Ethical questions dealt with by nurses who have Doctor of Nursing Practice (DNP) degrees include traditional bioethical questions, but also business and legal ethics. Doctorally prepared nurses are increasingly in positions to make ethical decisions rather than to respond to decisions made by others. The traditional master’s-degree advanced practice nursing curriculum does not address the extended expertise and decision-making skills needed by DNP practitioners as they face these new types of ethical dilemmas. We propose that a curricular framework that addresses clinical, research, business, and legal ethics is needed by all DNP students. (Index words: Ethics curriculum; Doctor of Nursing Practice) J Prof Nurs 24:270–4, 2008. © 2008 Elsevier Inc. All rights reserved.

Today, broadly defined principles of ethics guide the decision-making process in clinical, research, and practice management dilemmas. Ethical issues arise with professional interactions, research experience, gender issues, conflicts of interest, genetic screening and diagnostic testing, reproductive technology, emerging infectious diseases, pain management, and end-of-life issues. The traditional ethics curriculum, with its focus on patient rights, research protocols, and informed consent, may be insufficient for a doctorally prepared clinician. We believe that there is a need for an expanded view of required ethics content in the curriculum of Doctor of Nursing Practice (DNP) programs nationwide. Nurses prepared at the clinical doctoral level must be equipped with specialized knowledge and skills in all aspects of medical, research, legal, and business ethics relevant to evidence-based practice and research in underserved and other populations.

Consider that in the last year, Columbia University School of Nursing students and faculty have faced the following ethical dilemmas:

- Determining that a *bodega* (Spanish market) owner was selling unprescribed antibiotics over the counter;
- Voting, as part of a committee, on whether a noncompliant patient deserved a second liver transplant;
- Being asked by a collaborating physician to collect clinical information before Institutional Review Board and Health Insurance Portability and Accountability Act (HIPAA) forms were completed;
- Having to care for a child who was declared dead but whose parents refused to allow the ventilator to be shut down;
- Deciding how to handle a suspected case of billing irregularity.

These examples indicate that a rapidly expanding scope of practice requires the traditionally master’s-prepared advanced practice nurse to make complex ethical decisions, often without the necessary background to do so competently and comfortably. Although all baccalaureate and master’s programs offer ethics either as a separate course or as content within specialty courses, we have found that few of the students entering the DNP program are comfortable with even the traditional bioethics content. This knowledge gap may have serious consequences in access, quality, and patient safety, and may also mean that nurses will not be able to fully contribute to the ethical decision-making process. Today, DNP graduates must understand how the legal definition of death, assisted suicide, and euthanasia may affect medication prescription and decisions about site of care. DNP practitioners must fully comply with HIPAA regulations and understand how the Stark Acts and the False Claims Act affect their practices. Medicare, Medicaid, and private insurer reimbursements also require a deep understanding of how coding irregularities might be considered fraud. As is true with clinical
knowledge, traditional advanced practice nursing (APN) ethics curricula do not reflect the expanded vision needed to practice in the 21st century. DNP practitioners necessitate stronger ethical knowledge and application in clinical practice.

By the year 2015, nurse practitioner education will transition from the master's level to the doctoral level. This fundamental change will require a curriculum that reflects an advanced level of ethics knowledge. As we look into the future, the rationale for expanded ethical expertise is based on five premises that directly influence health care quality:

