Ethical Principles Application In Nursing Practice

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The professional practice of nursing involves clinical knowledge, moral judgment, communication, advocacy, and clear boundaries. The original scenario concerns Mr. Newcomb, a capable adult patient who asks the nurse to help him see another woman and to conceal the visit from his wife. The request creates an ethical tension because the nurse wants to respect the patient's autonomy and emotional needs without becoming responsible for deception in a private relationship. My initial response remains that I would not lie to his wife or create a false story. However, I would avoid judging Mr. Newcomb's relationship or treating his request as proof of poor character. I would clarify what he is asking, assess whether the request involves safety or clinical restrictions, protect his confidentiality, and explore ethically acceptable ways to support his goals. The 2025 American Nurses Association Code of Ethics emphasizes reciprocal responsibilities among nurses, patients, colleagues, the profession, society, and the nurse's own well-being. Ethical practice therefore requires more than applying four principles mechanically. (American Nurses Association, 2025)

Understanding the Request

Before refusing or acting, I would ask Mr. Newcomb to explain what he wants the nurse to do. Does he want privacy for a visit, help contacting someone, transportation, a change in visiting arrangements, or a direct lie to his wife? These are not identical requests. The nurse should not assume details that have not been stated. Clarification may reveal an option that respects privacy without deception. It may also reveal emotional distress, fear of death, unresolved relationships, or a need for spiritual or social-work support.

Respectful Communication

I would respond calmly and privately: "I want to support what matters to you, but I cannot lie to your wife or misrepresent your care. Let us discuss what you hope will happen and whether there is a safe, private option within hospital policy." This response establishes a boundary without humiliating the patient. Moral condemnation would make honest communication less likely. The nurse's role is not to police marital fidelity. It is to protect the patient's health, rights, dignity, privacy, and safety while acting within professional standards.

Autonomy

Autonomy refers to a capable person's right to make informed choices about their body, treatment, relationships, and personal life. Mr. Newcomb can decide whom he wants to contact or visit unless a specific legal, safety, or clinical restriction applies. The nurse should not substitute personal values for his choices. Yet autonomy does not create an entitlement to another person's participation in deception. The nurse also has professional agency and ethical obligations. Respecting the patient's choice means not obstructing lawful personal decisions unnecessarily; it does not mean carrying out every request.

Decision-Making Capacity

Capacity should not be questioned merely because the nurse disapproves of the request. A patient can make an ethically controversial decision and still possess capacity. Assessment becomes relevant if delirium, medication, neurological illness, severe mental distress, or other factors impair understanding and judgment. If Mr. Newcomb is capable, his private relationships remain his responsibility. If capacity is uncertain, the team should evaluate it according to the decision at issue rather than using a global label.

Beneficence

Beneficence requires action intended to promote the patient's welfare. A final meeting with an important person may provide comfort, closure, reconciliation, or relief. The nurse should take those benefits seriously. The original reflection equates beneficence mainly with protecting the wife from a lie. That concern matters, but the nurse's direct professional relationship is with Mr. Newcomb. Beneficence supports exploring safe means to meet his emotional needs, such as a private visit allowed under policy, a telephone or video call, or referral to a social worker, chaplain, or palliative-care professional.

Nonmaleficence

Nonmaleficence means avoiding unnecessary harm. Deception could damage trust among the patient, family, and care team and expose the nurse to professional consequences. A secret visitor might also create clinical or security risks if the patient is unstable or the facility has restrictions. On the other hand, refusing harshly could cause emotional harm and undermine the therapeutic relationship. The least harmful response combines a clear boundary with practical support. Harm should be assessed realistically rather than assumed from personal discomfort.

Justice

Justice requires fair treatment and consistent application of rules. Mr. Newcomb should receive the same quality of care regardless of the nurse's opinion about his relationship. Visiting, privacy, and communication policies should be applied consistently rather than relaxed for favored patients or tightened for disapproved behavior. Justice also includes attention to resource allocation and discrimination. A nurse should not spend so much time on one private request that essential care for other patients is neglected, but neither should emotional needs be dismissed as unimportant.

