Relationship Between Legal And Ethical Issues Faced By Nurses

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Introduction

Nursing practice is governed simultaneously by law, professional ethics, clinical evidence, institutional policy, and the nurse's duty to protect patients. The original essay correctly identifies resource scarcity, truth-telling, patient advocacy, reproductive care, life-sustaining treatment, staffing, equipment, delegation, and accountability as common areas of tension. It sometimes treats law and ethics as though they were the same and presents difficult cases as choices with no standards for reasoning. Law establishes enforceable minimum obligations and consequences. Ethics asks what nurses ought to do in order to respect dignity, prevent harm, promote wellbeing, preserve trust, and distribute care fairly. A decision can be legally permitted yet ethically troubling, or ethically defensible while requiring careful attention to legal limits. This essay explains the relationship through the current American Nurses Association Code of Ethics, state nurse practice acts, negligence law, informed consent, confidentiality, allocation, end-of-life care, conscientious objection, staffing, technology, and moral distress. Because legal rules vary by jurisdiction, actual cases require consultation with applicable law, policy, leadership, and qualified counsel. (American Nurses Association, 2025; Guido, 2020)

Sources of Legal Duty

A nurse's legal obligations come from several sources. State nurse practice acts and board regulations define scope, licensing, delegation, supervision, and disciplinary standards. Federal and state statutes govern privacy, discrimination, controlled substances, reporting, emergency care, and other areas. Courts develop negligence and malpractice principles. Employers create policies that may be stricter than the legal minimum. Professional standards and evidence can help a court determine what a reasonably prudent nurse would do under similar circumstances. Nurses must understand the law applicable to their license and setting rather than rely on general statements learned years earlier. Ignorance of a current rule does not necessarily excuse unsafe practice. (Guido, 2020)

The Ethical Foundation of Nursing

The 2025 American Nurses Association Code of Ethics states that nursing is grounded in respect for the inherent dignity, worth, and unique attributes of every person. The nurse's primary commitment

is to the recipient of nursing care, whether an individual, family, group, community, or population. Nurses advocate for rights, health, and safety; maintain competence and integrity; contribute to ethical workplaces; and address social conditions affecting health. The Code is not a criminal statute, but it guides professional judgment and can influence organizational expectations and disciplinary evaluation. Ethical duties are relational: the nurse must consider the patient while also recognizing responsibilities to coworkers, the public, and self. (American Nurses Association, 2025)

Ethical Principles

Common principles include autonomy, beneficence, nonmaleficence, justice, fidelity, veracity, and respect for dignity. Autonomy supports informed choices by capable patients. Beneficence directs action toward benefit, while nonmaleficence requires avoidance and reduction of harm. Justice concerns fair treatment and resource distribution. Fidelity means keeping professional commitments. Veracity supports truthful communication. These principles do not mechanically produce one answer. A patient's autonomous refusal may conflict with a clinician's view of benefit, and allocating one scarce resource may mean another patient does not receive it. Ethical reasoning makes the conflict explicit and seeks a transparent, proportionate response. (American Nurses Association, 2025; Guido, 2020)

Negligence and Malpractice

Professional negligence generally requires a duty, breach of the applicable standard, causation, and harm. A poor outcome alone does not prove malpractice, and an error without injury may still require reporting and improvement even if it does not support damages. Examples of possible breach include failing to assess a significant change, administering the wrong medication, ignoring an alarm, not following up a critical result, or delegating beyond another worker's competence. Documentation, communication, and escalation are central evidence. Nurses should not practice defensively at the expense of care, but they should recognize that safe care includes timely action and a reliable record of clinical reasoning. (Guido, 2020)

Scope of Practice

A nurse should perform only activities authorized by law and supported by education, demonstrated competence, and organizational privilege. An employer cannot expand the legal scope merely because staffing is inadequate. Conversely, a policy may restrict an activity that state law would permit. When a patient needs care beyond the nurse's competence, the ethical and legal response is to seek assistance, consultation, or transfer—not to improvise silently. Nurses also have a duty to maintain competence as technology and evidence change. Accepting an assignment does not create knowledge that the nurse has not acquired. (Guido, 2020)

Delegation

Delegation transfers performance of a task while the nurse retains responsibility for the decision to delegate, appropriate instructions, supervision, and evaluation according to law and policy. The nurse should assess the patient's stability, task complexity, potential harm, delegatee's competence, and available supervision. Routine care for a stable patient may be delegated appropriately, while assessment, nursing judgment, care planning, and evaluation generally remain nursing responsibilities. Clear communication should identify what to do, what findings to report, and when to seek help. Staffing pressure does not justify unsafe delegation. (National Council of State Boards of Nursing, 2024)

