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Clinical ethics in African countries and emerging nurse's role in Nigeria

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Summary

Emerging trends in nursing have broadened the traditional scope of nursing practice with growing demands for ethical considerations in clinical judgments. Nurses are experiencing more ethical dilemmas in areas such as end of life issues, organ donation and transplantation, and truth telling among others. It is expected that these challenges will continue to increase and even become more complex. Despite this, the academic and professional preparation of nurses in Africa to cope with these issues is doubtful. The myriad of peculiar socio-economic and political problems in many African societies present potential threat to the adoption of ethical standards in health care practice. Many health care workers including nurses attach little importance to consumer rights in making informed decisions in issues related to clinical care and research participation. The alleged participation of nurses in the inhuman treatment of the children recruited during the Pfizer's clinical trial of Trovan for cerebrospinal meningitis in northern Nigeria exemplifies this. Such conducts could reduce patients' worth as persons, and at the same time an indictment of nurses' moral sanctity. This paper reviews the current ethical challenges facing professional nurses in Nigeria. The concept and critical relevance of clinical ethics in giving adequate information to patients, relatives and other health workers upon which ethically sound informed decision making is done in clinical situations were highlighted.

Keywords: *Clinical ethics, Africa, emerging, nurses' role, Nigeria.*

Résumé

La tendance émergente en infirmerie a élargi la compétence traditionnelle de la pratique d'infirmerie avec la demande croissante des considérations éthiques en jugements cliniques. Les infirmières rencontrent plus de dilemmes éthiques dans les

domaine tels que les derniers instant de vie (la mort), la donation et la transplantation d'organes, et les vérités dites parmi les autres. Il est souhaité que ces défis continuent d'agrandir et même deviennent plus complexe. Malgré cela, la préparation académique et professionnelle des infirmiers en Afrique pour faire face à cette situation est mise en doute. La multitude des problèmes socio-économiques et politiques dans plusieurs sociétés africaines présente une menace potentielle à l'adoption du standard éthique dans la pratique des soins de santé. Plusieurs professionnels de soins de santé y compris les infirmiers accordant peu d'importance aux droits du patient en ce qui concerne la prise de décision liée au soin Clinique et à la participation à la recherche. La participation des infirmiers dans le traitement inhumain des enfants recrutés pendant l'essai Clinique Pfizer du Trovan pour le traitement de la méningite cérébrospinale au Nord du Nigeria l'a prouvé. De telles conduites peuvent affecter la dignité du patient et une accusation de la moralité des infirmiers. Cette étude revoit les défis éthiques courants auxquels font face les infirmiers au Nigeria. Le concept et la pertinence critique de l'éthique clinique de donner l'information adéquate aux patients, aux proches et aux autres professionnels sur la prise des décisions dans les situations cliniques ont été illuminés.

Introduction

The practice of professional nursing has its roots in an ethical tradition of service to others through the promotion and restoration of health, the alleviation of suffering, and comfort of the dying. The central ethical mandate for nurses focuses on promotion of the client's well-being and best interests, concurrent with the avoidance of harm to the client [1]. The knowledge and application of ethical standards are required in fulfilling this mandate in patient care.

Emerging trends in nursing have broadened the traditional scope of nursing practice with growing demands for ethical considerations in clinical judgments. Nurses are becoming more involved in the extension of technology in home based care such as in the prolonged care of ventilator dependent

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children and adults. Abundant in modern nursing care are issues such as scientific breakthroughs in the area of genomics, ethical challenges in the handling of patient genetic information, truth telling, information disclosure, organ donation or allocation, end of life issues [2], and rationing of equipment for patient care among others. It is expected that these challenges will continue to increase and even become more complex.

It may be argued that many of these issues are not very pronounced in developing countries because of the level of health care development, poverty and other socio-cultural factors. Even in isolated cases when nurses encounter new ethical challenges in practice, there is doubt about whether nurses ever perceived such situations as critical, nor could many nurses be knowledgeable enough to handle such situations within acceptable ethical standards.

Nurses continue to have inadequate preparation for effective handling of ethical issues, despite that accrediting bodies for nursing education programmes and health care organizations require that nursing ethics content be provided both in training and also during on the job training programmes [3]. The relevance of adequate training in bioethics in equipping health workers to face these challenges can not be over emphasized. Worse still, many professionals involved in clinical practice and research hardly ever perceive the need nor feel sufficiently motivated to improve their knowledge and attitude to bioethics. This was why Ogundiran observed that though bioethics has come of age in the developed and some developing countries, it is still largely "foreign" to most African countries [4]. This paper discusses the concept of clinical ethics within the context of emerging issues in global and Nigerian health care industries. Additionally, the need for a new nurses' clinical ethics orientation as well as the emerging role of nurses in affirming ethical standards in contemporary clinical practice were highlighted.