Fidelity

Fidelity concerns faithfulness to professional commitments and the trust placed in the nurse. Patients rely on nurses to keep appropriate confidences, tell the truth, follow through, and remain focused on care. Fidelity does not mean loyalty to a patient against everyone else or participation in secrecy that violates professional obligations. I should be honest about what I can and cannot do and avoid promising assistance before checking policy. If I agree to contact social work or investigate a private visiting option, I should follow through.

Veracity

Veracity is the obligation to communicate truthfully. Deliberately giving Mr. Newcomb's wife false information would conflict with this obligation. However, truthfulness does not require the nurse to disclose all of the patient's private information to family. A truthful response may be limited: "I cannot discuss private details without the patient's permission." Confidentiality and honesty can coexist. The nurse must avoid both lying and unauthorized disclosure.

Confidentiality

Mr. Newcomb's wife does not automatically have access to every personal conversation or visitor simply because she is married to him. The patient controls disclosure of protected health information within legal limits. The nurse should not volunteer details about the request without consent. If the wife asks a question, the nurse can protect confidentiality while declining to deceive. Facility visitor logs, room-sharing arrangements, and safety procedures may limit complete privacy, so the nurse should explain realistic limits before making arrangements.

Privacy

Privacy includes physical space, communication, personal decisions, and freedom from unnecessary observation. Hospitalization reduces privacy, especially when patients depend on staff. Supporting privacy may be a legitimate nursing intervention. A capable adult can receive an approved visitor without the nurse evaluating the morality of the relationship. The ethical problem arises when the nurse is asked to fabricate information or manipulate the wife's movements. Privacy support should not become active deception.

Professional Boundaries

Professional boundaries protect both patients and nurses. Boundary crossings can occur when a nurse becomes involved in a patient's finances, family conflicts, romantic relationships, legal disputes, or personal secrets beyond what care requires. Not every extra act of kindness is inappropriate, but the nurse should ask whether the action serves a therapeutic purpose, whether it could be documented openly, and whether another professional role is better suited. Arranging a clinically permitted visitor may be appropriate; constructing an alibi is not.

Scope of Practice

The original response says the request falls outside the nurse's role. That is partly correct, but emotional and psychosocial care are within nursing practice. The issue is not that nurses attend only to medical needs. Nurses routinely support grief, family communication, spiritual concerns, and end-of-life wishes. The boundary is that they should not become agents of personal deception. A social worker, chaplain, patient advocate, or palliative-care team may provide additional expertise, but referral should complement rather than replace compassionate nursing communication. (Varkey, 2021)

End-of-Life Context

If Mr. Newcomb is seriously ill or near death, his request may reflect urgency about unfinished relationships. End-of-life care should identify what matters to the patient, including people he wishes to see, apologies, reconciliation, spiritual needs, and legacy concerns. Time may be limited, but urgency does not eliminate ethical standards. The care team can help him make an informed choice about contacting the woman directly and about whether he wants to discuss the matter with his wife. The decision should remain his.

The Wife’s Interests

The wife may experience harm if she later learns that staff actively misled her. She is also a person deserving dignity. However, the nurse is not her marital investigator and should not disclose Mr. Newcomb’s confidential request simply to protect her from possible emotional injury. Ethical care must distinguish between refusing to lie and taking responsibility for revealing a private relationship. The nurse should seek consultation if the situation creates uncertainty, conflict, or risk.

Conflict of Values

My personal commitment to honesty influences my discomfort with the request. Self-awareness is necessary because personal values can become moral judgment disguised as professional ethics. I should identify which part of my response comes from an enforceable professional obligation and which comes from my own view of marriage. The appropriate boundary is supported by veracity and fidelity, not by declaring Mr. Newcomb dishonorable. Ethical nursing requires respect even when patient choices conflict with the nurse’s beliefs. (National Council of State Boards of Nursing, 2018)

Moral Distress

Moral distress occurs when a professional believes they know the ethically appropriate action but feels constrained from taking it. A nurse might feel pressure from the patient, family, supervisor, or institutional culture. In this case, distress could arise if a manager expects the nurse to manipulate visitor information or if the patient threatens the therapeutic relationship after refusal. Consultation with a charge nurse, ethics service, or supervisor can clarify options. Moral distress should be addressed rather than carried silently until it contributes to burnout.

