

Relationship Between Legal And Ethical Issues Faced By Nurses

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Introduction

Nursing practice is shaped by overlapping legal duties, professional ethics, clinical evidence, institutional policy, and responsibility for patient safety. These sources often support one another, but they are not identical. Law establishes enforceable requirements concerning licensure, scope of practice, negligence, consent, privacy, reporting, and other areas, while ethics asks what nurses ought to do in order to respect dignity, promote benefit, prevent harm, preserve trust, and distribute care fairly. A legally permissible action can still raise ethical concerns, and an ethically compelling response may require careful attention to legal limits. The 2025 American Nurses Association Code of Ethics places respect for human dignity, commitment to recipients of care, advocacy, professional integrity, workplace ethics, and social responsibility at the center of nursing practice. Because statutes and regulations differ by jurisdiction, actual cases must also be evaluated under the applicable nurse practice act, board rules, organizational policies, and qualified legal guidance. Ethical competence therefore requires both principled reasoning and accurate knowledge of the legal environment in which care is delivered (American Nurses Association, 2025; Guido, 2020).

Legal Duty, Scope of Practice, and Professional Accountability

A nurse's legal obligations arise from state nurse practice acts, board regulations, federal and state statutes, negligence law, professional standards, and employer policies. Scope-of-practice rules define which activities a nurse may perform, while competence determines whether the nurse should perform a legally permitted activity in a particular situation. An employer cannot expand statutory authority simply because staffing is inadequate, and a nurse should not improvise beyond competence when a patient requires more advanced care. Professional negligence generally involves a duty, breach of the applicable standard, causation, and harm; a poor outcome alone does not establish malpractice. Safe practice therefore depends on timely assessment, appropriate escalation, reliable documentation, and communication when a patient's condition changes. Delegation creates another important legal-ethical intersection because performance of a task may be transferred while responsibility for the decision, instructions, supervision, and evaluation remains with the nurse.

according to law and policy. Staffing pressure can explain why unsafe delegation occurs, but it does not make an unsuitable task assignment ethically or legally sound (Guido, 2020).

Consent, Capacity, Confidentiality, and Patient Advocacy

Patient autonomy becomes concrete through informed consent, decision-making capacity, confidentiality, and access to understandable information. Valid consent ordinarily requires capacity, sufficient information, understanding, voluntariness, and authorization. A nurse may witness a signature, reinforce education, identify unanswered questions, and alert the responsible clinician when understanding appears inadequate, but witnessing a document does not transform an uninformed or coerced decision into meaningful consent. Capacity is decision-specific and may fluctuate; age, disability, psychiatric diagnosis, or disagreement with clinicians does not automatically prove incapacity. When capacity is absent, authorized surrogates should use known preferences or applicable best-interest standards. Confidentiality similarly protects the therapeutic relationship by limiting access and disclosure to legitimate purposes, subject to specific reporting and public-health exceptions. Advocacy connects these duties because nurses help patients express preferences, obtain interpretation, understand options, and challenge unsafe or discriminatory treatment. Advocacy does not mean deciding for a patient. It may require questioning an order, using the chain of command, seeking ethics consultation, or documenting barriers while preserving respect for other professionals.

Scarcity, Staffing, Delegation, and Safety

Resource scarcity creates some of nursing's most difficult ethical conflicts because shortages can involve staff, intensive-care beds, medications, organs, blood, equipment, or time. Fair allocation requires clinically relevant and consistently applied criteria rather than judgments based on wealth, race, disability stereotypes, social worth, or personal preference. Bedside nurses should not be left to make unsupported rationing decisions alone when institutions can provide triage policies, consultation, transparent criteria, and appeal mechanisms. Chronic understaffing raises a related problem. Nurses have duties to patients already under their care, but organizations also have ethical responsibilities to create workloads in which competent care is realistically possible. An unsafe assignment should be assessed through patient acuity, available assistance, required skills, and applicable abandonment rules rather than through a simple expectation either to accept everything or refuse all difficult work. Technology such as barcoding, smart pumps, and electronic decision support can reduce error but can also create new failure modes when equipment is misconfigured or staff resort to unsafe workarounds. Safety depends on systems as well as individual vigilance.

