Professional Ethics in Unintended Pregnancy and Prevention Care
Definitions

**Bioethical principles:** The bioethical principles that provide the underpinnings for health care codes of ethics include respect for autonomy of patient decision-making, beneficence (positive steps taken to help others), non-malfeasance (the principle that refers to do no harm), and justice (also referred to as fairness) which describes equity in the distribution of health care resources (Beauchamp and Childress, 2001).

**Conscience:** The concept of “conscience” has three characteristics: an inner sense that distinguishes right from wrong, the internalization of parental and social norms, and a reflection of the integrity and wholeness of the person (Benjamin, 2004).

**Nursing Code of Ethics:** The American Nursing Association (ANA) Code of Ethics for Nurses with Interpretive Statements provides a framework for nurses to use in ethical analysis and decision-making.

**Professional Codes of ethics:** Developed by professional organizations, codes of ethics makes explicit the goals, values, and obligations of the profession.
Orienting Facts

- Professional organizations articulate broad ethical principles to govern the practice of their discipline. The profession of nursing has embraced ethical principles to guide the provision of care since the time of Florence Nightingale.

- *Guide to the Code of Ethics for Nurses*: Developed in 1950, the Code of Ethics for Nurses (ANA, revised 2015), Provision One states that the nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person. Provision Three states the nurse promotes, advocates for and protects the rights, health, and safety of the patient.

- The right of conscience or more commonly referred to as conscientious refusal is the right of the health care professional to refuse to provide care or dispense medication. After the 1973 Supreme Court decision Roe v. Wade, the federal government enacted refusal clauses in health legislation to extend protection to physicians, nurses, and other health care workers who chose not to perform procedures such as abortions and sterilizations.

- After 1973, most states enacted conscientious refusal legislation similar to the federal government. More recently, many states have extended conscientious refusal to include pharmacists and, in some cases, unlicensed professionals. A few states have expanded conscientious refusal language to include the right to refuse to provide or dispense contraception, including emergency contraception. This expansion of conscientious refusal is the source of considerable public debate.

- At the institutional level, particularly within faith based hospital systems, health care workers are prohibited from discussing contraceptive options, including emergency contraception and pregnancy options.

- It is likely that many nurses will care for a woman with an unintended pregnancy. According to Finer and Zolna (2014) half of pregnancies among American women are unintended, and four in 10 of these are terminated by abortion. Nurses working in reproductive health settings may encounter this more than nurses working in other settings. However, nurses in other settings will encounter women with unintended pregnancy as well. For example, when providing education regarding medication, it is important to assess the risk of pregnancy in any woman of reproductive age when discussing medication side effects and interactions.

- Gallup’s annual Values and Beliefs survey (May 2014) reports that U.S. adult population position of abortion is split when asked if they self-identified as “pro-choice” or “pro-life”: 47% “pro-choice”, 46% “pro-life.”
References

Beauchamp and Childress. (2001). The principles of biomedical ethics. https://books.google.com/books/about/Principles_of_Biomedical_Ethics.html?id=_14H7MOw1o4C&hl=en