Ethics Consultation

An ethics consultation may be useful when privacy, family access, capacity, safety, or institutional policy create genuine conflict. Consultation should not be used to punish or expose the patient. The question can be framed without unnecessary identifying details: How can staff support a capable patient’s private visitor while maintaining honesty and complying with policy? Ethics services can help distinguish legal requirements, professional standards, and personal values.

Social Work and Chaplaincy

A social worker can help with communication, visiting logistics, family conflict, and community resources. A chaplain or spiritual-care professional can support meaning, guilt, reconciliation, and

end-of-life concerns according to the patient's beliefs. Referral should be offered, not imposed. Mr. Newcomb may not want religious involvement, and his confidentiality should be protected. The nurse remains present and supportive even after another professional joins the care.

Documentation

Documentation should include clinically relevant facts and actions without sensational detail or moral labels. A note might record that the patient requested assistance with a private visit, that staff explained limits and policy, and that social work or another service was offered. The record should not include unnecessary speculation about adultery or the patient's character. If a safety or capacity concern exists, it should be documented objectively.

Organizational Policy

Visitor policies, patient rights, confidentiality rules, infection precautions, security, and end-of-life exceptions may affect the available options. Nurses should know the policy but also recognize when rigid application creates unnecessary harm. Appropriate escalation can seek an exception. Policy is not identical to ethics; it is one source of guidance. Staff should not invent rules to avoid an uncomfortable conversation. (Varkey, 2021)

A Practical Response Plan

I would first clarify the request and assess the patient's capacity, clinical stability, and privacy expectations. I would state that I cannot lie or misrepresent his care. I would review visiting policy and offer a lawful private contact method. With his permission, I would involve social work, palliative care, chaplaincy, or an ethics consultant. I would protect confidentiality when speaking with family and document only relevant information. Most importantly, I would continue providing respectful care after setting the boundary.

Self-Care and Ethical Practice

The original reflection identifies yoga, meditation, cleaning, pottery, hydration, organization, and sleep as self-care. These activities can support recovery, but self-care should not be framed as an individual cure for unsafe staffing, moral injury, or chronic workload. The 2025 ANA Code explicitly connects nurses' well-being with ethical patient care. Nurses need rest, peer support, safe staffing, access to mental-health resources, and workplaces that permit ethical concerns to be raised. Personal practices and organizational responsibility are complementary.

My Self-Care Strategies

Yoga and meditation help me notice stress before it controls my response. Cleaning my home creates order and a transition away from work, while pottery gives me a creative activity in which improvement is gradual and mistakes are normal. I also need regular sleep, hydration, food, movement, and boundaries around overtime. After a morally difficult case, speaking with a trusted supervisor or using a formal debriefing process may be more appropriate than trying to forget the event alone.

Lessons for Nursing Practice

This scenario demonstrates that ethical principles can point in different directions. Autonomy supports the patient's personal choice, beneficence supports emotional comfort, nonmaleficence warns against deception and relational harm, justice requires consistent treatment, confidentiality protects private information, and veracity limits what the nurse may say falsely. The task is not to choose one principle and ignore the others. Ethical reasoning seeks an action that respects as many obligations as possible while acknowledging what cannot be satisfied fully.

Conclusion

I would not lie to Mr. Newcomb's wife or construct a deceptive explanation, but I would not abandon or shame him. A capable patient retains autonomy and privacy concerning personal relationships. The nurse's duty is to clarify the request, establish professional boundaries, protect confidentiality, assess safety, and explore lawful ways to support a meaningful visit. Beneficence, nonmaleficence, autonomy, and justice remain useful, but fidelity, veracity, privacy, professional boundaries, and the ANA Code provide necessary depth. The most ethical response combines honesty with compassion: decline deception, preserve the patient's dignity, involve appropriate resources, and continue equitable care.

References

American Nurses Association. (2025). *Code of ethics for nurses*.

National Council of State Boards of Nursing. (2018). *A nurse's guide to professional boundaries*.

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