Truth-Telling, End-of-Life Care, and Conscientious Objection

Ethical conflicts often become especially intense when family wishes, patient autonomy, professional conscience, and life-sustaining treatment intersect. Families may request that clinicians conceal a serious diagnosis because they fear destroying hope, but a capable patient generally has a right to information and to decide who may receive it. Cultural sensitivity should therefore begin by asking how the patient wants information and family participation handled rather than assuming one preference from cultural identity. At the end of life, capable patients may refuse treatment even when refusal can shorten life, while advance directives and lawful surrogates guide decisions when capacity is absent. A do-not-resuscitate order concerns cardiopulmonary resuscitation and should not be interpreted as “do not treat.” Conscientious objection also requires balance. Nurses may hold religious or moral objections to selected reproductive, gender-related, fertility, or other services, yet objection does not justify abandonment, misinformation, discrimination, or delay in emergencies. Foreseeable conflicts should be disclosed early so lawful reassignment and continuity of care can be arranged without compromising patient safety or professional integrity.

Artificial Intelligence, Privacy, Reporting, and Moral Distress

Emerging technology extends rather than eliminates nursing responsibility. Artificial intelligence can summarize records, estimate risk, prioritize messages, or suggest actions, but an algorithm may reflect biased training data, omit clinical context, or generate an incorrect recommendation. Nurses remain responsible for professional judgment within their role and should understand the intended use of a tool, verify important outputs, protect sensitive data, and report unsafe patterns. Privacy obligations also apply to messaging, photographs, social media, and personal devices, where apparently anonymous stories may still identify patients. Mandatory-reporting duties create another tension because nurses may be legally required to report suspected abuse, selected injuries, communicable diseases, impaired practice, or other conditions depending on jurisdiction. The nurse should follow the statutory threshold rather than promise absolute confidentiality or conduct an independent criminal investigation. Repeated exposure to conflicts that cannot be resolved can produce moral distress, particularly when clinicians believe they know the ethically appropriate action but staffing, hierarchy, policy, or resource constraints prevent it. Organizational ethics therefore matters alongside individual resilience (Epstein & Hamric, 2009).

Structured Ethical Decision-Making and Just Culture

Difficult nursing cases benefit from a structured process rather than a decision based only on hierarchy, emotion, or personal preference. The team should clarify the clinical facts, urgency, patient preferences, decision-making capacity, relevant legal requirements, stakeholders, available options, and likely benefits or harms. Ethical principles such as autonomy, beneficence, nonmaleficence, justice, fidelity, and veracity can then identify where values conflict rather than pretending they mechanically produce one answer. Consultation with nursing leadership, risk management, ethics services, legal counsel, or other specialists may be appropriate when authority is unclear or disagreement persists. The reasoning and decision should be documented and later evaluated for system lessons. A just culture strengthens this process by distinguishing human error, risky choices, system design failures, and reckless conduct. Automatic punishment can drive mistakes underground, while the absence of accountability can normalize unsafe behavior. Learning and responsibility should therefore reinforce one another. Nurses need environments in which reporting concerns is protected, errors are investigated fairly, and recurring system weaknesses are corrected rather than repeatedly assigned to individual moral courage.

Conclusion

Legal and ethical responsibilities in nursing overlap continuously but should never be treated as identical. Law defines enforceable boundaries involving licensure, scope, consent, confidentiality, negligence, reporting, and patient rights, while professional ethics asks nurses to apply those duties through respect for dignity, autonomy, benefit, harm prevention, justice, truthfulness, and integrity. Conflicts involving scarce resources, unsafe staffing, delegation, family requests, end-of-life treatment, conscientious objection, privacy, artificial intelligence, and mandatory reporting therefore require more than instinct. Nurses must know the law applicable to their jurisdiction, recognize the limits of their competence, involve patients in decisions, communicate concerns, use organizational escalation pathways, and seek ethics or legal consultation when necessary. The 2025 ANA Code of Ethics reinforces that patient advocacy and professional integrity depend not only on individual character but also on ethical workplaces and accountable institutions. Safe nursing practice is strongest when legal knowledge, clinical judgment, moral reasoning, and system design support one another.

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