MORALITY AND THE NURSING PROFESSION

A Thesis Presented for the Degree of Master of Arts

By

Ruth Frances Lea, B.S.

OHIO STATE UNIVERSITY
THE OHIO STATE UNIVERSITY
1946

Approved by:

[Signature]
TABLE OF CONTENTS

Chapter                                                                 Page
I.  INTRODUCTION............................................. 1
II. HOW IS MORALITY TO BE CONCEIVED?...... 11
III. THE MORAL PROBLEM CONFRONTING THE
     NURSING PROFESSION TODAY............ 55
IV.  A CRITIQUE OF THE PROFESSIONAL
     APPROACH TO MORALITY................. 85

BIBLIOGRAPHY................................. 122
CHAPTER I

INTRODUCTION

"From beneath the eyelids of man
look forth new heavens and a new
earth."

From: Edward Carpenter "Towards
INTRODUCTION

In this thesis an attempt is made to solve a personal problem of the writer and to utilize the tentative solution in the educational program for student nurses in which the writer is participating. The personal problem and interest was: "How can the recent developments in the field of morality contribute to the writer's understanding of ethical problems and give hints as to their relative importance and their possible solutions?" The more general problem was: "How can this knowledge be utilized most effectively in the writer's own teaching field, which is instruction in the 'social sciences' in a school of nursing?"

The field of morality is concerned with the values that people cherish and also with how these values may best be realized or put into action. Dewey says in regard to values that when the person values anything there is evidence of this value in his actions. If activity on the other hand presents no evidence, or evidence which is contrary to what one would expect, then the person deceives himself that he has such a value. He points out that there are in fact degrees of valuing and this also appears, or is revealed, in activity. One may value something much or little, but the test of the value and of its dearness can
be found only in the person's actions. For example, if a parent claims to value his children and to enjoy their company, but only makes over them when company is present, and at other times repells or avoids them, he not only is deceiving himself, but is even actively trying to deceive others!

A long time ago a great spirit said, "He shall reward every man according to his works." In other words, it is not what you say you value or cherish, but what you do which disproves or proves your words. And it is only through action that values develop and grow and widen to embrace others, and this is only another way of saying that selfhood cannot grow and develop without activity. Activity must, however, always be guided by intelligence, imagination, sensitivity, and the attempt to foresee consequences. The idea that human values are fixed and unchanging needs to be discarded in favor of an hypothesis which leaves room for growth and change.

That human values are fixed once and for all is assumed on all hands, whether the appeal be to supernatural authority, or to natural law, or to human history, or to our native endowment of impulses and tendencies.¹

We are more and more moving away from the concepts of "fixed and unchanging" to those of "growth (movement) and

¹Bode, Boyd H. "Justice Holmes on Natural Law and the Moral Ideal."
change. We are not part of a world of the dead, but of the living, and to be alive means change, growth, transformation, movement, unpredictability, increase in complexity, and so on. There is a fluidity about life, not a fixity.

We might say that the whole field of morality tries to answer the question, "What is the best way to live?" It soon becomes apparent, however, that no one can claim to know "beyond the shadow of a doubt," and that what we really have are various hypotheses which often conflict with one another. It appears that though every one is interested to some extent in discovering "the best way to live" all do not reach the same answer.

It also appears that the values people cherish tend in many instances to conflict with each other within individuals and between individuals. One might consider this to be a tragic situation if he believed that values were fixed, inherent in the fabric of the Universe, unchanging, and eternal -- now and forevermore. However, if one believed that the quest for the good life, the "search for the Holy Grail" was continuing still and would continue long after his life was ended, he would not consider the present situation to be hopeless.

The writer does not believe that this generation or that any preceding generation has discovered the answer,
but that the answer lies ahead, perhaps aeons ahead, in a future which we but dimly and imperfectly perceive. Every generation will ask the question, "What is the good life? What is the best way to live?" Our quest will help them, perhaps, but it will not answer their question. They will, of necessity, engage upon their own quest and it will seem glorious and difficult to them as it does to us, and as it was for those who went before us.

It might be well to point out here that the quest for the good life will not be one for certainty, for the simple reason that certainty would end the quest. It will seem hard for many of us never to be sure, but surety is the end of growth. It will be necessary to work for more certainty and for more security, but our work will never be completed. Dewey says,

Man who lives in a world of hazards is compelled to seek for security. He has sought to attain it in two ways. One of them began with an attempt to propitiate the powers which environ him and determine his destiny...

The other way was to invent arts and by their means turn the powers of nature to account; man constructs a fortress out of the very conditions and forces which threaten him. He builds shelters, weaves garments, makes flame his friend instead of his enemy, and grows into the complicated arts of associated living. This is the method of changing the world through action, as the other is the method of changing the self in emotion and idea. It is a commentary on the slight control man has obtained over himself by means of control over nature, that the method
of action has been felt to manifest dangerous pride, even defiance of the powers which be.

It was pointed out that we will need to work, not for absolute certainty or security, but for more of security and certainty within a world which changes even under the impact of our efforts to establish these qualities within our lives. This will not be so hard for us, perhaps, when we become increasingly aware of the fact that we are an inseparable part of the whole which is our world, or universe. There are no breaks in the fabric of unity, -- no gulf between material and immaterial, body and spirit, theory and practice, knowing and doing, heaven and earth. Down through time there have been individuals who have spoken of this sense of unity, or of the universal whole of which they felt themselves to be a part. Dewey speaks of it as follows:

Religion as a sense of the whole is the most individualized of all things, the most spontaneous, undefinable, and varied...

Within the flickering inconsequential acts of separate selves dwells a sense of the whole which claims and dignifies them. In its presence we put off mortality and live in the universal. ... The acts in which we express our perception of the ties which bind us to others are its only rites and ceremonies.

---

2 Dewey, John, "The Quest for Certainty," p. 3.

It seems to be a fact that down through the centuries each generation has been only too anxious to transmit to the next its answers to this question, "What is the good life?" It is also evident that each generation believed that it had the final answers and that all the next had to do was just conserve them. It is also apparent that much of the material transmitted was valueless to the new generation, and that some of it actually hindered this continuous quest which leads toward the glorious future. Now it is probable that we need not worry about this "transmission process" dying out, -- it has been going on for a long time! However, we might wonder if we couldn't do a better job of it, and put fewer obstacles in the path of our successors. It is not pleasant to study the long record of martyrdom, or the bloody and beastly evidence of man's inhumanity to man."

We speak of building upon the sure foundation of the past, but we may have to give up this concept. It would be more reasonable to suppose that the foundation of the past will not provide sufficient expansion for the future, and that any structure built upon the past alone will soon become top heavy and topple over.

It is evident that we all have values and that we are most anxious to conserve them. In the past we have often supposed that the best way to do this was to force them
upon others (for their own good, of course!), and to stamp out those who insisted upon holding values which endangered our own. We justified this callousness and cruelty by the blasphemous assertions that we did it for the love of God, or for the love of our fellowmen! There was another ugly little phrase which was considered to be quite holy which went, "The end justifies the means." Now no one who really desires a good life for himself and freedom to work out his own values can truly believe that callousness and cruelty toward others which will prevent them from having a good life and freedom too, can be justified! This is the great delusion, and makes man far more monstrous and terrible than the beasts. What is the great fear in life if it is not fear of our fellowmen and of what they may do to us? The indifference of the natural world is as nothing compared to this horror, -- and anyway we are beginning to control natural forces and to utilize them.

How can we develop controls for ourselves so that we will be useful and not dangerous to each other? How can we reduce this evil which is due in the last analysis to ourselves? If natural forces have been indifferent to man, man has been even more indifferent to his fellowmen. What can we do about it? Out of all of the problems in the moral field, this one is of the greatest concern to the writer. How can we individually and collectively be useful
and not dangerous to ourselves and to each other?

We are aware today that a man may ruin his own life as well as the lives of others. How can each person be useful and not dangerous to himself? What will it profit any person to gain the whole world if in the attempt or in the doing he destroys himself? No man can be a God, he is an integral part of his world. What damages others will damage him. How could it be otherwise? For example, how can anyone be safe from racial discrimination -- its bitterness and humilities -- in a world neighborhood which tolerates it? How can anyone tell at what moment he will be discriminated against?

When men do attempt to play God, they cause all kinds of trouble to themselves and to others. If one decided to play God in this world what would he do? Well, first he would have to proclaim that he had a firm hold on Truth, second that he was perfect and could not err or make mistakes in his interpretation of the Truth, and third that his followers bow down and worship him. There wouldn't be anything else they could do since all Truth was embodied in this human deity, and outside of worship, sacrifice, and zealous efforts to bring others into the fold, activity would be unnecessary. Intelligence would be prostituted to scurrying around hunting up good logical rationalizations to support the revealed truth. Rules would have to
be laid down for the worshippers to follow and these would have to be backed by a force which would go to any extreme to accomplish its object. The highest commendation would go to the followers who had the greatest amount of faith in the "fully revealed" Truth. Severe condemnation would be visited upon the doubter, the skeptic, the questioner, or the one who claimed to have discovered more or different Truth (surely the greatest sinner of all!) It would often be necessary to do away with them since they would endanger the whole scheme. Anyone can look at history, or at recent events, to discover that this was actually done.

History will also show, no doubt, that the so-called godly were a stiffnecked, opinionated lot who were greatly over-rated by their fellows, and who had an inflated idea of their own importance, abilities, and uniqueness. They have been denounced in various terms as "blind leaders of the blind," "devils who encompass sea and land for one convert and then proceed to make him ten times more of a devil than they are themselves," "wolves in sheep's clothing," "those who place upon their fellowmen intolerable burdens not to be borne," "those who claim to see and understand when they in fact are completely blind and ununder- standing," and so on.

No man should try to play God, therefore, since he endangers his own life and growth, and the life and growth
of others. He cannot promise certainty or security to others, or to himself, and to attempt to do so is to be a power for evil in the world.

Sometimes the men who would play God are seriously abnormal. Miss Benedict says:

The Puritan divines of New England in the eighteenth century were the last persons whom contemporary opinion in the colonies regarded as psychopathic. Few prestige groups in any culture have been allowed such complete intellectual and emotional dictatorship as they were. They were the voice of God. Yet to the modern observer it is they ... who were the psychoneurotics of Puritan New England. 4

This paper is an attempt to answer the question, "How can we best expedite the quest for the good life for ourselves and for our descendants?"

4 Benedict, Ruth, "Patterns of Culture" p. 276.
CHAPTER II

HOW IS MORALITY TO BE CONCEIVED?

"In pursuit of any value, if the individual is callous to the concerns and interests of the human beings upon whom his actions impinge, he is immoral."

-- H. Gordon Hullfish

From Lectures - Moral Values in Education, Summer, 1943.
HOW IS MORALITY TO BE CONCEIVED

In Webster's dictionary morality is defined as "knowledge of moral principles; moral wisdom," dealing with such problems as "the nature of the highest good, the origin and validity of the sense of duty, and the character and authority of moral obligation." In the Encyclopaedia Britannica, ethics or moral philosophy is declared to be "the systematic study of the ultimate problems of human conduct (from the Greek meaning character or custom, and from the Latin meaning mores or customs)."

Sometimes morality is viewed as "conformity to convention," but Hartshorne scourns this view, declaring it to be "a mere verbalization of the behavior of ants and armies." Scientific or dynamic morality, as defined by Hartshorne,

...cannot be transmitted...not based on the authority of tradition. History is its servant, not its master. Only through genuine moral experience can this new morality develop. ... Nothing we can do by way of preachments, courses, activities, moral tone, and all the rest can provide in itself the environment needed to assure moral growth. ...

A dynamic morality does not consist of a set of precepts or even of a set of habits. It cannot be achieved by study, by imitation, by inspiration, or by fragmentary occasions of freedom and minute experiments in limited self-direction. Morality which is more than conventional respectability results from the

realities of one's personal relations, not from their appearances or trimmings.\(^6\)

Dewey suggests that moral ideas "are ideas of any sort whatsoever which take effect in conduct and improve it, make it better than it would be otherwise."\(^7\) Later on we will attempt to use this as a promising working hypothesis.

