

Ethical Principles Application In Nursing Practice

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Introduction

Nursing ethics becomes most demanding when a patient's personal wishes create tension with professional honesty and boundaries. In the scenario involving Mr. Newcomb, a capable adult patient asks the nurse to help him see another woman and conceal that visit from his wife. The nurse should not become an agent of deception, yet refusing to lie does not justify judging the patient, exposing private information, or abandoning his emotional needs. The 2025 American Nurses Association Code of Ethics, now organized around ten provisions, emphasizes reciprocal responsibilities among nurses, patients, colleagues, the profession, society, the global community, and the nurse's own well-being. That framework supports a response more nuanced than simply saying the request is "outside nursing." Nurses routinely address grief, relationships, spiritual concerns, privacy, and end-of-life wishes. The ethical boundary arises when assistance requires false statements, manipulation of another person, or conduct inconsistent with policy and professional trust. A defensible response combines autonomy, confidentiality, veracity, beneficence, nonmaleficence, justice, fidelity, and professional boundaries.

Autonomy, Capacity, and Confidentiality

The first task is to clarify what Mr. Newcomb actually wants. A request for a private visit, help contacting someone, a telephone call, or assistance understanding visiting rules is ethically different from asking a nurse to fabricate a story for his wife. Capacity should not be questioned merely because the nurse disapproves of the choice. A capable patient can make controversial personal decisions and still retain the right to privacy and self-determination. If delirium, medication effects, neurological illness, or severe distress raise a genuine concern, capacity should be assessed in relation to the specific decision. Confidentiality also means that the wife does not automatically acquire every detail of the patient's private conversations because of marriage. The nurse can decline to disclose private information without lying: a truthful response may simply state that personal details cannot be discussed without the patient's permission. Respect for autonomy therefore protects Mr. Newcomb's ability to make lawful relationship decisions while recognizing that autonomy does not compel another professional to participate in deception.

Beneficence, Nonmaleficence, and Privacy

Beneficence and nonmaleficence require attention to both emotional benefit and foreseeable harm. If Mr. Newcomb is seriously ill, seeing someone important to him may provide closure, reconciliation, comfort, or relief from unfinished relationships. Those benefits deserve genuine consideration rather than dismissal as irrelevant to clinical care. At the same time, constructing an alibi could damage trust among the patient, family, and care team, expose the nurse to professional consequences, and create security or clinical problems if visitor restrictions exist. The least harmful path is therefore not a harsh refusal but a boundary paired with alternatives. The nurse might help the patient make a private call, explore whether an approved visitor can come within facility rules, or offer social work, palliative care, chaplaincy, or ethics consultation if the situation is complicated. Justice adds another requirement: visiting and privacy rules should be applied consistently rather than becoming more restrictive because staff disapprove of the patient's relationship. Emotional care is part of nursing, but active deception is not necessary to provide it.

Veracity, Fidelity, and Professional Boundaries

Veracity and fidelity provide the clearest reason not to lie. Patients rely on nurses to communicate truthfully, keep appropriate confidences, follow through on commitments, and use professional authority for care rather than manipulation. Fidelity does not mean loyalty to a patient against every other person, and confidentiality does not require fabricating false information. This distinction also protects [Ethical nursing](#) from becoming moral policing. The nurse should not disclose Mr. Newcomb's request simply to protect his wife from possible emotional harm, because the therapeutic relationship is with the patient and privacy has independent value. Professional boundaries help determine which supportive actions remain appropriate. A useful test is whether the nurse could document the action openly as serving a therapeutic purpose. Helping arrange a clinically permitted visit may pass that test; manipulating schedules or inventing a false medical explanation would not. Self-awareness is important because the nurse's personal beliefs about marriage can influence discomfort, but the professional boundary should rest on honesty, confidentiality, and role integrity rather than moral condemnation.

A Practical Nursing Response

A practical response can be both compassionate and structured. The nurse should speak privately with Mr. Newcomb, clarify the requested action, confirm any relevant clinical or security restrictions, and state clearly that false information cannot be provided. The conversation can then shift to what goal he is trying to achieve and which lawful options are available. If he wants contact with the woman, staff might review visiting policy, help with a call, or involve an appropriate professional with his consent. If the request reflects fear of death, guilt, grief, or family conflict, palliative care, social

work, spiritual care, or ethics consultation may help without taking control of the decision. Documentation should contain clinically relevant facts and actions, not sensational descriptions or speculation about adultery. If family members ask questions, staff should protect confidentiality while remaining truthful. This process respects the patient's dignity and autonomy, preserves professional integrity, and makes clear that setting a boundary does not mean withdrawing care or treating the patient differently afterward.

Moral Distress and the Nurse's Own Well-Being

The case also illustrates why nurse well-being belongs within ethical practice rather than outside it. Moral distress can arise when a nurse believes the appropriate action is clear but feels pressured by a patient, family member, colleague, supervisor, or institutional culture to act differently. The 2025 ANA revision explicitly strengthens the relationship between self-care and patient care, recognizing that nurses' well-being affects ethical and clinical performance. Personal practices such as rest, exercise, meditation, creative activity, hydration, and boundaries can support recovery, but they are not substitutes for safe staffing, ethical leadership, debriefing, peer support, or access to mental-health resources. A difficult case involving secrecy, family conflict, or end-of-life wishes may require consultation rather than private rumination. The nurse should be able to seek advice without unnecessarily exposing patient information. Ethical organizations create channels for discussing uncertainty and moral distress before it becomes burnout. Supporting nurses to process these situations helps protect patients because exhausted or isolated clinicians are less able to communicate calmly and maintain consistent boundaries.

Conclusion

The most ethical response to Mr. Newcomb's request is neither to participate in deception nor to reject him as morally unworthy. A capable patient retains autonomy and privacy concerning personal relationships, while the nurse retains professional duties of truthfulness, fidelity, confidentiality, safety, and appropriate boundaries. These duties can coexist when the request is clarified carefully. The nurse can refuse to lie, protect private information from unnecessary disclosure, investigate a permitted visiting or communication option, and involve social work, palliative care, spiritual care, or ethics consultation when helpful. Beneficence supports attention to emotional closure; nonmaleficence cautions against deception and preventable relational or clinical harm; justice requires consistent treatment; and veracity limits what staff may say falsely. The 2025 ANA Code reinforces that ethical nursing is relational and includes responsibility to the patient, the profession, colleagues, society, and the nurse's own well-being. Compassion therefore does not require boundarylessness. The strongest response preserves the therapeutic relationship precisely by combining honesty with respect, practical support, and continued equitable care.

References

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