Informed Consent

Informed consent requires capacity, adequate information, understanding, voluntariness, and authorization. The clinician performing a procedure is commonly responsible for explaining its purpose, material risks, benefits, and alternatives, although exact roles vary. A nurse may witness the signature, reinforce education, assess apparent understanding, and notify the responsible clinician when questions remain. Witnessing does not mean certifying that every risk was explained if the nurse was not part of that discussion. A sedated, coerced, confused, or uninformed signature is not ethically transformed into valid consent by a witness line. (Guido, 2020)

Decision-Making Capacity and Surrogates

Capacity is decision-specific and can fluctuate. A patient may have capacity for one choice and not another. Diagnosis of mental illness, disability, age, or disagreement with clinicians does not automatically establish incapacity. When a patient lacks capacity, an authorized surrogate should use known preferences or, when they are unknown, the patient's best interests under applicable law. Nurses contribute by observing cognition, communication, values, and family dynamics and by raising concerns about coercion or conflict. Courts may be needed when authority is disputed or risk is exceptional.

Truth-Telling and Family Requests

Families sometimes ask nurses to conceal a diagnosis because they fear that knowledge will destroy hope. The nurse should explore the concern respectfully and consider the patient's preferences, culture, and previously expressed wishes. A capable patient generally has a right to information and to decide who may receive it. Culture should not be used to assume that every person wants family-controlled disclosure. The team can ask how much information the patient wants and who should participate. Therapeutic communication can deliver difficult facts with compassion without deception.

A nurse should not independently lie or promise secrecy contrary to the patient's rights. (American Nurses Association, 2025)

Confidentiality and Privacy

Nurses encounter protected information in records, conversations, messaging, photographs, and handoffs. Access should be limited to a legitimate care or operational purpose. Curiosity about a neighbor, coworker, or public figure is not authorization. Discussions should occur in appropriate settings, and personal devices or unapproved applications should not be used for identifiable information. Privacy has legal exceptions, including certain reports involving abuse, public health, or credible threats, depending on jurisdiction. Nurses should know the reporting pathway and disclose only what is required. Social media creates special risk because a story may identify a patient even without a name. (U.S. Department of Health and Human Services, 2025)

Patient Advocacy

Advocacy means helping patients understand options, express preferences, obtain appropriate care, and challenge unsafe or discriminatory treatment. It does not mean making decisions for them. A nurse may question an order, activate a chain of command, request an ethics consultation, arrange interpretation, or report a barrier. Advocacy can create conflict with hierarchy, especially when time or finances are involved. Professional responsibility requires respectful persistence and documentation. An organization should protect staff who raise good-faith concerns rather than equate silence with teamwork. (American Nurses Association, 2025)

Scarce Resources and Justice

Shortages of staff, medications, organs, beds, blood, equipment, or intensive-care capacity create ethical pressure. Allocation should use clinically relevant, transparent, consistently applied criteria rather than social worth, wealth, race, disability stereotypes, or personal preference. Bedside nurses should not be forced to make unsupported rationing decisions alone. Institutions need policies, triage teams where appropriate, appeal processes, and communication with patients and families. Comfort, symptom control, and dignity remain obligations even when a patient cannot receive a scarce treatment. Justice also requires addressing why shortages exist rather than normalizing chronic understaffing as individual nurse failure. (American Nurses Association, 2025)

End-of-Life Decisions

Patients with capacity may refuse treatment, including treatment that could prolong life. Advance directives and authorized surrogates guide care when capacity is absent. Withholding and

withdrawing a burdensome treatment are generally ethically equivalent when the reason is the same, though families and staff may experience them differently. A do-not-resuscitate order applies to cardiopulmonary resuscitation and does not mean “do not treat.” Nurses should ensure that goals, orders, symptom management, and family communication are clear. Disagreement about medically nonbeneficial treatment should prompt careful review, second opinions, palliative care, and ethics consultation according to law and policy. (Guido, 2020; American Nurses Association, 2025)

Reproductive Care and Conscientious Objection

Nurses may hold moral or religious objections to abortion, contraception, gender-affirming care, fertility treatment, or other services. Professional integrity deserves consideration, but objection does not justify abandonment, discrimination, misinformation, delay in emergencies, or disrespect. Nurses should disclose foreseeable conflicts early and follow lawful procedures for reassignment while ensuring continuity and urgent safety. They remain obligated to provide stabilizing care within applicable law. Institutions should plan staffing so that conscience is not used to deny patients timely access or force one employee into an unanticipated crisis. (American Nurses Association, 2025)