An interesting statement appears in the Encyclopaedia Britannica as follows: "Generally speaking, most people who are moral lean on some outside authority as their moral sanction." Now these sanctions are laid down for the people to follow by the church, the government, and the smaller and larger social groups of which the person is a member. In this relationship the person is a follower, a conformer -- not a creator, a discoverer, or one who transforms. Recent writing in the field of ethics would question the implications in the phrase "most people who are moral lean on some outside authority," and would attempt to show that in fact to the extent that a person depends upon some external authority to tell him what to do or believe, he cannot be moral. In any case, it is evident that the person who leans upon outside authority is not required to think or to make use of his own intell-

\(^6\)Hartshorne, Hugh, "Character in Human Relations," p. 5.

igence. Trust, faith, obedience, would be highly applauded virtues -- to question, to doubt, to suggest changes, would be vices and deeply frowned upon by the powers that be.

When moral problems arose, one would use the religious, the governmental, or the societal solution. "Not his to question why, but simply to do and die." One has yardsticks by which to measure his moral conduct -- his goodness or his badness. To the degree, under this conception, that he merely follows the rules of church, state, or social group he is moral.

Actually, the individual may allow himself to be more or less controlled by all three agencies, even though their solutions are in conflict frequently. When this is the case it is expedient for him to choose the solution laid down by the strongest authority -- the one, in other words, which most endangers life and limb. Until recently the State was strongest in Germany. Let us see what might happen when a man trusts the strongest external authority to provide the right answers to his moral dilemmas. A correspondent is interviewing an official of a death camp captured by the Russian Army from the Germans:

Q. Did you kill people in the Camp?
   A. Yes.
Q. Did you poison them with gas?
   A. Yes.
Q. Did you bury them alive?
   A. It sometimes happened.
Q. Did you personally kill people?
   A. Absolutely not. I was only the paymaster of the camp.
Q. What did you think of what was going on?
A. It was bad at first, but we got used to it.

Q. Do you know the Russians will hang you?
A. (bursting into tears) Why should they? What have I done?

What was done, in this instance, except to accept the authority and sanction of the State? And what was the State but a group of human beings trying to play God? Shall we say the official of the death camp was moral, but mistaken? Shall we say he should have sacrificed his life for humanity? What was of more value to him than his life? Shall we say he was a helpless pawn of the State acting under duress and could therefore do nothing?

It is apparent from this example that, when men give their allegiance and blind unthinking obedience to an external authority, they may be compelled to acquiesce to things which at first repel them but which they get used to later. We might wonder what they get out of this form of degradation and slavery, and we find that they obtain certainty or security, and are freed from the onerous responsibility and effort of thinking, or of helping to better anything. Their growth is stunted, their moral sense atrophies, and they can be led to do things from which any free man would recoil with shame and horror.

This example also points out that it isn't always the doing, but sometimes the not doing, which may be downright immoral. Arthur Wiser, now serving a term in a Federal prison because of his convictions, says:

One feels the worthy paymaster... is sincerely outraged by the proposal to hang him for his part in killing several million human beings. What had he done indeed? Simply obeyed orders and kept his mouth shut. It was what he had not done that shocks our moral sensibilities.

We can say that the paymaster was obligated to humanity above his obligation to his superiors and that he should have died if need be, before he followed his orders. Yet how quickly we say that an individual has no right to make his own decisions when he opposes the opinion of the majority or the regulation of the U. S. government.

The paymaster's acquiescence to orders that at first repelled him made possible in part the functioning of the death camp. Even so, I believe, war and fascism are made possible by the acquiescence of large numbers of people to things to which they are at first opposed.9

History reveals clearly how church, state, and society perpetrate what appear in retrospect to be dreadful evils, but which seemed to be right at the time even to the "good" people who acquiesced to them like sheep.

Attempts have been made with more or less success to restrict the power of all external authorities over the individual. There are decided limits today to what the

parent, the teacher, the priest, the policeman, and the neighbors may do to an individual whose actions do not fit exactly into the accepted pattern of thought or conduct. We are less and less attempting to fit the new into the old, but we have a long way yet to go. Some believe we have already gone too far, others that we haven't gone nearly far enough!

There are even those who would suggest that all external authorities are at best unnecessary evils, and that they will bear very close watching and surveillance. The only function of any external authority is to guide, protect, direct, and at last to free the individual, and when it abuses its power to enslave, thwart, cripple, and prevent thinking, then its reason for being is destroyed. In any case, if we are to be moral, we need to post the best guards we know, -- intelligence, the scientific method, and the democratic way of life, -- (history has shown us this) to keep these outward pressures upon the individual within bounds. As the individual has freedom to grow and to develop morally, he will tend to lean less and less upon authoritative voices. He will become increasingly able to direct and control his own life.

External authorities are, when one trusts and depends upon them too much, like being "tied to mother's apron strings." We need to move out from them far enough to see
their good and bad points. The church, the government, the social group, and the individual, must be required to contribute to the betterment, enrichment and growth of life in the whole and in each individual. They must be effectively prevented from becoming instruments of evil in the hands of men who would play God.

In speaking of external authorities we have not mentioned the judicial and today we happen to be facing a rather startling moral development in this field. In regard to such a thing as "criminal negligence" we find the person penalized for not being intelligent, for not stopping to consider the consequences of his actions, and for committing, or not committing acts, whether lawful or unlawful, which inflict a serious wrong upon another. The court ignores good intentions, the lack of the intent to do anything wrong, an error or judgment, and even an honest mistake. The court claims that you have committed a crime, and that your ignorance, your good intentions, your judgment errors, and your honest mistakes do not excuse you, if your conduct seriously wrongs another. If you refuse to use intelligence, or to consider the consequences of your acts, you are guilty in the eyes of the law.

At the present time in Nurnberg, Robert Jackson is attempting to carve out some basic principles for inter-
national law, and these principles are being used to try
the war criminals. But the moral implications of these
principles are very far reaching as Georg Mann has pointed
out:

Robert Jackson, with a magnificent disregard of the safety of his colleagues among the
prosecution and the judges behind the bench, has announced that he is seeking to establish
certain basic principles of international justice. These principles concern the punishment
of three kinds of crimes. Launching a war of aggression is a crime. Violating the genteel
code which governs the proper conduct of all wars is also a crime. ...Last and most far-
reaching in their scope, are the crimes which have been committed against humanity. Prose-
cutor Jackson calls for the punishment of men who have murdered, exterminated, enslaved, de-
ported, or committed inhuman acts against civilians, either before or during the war.
Jackson feels that it is wrong for a govern-
ment to prosecute either its own or any other
nationals because of their race or political
and religious beliefs. And it is equally
wrong to be a member of an organization which
committed any of these crimes. The defendants
will not be able to plead that they committed
crimes while acting under the orders of duly
constituted authorities, because orders or not,
a crime is still a crime.\textsuperscript{10}

It is easy to see that if these basic moral prin-
ciples were universally applied callous treatment of any
individual would be outlawed, and that any person, or
group, who claimed that they injured another under "duly

\textsuperscript{10}
Mann, Georg, "Morality at Nurnberg," \textit{Politics},
constituted authority" of any kind, would not escape punishment. It is almost impossible to realize to what extent the enforcement of these moral principles in individual and group life would help to mitigate the suffering of many people, and would outlaw some of the greater social evils of our day. The first thing which occurs to one is that war would be impossible! And then, how could racial superiority survive? Mann says,

If following unjust orders is a crime, every Southern law enforcement officer who helps enforce Jim Crow laws is headed straight for the pokey.\textsuperscript{11}

We cannot help but wonder whether we are not living in a world today which requires, even demands, a greater morality than we, the people, are ready for? It would be a tragic situation surely if we have the new world which the leader of Christianity foresaw, and are unprepared for it; if we are required to be full fledged possessors of the gospel virtues, and are found wanting. Perhaps instead of waiting for the appearance of an Angel with a trumpet, we should really open our eyes and look about us!

The least that can be said is that we live in a world which requires every individual to be intelligent

if he would be moral, and along with these high requirements for individual thought and action we have a judicial body which puts a value on every individual so high that when he is harmed in any way, the person accountable must pay the penalty and finds it impossible to plead any excuse. He can't claim that he is acting under someone else's orders -- not even his priest's, -- he can't claim that he didn't know, or that he forgot to consider the harm which might result, or that he just loves the person harmed and has the best intentions in the world. Above him, and enthroned, is Justice who ignoring his childish defenses, pronounces him guilty of a crime against his fellowman!

The government, the organized religions, and the societal groups all claim to preserve cherished values which are important to those people who make them up. In a homogeneous group this might be true, but in a large heterogeneous group they seem to be forever upholding values held only by a handful of the group, and if not watched or constantly criticized, tend to sacrifice the values of the other groups within their jurisdiction. Possibly it is the complexity of the social groups, and the great conflict of values between and within them, which makes these institutions in fact dangerous. For example, it is very difficult for all of the differing
groups to get together and to decide what values they want fostered. On the other hand, it seems to be relatively easy for one or two groups within the whole to decide that they will use these organizations to promote their own immoral ends, and to make the majority like it by hiding their selfish designs behind programs which appear to give allegiance to truisms to which the majority readily rally. These minorities do not hesitate to make use of education, radio, screen, and every available source of effective propaganda to get control, which they then proceed to use to their own advantage.

What is even more dangerous is the fact that they will often choose as leaders and helpers to put their program across, those who have no selfish interests but are sincere believers in the truisms. If any individual or group protests, the selfish connivers and the unselfish but hoodwinked leaders and helpers, at once attach labels to discredit them, and are loud in their cries of undemocratic, red, fascist, communist, idealist, dreamer, godless, wild-eyed reformer, and so on.

Much could be done if everyone learned to ignore any kind of generalization, or any form of name calling. This is because "emotionally toned words ... are always harmful when we are trying to think clearly on a disputable point
of fact,"¹² and we are all required to think as clearly as we can if we would be moral. We all need to be able to recognize and to avoid the pitfalls of "crooked thinking."

Much could be accomplished in our efforts to make the best possible use of intelligence if everyone learned to ignore any kind of generalization, and insisted that everything be made more specific. As individuals we will have to become de-sensitized to labels which make us deny our own thoughts and beliefs because the tag unthinkingly, or viciously, applied to us hurts. If the group says we are "undemocratic" or that we should "have more faith" we are inclined to subside into hurt silence, or worse still, to desert the group since "we are so misunderstood"! We will have to be braver than this and be willing to "stand up and be counted" for what we believe in. We should learn to stand our ground and to make the group, or the individual, prove that we are in fact worthy of the labels which they have applied, and to remind them that no person in a democracy can be sentenced without fair trial.

In fact, we should become suspicious of blind alle-

giance to any group, no matter how worthy its purposes may be, and every group must learn to welcome criticism and to examine new evidence, and to change its policies, methods, or even purposes, in the light of new facts. In other words, it should expect to grow, and should make room for growth and for the use of intelligence if it wishes to be moral. Any group must get away from the idea that if the majority are acquiescent it is going in the right direction, and each individual must relinquish the idea that the majority are necessarily acting in a moral way. It is sad, but true as we all know, that the goodness of anything does not depend upon the number who back it. But this idea that "might makes right" is still pretty deeply embedded in our thinking.

And to go on, we should refuse to give such strong and emotional allegiance to our own ideas, values, and beliefs simply because they are ours. We will have to be careful that we do not resist change and growth by rationalizing, by throwing up a barrier of emotional and wishful thinking, or by hiding from new truth because it shows us to be not as noble or as good as we tried to think we were, because all of these ways of acting are immoral. If we are interested in our own moral growth we will have to listen to protests from others regarding our ideas and behavior, and we will even have to look at ourselves.
critically with the idea of correcting, revising, and adding whenever this proves to be necessary. If we have prejudices, or are inconsiderate of the rights of others; if our actions are at variance with our beliefs and "values," we will need to change and grow morally in the light of these new facts. This won't be easy. It will be very hard indeed. The psychologists have shown us how much we resent any criticism, no matter how just, when it endangers our pet ideas, programs of activity, and importance.