Ethics and Clinical Ethics Committees

Ethics is a generic term for the moral principles that govern a person's behaviour or how an activity is conducted. It is basically about the way human beings treat one another, the natural environment and allocation of available resources [1,5]. The concern about the values that guide human attitudes and behaviours in a given context; and the exploration of what values ought to guide our attitudes and behaviours is the domain of ethics. Clinical ethics deals with codes of behaviour guiding health care workers, patients and relatives on issues related to the basis of health care decision making in clinical settings.

One could argue that all of us, no matter what our social, cultural, economic or professional backgrounds are in the business of practicing ethics on a daily basis. We have certain values (things we think are important for their own sake) and beliefs (views about the nature of existence and the way we understand the world to be). For example, many of us feel that we should not be penalized for wrongs that are not connected to us. This suggests that we hold fairness as a value [3].

The well-intentioned clinical decisions and judgments of yesterday may turn out to be unsound in the searchlight of today's ethical scrutiny [6]. Even though a few African countries such as South Africa could boast of tremendous transformation in the area of research and clinical ethics, there is the need for an ethical re-awakening among clinicians and researchers in Africa [6].

The term clinical ethics refers to the identification, analysis, and resolution of ethical problems that arise in clinical practice [7]. When ethical dilemmas arise, the nurse's point of view plays a vital and essential role. The nurse will often acquire information about a client that is not available to any of the other disciplines involved. Nurses usually interact with clients over longer time intervals than do other disciplines. In addition, since nurses may be involved in very intimate physical acts such as bathing, feeding, and special procedures, clients and families reveal information not generally solicited by physicians and or social workers.

A clinical ethics committee is a multidisciplinary group of individuals representing the hospital and community it serves. Representatives include physicians, nurses, social workers, patient relation liaisons, clergy, lawyers, bioethicists, and laypersons from the community. Their primary purpose is to educate the staff and the community regarding moral principles and processes of ethical decision making in the face of diverse issues that arise in the care of critically and terminally ill patients, and families.

Two main reasons account for the need to proactively consider the establishment of clinical ethics committees in Nigeria. First, even though the need for establishing clinical ethics committees is global, the peculiar situations of the various nations and cultures should be borne in mind. These variations could relate to the following;

- (i) Level of awareness of patient's rights as it affects end of life issues, abortion and definition of personhood
- (ii) Level of available bio-technological development as it relates to tissue banking, organ donation and transplantation

- (iii) Affordability and access to health care and
- (iv) Socio-economic development and pattern of health care resource allocation.

The relevance and impact of the above factors differ among developed economies and the so-called developing countries such as Nigeria. Despite this, the factors identified above could influence the values in a society as well as their attitude to health, dynamics of health care and the degree of challenges posed to health care workers in maintaining ethical clinical practice.

Second, the need for establishing ethics committees in health care institutions to assist in resolving dilemmas related to making health care decisions can not be over-emphasized. This becomes more imperative in instances where it becomes difficult for nurses, patients and relatives to make ethical decisions concerning patient care. Clinical ethics committees are established to protect, employees, learners, and patients. They assist in establishing a facility's standard of care. The committee also recommends policies and guidelines on such issues as informed consent, research protocols, and advance directives.

Situations can arise in practice that may contradict professional values and personal morals. Non compliance with accepted standards and government regulations puts a hospital or care facility at risk for legal liability. Nurses in various specialties are often confronted with such challenges in practice. Professional decision making in these situations could lead to ethical dilemmas requiring assistance beyond what a professional nurse could offer immediately. Clinical ethics committees can provide a forum for discussing these issues.

Clinical ethics involves a reflective process by which facts in a case are gathered and considered, the ethical questions are raised and analyzed, and different resolutions are suggested for the next step in clinical care. These suggestions have the force of moral persuasion; they are then carried out or not carried out by the treatment team. The nurse may participate in this process at one or several levels; as sentinel and advocate for the patient, as messenger or translator of the problem, as participant in the ethics committee, or as nurse expert [8]. Some hospitals have a nursing ethics committee in addition to the hospital committee. Such efforts at capacity building could improve nurses' capacity for broader ethical analysis of experiences in clinical practice.

Ethical analysis allows us to be clear on why and how we do the things we do. It allows us to better justify our attitudes and behaviours. Ethical

analysis is useful in discovering the values underpinning the sides of any assumptions we are making which may be hidden from view. This allows for more genuine social discussion about the right thing to do-advancing the development of social morality [9].

