, 27(4), 1077-1088. <https://doi.org/10.1177/0969733020906606>



College of
Registered Nurses
of Manitoba

210 Commerce Drive
Winnipeg, MB R3P 2W1
204-774-3477
www.crnmb.ca