We cannot bear to see ourselves deflated to our true proportions. We cling to all we believe and do as babies cling to their bottles and rattles, -- they are ours! But if we would improve morally (and most of us are a little uneasy and dissatisfied even with our inflated conception of ourselves) we will have to turn the light of intelligence inward. To refuse to do so will be to never know whether we are benefiting or damaging ourselves or others, -- to never know whether our actions are moral or immoral.

Today we know that it is often very hard to diagnose or treat mental and emotional illness and that the individual may need to seek the help of others, just as he does when he is physically ill. We will need as a group to work for the elimination of taboos against mental and
emotional illness which now hinder us from seeking needed advice freely. We are callous, and therefore immoral, when we turn our back upon any group and deny them help, understanding, or support. We forget, when we do so, that there is no sharp line of demarcation, or gulf, which separates the criminal, the mentally ill, or the sexual pervert from ourselves. It is all a matter of degree, and we are all somewhat criminal, insane and lustful.

We are still too inclined to show by our actions, if not by our words, that we adhere strongly to the fallacy, "once a thief, always a thief." Here again the psychologists have shown us that we have a very strong tendency to condemn in others those qualities and actions which we most heartily endorse in our own lives. For example: the gossip is highly critical, and loud in his condemnation of other gossips! The psychologists say we do this because it is much easier to condemn another than it is to condemn ourselves, but we will need to work against this tendency if we are to grow in moral stature. It is only too true, apparently, that when you judge another, you judge yourself! We might cite an example of placing a group beyond our thought or sympathy.

It was two days before Christmas, 1945, and the attendant in charge of one of the large wards of a mental hospital was talking to one of the visitors. "Do you know," she said, "that only twenty of our one hundred seventeen patients have gifts for Christmas from their relatives or friends? The rest
will not get any, not because their people cannot afford it, but because they have been dumped here and forgotten." (not quoted exactly) 13

We have only just begun to investigate the milder and less malignant forms of mental and emotional illness. For example, we know that all normal people have false beliefs, or delusions. In the mentally ill these delusions are characterized by a very high degree of discrepancy between what the person believes and what his actions prove could not be so. For example, if a patient believes that he is the richest man in the world when he does not have a penny in his name, we call it a "delusion of the mentally ill," for no matter how often you present evidence to show that he could not possibly be rich when he has no money, -- he is unshaken in his conviction of unlimited wealth. But if all people have delusions, or false beliefs, and if we do not believe them to be dangerous until they reach this advanced stage, we may be neglecting a very important form of mental illness until it gets to the place where it is beyond cure. This is important because a person who entertains false beliefs is handicapped in the living of a moral life.

Morgan has suggested that minor forms of delusions

13 State Hospital for the Insane, Columbus, Ohio.
often begin in childhood, and that "the teacher must
discover why the child wants to believe the thing he up-
holds with emotional fervor and must deal with the desire
rather than with the logical fallacies that are involved." 14
He has also suggested that delusions may come as a wel-
come relief from mental turmoil.

To withhold judgment means that one must
remain in a condition of strain, prepared for
the different possibilities that may result.
Such tension, to some persons, is highly dis-
tasteful. They long for the time or circum-
stance when they can be relieved from uncer-
tainty. Belief comes as such a relief. Hav-
ing accepted a solution some persons resist
its change or modification because this would
involve another struggle. Life is filled with
deVICES to avoid mental struggle: We search
for advice, tips, hunches, anything that will
relieve us from the strain of deciding for our-
selves, and when finally we make up our minds,
we often do it with a vengeance. We try to
convince ourselves that we have made the best
choice and will not be moved from it. 15

We now know that delusions cause all kinds of trouble
and unhappiness for the individual and for the group. We
have even discovered that groups and institutions have
false beliefs to which they sometimes cling passionately
because to relinquish them would bring discomfort or in-
convenience or lessen their pride or importance. What

14 Morgan, John J. B., "The Psychology of Abnormal
People," p. 164.

can we do about it? Morgan would suggest that the person or the group be given new and better (truer) beliefs for the old. He says, "Do not argue against a cherished belief; provide a better one."\(^{16}\) As a matter of fact, there are elaborate techniques for dealing with this form of emotional illness, and we still have a long way to go.

Rationalizations, "Which consists in giving an acceptable reason for conduct or for one's attitudes"\(^{17}\) should be of concern to us too, if we would have a better and a healthier life. This often begins early in childhood when the child discovers that it is better to tell a falsehood which is reasonable to explain his conduct or belief, than it is to tell the truth which is emotional. By "better" we mean that one avoids unpleasant consequences by so doing. We might suggest that rationalizations are an attempt to avoid self-condemnation or the condemnation of others. It is not deliberate lying:

Most rationalizations, far from being falsehoods, are simply a false emphasis upon the particular causal factors which meet the greatest personal or social approval.\(^{18}\)


We might consider rationalizations to be relatively harmless if we did not have evidence to show that they may lead to serious mental illness. Even if this were not so, we would try to do something about this tendency in ourselves and in our children because rationalizations tend to obscure the truth and to prevent growth, and because they stand in the way of wholesome, healthy, and moral living. Rationalizing prostitutes intelligence to its own ends, thereby preventing it from operating in the moral sphere.

We have made great strides in our control and understanding of our physical world and of our physical illnesses, but we have a long way to go, -- we have only made a beginning -- in our control and understanding of our social world and of our mental and emotional illnesses. Intelligence, sensitiveness, imagination, and the passionate desire for a better and healthier world should be invaluable aids on our journey toward the attainment of a greater morality.

We have spoken of health several times, and by health we mean, not merely absence from disease, but the greatest possible degree of mental, emotional, spiritual, and physical well being. Today we have a pretty clear picture of what we mean by a high degree of physical health, but we are not so clear about what we mean by mental and emo-
tional health.

Several times recently someone has said, "This is a sick world." Isn't it true that not so long ago we would have said, "This is a sinful world?" This seems to show a different trend in our thinking. What is different about this emphasis? Well, for one thing, sin is something which must be punished, but illness is something which must, if possible, be cured. The idea of punishment is very deeply embedded in our culture and we have great difficulty in getting away from it. The sinner was to be beaten and ostracized, but the one who was ill was to receive an over-abundance of attention, effort, care, and support until his illness was overcome.

We know today that you cannot cure illness with mistreatment, and neither can you cure wrong-doing with mistreatment. Both require good treatment, and an abundance of attention, care, and support. Both are deplorable and should be prevented in the first place, and in a moral world they will become the exception rather than the rule. When they do appear the symptoms will be much milder and more easily cured.

We know that punishment is bad because it is an external force brought to bear upon the individual, and because in the last analysis a person can only punish himself. Brutality and callousness, which are always immoral
only focus the offender's attention upon us, and he can wonder whether his conduct was in fact worse than ours. In this way the consequences of his own actions are masked or hidden. We give him the chance to "pay the penalty," to feel sorry for himself, and there is no motive or moral force save the negative one of fear to prevent him from becoming an offender the second time. We also give him a chance to rationalize his conduct, but the chief flaw in all of this is that his attention is not held to a consideration of the consequences of his actions to himself and to others.

On the other hand, when a person is forcefully aware of the bad consequences of his activity his anguish may be really terrible, and he needs in this crisis a great deal of support and attention from others. For example, a young student nurse dropped a newborn baby in the delivery room and was told brutally and forcefully to go to her room since she had probably killed the child. Hours later, when she was finally remembered, she was found dead from strangulation. She had killed herself, finding the consequences of an accident too intolerable to support life. What she needed in this crisis was exceeding watchfulness and care from those who had her interests at heart. Zacharius is a milder example of
self-condemnation. 19 Judas is another who when the consequences of his action were driven forcefully home first tried to undo, and then, when he found this impossible, killed himself. 20 Jesus did not curse him, you will remember, but only showed him affection and asked why he had come. 21 Peter is another, who after the denials, went off by himself and wept bitterly. 22 Undoubtedly, there are many other cases which might be cited.

As if this were not evidence enough for the fact that we need not brutalize ourselves and bring outside suffering to bear upon individuals, we could bring in evidence from the psychiatrist's files to show that many persons cannot find the courage to bear this self-imposed suffering, but instead of committing suicide, they will develop all manner of physical and mental illnesses as partial punishment for their "crimes," and to lessen or turn away the full force of the agony which otherwise would descend upon them.

When we change our attitudes toward wrong doing we may find it possible to rescue many of these unfortunate

20 The Bible - King James Version, Matthew XXVII, 5.
21 The Bible - King James Version, Matthew XXVI, 50
persons. Above all, however, we want to help each other avoid the sort of action, or lack of action, which must lead to self-condemnation and its attendant suffering, just as we now try to help each other avoid physical ills or accidents and the inconvenience and pain which they cause.

One of the tested and moral ways of avoiding actions which lead inevitably to self-condemnation is to be intelligent before we act by pausing first to reflect and to try to foresee consequences. It is necessary to remember too that we are by no means always required to choose between an "evil" and a "good." Instead we often find it necessary to choose between conflicting "goods." The story is told of two little boys who were good friends. One day Terry said, "Jimmy you are my friend. When you get sick I will come and see you." Not long afterwards, Jimmy did get sick. He had chickenpox. As soon as Terry heard he demanded that his mother take him to see his sick friend. Both parents tried to explain that Jimmy had a disease which was "catching," but their son only looked at them with uncomprehending eyes and kept repeating, "But I promised!" Here certainly were two "goods" conflicting. Should the parents protect the boy's health and force him to break his promise? In the end, they decided that the consequences of breaking a promise were
more terrible than the chance of becoming ill. So taking all possible precautions they allowed him to go. Terry's bright face appeared at the threshold of Jimmy's room and his childish voice announced, "Jimmy, I came to see you like I promised," -- and then he agreed to be led away back to his own home.

We cannot take the easy way (but in the long run the most costly) and say, "These things have always been and will be." We must instead take the harder way (but far less costly) and say, "These things have always been, but need not be. Today we do not refuse to try to treat sickness because we cannot cure every case, or because some of us will not be convinced that health is important. Neither do we refuse to try to prevent illness and to promote health, just because we are not always successful or because we cannot obtain our objective of health for everyone at once.

Neither do we deceive ourselves into thinking that if we spend all of our time treating symptoms of illness, the causes will magically disappear. In the field of health we consider hospitals, clinics, doctors, and nurses to be unnecessary evils which we hope to do away with in the future when our descendants will have a degree of health which we can only dream of and work toward.

It is important, therefore, that we not underestimate
our capacity for moral growth and development just because we cannot attain it overnight or because some of us are not convinced that it is important and attainable for all people. Perhaps we have been spending too much time treating the symptoms of moral ill health, and have been overlooking or ignoring the causes. Perhaps our expensive cathedrals and prayer books, our incense and rituals, are merely unnecessary evils established in a fruitless effort to bring into being a greater morality, while ignoring the causes of our widespread immorality. Perhaps they are palliative measures and opiates to mitigate the agony which our moral ill health would bring down upon us. But opiates will not save us from the cancer of immorality! Perhaps God still despises our feasts, our songs, and our formal gatherings of worship, as the prophet said of old,²³ and demands of us still that we get busy and portray in our actions a greater morality than has yet been seen among men. "To do justly" and "to love mercy" are impossible if we do not do the best we know, and if before the doing we do not study the particular situation carefully, -- use intelligence and try to foresee the consequences of our contemplated actions. Of course, we will make mistakes, and sometimes

²³The Bible - King James Version - Isaiah I; 11-17.
it will be necessary to act fast and think afterwards, but these facts do not excuse us from using intelligence, imagination, sensitivity, and the effort to foresee what our actions may lead to, whenever we can, -- which will prove to be most of the time.

