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Correspondence

Dear Ms. Greenlaw,

I read with interest your discussion of the *Pisel* case (*Ethical Dilemmas*, Vol. I, No. 7).

One of the very distressing aspects of the case is what seems to be a misapprehension about Ms. Pisel's "psychiatric problems" on the part of those treating her. Prior to her development of choriomeningitis, she was a "normal, healthy" woman "with no previous psychiatric problems." According to the Merck Manual (12th ed., 1972), choriomeningitis is often "biphasic with an influenza-like syndrome coming first, followed by remission, then a second phase with central nervous system signs." Especially in view of the fact that Ms. Pisel suffered a grand mal seizure six days after her admission to the psychiatric unit, it seems likely that she was suffering from secondary effects of her choriomeningitis.

It seems to me that apart from her callous and substandard treatment as a psychiatric patient, she was even before that the victim of another form of malpractice. This is the misdiagnosis of a neurological problem (particularly one occurring in a young female) as a psychiatric problem. It is common to attribute neurological symptoms to "emotional" or "psychogenic" origins, without first considering organic bases. I feel certain that this happened in Ms. Pisel's case.

Thank you for providing a place to express these views.

Sincerely,
Denise Provost
Boston, Mass.

Moral Integrity *Continued*

principle states that one is not morally responsible for an act if it was done *only* because one could not have done otherwise.¹ Thus, in most cases of moral conflict the only admissible coercive elements are reason and truth. Other forms of coercion that cause one to act limit one's moral responsibility and accountability for the act and its consequences. The excuse of "alternate possibilities" would appear to provide some protection for the moral integrity of nurses in situations where the nurse is coerced to act in a way that actually is contrary to the nurse's sincerely held personal or professional moral standards.

To offer the principle of alternate possibilities as the *only* approach to the

problem of moral integrity for nurses would be short-sighted and inadequate. Conflicts, moral or otherwise, may be a result of misunderstanding or ignorance. Moral conflicts in nursing may become less common when the genuine purposes and actual responsibilities of nursing are better and more widely understood by patients, health care providers, and health care institutions. A few comments about these matters should help to clarify the meaning of moral integrity for nurses.

Nursing

The Interpretive Statements of the Code for Nurses of the American Nurses' Association states that "the nurse's primary commitment is to the client's care and safety."² The fulfillment of this commitment requires the nurse to perform many acts within her training and competency and, possibly, to assume one or more roles vis-à-vis the patient, *i.e.*, parent surrogate, physician surrogate, healer, patient advocate, health educator, contracted clinician.³ The ANA statement provides a framework for ethical decision-making and a guide for the discharge of nursing responsibilities. Three sections of the code are particularly relevant to the present discussion. Section four identifies the nurse as an autonomous professional who is responsible and accountable for individual nursing decisions and actions. Sections five and six stress the fiduciary character of the therapeutic relationship, *i.e.*, the nurse is required to be individually competent and protective of the patient's interests in the skillful execution of functions and duties associated with the nursing role.⁴ By undertaking these responsibilities the nurse becomes accountable to others and self for her conduct.⁵

Hans Jonas' analysis of the concept of responsibility is helpful to an understanding of the scope of nursing responsibilities and duties. He specifies three conditions of responsibility: (1) the act has an impact on the world; (2) the act is under the agent's control; and (3) the consequences of the act are to some extent envisioned. If these conditions are met, Jonas reasons that the agent is responsible and can be held accountable. He identifies two senses of responsibility. The first is retrospective: one must answer for one's act. The second is prospective: control of another person's well-being imposes an obligation for the care of the dependent person. A disregard of the responsibility

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