Staffing and Unsafe Assignments

Insufficient staffing can increase missed care, fatigue, injury, and moral distress. A nurse asked to accept an assignment beyond safe capacity should assess acuity, available support, competence, and immediate risk; communicate concerns through the chain of command; request resources; and document according to policy. Abandonment laws and rules vary, so nurses should understand when a duty has been accepted and how to object safely. Refusing every difficult assignment is not advocacy, but repeatedly normalizing impossible workloads is not professionalism. Leadership has an ethical duty to design systems in which competent care is feasible. (American Nurses Association, 2025)

Medication and Equipment Safety

Technology can prevent error but also creates new failure modes. Smart pumps, barcoding, electronic orders, monitors, and decision support depend on correct configuration and human attention. Workarounds may signal poor design but can expose patients to harm. Nurses should verify orders, patient identity, allergies, dose, route, timing, and clinical appropriateness; respond to alarms according to priority; and report malfunctions. When equipment is unfamiliar, training or assistance is necessary. The ethical obligation is not blind compliance with technology but informed use and escalation when the device or workflow conflicts with safety.

Artificial Intelligence and Clinical Decision Support

Artificial intelligence may summarize records, estimate risk, prioritize messages, or suggest clinical actions. Nurses remain responsible for professional judgment within their role. An algorithm may reflect biased data, omit context, or generate an incorrect result. Patients should not be reduced to a score, and sensitive data require governance. Nurses should understand the tool's intended use, verify important outputs, document decisions, and report unsafe patterns. Organizations must evaluate accuracy, equity, cybersecurity, and accountability before deployment. Efficiency does not remove the obligation to explain and individualize care.

Mandatory Reporting

Laws may require reporting suspected child abuse, vulnerable-adult abuse, certain injuries, communicable diseases, impaired professionals, or unsafe conditions. The exact threshold and recipient vary. Nurses should report based on the legal standard, not conduct an independent criminal investigation or promise absolute confidentiality. Patients should be informed about reporting limits when safe and appropriate. Good-faith reporting can protect vulnerable people, but careless disclosure can cause harm. Education and consultation help nurses distinguish suspicion requiring a report from rumor or bias. (Guido, 2020)

Moral Distress

Moral distress occurs when a nurse believes the ethically appropriate action is known but institutional constraints prevent it. Examples include perceived nonbeneficial treatment, unsafe staffing, inequitable access, or pressure to discharge without support. Repeated unresolved distress can contribute to withdrawal, burnout, and departure. Individual resilience training is insufficient when the source is organizational. Ethics rounds, accessible consultation, debriefing, psychological support, staffing reform, and leadership response can help. Nurses also need humility: disagreement may reflect reasonable ethical differences rather than one party possessing the entire truth. (Epstein & Hamric, 2009)

Ethical Decision-Making Process

A structured process begins by clarifying the facts, urgency, stakeholders, legal rules, patient preferences, capacity, and clinical options. The team identifies competing values and possible harms, consults policy and expertise, and considers alternatives. The decision and rationale should be communicated and documented. Afterward, the team evaluates outcomes and system lessons. Ethics consultation is especially useful when conflict persists, authority is unclear, or values are deeply opposed. A framework does not eliminate tragedy, but it prevents decisions from being driven only by

hierarchy, emotion, or convenience. (American Nurses Association, 2025)

Accountability and Just Culture

Accountability means answering for decisions, recognizing limits, reporting errors, and participating in improvement. A just culture distinguishes human error, risky choices, and reckless conduct. Automatic punishment can drive mistakes underground; absence of accountability can normalize harm. Investigations should examine staffing, design, supervision, training, workload, and individual behavior. Patients and families deserve honest communication consistent with law and policy. Learning and responsibility should reinforce rather than exclude each other.

Conclusion

Legal and ethical nursing duties overlap but are not identical. Law defines licensure, scope, consent, confidentiality, reporting, negligence, and enforceable rights. Ethics requires nurses to interpret those duties through dignity, autonomy, benefit, harm prevention, justice, fidelity, and professional integrity. Difficult cases involving resource allocation, truth-telling, life support, reproductive care, unsafe staffing, delegation, and technology demand more than personal opinion. Nurses should clarify facts, follow current law, involve patients, use the chain of command, seek ethics or legal consultation, and document clinical reasoning. They also need organizational conditions that make safe conduct possible. The nurse's obligation to the patient remains central, but sustaining that obligation requires competence, moral courage, teamwork, and care for the integrity of the profession and its workforce. (American Nurses Association, 2025; Guido, 2020)

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