We want to avoid the tendency to hang on to professions and institutions after their usefulness is gone. Individuals die, but institutions seem to be immortal, -- and sometimes this is the worse for us! Like the Chambered Nautilus we have outgrown them, and their influence is cramping and painful. On the other hand, sometimes institutions change, are altered or even abolished, but the people don't change. Dewey says,

Actual social change is never so great as is apparent change. Ways of belief, of expectation, of judgment and attendant emotional dispositions of like and dislike, are not easily modified after they have once taken shape. Political and legal institutions may be altered, even abolished; but the bulk of popular thought which has been shaped to their pattern persists.24

It has been said, perhaps with some truth, that the group which would most protest the granting of complete racial equality is the group which is now working hardest to treat the symptoms of racial inequality. We need to be aware of these tendencies, for we know that when

money and effort have been involved we hate to have the reason for it disappear, even when our work was ostensibly toward the attainment of that ideal.

We cannot look out upon our world, or inward upon ourselves, without discovering many symptoms of moral illness. Do we really believe that we can do nothing,—and give as our reason that we cannot do everything? Look at the prisons, courts, hospitals, orphanages, detention homes, slums, mental and feebleminded institutions, unjust laws, broken homes, unhappy children and adults, perversions of all kinds, empty and souless amusements, mad scramble after possessions, bad manners, lack of spontaneity and happiness, sterility and superficiality of human intercourse, pride, lust, brutality, indifference, fear superstition, prejudice, and the billion or more unnecessary MISTAKES made! How can we cut down this MARGIN OF ERROR? We believe, surely that we can do something! Our efforts will not be successful overnight. It will be hard work. We will make mistakes and some of them will be costly, but not nearly so costly as this program of studied indifference and neglect, this fatalistic attitude which declares we can do nothing. Moral illness is not "God's will," not due to "original sin," and not just "in the fabric of things." How shall we go to work on these moral problems intelli-
gently? Perhaps medicine can give us some hints. How does the great physician work? What tools does he use? How valuable are the use of intelligence, the scientific method, and the democratic way of life to him?

When the physician is called to examine a patient he doesn't make up his mind on the way there that the patient has bronchitis, and when he arrives at the bedside announce, "Now, Mr. ______, all you have is a good case of bronchitis. I worked that out in my head on the way over here! Just take this tablet every two hours and this liquid medicine on alternate hours, and you will soon be well. I could have sent the remedies over in a taxi, but I thought I'd drop in and give you some moral or spiritual support." This may seem amusing, or even ridiculous, to the reader, but perhaps our ideas and remedies in the realm of the moral ills are even funnier.

What does our great physician do? Well, first he will try to get some coherent information about the patient from the one who telephone's his office. This conversation will provide some leads for him to go on. At this point he may be almost certain of what he will find wrong with the patient when he arrives at the bedside, but this does not prevent him from taking along a thermometer, blood pressure apparatus, a stethoscope, and
many other possibly useful tools to aid him. If the case is not too urgent he may even snatch a few moments to read up on some new evidence or treatment which he thinks he might need if further evidence supports his tentative diagnosis. When he arrives, he listens to Mr._____'s subjective symptoms while he examines him objectively. Mr. _____ can be of some help, but no good physician would base his diagnosis and treatment on what the patient alone can tell him. Why? Because the patient's discomfort may be due to what is known as a "referred pain," which simply means that the patient feels the pain in a part of the body which is not causing the trouble. Then too, the person who is sick may put into his account too much imagination, exaggeration, or false interpretation. The doctor would not think of depending upon the objective symptoms alone, either because there may be trouble which evades this evidence also. At last the patient's tale of woe is ended, and the doctor's tools are replaced in his bag. The voices are silent, the busy hands are quiet, and a pause occurs. Above the physician's eyes appears a little frown and we know he is reviewing the symptoms, or evidence in his mind, and seeking new clues. Suddenly he says, "What we need is a blood count." He suspects, but he cannot know without this laboratory test whether or not the patient has anemia.
This has perhaps gone far enough for us to see that the field of medicine makes use of intelligence, and of every good instrument which science can offer to help it in its work of curing illness. Is there any good reason why we cannot make use of these tools in the moral field?

The great physician permits no artificial barrier to separate him from his patient. And who is his patient? Why any human being who is ill, -- regardless of creed, class, race, nationality, intelligence, -- good or bad, rich or poor, degraded or exalted, saint or sinner, black or white, laborer or captain of industry, criminal or priest, -- it is all one and the same to him. And the best he has to offer is the least that any patient can command!

Any great physician, like the rest of us, hates to have his work undone, and to guard his patient's health may move outside the realm of medicine and tamper with politics, social customs, international affairs, etc. How war fills him full to the brim with bitterness and loathing, because it makes his work done in vain! And from war he turns his flashing eyes to the small matter of four flights of tenement steps and wrathfully declares that his cardiac patient can't climb that!

Your great physician is democratically and internationally minded. It is simply impossible for him to be
otherwise. This does not mean that he has ever brought these moral ideas or implications of his work, into the level of consciousness, but whether he has or not, his activity forces him in this direction.

We are still pretty busily engaged in treating the symptoms of individual social and moral ills, even when we know what the causes are. Why is it that elimination of the origins of our troubles moves ahead so slowly? Perhaps it is because this would sometimes mean sweeping changes in established institutions, and very great changes in our habits of thinking and acting. It would often mean insecurity and conflict, and the upsetting of loved and peaceful routines in personal, social, religious and political life.

Under these conditions, to escape discomfort and pain we often rationalize as follows: "Why not leave well enough alone?" or "What can one person, or even a group of persons, do in a lifetime? Their efforts will be wasted!" We know what needs to be done but we refuse to bring what we know into action because we think, "What is the use?" We forget that when anything starts moving, in any realm, no one can foretell the extent to which it will spread or gain momentum in the process of just moving! Here again our idea of being an inseparable part of the whole which is the Universe will help us to imagine
what would happen if movement starts in just one individual unit of the whole. It is simply bound to move and spread and perhaps go on forever. Many scientific facts will bear this out, and there are examples around us everywhere. All that is necessary is to start, and no one can tell when the end will be. One discovery in any realm of life will sooner or later have far reaching effects or consequences. As examples we might cite the discovery of the germ theory of disease, of radium, of the atomic theory, and of relativity.

A long time ago it was said that "leaven put into three measures of meal would leaven the whole," 25 or "the kingdom of heaven is like unto a grain of mustard seed which a man took and sowed in his field, which indeed is less than all seeds, but when it is grown, it is greater than the herbs, and becometh a tree, so that the birds of the heaven come and lodge in the branches thereof." 26 And who can doubt the power of an IDEA to spread and gather increasing momentum until it becomes a mighty force which changes the world? To stop an idea man is as impotent as though he sought to hold back the incoming rush of a mighty sea with his hands!


26 The Bible - King James Version - Matthew XIII, 31, 32.
There is nothing so dangerous to peace, security, and stability as a new idea. For example, look how the idea of Democracy has spread and grown since its inception and who can say when its movement will stop changing and transforming the individual and his world? Bode says,

The whole drift of things has been toward the interpretation of the right to life, liberty, and the pursuit of happiness in the sense that we are members one of another, with a common interest in the cultivation of a common life. No one, not even the humblest citizen, is to serve simply as a hewer of wood and a drawer of water; but everyone is to be recognized as a member of a great brotherhood, and to share in the opportunities, the achievements, and the aspirations which are our common possession. There are to be no peasants, no serfs, as there are no hereditary privileges and titles, because each citizen is to rise to the full stature of his spiritual manhood even as a son in his father’s house.27

At first the citizen in a democracy was to have political rights, and then he was to have economic rights such as a good job and salary, a decent home, adequate medical care, a good education, freedom from the fear of unemployment, old age, and so on. Who can say where all of this will end? So powerful are ideas when they get into the realm of action that one would wonder whether it was necessary to do anything but get the idea rolling. However, there are dangers. Bode suggests that

All great ideals are exposed to the danger of strangulation by the very institutions and practices which they themselves have created. In the course of time these institutions and practices tend to impose themselves as ends instead of means, and they begin to demand a blind, half-superstitious reverence. 28

Therefore, ideals and ideas, -- and especially those which are moral and which have been defined as any ideas whatsoever which make behavior better than it would otherwise be, -- give us work to do, because they grow and spread and develop, and cannot be captured and held any more than light can. And if we do not watch out we will be caught napping, or battling futilely, to prevent their growth. They will not stay the same any more than the newborn child will remain always a baby, or the one fertilized cell always remain a single cell. This is a living world, not a dead or static one, and nothing is perhaps more alive than a moral idea. Nothing is so subject to change, to the pushing back of barriers, to the opening of new doors!

We might suggest then that the time is dawning, or now is, when men will no longer peacefully, or rebelliously endure personal, moral, or social illness. As we have moved from curative medicine to preventive medicine, and

then on to a program of actively promoting physical health, so we will move from curative and palliative measures in the social and moral scene to a program of prevention, and finally on to the task of promoting social and moral health.

As we have gradually become ashamed of ill health physically, especially when we can trace it directly to our own mistakes or knowledgeable sinning, so we will become ashamed of our social and moral ills which are the result of our collective mistakes and of our refusal to live and to do the best we know. And as we have discovered that sometimes physical illness cannot be cleared up without a change in mental or emotional attitudes, so we will probably discover that many moral ills cannot be overcome until there is an improvement in the emotional, mental, and spiritual health of the societal group.

In working on these problems we will probably make fewer blunders if we find out causes, examine methods, observe consequences, and make use of all available knowledge, skills, and tools to aid us, -- in other words if we put intelligence to work, -- than if we depend upon authority, superstition, or emotion to guide us. We will realize that as the whole (of which we are as individuals inseparable parts) grows and develops it will get too big for old ideas, values, institutions, and tools, -- just
as a growing youngster continually outgrows his clothes. The young person's parents are both dismayed and proud of his transformation, -- dismayed because it causes them inconvenience and keeps them "humping," -- proud because nothing would distress them more than lack of growth. It is a little surprising, surely, that we continually try to seek security and prevent change, when nothing is so evident in all the life about us, and within us, as this transformation which we speak of as change!

At this point we might suggest that morality includes any action whatsoever which makes not only behavior, but health, values, attitudes, friendship, love, intuition, and the social and physical environment better than they would otherwise be. And if action is not to be blind, or to proceed haltingly by trial and error, it will have to be guided by the use of intelligence which is concerned deeply with the foreseeing of consequences and with the best way to act in each particular situation. In discovering the best way to act, the scientific method will be very valuable, and in foreseeing consequences of action a high degree of sensitivity and imagination are indispensable.

We might ask why we should be so concerned about "foreseeing consequences" of any contemplated activity or inactivity. We might suggest that this is the only
way to bring intelligence into the picture, and that the moment intelligence occupies the center of the stage we are prevented from acting blindly. To put intelligence to work is the only way to be sure that we are in fact accomplishing what we wish to accomplish, that we aren't defeating our purposes and ideals, that we aren't acting immorally or callously. It is the only way we can discover whether our good intentions are good for anything or for anybody, -- even ourselves!

Foreseeing consequences is the only way we can control present experiencing as well as future experiencing, it is really the only way one can lay hold of the future, or help to decide what it will be.

One forecasts consequences because the minute he becomes reflective the future is embedded in the present. 29

There will be plenty of room for love and intuition to grow, expand, and perfect themselves within the democratic way of life which proclaims in the last analysis the brotherhood and the likeness and unity of men and women everywhere. As the ideal of democracy grows and bears increasing fruits, anything which harms another will be intolerable.