- Today, there are major unaddressed ethical dilemmas that influence DNP practitioners' ability to provide quality care to all. As the scope and independence of DNP practice expand, so, too, will ethical dilemmas that directly influence such practice. Consider that, as part of a transplant team, DNP-prepared nurses may directly influence who is placed on organ transplant recipient lists.
- Knowledge of bioethics, with its focus on patient care and research, is important but not sufficient for DNP practice. Nurses who practice at an advanced level must also understand other ethical frameworks, including legal and business arenas. Coding practices may influence reimbursement and patient costs, and a nurse prepared at the DNP level must understand the legal and business ramifications of undercoding and overcoding.
- As health care becomes more interdisciplinary, DNP practitioners must understand how different professional ethical frameworks impact the workplace. Having an expanded foundational base for ethical decision making will increase DNP practitioners' ability to participate at the highest level with multiple professions.
- There are tremendous issues of access and disparity in care provided to the underserved population. These problems are directly influenced by ethical reasoning and, in turn, lead to further ethical discourse. Knowledge of funding mechanisms and cultural differences is necessary but not sufficient to solve these problems. These issues will not be solved by health professionals who do not have a firm grounding on ethics.
- The dissemination of standardized and expanded curriculum content ensures that all DNP graduates will have an ethical toolkit that is both complete and comprehensive.

**Background**

The Columbia University School of Nursing was founded in 1892. Since that time, its mission has been the preparation of clinical experts. In 1956, it became the first school to award a master's degree in a clinical specialty, nurse midwifery. It is also a World Health Organization Collaborating Center for International Nursing Development in Advanced Practice. The School of Nursing has led a nationwide effort to codify the knowledge and skills set necessary for the advanced practice of nursing in the 21st century and first offered the DNP degree in 2003.

The DNP degree is the highest professional nursing clinical degree, in the tradition of other professional clinical degrees such as Doctor of Medicine, Doctor of Dental Surgery, and Doctor of Pharmacy. This degree is designed to produce clinicians capable of full-scope comprehensive primary care. It provides a clinical focus to the nursing doctoral degree panoply and meets the needs of patients with increasing complex care issues.

DNP-prepared practitioners arrive at their level of authority and skills from a perspective different from that of medical practitioners and other nurses. Although similar to the medical model of the diagnosis and treatment of illness with full accountability, the nurse focuses total patient care on the health-promotion/disease-prevention model. DNP practitioners have already learned the science and practice of health education and how to individualize disease-prevention and health-promotion strategies at the baccalaureate and master's levels. In the process of learning these skills, nurses have practiced extensively in home and community sites, and they bring that background with them into biomedical ethical decision making. What they do not bring to the encounter is a substantive understanding of other ethical frameworks that underpin legal and business aspects of care. Nor in many instances do they have the ethical toolkit needed to participate in high-level decision making. When DNP practitioners assume such fully accountable comprehensive care roles, their education must include an equally comprehensive understanding of the broad ethical parameters of care.

In the last several years, articles indicating that there is growing concern about master's-prepared advanced practice nurses facing ethical issues that go beyond the scope of the usual experiences of nurses have appeared (as indicated by the American Association of Nursing Code of Ethics). Ulrich, Soeken, and Miller (2003) examined the ethical conflicts associated with managed care experienced by advanced practice nurses. They noted that 86% of the sample (N = 254) indicated concern with managed care business practices that overrode clinical decisions, and 74.6% were concerned with legal issues. These issues are not confined to nurses; other groups, including physicians, have noted gaps in education, practice, and codes of ethics (Berkman, Wynia, & Churchill, 2004).

Peterson and Potter (2004) have written on the need for an ethical code of conduct that fills the void experienced by advanced practice nurses. They propose the inclusion of legal standards and an expanded scope of practice proposed by professional organizations.

At the Columbia University School of Nursing, we use a definition of nursing ethics that includes elements of medical, legal, research, and business arenas. Our work is predicated upon the American Association of Nursing Code of Ethics and the ICN Code of Ethics for Nurses.
(2006), as well as the work of the American Association of Colleges of Nursing (AACN) and the National Organization of Nurse Practitioner Faculties (NONPF). To ensure that the ethics curriculum was sufficient for clinical doctorate, the Columbia University School of Nursing developed the Competencies of a Clinical Nursing Doctorate (2006). Several of the competencies refer to the expanded view of ethics competencies, including the following:

**Domain 1 Patient Health/Illness Status**

A doctor of clinical nursing has already demonstrated competence in the patient health/illness status as defined by NONPF Competencies for Nurse Practitioner Practice and as evidenced by national certification. A doctor of clinical nursing will demonstrate a doctor of patient health/illness status when s/he performs the following behaviors.