The contemporary African Society and clinical ethics issues

The myriad of peculiar socio-economic and political problems in many African societies present a potential threat to the adoption of ethical standards in health care practice. Within the global sphere, there is an ever increasing complexity of health care and global advocacy for the dignity of human beings in health and illness. This places a heavy demand on health workers to be more concerned with the protection of members of the society, and by extension makes the relevance of clinical ethics in health care institutions critical.

The need for health workers to provide adequate information to assist patients and relatives to make morally sound decisions premised on adequate information and autonomous choice makes clinical ethics relevant. However in Africa, many health care workers know little about the right of health care consumers. Added to this, many health care professionals attach little importance to consumer rights in making informed decisions in issues relating to clinical and research participation. This could reduce patients' worth as persons, and at the same time an indictment of clinicians' moral sanctity.

Health care treatment under these conditions in many African settings would scarcely guarantee best practices. Patient care in resource limited settings is often tainted with exploitation of the socio-economic weaknesses of the larger members of the society. The alleged inhuman treatment of the children participants recruited during the Pfizer's clinical trial of Trovan for cerebrospinal meningitis in northern Nigeria illustrates this [10].

Emerging issues in the Nigerian health care industry

There is no better time to identify and provide solutions to this problem than now. Firstly, the launching of the National Health Insurance Scheme (NHIS) in the year 2005 in Nigeria presents a great need for more consumer-friendly and ethical conducts in clinical nursing practice in the country. The NHIS however does not cover many aspects of health care; requiring education of both health care workers and consumers. Similarly, the new orientation at the

Nursing and Midwifery Council of Nigeria is hinged on transforming the standard of nursing training and the quality of professional nursing practice to a level equitable to what obtains in Europe and other nations with developed health care systems. This also agrees with the new drive by the Federal government of Nigeria to mandate public officers to render people friendly- services through the concept of SERVICOM. Similarly, the introduction of the NHIS in Nigeria is partly similar to global examples such as the Ontario Health Insurance Plan (OHIP) which demands that prompt and quality health care should be offered to health care consumers without any form of bias [11]. These imply that health care professionals need to develop a new orientation towards optimizing the process and outcome of health care in line with local and international standards. When these health care reforms are adequately adopted, beneficence, justice, and fidelity among others would be guaranteed to the advantage of consumers of health care and other social welfare programmes.

The urgent need for increasing the awareness and application of ethical principles in clinical care in Nigeria is so peculiar because of the significant consequences of the socio-political changes in the society. For instance, the return of the country to democratic governance after several decades of military rule marked the re-orientation of public life from dictatorial and "seemingly lawlessness" to respect for fellow human beings and rule of law. In recent years, other factors such as health sector reforms, increasing human rights' advocacy and involvement of patients and relatives in decision making are gradually re-positioning patients as active partners in health decision making. As a result of these, with time, absolute paternalism among Nigerian health care workers would soon become unpopular as observed in North America and Europe, while the health care industry would become more complex and prone to medico-legal litigations.

Additionally, with the successes recorded in renal transplantation in Aminu Kano Teaching Hospital [12], Obafemi Awolowo University Teaching Hospital, Ile-Ife, and a few private hospitals in Lagos, Nigeria, it could be predicted that very soon organ transplantation as a means of treatment of chronic renal diseases would become more popular in Nigeria. Clinicians should begin to expect ethical challenges related to the sourcing and allocation of human organs. In other words, in a few years to come, the process of arriving at treatment decisions by patients, relatives and attending health workers

especially nurses would be more involving and potentially laden with ethical dilemmas. Resolving these issues would require assessment and evaluation within the lens of ethical theories and principles.

The situation in other African countries

The scenario in many other African countries could be more challenging. Conflict and war situations in some countries in the Southern African Development Community (SADC) such as Angola, Zimbabwe and in Central Africa such as Sudan have culminated to diversion of funds meant for national health and social service programmes to national defense. As a result, these countries have been plunged into debt, and foreign reserve levels have not enhanced investment. A greater percentage of people in developing countries live below two dollars per day [13], and critically low per capital income. This has not only affected the food security of the people but has also shifted the family health seeking behaviours.

Another major health care challenge of poverty in these regions is poor nutrition, poor sanitation, pollution, and invariably a high disease burden. Surveys among elderly village women in Botswana for example revealed that lack of money was a major deterrent to seeking health care [14]. Although, the elderly are not expected to pay consultation and drug fees, they experience constraints and incur expenses connected with accessibility and utilization of health services such as non availability of drugs, as well as referrals to distant health care centres [15]. Under these conditions ordinary person in the society may be at a disadvantage in negotiating health care decisions with health professionals that are at a clearly better advantaged in terms of socio-economic and educational placement. With these, patients' and relatives' right to informed and autonomous health care decision making may be compromised.