If one points out that intelligence is cold and unglamorous and what we need is love, we can only suggest

29 Hullfish, H. Gordon, -- Lecture Notes, 617 Education.
that without intelligence it has been shown that love and
tuition often lead men astray, and that anyone wants
his love and intuition to grow by the use of intelligence.
If we really stop and think about it, we soon discover
that we do not care very much for anything which cannot
be preceded by the word intelligent -- intelligent par-
ents, intelligent teachers, intelligent priests and min-
isters, intelligent doctors, intelligent politicians,
intelligent lovers and friends! What we really mean when
we say this is that we are not satisfied with love or
intuition alone, and greatly desire that they be supported
and directed by intelligence.

Sometimes the refusal to make use of intelligence
actually inhibits love. One poet writes about race
prejudice as follows:

Little mouse,
Are you some rat's little child?
I won't love you if you are.

In all racial superiority programs intelligence is not
allowed to operate freely. Because of this we narrow
our love and understanding to one race, or even to one
small group within a race. Without intelligence even
love and intuition are crippled. Friendships are lim-
ited, and life is not as joyous as it might otherwise be.

We discover that morality cannot be mere conformity
to convention; that it is not enough to blindly or
unthinkingly follow any external authority, or even one's own desires; that self-satisfaction is no directive to what to do in a situation; that intuition or love alone are not sure guides unless directed by intelligence; that one can never be moral when he is insensitive or callous toward others upon whom his action impinges; that one cannot be moral in any situation unless intelligence is brought to bear upon it, a best solution sought, and consequences considered. We find that one cannot become moral by subscribing to a set of virtues and then applying these virtues indiscriminately to particular situations. In fact, virtues used as "ends" in themselves and not simply as tools to help us solve particular problems, may become potent forces for evil and lead one to engage in positively immoral behavior. When we misuse the virtues as "ends" or "ultimates" we are following the old fallacy of "right for right's sake" about which Otto says,

We must, therefore, resist the appeal of formal morality, of the doctrine of right for right's sake, even when, as is sometimes the case, it is presented by men of lofty motives and has its roots deep in the hearts of mankind. We must free ourselves from this morality not because it is immoral or ignoble, but because it is a tragic mistake which inevitably leads to the selfish exploitation of the many by the few. Duty for duty's sake is a noble concept, but in practice it means blind obedience to a program outlined by someone else who is not so blind and may not be so noble. Right
for right's sake is a noble concept, but concretely it turns out to be right for somebody's might's sake. Let it be recognized that there is no categorical and no formal imperative; that every duty is conditional and concrete; that morality must justify itself experimentally in terms of human welfare.30

We discover that (1) morality is developed, or grows through genuine moral experiencing; (2) morality is not something to which one subscribes and then magically becomes; (3) how moral one is, is a matter of degree; (4) every situation is an opportunity to act in a moral, immoral, or unmoral way; (5) genuine morality is won in a battle which engages one throughout life; and (6) one's true moral stature is inevitably portrayed in his daily performance on the stage of life. The single moral principle which can be used in particular instances is "that of discovering in each situation what is the intelligent thing to do."31

The so-called virtues cannot be used as blanket solutions in the solving of particular and varied problems. It is not moral to always be honest, truthful, faithful, generous, kind, unselfish, and so on. One may decide in his attempt to discover the intelligent thing to do in a particular situation that unselfishness in

31 Hullfish, H. Gordon, "Conference."
this instance would breed or permit selfishness in others, or that kindness would be a positive disservice to the other person, etc.

If in the moral realm we are not going to use pre-determined answers or ready made solutions then, to a degree, our activity is going to seem inconsistent and unpredictable to the observer. We will not be able to say ahead of time how we will act in any experience. We cannot really know until the adventure is upon us what "the intelligent thing to do" will be. It has been recorded that a leader of one of the Protestant denominations once had a young child put to death for laughing on the Sabbath. We shudder at this today, but in the eyes of the leader, any person who broke one of the ten commandments became at once a sinner, -- and sinners were outside the range of human sympathy and could be dealt with as harshly as one saw fit to deal with them. Here virtues were in conflict: on the one hand keeping the Sabbath holy; and on the other hand, loving one's fellowmen, and not committing murder. One wonders too how this Christian leader managed to overlook the harsh words of Jesus pertaining to the judgment which would be visited upon those who were callous toward children! We suppose that He must have thought that Jesus only had in mind "good children," and that a "bad child" was no longer
entitled to humane consideration. If one looks through the gospels he finds many values in conflict, and he also discovers that the leader of Christianity got into trouble with the good people of his day over them. For example: the healing of the paralytic on the Sabbath. Here there was conflict between keeping the Sabbath holy, and relieving a human being's misery. They were both "goods" but when the intelligent choice was made, then the discarded "good" -- keeping the Sabbath holy -- became the evil of that particular situation. Dewey says,

morals have to do with all activity into which alternative possibilities enter. For wherever they enter a difference between better and worse arises. Reflection upon action means uncertainty and consequent need of decision as to which course is better. The better is the good.... The worse or evil is a rejected good. Until it is rejected it is a competing good. After rejection, it figures not as a lesser good, but as the bad of that situation.32

In the stoning of the woman taken in adultery, there had to be a choice between adultery and murder, both of which are forbidden. In eating and consorting with sinners and publicans, you had the conflicting values of keeping sinners outside the congregation of the righteous, or of being accused of agreeing to their wickedness. You had to choose between a God concerned with all people, or a God concerned with only the "good" people.

We discover that a person is forced in his daily experiencing to give expression to his moral values. Verbal subscription to high sounding moral principles and to "good intentions" never advance one morally and unless they are brought over into his daily acting, and the only way to bring them safely over is to bring intelligence into the picture. If intelligence is left out, the consequences of a person's actions to himself and to others may constitute a terrible and irrefutable proof that he did not subscribe to moral principles and that his intentions were not good. In the process of daily acting or experiencing, a person may in fact destroy from the face of the earth the very things he thought he stood so firmly for! Good intentions and high moral principles say in fact to the person who subscribes to them, "Either you are for us or against us in everything that you do."

We begin to see that some values cannot be sacrificed to uphold others. For example, one cannot be callous to another person because he has done wrong; and one cannot in the pursuit of one good trample under foot a greater good. The extent to which many values are conserved in the individual and in the social group is one measure of its moral effectiveness, for morality should provide for the development and growth of every
individual, as well as for the social group. Whenever some values are always repressed and others are always emphasized -- immorality prevails.

We have suggested that mental, emotional, spiritual, or physical ill health could in some instances be a handicap to the living of a moral life.

We have found that it is absolutely essential that one maintain a critical attitude toward oneself, one's group, and one's institutions. Any evidence of callousness toward individuals evidenced by self, group or institution must be fought, and anything which makes the behavior of any of these worse must be changed.

We know now that there is a very important difference between moral ideas and ideas about morality.

Moral ideas are ideas of any sort whatsoever which take effect in conduct and improve it, make it better than it otherwise would be. Similarly, one may say, immoral ideas are ideas of whatever sort ... which show themselves in making behavior worse than it would otherwise be; and non-moral ideas, one may say, are such ideas and pieces of information as leave conduct uninfluenced for either the better or the worse. Now 'ideas about morality' may be morally indifferent or immoral or moral. There is nothing in the nature of ideas about morality, of information about honesty or purity or kindness which automatically transmutes such ideas into good character or good conduct.33

CHAPTER III

THE MORAL PROBLEM CONFRONTING THE NURSING PROFESSION TODAY

"I think one's feelings waste themselves in words; they ought to be distilled into actions which bring results."

-- Florence Nightingale

THE MORAL PROBLEM CONFRONTING THE NURSING PROFESSION TODAY

Nursing did not begin to be a profession until it came under the leadership and influence of Florence Nightingale in the Nineteenth Century.

The concept of nursing as an economic independent and secular vocation, an art requiring intelligence, technical skill, as well as devotion and moral purpose; was developed first by Florence Nightingale.

Nurses in the early Nineteenth Century had much practical experience in looking after the sick, but they had no concept of scientific medicine and no social standing or responsibility. 34

This ideal of nursing as a profession grew and spread to other parts of the world as the graduates of the Nightingale School carried forward the ideas of the founder wherever their work took them.

From the earliest times religion has been a dominating motive in nursing. Even as late as 1936, a question on one of the State Board examinations in Ohio was, "Why is religion important in the life of the nurse?" After the beginning of the Christian era groups of men and women became organized to care for the sick and needy. It is suggested that the reason for this was the ideals of brotherhood, service, charity, and self-sacrifice which

were stressed by the early Christian church. Later, "nursing of the poor became a popular way of atoning for sin." 35

There is little evidence that there existed any organized group of women nurses before the Christian era. However, with the beginning of this period a new spirit began to develop. The ideals of brotherhood and service, charity and self-sacrifice were preached by the early Christian church. Thus groups of workers whose main function was to care for the sick and needy developed, and became organized as deacons and deaconesses. ... Nursing as a function of the church and linked up to this old ascetic idea prevailed until after the development of professional nursing as a secular activity. 36

Nursing was considered to be a "calling" and through renunciation of the world and self-sacrifice, the good nurse obtained an almost certain passport to heaven. The good nurse really gave much of her life to her patients. The work was dangerous, hard, often unpleasant, and left little time for the development of other interests. It cannot be denied that even up to the present the self-sacrificial attitude of the good nurse has been prostituted and utilized to promote the ends of individuals and institutions who had selfish aims in mind. Self-sacrifice can be seen to be immoral in these instances on the part of the nurse, because she unthinkingly helped to promote

the selfish aims of others, instead of being an obstacle in their path.

In some quarters today it is still thought to be unnecessary to provide adequate health protection, adequate salaries, reasonable hours, or healthful recreations. We have discovered that in some instances even today the doctor thinks nothing of sacrificing or endangering the health of the student nurse, if by so doing, he can keep secret the diagnosis of an "upper-class" patient. In other words, he chooses between "goods" -- the reputation of his patient, and the health of a young student. Would you say his choice was a moral one?

As time went on practically all of the nursing of the sick and needy was turned over to religious groups. As the emphasis of the church became increasingly heavy on salvation of the soul, and rejection of the body, -- or rather as it emphasized the future rather than the present life, nursing care showed a decided slump. The nursing orders were under the control of the priests and they interfered with the care of the patients by requiring the nurses, both men and women, to spend more time praying for the souls of the patients and less time in caring for their bodies. This meant that while the trained workers were spending hours over their prayers, the care of the patients was left in the hands of the ignorant and
the result was a lowering of the quality of the care given to the sick.

It is interesting to discover that the patient is hardly mentioned at all down through the history of nursing until we come to Florence Nightingale's "Notes on Nursing." This does not mean that he wasn't there, but only that he was the passive object which made the good works and contributions to charity possible. He was probably given the best care available at the time; but, in any case, he undoubtedly was expected to be grateful for whatever care was forthcoming. Only twice is his voice heard in feeble and humble protest -- first, when his physical care was neglected that his soul might be prayed for more adequately; and second, when nursing became a popular way of atoning for sin, and the completely unskilled descended upon him determined to give him some kind of care, by golly! We know that he was sick and that he was poor, and the poor had little to say about anything.

During the Crusades military nursing orders were established and these orders introduced into the field harshness, unthinking obedience to orders, deference to superiors, and class and rank.

From the great need of nurses to care for the sick and wounded during the Crusades, were derived those units of soldier nurses or Knights Hospitallers who nursed the sick only during intervals when they were not busy fighting. ...
With the advent of the military order, a harsher element entered nursing. ... Emphasis was now placed on rank, and on deference to superior officers. 37

In these military orders all beginners learned the rudiments of nursing together, but after this those from the upper classes of society always became the superior officers, and those from the lower classes always found it impossible to rise beyond a certain rank, regardless of ability or effort. Even today some remnants of this past heritage remain, and an interesting study could be made to determine the amount of "class and caste" within the nursing field at the present time.