(B5. Patient Illness): Utilizes and applies relevant scientific evidence, standards of care, ethical and legal principles, and clinical judgment to support diagnostic and therapeutic interventions;

(B23. Patient Illness): Integrates knowledge of ethical and legal principles to support the diagnostic and management decisions of care;

(D3. End of Life): Incorporates the complexity of ethical, legal, and financial issues when managing end-of-life care to reduce negative impact.

**Domain 4 Professional Role**

A doctor of clinical nursing has already demonstrated competence in the domain of the professional role as defined by NONPF Competencies for Nurse Practitioner Practice and as evidenced by national certification. In addition, a doctor of clinical nursing demonstrates competence in the professional role when s/he:

(1. Directs Care): Utilizes the principles of ethical decision making to identify and analyze dilemmas that arise in patient care, research, and practice management, and takes steps to resolve the issue.

**Domain 9 Professional Accountability**

A doctor of clinical nursing will demonstrate competence in the provision of care to patients in healthy states and those with complex, chronic, and/or comorbid conditions. A doctor of clinical nursing is fully accountable for expanded-scope care that is provided in acute, home, and community settings. A doctor of clinical nursing demonstrates competence in the domain of professional accountability when s/he performs the following behaviors:

(5): Uses the principles of ethical decision making to identify and analyze dilemmas that arise in patient care, research, and practice management.

In an exit survey of the first graduating class of DNP students at Columbia University, 20% of graduates cited the advanced ethics course as one of the most transformative courses for them in the doctoral curriculum. They reported not only an increase in their understanding of ethical clinical decision making but also an ability to exercise their deeper ethical practice framework in ways that influenced work and policies in their clinical practice (M. Mundinger, personal communication, October 17, 2006).

**Ethical Frameworks**

**Traditional Biomedical Ethics**

Nursing has always mandated the ethical treatment of patients within its practice, and nursing educational programs have taught patient care ethics content within their curriculum (Maze, 2005). Most advanced practice nurse programs use the AACN’s The Essentials of Master’s Education for Advanced Practice Nursing (1996) to guide and inform curricula. This document recognizes ethics as a core competency. It lists six ethics objectives for all graduates (p. 9):

- Identify and analyze common ethical dilemmas and the ways in which these dilemmas impact upon patient care;
- Evaluate ethical methods of decision making and engage in an ethical decision-making process;
- Evaluate ethical decision making from both personal and organizational perspectives and develop an understanding of how these two perspectives may create conflicts of interest;
- Identify areas in which personal conflict of interest may arise, and propose resolutions or actions to resolve the conflict;
- Understand the purpose of an ethics committee’s role in health care delivery systems and serve on an ethics committee;
- Assume accountability for the quality of one’s own practice.

Master’s-level competencies focus on ethical decision making, patient care, and conflict of interest. They build on those contained within the The Essentials of Baccalaureate Education for Professional Nursing Practice (1998) and the ICN Code of Ethics for Nurses (2006). The resulting core curriculum provides an important foundation of ethical essentials with which to approach direct patient care as a nurse practitioner but does not guarantee the broad in-depth understanding of ethical principles needed by DNP practitioners. The authors of this article have found that students enrolled in the DNP program did not possess all the clinical and research ethics tools required for the next level of advanced practice.

**Research Ethics**

Neither the ethics nor the research components of the AACN’s The Essentials of Master’s Education for Advanced Practice Nursing (1996) delineate curricular criteria for research ethics, which is usually defined as a fundamental part of bioethics (Mappes & DeGrazia, 2006). Research ethics is usually a required subset of research content discussed in all major textbooks (Bulger, Heitman, & Reiser, 2002). Research ethics content should include an understanding of informed consent,
markers of research integrity, and the role of institutional review boards (Table 1). A firm understanding of research ethics is critical for the following reasons:

- Participation at any level of the research process today requires certification of research ethics knowledge about the ethics of research involving human subjects.
- The use and development of evidence-based practice require a working understanding of the research process, including the ethics of health care research.
- To ensure patient safety in clinical and other research trials, DNP practitioners must have a firm knowledge of research ethics, including but not limited to informed consent.