The global advocacy for women empowerment as a major step in HIV/AIDS control in Africa presents huge challenges to ethical clinical care. One of the major recommendations of participants at the AIDS 2006 in Toronto as well as the Feminist school hinges on encouraging women to assert greater control over their body, negotiate sex and right of information about their male partners' HIV status [16]. This is in tandem with the traditional African value of male dominance and control of the means in the society. As a result, nurses would continue to encounter dilemmas in resolving similar issues such as disclosure of status among discordant couples.

A consequence of the HIV/AIDS pandemic and of the increasing numbers of orphans and

decreasing numbers of care givers is the emergence of child-headed households [17]. Yet, the problem of HIV/AIDS orphans and kid mothers leave a pool of under-aged people whose power of decision making in clinical care would likely demand greater ethical and moral scrutiny [18].

Emerging nurses' role

Apart from the traditional role of the nurse to diagnose and treat human responses to actual or potential health problems through such services as caring, counseling and health restoration [19]. It could be suggested that the goal of ethically sound clinical nursing service in today's world should focus on the following;

- (i) Provide evidence- based care
- (ii) Use information systems to manage care
- (iii) Provide culturally sensitive care within a holistic framework
- (iv) Counsel patients and patients' families
- (v) Interface and collaborate with other team members
- (vi) Participate in clinical research and
- (vii) Keep up with rapid technological advances while adapting to change and chaos among others [20].

Despite the limitations in the available human and material capital in nursing profession in Nigeria, nurses need to perceive the yawning need to bridge the ethical gap in clinical care and function as a member of hospital ethics committee by promoting the advocacy role of the nurse. The emerging role of the nurse in advancing ethically standard clinical care cut across many areas of clinical nurse-patient interaction. It is however imperative to consider the huge ethical demands of the advocacy role of the professional nurse, handling of patient information, and the emerging potential conflicts of interest inherent in modern clinical nursing practice.

The nurse as patients' advocate.

The duty of advocacy stems from the impact of illness on patient's autonomy and ability to make decisions either due to patients' lack of information, failure to defend rights or due to the power imbalance between patients and physicians. Therefore, nurses as "buffers" are in a strategic position to adequately inform and counsel patients and relatives in making morally sound health-related decisions. However, along with the development of biomedical technology and the corresponding fragmentation of medical care came a shift in nurses' primary loyalty to physician and institution to the patient. This attitudinal shift

was recognized by the American Nurses' Association in 1976 [21], when it amended the code of ethics to replace directives about respect for and obedience to the physicians with the statements affirming the duty of patient's advocacy.

For example in the United States, state nursing practice laws and their corresponding administrative regulations also may impose an affirmative duty to advocate for patients [22]. In California, for instance, registered nurses have an explicit duty to act "as the clients' advocate", as circumstances require, by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the clients the opportunity to make informed decisions about health care before it is provided." [22]. This is also imperative in Nigeria where with the introduction of the NHIS, rising inflation and unemployment, the larger members of the society encounter difficulties in affordability and accessibility of health care. Escalating health care costs clearly place a stress on the national economy but directly affect individual consumers as well. Even if not the priority of any government, ethicists are expected to affirm that assurance of health is needed for individuals and groups to participate fully in society [23]. Doing this may require some advocacy.

Nurses are in a position to see the direct outcomes of those compromised by the current method of allocation of health care services. For instance, in 2004 and 2005, three international clinical trials were suspended or closed due to the failure of the researchers to provide free treatment to those who seroconvert in clinical trials during the conduct of the study [24]. Although it will be a challenge to engage hospital administrators, ethical principles require that nurses continue to advocate in the public arena. At minimum, all nurses should understand the economic issues and understand the effects that current approach to current health care allocation has on individuals and the society. Nurses are therefore expected to stress the following principles to allocate services:

- (i) Sufficient medical need
 - (ii) Sufficient potential benefit
 - (iii) Equal access regardless of ability to pay and personal character [25].
- People should not be worse off than others through no fault or voluntary choice of their own. In decision making regarding care of patients with chronic and incapacitating illnesses, the first step that nurses need to take is to determine the capacity of the individual to participate in decision making and, to respect the person's choices, to the

degree possible. Nurses can be caught in particularly problematic decisions when the proxy for the patient may make decisions, such as that of seeking patient transfer to spiritual houses for treating diseases perceived as being "beyond the ordinary", and therefore out of the grasp of orthodox medical care givers. Similarly, the care giver may feel obligated to refuse to obey, especially in situations such as that of withholding medications. Advance directives and communication with other health care team members are advocated in reaching ethically viable nursing decisions in such potentially problematic circumstances.