The Protestant revolt, or the Reformation, and the growth of cities led to other changes in nursing. In areas such as England and parts of Germany where Protestantism was dominant, Catholic religious orders were plundered and suppressed. There were no Protestant religious orders to take their place. To make matters worse the growth of cities, and the resultant crowding of people into small areas greatly aggravated the number of cases of illness. Municipal hospitals were built and controlled by officials who had little or no humanitarian or religious interest in caring for the sick poor. Nurses were taken from the lower strata of society, were very

poorly paid and worked under intolerable conditions.

The status of nursing, already affected by the Renaissance, the Protestant Revolt, and the position of women, lost ground still further through decline of interest in monastic life. The suppression of monasteries by Martin Luther and Henry VIII brought on a period of rapid deterioration. As city hospitals came into existence, there was available no longer the unselfish devotion of religious orders, but the paid service of secular women. Control of nursing passed into the hands of men with civil appointments. Lower-class women who did the work were accused of drunkenness, heartlessness, and immorality.38

The public was not yet ready or educated to the idea of paying for care during illness. Even today large numbers of patients are cared for without charge. The cost of their care is distributed among the group at large and falls rather heavily upon the patients who can afford to pay.

A change was apparent now in the organization of hospital service. What had been for so many centuries gratuitous was changing over slowly and grudgingly to a paid service. The public would take painful centuries to adjust to the idea of paying money for care during illness, and to restore vocational desirability to nursing, inevitably a pivotal hospital function.39

If all ill persons had money or insurance to pay in full for their care during illness, the cost of medical and of hospital care could be greatly lowered, provided,


39 Ibid., p. 292.
of course, that this money did not all go into the private pockets of the doctors and the coffers of the hospitals. This may seem a little harsh, but it is a danger which should be watched as the number of patients who can afford to pay for care during illness is increased. Today charity patients very often receive expert care, and the hospitals are beautifully constructed and well run. However, there is the tendency which sometimes becomes very pronounced to consider the charity patient as a human guinea pig. No matter how beneficial the results of the ensuing experimentation are to the world at large, it is intolerable morally to consider any human being as something which may be experimented upon at will.

During this past war it was interesting to note that many charity hospitals had to close ward after ward because the beds were unused. Those who would have been charity patients and were, during the depression of the 1930’s, could now pay for their care, and entered hospitals caring for “paying patients.” Down through the centuries the majority of the world’s ill people have had to submit to whatever care was available for them. Today we look toward a world where the patient will be able to pay for all medical and nursing care; where he will be very much aware of his rights; and where he will demand the best that both fields have to offer. In some cases he may
even refuse to accept certain forms of treatment, -- and more surprising still, he may be right! At first this will be a difficult situation for the doctors and nurses who are caring for him. To have the docile patient become aware of his right to have a say in what goes on will be very trying and exasperating, but in time he will learn not to question everything, and to be more democratic and reasonable in his demands, and more intelligent about his requests and refusals. He will also learn to accept more responsibility for his own health and to be a little ashamed of ill health when it is something he might have prevented with a little effort and thought. In other words, we look toward the day when hospitals will become more democratic in outlook and in action.

The whole system of "care for the sick" has been very autocratic. For example, the doctor breathes his order which is written down in awed silence by the supervisor; the supervisor relays the order to the student or graduate caring for the patient, the graduate or student moves in upon the patient, and he submits. There was a time when the nurse was not privileged to know what medication was being given, and today the patient is still not supposed to know. Perhaps there are good reasons for this conspiracy of silence, but in a democratic society even patients will not long submit to treatments, medications,
etc. without ever knowing why. They will refuse to accept unquestioningly the authority of the doctor, the hospital, or the nurse, and will want to know as much as they can about what goes on. They will have something to say about their own care, and sometimes their contributions may be valuable. We will no longer be able to silence them by announcing that everything we do is for their own good. We may expect them to demand some sort of proof!

It is true that this independence on the part of the patients will cause some mistakes to occur, but the evils which it will overcome will be far greater. We have always suggested that the doctor and the nurse must also be teachers of health, but more teaching will actually occur, and more learning too on the part of patient, doctor, and nurse, when the patient continues to think even during illness and begins to be most troublesome with his WHY, WHY, WHY?

There is evidence today that the patient is beginning to be troublesome with his intense curiosity about what is being done for him and for all of the other patients on the floor, and by his demands for more and more intelligent answers backed by better and better proof! Relatives are often even more difficult and take up hours of time. Both groups often hand in unjust complaints, or misinterpret what is done, but as they become better educated along lines
of medicine and nursing they will make fewer errors. Nurses are finding it increasingly necessary to understand why things are done or not done, for they cannot always refer the patient back to the doctor for all the answers! One reason is that the patient believes the nurse is "stalling" and his contempt is hard to take.

There is evidence, also, that the nurse, both student and graduate, increasingly questions everything and refuses to follow orders blindly. She awoke with a jolt one day when the Courts ruled that if she blindly carried out a doctor's order to the harm of the patient, SHE was responsible and not the doctor. In other words, in the eyes of the law she has to make use of intelligence in carrying out any orders and can not depend for security on blind faith in the physician. The doctor under these conditions finds it increasingly necessary to keep up with research in the field of medicine and to find better and better answers and more and more reliable proof to back them up. If he attempts to make use of treatments or medications which are not as good as more recent ones, he comes in for questioning, and even for contempt from the patient and the nurse!

As all of the people learn more about preventive medicine cases of preventable disease will be less and less tolerated. It would be unthinkable for a city such as
Columbus to have an epidemic of diphtheria as this city is having in the enlightened year of 1946 without such an outcry from doctors, nurses, teachers, and parents that nothing could silence it except work to ensure that it never happened again.

Even today some doctors are made to feel ashamed, and parents are less and less excused for ignorance. For example, one morning the hospital superintendent looks up from her desk to discover a parent standing helplessly in the doorway holding a dying child in his arms. With grim dismay the superintendent moves to the nearby switchboard and issues swift orders — isolation room prepared; oxygen tank; intubation and tracheotomy trays brought down from surgery at once; and the immediate presence of the doctor specializing in eye, ear, nose, and throat who happens, thank God, to be in surgery at the moment; a graduate to "special" the child at once; a call to the health department and a taxi to bring the diphtheria antitoxin; the Laboratory technician to be ready for immediate throat cultures, etc., etc. Within twenty minutes the child is breathing easily again through a tracheotomy tube, the antitoxin has been administered, the throat cultures have been taken, and the half dozen nurses and doctors, including the aesthetist begin to leave the room. Soon only the specialist who performed the tracheotomy and the special
nurse are left. The child looks on with wondering eyes, and out in the hall the parents look first enormously relieved and then start to cry as the good news reaches them. But a little later they are not so happy when the surgeon gives them a little lecture on how to properly immunize a child against a preventable disease such as diphtheria and when he indignantly wants to know who the family physician is! When the family physician finally arrives on the scene he is unhappy, too, because his excuses for not seeing that the child was properly immunized sound weak even to his own ears.

In the meantime the surgeon gives most of his time for forty-eight hours to this one small child, putting off operations and appointments which can wait. Three graduate nurses, all of whom have had much experience in caring for this special type of surgical case, watch the child with unsleeping eyes; and out on the floor other nurses watch constantly for a bell ringing from the isolation room for, of course, the child cannot be left alone for even half a minute since it might be fatal. Anything which his graduate nurses require from the floor, (medicines, treatment equipment, diet, fresh linens, etc.) must be taken care of by other nurses. And it is all of two weeks before the child is out of danger, and another two to four weeks before anyone can be sure that he will not die of a heart
complication after all!

The whole situation is bitter as aloe in the mouths of those who care for him because it was all so unnecessary! The superintendent recalls again the recent fight to obtain just one public health nurse for a town of fifty thousand, and remembers that there aren't any school nurses at all, nor a public health department worthy of the name for miles around! She then calls the doctor in charge of the health department in a nearby town and talks over the problem with her. They discuss what they can do about it, and finally work out a plan whereby immunization for diphtheria can begin to reach the pre-school age group. She then calls the local newspaper editor and asks for space to print an article pertaining to diphtheria and its prevention.

Later she arranges a meeting of the faculty and they discuss the best way to make use of this case for teaching purposes. Anything which will help stress the PREVENTIVE aspects is eagerly sought. Students and graduates are asked to think over what they might do to help in the prevention of this disease. Later they share their contributions and it is discovered that some of them have written home urging their parents to have younger brothers or sisters immunized, that others have talked it over with friends in other fields of work who were most interested,
and that some have thoroughly educated their boy friends! Others have written to aunts or uncles who were teachers telling them all about prevention. Other relatives informed were found to be in all areas of human endeavor from unskilled labor to a few ministers and members of school boards! Some relatives wrote back for more information, and others even descended upon the hospital and nurses' home in their effort to discover what they could do! The supervisors decided that some of the convalescent patients, and others whose minds were too much immersed in themselves, might find the problem interesting and so the knowledge spread. The patients so interested were delighted with their new knowledge and eager to display it for the benefit of their visitors and relatives. The relatives went home much pleased with the whole situation and reported over the telephone what they had heard to their friends. And so it went on, and no one can tell the end thereof.

Needless to say this case of diphtheria was utilized to bring home to all, the cause, nursing care, treatment, complications, etc., as well as the preventive aspects, but ever it all stood prevention! Cure was fine, but prevention was a thousand times better. The nurse needed to know both thoroughly. Moral problems arose. For example: Should parents be allowed to prevent the immunization of
their children? Who should provide the money for the immunization program? Who was morally responsible for the case of diphtheria in the hospital? If the child had died, who would have been responsible for the fact that he had died of a preventable disease? Was this any less wicked than outright murder? Who was responsible for the child’s suffering? Was it the will of God? If the child had died, would that have been God’s will, or due to the fact “that his time had come?” Had the parents or the family doctor done anything wrong? Could anyone say that their intentions were not of the best? The parents loved the child deeply. Didn’t this excuse them for not having him immunized against a dreadful disease? Did the community have any responsibility as a social group? If the child recovered, would he be safe from the disease? Did the hospital have any responsibility for seeing that he did not contract the disease again later and die of it? Is one being moral when he simply treats the symptoms and refuses to do anything about causes even when he realizes what they are what must be done to eradicate them? What responsibility does the medical profession have when hundreds of children still die yearly from diphtheria, and many more from other preventable diseases? What responsibility does the nursing profession have? What responsibility does each individual citizen have?
In the last analysis, it turns out to be a moral question, -- most questions do! It also turns out to be an individual sin, and one cannot escape it by hiding behind the skirts of some organization which has not realized as yet its tremendous moral responsibilities! And one cannot brush off moral responsibilities by a rationalization which says the individual doesn't count, or can't do anything if the group doesn't! He will have to do more than be sorry, or rationalize, -- he will have to FIGHT! He will have to recall that group immorality is impossible without individual immorality! We are really way behind the times if we suppose that either good intentions or ignorance will excuse us! Even the laws, which anyone knows can scarcely claim to be exactly modern, are very clear about the responsibility to be intelligent and about the uselessness of GOOD INTENTIONS when they result in harming or wronging another! For example Schefvel says:

In cases of criminal negligence the element of intent to do anything that might be construed as criminal is entirely wanting. Nevertheless, a nurse may expose herself to charges of criminal negligence when she is acting with the best of intents. What, then constitutes criminal negligence? It has been defined as any act of commission or omission (lawful or unlawful) in which a degree of negligence exists which may inflict a serious wrong upon another. For the safety and protection of others, the wrong inflicted under such a set of circumstances is taken cognizance of by the state and is decreed to be a crime. Criminal negligence not only involves errors of judgment or honest mistakes, but includes all
acts which fail to take into consideration causes and effects which ought to be perceived and recognized by ordinary persons performing similar acts. 40