Business Ethics

Health care is a business and, as such, those who practice driving business. All businesses struggle with the competing interests of making a profit versus the needs of the human community they serve. This dilemma is especially daunting in health care, where complex health care rules and regulations and the need to be fiscally solvent can have a negative impact upon the provision of care. Nurses struggle with these issues as well, sometimes without a complete understanding of the rules that guide business decisions. As noted by Berkman et al. (2004) and Ulrich et al. (2003), the ethics of business and the ethics of care can conflict, especially within the arena of managed care.

Business ethics encompasses an understanding of the foundational ethical principles described in the Business Ethics section, but also corporate governance, accounting principles, marketing, and organizational ethics (Bowie, 2002; Higgins, 2000; Johansson, 2005). DNP practitioners must understand diagnostic code reimbursement, including undercoding, overcoding, and incident-to billing, and how to ensure compliance with risk management guidelines. DNP practitioners must have a working knowledge of ethical business practices that inform the financial aspects of health care. The need for this content is true whether the DNP practitioner is an employee or an employer. Although this content may be familiar to those in nurse executive and administrative master's programs, these are concepts usually not contained in most other nursing curricula.

Legal Rules That Govern Professional Ethics

Laws, policies, and regulations drive the practice of health care (Bell, 2003a, 2003b; Berkman et al., 2004; Jotkowitz, Glick, & Porath, 2004; Newman & Dunbar, 2000; Schlegal & Shannon, 2000; Viale, 2003; Willging, 2005). Laws directly influence the provision and cost of care, and have obvious ethical implications. Penalties vary and may be civil, criminal, or administrative sanctions. For example, in 2004, New York State announced that it would require the testing of newborns for 44 genetic diseases—the most in the nation. With this law came changes in advanced nursing practice and ethical challenges in confidentiality, informed consent, and privacy.

Laws concerning patient referrals (Stark Acts) and whistle blowing (False Claims Act of 1863) provide a framework for legal ethical behavior and clearly define fraudulent behavior. Understanding laws on professional courtesy, kickbacks, noncompete agreements, and HIPAA is essential, as ignorance of such legislation is an indefensible argument. Other areas involving legal ethics are prescriptive privileges, nurse practice acts, euthanasia and assisted suicide, and liability, risk management, and malpractice. DNP practitioners cannot rely on others to interpret for them how laws and regulations influence their practices; they must be cognizant and responsible for themselves.

Summary

Given the increasing complexity of care, the growth of information and biomedical technology, and an aging and diverse population with identified disparities in care,

It is critical that curriculum development look into the future of clinical doctoral education and build curricular models that reflect the expanded depth of knowledge needed for the future of the discipline. The Columbia University School of Nursing’s DNP ethics curriculum content is designed to address these challenges (Table 1). Although many of the elements contained within the table are taught at the baccalaureate and master’s levels, all programs should ensure that the total ethics content is achieved by the time the DNP degree is awarded.

We feel strongly that the expanded ethics content we propose will impress on practitioners, payers, and others credibility with regard to quality assurance and accountability issues, as well as safety and access issues. DNP practitioners may informally acquire the knowledge of ethics needed to fill this emerging gap, but, by definition, informal learning is of uneven quality and unverifiable competency. The ethics educational foundation for DNP practitioners who provide a comprehensive level of service is both quantitatively and qualitatively different from the narrower scope of most master’s-level APN programs. More breadth and more depth in all content areas of ethics will distinguish this practitioner and result in a practice construct, including accountability for outcomes of care, that is transformational for the student, the patient, and the system.

References