Handling of patient information

Clinical nursing care requires a deliberate effort to gather information related to bio-psychosocial aspects of patients' lives. Additionally, nurses require a sound commitment to analyze and utilize the information obtained to the advantage of patients, relatives, nursing and the health care team. Traditionally, nurses have a high tendency to have access to information from patients, relatives and other professionals involved in patient care. In the same vein, patients, relatives and other professionals involved in patient care rely on professional nurses to have the much needed information related to patient's health condition and plan of care.

However handling of patient's need for information and information disclosure related to the plan of health care carry great ethical challenges. This is often due to the need to understand what, when and how much information should be disclosed which may be unclear in many situations. Apart from these, handling information and interpersonal relations between nurses and patients, nurses and other health care workers must be done in a manner that would be ethical, understandable to patient, relatives, physicians and other health workers. This becomes more necessary because the quality of information that the nurse gives to patients would influence the quality of available informed choice options for patients, families and other health workers. This is also imperative because informed choice is the *sine qua non* of patient autonomous decision making. Since many nurses are ill-equipped for dealing with many ethical challenges encountered in practice, it would be necessary to make ethical consultation service available to practicing nurses.

Potential conflicts of interest

To squarely fulfill the role of patient advocate, a nurse could find herself entangled in conflicts of interest. Conflict stems from the fact that although nursing is an independent profession with its own body of knowledge and legal accountability, practitioners are often in dilemma in meeting professional, patient and employer demands [26, 27]. Worse still, the vast majority of nurses do not legally function as independent practitioners. Rather, they serve employers within the bureaucratic structure of institutions and implement the orders of physicians [28]. Further, conflicts may arise from countervailing pressures on hospices, which also constitutes a potential challenge to professional nursing practice. Although liability provides hospitals with an incentive to avoid negligence, hospitals are also under economic pressures to increase revenue by treating the largest number of patients with smallest number of nurses.

Consequently, the nurse's ethical mandate may diverge from her employer's goals. Second, the unique body of knowledge encompassed by nursing as distinct from that of medicine may contribute to conflicts. Whereas medicine focuses on pathology, nursing focuses on patients' response to health problems and the nursing needs that arise there from, herein abound many quality of life issues. Thus a nurse's view of her obligations may diverge from a physician's.

When patient's advocacy involves a nurse's duty to support the patient in a decision contrary to the physician, institution, or society as to what is "right," divergent loyalties may lead to fundamental conflicts that can expose the nurse to considerable risk. The nurse who adopts a position that is adverse to that of the physician or the institution that employs her may face a difficult personal and professional dilemma.

Conclusion

Unprecedented advances in medicine and technology have created new ethical challenges. For example, a patient whose illness would have been fatal 20 years ago can now be maintained with artificial means of nutrition and hydration. Some ethical problems have developed more quickly than the healthcare system's or society's ability to solve them, and the healthcare community has not reached consensus on how to handle many of such problems [29, 12].

In order to meet up with these challenges, nurses in developing countries need to acquire training in bioethics, clinical ethics committee process, and application of ethics in nursing care. It is also

necessary to encourage nurses to be familiar with and constantly apply universal ethical standards of clinical care and research. Understanding the implication of adopting foreign ethical frameworks, nurses in developing countries need to know which ethical paradigm applies, with enough focus on blending this with the socio-cultural values of the local community.

On June 2, 2006 the European Forum of National Nursing and Midwifery Associations and World Health Organization released a directive on "statement on nursing and midwifery in HIV/AIDS client care" which demands that nurses and midwives should acknowledge the social or cultural (e.g. taboo subjects, non-heterosexual identities) values of their clients non-judgmentally when addressing issues of prevention, treatment, care and support for all. This expects nurses to learn and adequately consider the values of other people on issues relating to the bio psychosocial aspects of diseases and lifestyles [30].

Nurse educators would need to know more about the past, the present and future of nursing and bioethics. With this, they would be better informed themselves and ultimately able to teach better and produce better informed professional nurses. This should be sufficiently expansive to accommodate current issues in both local and global contexts of clinical ethics without losing the focus on the art and science of nursing. When this is emphasized by nursing training schools and enforced by both the national boards of nursing regulation and employing authorities, the discipline of nursing would be better positioned to realize the much needed cutting edge precision required in research and clinical ethics standards fit for the new millennium.

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