Surely this clearly brings out that even the courts at the present time do not excuse one from being intelligent, and almost sneer at good intentions which are not followed by good works! Please note that it says, "it has been defined as any act of commission or omission (lawful or unlawful) . . . which may inflict a serious wrong upon another." According to this there are very few people who not only are immoral, but are actual criminals under the law! Today we should face the fact that we live in a society and world which demands a morality of a breadth and scope and depth undreamed of in the past. If we can grow up to it, we will be moral as no other people has been before us, although our morality may still seem to be narrow to our descendants, as the morality of the Middle Ages seems very narrow to us today. We seem to live in a world which if it is to be a better place to live in, must become increasingly moral, and one who would be moral today cannot afford to be ignorant or careless. His good intentions must be transformed into good deeds and, in between the intent and the deed, must occur "the tiny interval that is reflection." For "where there is no room

for reflection, there is none either for justice or prudence. 41

Perhaps the most puzzling and distressing moral dilemma of our times is that the church still tries largely to influence only the "spiritual" part of life, and preparation for "heaven," when before its very eyes such a world is appearing that unless the morality which Jesus stressed, and perhaps an even greater morality than that, is put into action at once in individuals and in social groups we will consign ourselves to "hell" and also our descendants, and lose "heaven" forever. In other words, a heavenly world is upon us, and we are like the virgins who did not fill their lamps with oil and when the bridegroom came and while they went to buy more oil the door was shut against them. We are still waiting for the angel Gabriel to blow his trumpet, although we have given up such ideas as golden harps and stairs, and a king upon a throne! We wait for the heavens to burst asunder to usher in the new heaven and the new earth, but all we need to do is open our eyes! For the new heaven and the new earth are being evolved before us and within us, and we need a greater morality to deal with it. If we are not careful we will be like the man who came to the wedding

---

41 Politics, November, 1945, p. 324.
feast without a wedding garment, and was thrown out and
excluded because his eyes had looked upon a world he was
not worthy to see; or we will be like Isaiah who felt
that he was undone when he saw the Lord and heard the
seraphims cry "the whole earth is full of his glory."42

And so the new heaven and the new earth are coming
upon us after all, and we are about as ready for it as
the Jews and Romans were ready for a Messiah when Jesus
appeared upon the scene two thousand years ago! There is
just as much likelihood, moreover, that we will manage to
destroy this new earth today, as there was a likelihood
that Jesus would be and was destroyed two thousand years
ago. It is a curious and surely a tragic thing to have
our courts demanding a higher brand of morality from all
the people than the church demands from its members!
Something has gone wrong surely! Perhaps it is because
the founder of Christianity stressed moral action in this
life, but his followers could not believe he meant that!
And so all the trouble began, and continues into the
present. Surely his disciples and all of his followers
since have not believed he said, "Even greater things will
you do." It seemed better to ignore it. So they died,
and we, the living are awake during the great tribulation

42 The Bible - King James Version, Chapter VI; 3.
and birth of a new world! And we are about as ready for it as the prophet of Revelation foretold that we would be!

Modern medicine and nursing are slowly but surely awakening to the implications of the new morality. They cannot withstand forever the on slaughts of intelligence, scientific research, and the democratic way of life! In fact they depend to an unlimited extent upon all three. They are the healers, the crusaders of health, and unless they would be false or deceitful prophets they must act the part. "Come unto me all ye who are sick" is what they say, and although many are now turned sorrowfully away, one day no one will be. And the sick are their children, and not only are they interested in how to get them well, but in how they happened to get sick in the first place.

This fact makes them at least potential powerful opponents of anything which endangers the health of their patients. And who are their patients? Why potentially every living person! "They are my children," said Florence Nightingale of all the soldiers in the British army, and from that day forward was no longer merely interested in getting the sick well, but began to force through change after change in the entire life of these men until conditions were far more tolerable. Any one can read the story of what she accomplished. "These are my children," she said, of all sick people everywhere, and looking out upon
the scene discovered that they needed good nurses to care for them, and so the profession of modern nursing began. "These are my children," says the good teacher, and becomes a danger and menace to anything and everything which would hinder their growth and development, or detract from their happiness!

With the appearance of Miss Nightingale upon the scene new ideas were introduced into the nursing field.

The concept of nursing as an economic, independent, and secular vocation, an art requiring intelligence, technical skill as well as devotion and moral purpose, was developed first by Florence Nightingale. 43

The Patient became the new focus of attention. The "Notes on Nursing" cover every aspect of his care as it would be worked out by the good nurse. He is to be kept warm and at the same time have plenty of fresh air; he is to be protected from unnecessary or sudden noise, and from talking and whispering in his hearing; he is not to be required to think or make decisions or be disturbed by visitors who upset him; there is to be color and variety in his surroundings; he is to be encouraged to think new thoughts; he is to have an adequate diet, be kept clean, and his peculiarities indulged; he is to be given as little or as much attention as he desires, and so on. Furthermore, he would have for a nurse one who could safely be

---

entrusted with any confidences. Those in charge of his care are required to be responsible for him twenty-four hours in twenty-four, whether or not they can always be present.

If nurses today were careful to follow Miss Nightingale's suggestions for the care of the patient, it would be unheard of for statements such as the following to be made:

Patients are treated as physiological specimens without mind or sensibility.

A patient is a nuisance which has to be endured. Treatments are given with the kind of mechanical routine which one would use in running a vacuum cleaner over a floor. The notion that a patient is alive, often frightened at his own sudden weakness, possibly worried about things at home, and in need of reassurance, encouragement, and recognition of himself as an individual seems to be completely beyond the understanding of most nurses.44

The nurse also assumed a new importance, not any one would do. For example:

Nurses in the early nineteenth century had much practical experience in looking after the sick, but they had no concept of scientific medicine and no social standing or responsibility. The new medicine needed an assistant who could work scientifically, who could observe and assist intelligently without relinquishing the old qualities of common sense and sympathy with those who suffered. The new nurse needed specialized training, and as the craft grew into a profession, she came to require professional education.45

44 *Politics*, February, 1946, p. 60.
Florence Nightingale startled the world by announcing that,

A woman who takes a sentimental view of nursing (which she calls 'ministering' as if she were an angel) is, of course, worse than useless. A woman possessed with the idea that she is making a sacrifice will never do; and a woman who thinks that any kind of nursing work is 'beneath a nurse' will simply be in the way.46

There were so many things this new nurse must learn if the patient was to be safeguarded and led progressively along the hard road from sickness to health. She even had to learn a new morality. In the "Notes on Nursing" we read the following:

In dwelling upon the vital importance of sound observation, it must never be lost sight of what observation is for. It is not for the sake of piling up miscellaneous information or curious facts, but for the sake of saving life and increasing health and comfort.47

Observation is not an end, as if detection, not cure were its business. Observation is for practical purposes. It is not enough to observe and then do nothing!

How often the attendants of a case have stated that they knew that the patient could not get well under such and such conditions, but have continued to do those things necessary to keep the conditions unchanged. ...48

48 Ibid., p. 125.
sometimes not even taking the trouble to report them to someone who could have them changed! All of this was decidedly immoral, but if nurses and attendants did not then believe it to be so, then they had to learn and practice a new morality!

New opportunities and responsibilities always open the door to new sins as well as to new virtues. Under ordinary conditions "observation" is probably immoral, but in a nursing situation to not observe carefully is a major crime, -- and this is not putting it too strongly! Under ordinary circumstances "forgetting" may be a very minor crime, for example, if Mr. Jones doesn't remember to bring home the loaf of bread for dinner, but "forgetting" in a nursing situation may constitute criminal negligence and cause the nurse to be sentenced in the courts for her crime. If she forgets, for example, to give a patient his insulin, or forgets to notify the dietitian that he did not eat the food sent to him, after his insulin was given!

One might cite numerous examples to show how conduct which is forgiveable and negligible in its evil effects in one instance, may under other circumstances be decidedly wicked or immoral. Carelessness is something for which the ordinary person and child is forgiven over and over again, but the student nurse may learn too late that carelessness may become a serious sin in her profession.
For example, suppose through carelessness she administers the heart stimulant to the wrong patient! Both the patient receiving the medication and the patient who should have received it, but did not, may die! Carelessness in this situation has far-reaching and dreadful consequences, and we shake our heads regretfully if the young lady tells us she is sorry, -- even she can see that this will not be adequate this time! Of what avail are her "good intentions," or her "ideals of service," if she is careless? Or suppose the night nurse "takes a chance" that all of the post-operative patients will be all right, and does not check them carefully every fifteen minutes to a half an hour -- or oftener if the need should arise, and one patient dies of a post-operative hemorrhage! Ordinarily "taking a chance" is not considered to be a crime, but taking chances when a person's life is involved is serious and very immoral!

As the nurse moves through her daily tasks, -- if she is sensitive or imaginative at all, -- she will develop a conscience of such proportions that a person outside the field would be stunned and appalled. What it means to be responsible is driven home with cruel, harsh blows through daily experiencing, and to be irresponsible is to be unfit for one's profession! To love, or to wish to be of service, is not enough. One is required to be intelli-
gent, and to subscribe to and embody new virtues and to avoid new sins! These new sins and virtues are not listed at all in the halls of the childhood Sabbath school. With every new power goes new ways to "fall from grace," and when a man would "serve his fellowmen" he finds it necessary to develop a new conscience and a new morality. Or perhaps we could say that he finds it necessary for his conscience and morality to grow, expand, and transform themselves. One said two thousand years ago, "I am the son of God and the son of man," and then he had the courage and the intelligence to live in terms of the consequences of this declaration. We might believe that when he first said this, he had no idea of its implications, but when he began to live it his daily experiencing taught him all he needed to know, and from the road he had set his feet upon there was no turning back. And so it led him straight to Passion week of which one writer speaks as follows:

The accounts of the Passion show that a divine spirit incarnate, is changed by misfortune, trembles before suffering and death, feels itself, in the depths of its agony, to be cut off from man and God. ...

Those who believe that God himself, once he became man, could not face the harshness of destiny without a long tremor of anguish, should have understood that the only people who can give the impression of having risen to a higher plane, who seem superior to ordinary human misery, are the people who resort to the aids of illusion, exaltation, fanaticism,
to conceal the harshness of destiny from their own eyes. The man who does not wear the armor of a lie cannot experience force without being touched by it to the very soul. Grace can prevent this touch from corrupting him, but it cannot spare him the wound. 49

Just as the student in nursing learns through daily experiencing a new and sometimes radically different morality from the one of her childhood or of her high school days, so the student of medicine, the student of education, the student of law, the student of marriage and parenthood, and all other students, learn that the morality which worked in the small world of childhood will not work adequately in the larger world of their present experiencing. More significantly, when they do not learn this, then all their other knowledge is of little value to themselves or to others. There seems to be no way to avoid exchanging more security for less security; for exchanging small virtues for larger ones; for exchanging small problems for greater ones; for relinquishing the old and tried for the new and untried; for exchanging a small dissatisfaction with oneself for a greater one; for eliminating some habits, strengthening others, and developing some new ones; for leaving the old country for a new country, and being required to do one's best to understand, to foresee consequences, to choose between conflicting

"goods," to be alert to new and unknown dangers, and so on.

In a new country one must make use of intelligence and of all his other powers to protect himself from disaster. One cannot enter a "new country" without being humbled. The past will not provide him with all the answers to his new problems, his present knowledge is not adequate, and neither are his skills, experiences, beliefs, values, or ways of acting and thinking. He feels himself to be unworthy. He is uncertain, unsure of himself. He has awakened through these new experiences into a new world. When the student nurse asks herself two questions: "Who is my patient?" and "What does it mean to be a good nurse?", she has in that very moment pledged herself to the re-creation of a new self, a self which has the possibilities of being as different from the old self as a caterpillar is (apparently) from a butterfly.

What is involved, of course, is an orderly transformation and growth. This change is not brought about by wishful thinking, nor even by faith and reason alone. The direction of growth often takes her where she would not go, and occurs only through effort and thought. It means "the putting away of childish things." In facing the question, "Who is my patient?", the student first thinks of the people who are sick and who enter the one hospital
with which she is familiar. She is almost sure to agree that they must all be cared for! But this is only the beginning, and her answer is the answer of the novice, the beginner. Who is my patient? Who is my student? Who is my child? Who is my neighbor? These are such simple questions to lead one on so far, and in the answering of them his moral values will change, and his "self" will change, and no one can say whether the question will ever be answered fully and completely!

Who is my patient? And the questioner is dedicated to the task of being a student as long as he lives! No one can be a student without making use of intelligence; without forever admitting that he doesn't know or understand as much as he should; without being forever a stranger in a strange land! Who is my patient? And the questioner must include all human beings and animals, too, who are not well! And next he must include those who are well but who are in danger of becoming sick. Anyone can see that soon the questioner is going to enter the field of prevention of illness and pain, and finally into the field of positively promoting health, -- and then not only physical health but mental and emotional health as well. By this time he has enough to occupy him for many lifetimes, even if he doesn't wander occasionally rather far afield in his experiencing. And then it isn't enough
to know the answers! This is only the \underline{beginning}. Then he must begin to live them, (\underline{value} them and put them into action,) -- this is the only way he can ever be "re-born again"! This is the only way he can ever \underline{prove} that he really knows the answer! "Show us the Father," says Philip. But the answer is, "Anyone who has seen me has seen the Father." "By their fruits you will know them." "Everyone will be rewarded according to his works."

The other question is also full of possibilities. "What does it \underline{mean} to be a good nurse, a good teacher, a good parent, a good friend, a good follower of Christ, a good citizen in a democracy, or even a good student?"
CHAPTER IV

A CRITIQUE OF THE PROFESSIONAL APPROACH TO MORALITY

"The most significant fact about human nature is its capacity to learn, that is, to change itself."

A CRITIQUE OF THE PROFESSIONAL APPROACH
TO MORALITY

When we look at the way in which the Nursing Profession through its organized courses tackles the moral problem we have reason to believe that this has always been a central interest in the education of the student nurse. We find, for instance, that the Curriculum Guide for Schools of Nursing declares that the traditional aims of nursing education are "discipline, self-sacrificing service, practical utility, and technical efficiency." It also claims that military ideals and methods of training are not compatible with a democratic society, and that democracy is not incompatible with the ideals of "discipline and self-sacrificing service providing the discipline is self-imposed and the self-sacrifice does not cripple but rather stimulates the growth of the individual." The Guide goes on to state that it is very important that nurses develop a scientific attitude of mind, and "learn how to work out their own problems in a scientific way." It insists that "the kind of training that puts its emphasis on unquestioning obedience to orders and drill in fixed habits of behavior and standardized procedures will not prepare the nurse to meet new and con-

stantly changing situations where intelligence, initiative, and self-direction are needed. "51

The Curriculum Guide also defines "adjustment" after declaring it to be the aim above all other aims in nursing:

Adjustment as an educational process means not only changes in behavior, but changes that make for better living, better relationships, and a better contribution to society. It means growth of the whole individual and development of all her powers and capacities—physical, mental, emotional, social and spiritual. This is a positive not a negative or passive process; the student shares actively in it and directs it to the extent that she is capable of self-direction and self-discipline. ...

Adjustment is a two-way process which results not only in the growth of the individual learner but in an improved environment.52

In the Guide nursing is defined as broadly to mean health conservation in its widest sense, including the care of normal children and adults; the nursing or nurture of the mind and spirit as well as the body; health education as well as ministration to the sick; the care of the patient's environment, social as well as physical; and health service to families and communities as well as to individuals.53

All of this has been quoted to present the conception of moral values in nursing today, and to show how the institution of nursing has burst its bounds and is a potential danger to any and all institutions that promote ill health

51 Ibid., p. 17.
52 Ibid., p. 18.
53 Ibid., p. 20.
In any of the areas of our common life. We discover that
the nurse is to live a democratic life; to impose her own
discipline and self-sacrifice; to understand the scientific
method and to apply it and intelligence to the solving of
her problems; and to be an indefatigable fighter against
anyone and anything which is a menace to health. --Health
is defined in such broad terms as to mean the fullest
possible development and growth of every single individual--
physically, mentally, emotionally and spiritually! Her
chief aim in life is to cut down on the number of patients
needing her care. -- To keep people well, and to in-
crease their health, is her only reason for being. She
must of necessity look upon sickness as a symptom, and
she is duty bound to ferret out causes and help in every
way to eliminate them. She works toward the day when
there will be much less need for her labors in caring for
the sick than there are at present. She seeks to remedy
personal and social ills.

This is rather a far cry from the day when nursing
was confined to the sick room, in hospital or home, and
when the nurse could leave after doing the best she could
for the patient with a feeling of having done all that was
necessary and needful. Her responsibility went this far
and no farther, and if she gave her patient the best care
she knew how to give, she was being moral and doing all
that could humanly be expected of her. She could look upon sickness as something which had always been and would be, and she could turn her well patient back into an environment which would once again break his health, without one qualm. Hers not to question why, but only to do and die. Now the nurse today can grow to this point and then stop growing. She can spend her life caring for one sick person after another, doing the best she can, and asking no questions. She can be conscientious and moral up to a point, and go no farther. She can help mitigate the symptoms of ill health, and administer an opiate thereby helping to keep herself, her patients, and their anxious relatives, from experiencing the full consequences of that action which has caused the sickness. She can continue to bind up the wounds which should never have occurred in the first place, to tend the broken body or mind which should never have been broken in the first place, to mitigate suffering and pain which should never have occurred in the first place.

We will need people to do these things for a long time to come. If the nurse does the best she can for those who are ill, she will be going a long way. It is a difficult work, but also satisfying because one can see the results of one's efforts -- the patient feels and looks better, he improves from day to day, and he is most satis-
fyingly dependent upon this person who takes care of so many of the new wants resultant from illness. But nurs-
ing will not take up all of the nurse's time. She is also a citizen in a democracy, a member of a profession which has as its ultimate aim the promotion of health, and a human being who desires to grow and develop to the full-
est possible degree. It is when she moves over into these realms that she may discover the wider implications in nursing. Who else in the whole of society has a better right than herself to strike out at the CAUSES of ill-
ness whatever they may be? Who bears the brunt of the consequences of illness to a fuller extent than she? Who can claim to have a deeper interest in any person's health than she? It is her chosen work which gives her the right to speak up, to have a voice in any affair which results in lessening the health of anyone. Who has come face to face with the consequences of ill health more often, or more poignantly, than she? No one who works with those who are ill can have any love for illness. After a time one even hates to have his work undone, and becomes fur-
ious when the patient returns over and over again for the same old trouble.

The first, and minimum, responsibility of the student in nursing is to give every patient the best possible care that she knows how to give. It is the responsibility of
those in charge to see that she is not handicapped by lack of time, materials, or assistance when she asks for it. She should also not be deflected from her purpose by being surrounded by immoral nurses who refuse to accept this minimum responsibility, or by doctors who also refuse to give every patient the best possible care they know how to give. Many moral problems may arise in carrying out this minimum responsibility. For example: if the student has four patients to care for, how shall she decide which one to care for first? How will she apportion her time so that none of them are neglected? Are these things important, or shall she simply take just any patient first, and not worry about the others until she gets to them? Will it be all right if she just decides what will be for her the most satisfying way? Should self-satisfaction decide her course of action? For example, shall she follow her own inclinations and spend an hour and a half with the young, handsome and convalescing football hero, and give twenty minutes of grudging but efficient service to the other three seriously ill, but grumpy, patients? It is not so easy to answer these questions as one might suppose, and they are in the last analysis individual questions. Moreover, when one believes he knows the answers, there is still the problem of putting them into action. It will not do to
tell the student what she must do, if underneath she is rebellious and determined to do as she pleases, because the moment our back is turned she will proceed to do as she pleases.

There is a big war on today in the once autocratic field of nursing and it all revolves about the question: How much do I owe to others, and how much to myself? Today we find students rebellious and also graduates. There is the healthy tendency to take "nothin off of nobody," and the unhealthy tendency to get by in the easiest possible fashion. We might suggest that this rebellion is healthy, and much more valuable than a self-sacrificial attitude which accepts wordlessly all sorts of humiliations and injustices. This open rebellion can be seen in any area where oppression and autocracy have long held sway and where they begin to give ground before the democratic outlook. After all it is silly to suppose that if another's life is held to be so important, one's own life is negligible!

Freedom sometimes goes to one's head and makes one for a time a little drunk and unreasonable. However, after the rebellion which is the natural result of an unjust oppression, one still desires to live the good life, and here is where intelligence becomes enthroned. If we are so passionately attached to freedom for ourselves, we can-
not be indifferent to this same passionate desire in others. This means that one cannot have freedom at the expense of the freedom of others! The work of the world still has to be done by someone, and we cannot ignore our share. To do so means to heap unjust burdens on others. The work will go better if there is a maximum of cooperation, and a minimum of competition and friction. In a democracy the individual is important, but so are other people, and when other people overlook our importance, or we overlook the importance of others, then all our troubles begin and the living of a good life is an impossibility.

There was a time when one's judge was external to oneself, but that time is past and we awaken to find that we must judge ourselves. Here again, it is hard to hit a happy medium and to be neither too harsh nor too lenient. It is probably possible to break one's own spirit as well as the spirit of others. We are not required to judge ourselves too harshly. On the other hand, we must not be too lenient because then we spoil ourselves and make the living of a good life an impossibility. We must learn to accept ourselves, and the psychologists tell us this is very hard for us to do. We will have to admit that we make mistakes, and then try to not make the same mistakes all over again; yet if we do, to try again, and so on. We will have to try to be happy at least part of the time,
and not drive ourselves or those about us to distraction in the pursuit of an impossible ideal of perfection. We will have to let intelligence harness love, intuition, and self-satisfaction so that we can avoid the most dangerous reefs in life. We will have to be satisfied with improving slowly and not expect transformations overnight. It is only as we improve a little that we find greater improvement within our reach. For example, if one is sarcastic and is forever frightening others back into their protective shell of silence, he at first simply tries to cut down the number of times that he is sarcastic. And he will be satisfied with these small successes, and gradually proceed to the place where he makes use of sarcasm only when the consequences are good and when it is the very thing called for in that particular situation. It is the same with carelessness, with bad temper, with selfish absorption in oneself to the exclusion of others, with the tendency to gossip or to judge others, with the tendency to be miserly and so on.

All of these things are conquered a little at a time, and by using intelligence and trying to foresee consequences. There is no more potent weapon for the enforcement of righteousness than for the person to be confronted with the full force of the consequences of his wrong acting. If when he is so confronted with the consequences, he replies
that he doesn't care -- well, then we must decide that he is very morally sick indeed, and in need of a great deal of care and attention until he develops some degree of moral sensitivity again. We must try hard to avoid the very human tendency to think of ourselves as better than others. It may be that we are, but it is really impossible to ever be sure, because we cannot step into any other person's shoes and know just how well we could have walked in them. We will have to get away from the idea that possessions add to our importance or goodness. A man's value does not consist in the multitude of his possessions. He has a right to pride in them if he has earned them, otherwise he should be humiliated by them.

If nurses are to have a high degree of freedom, they will need to develop a high degree of moral sensitivity, they will be required to make use of intelligence, and to foresee the consequences of their actions. Even today one cannot use the nursing field merely to earn a living. The profession will not tolerate it, and neither will the laws which govern the practice of nursing. It is still a most exacting profession as regards character and morality. The person who is callous or selfish, or who must be controlled by the pressure of powerful external forces, is no fit candidate for the nursing field. One deals with sick people, not well people, and the sick are dependent
upon the one who nurses them to a degree that no well person is. The nurse has the same responsibility as the parent, the priest or minister, the doctor, or the teacher. The people under her care are peculiarly dependent upon her integrity, her intelligence, and her moral sensitivity. The consequences of her actions, or of her refusal to act, can be very serious -- she must be intelligent, and she must consider consequences. Needless to say, so must these other groups who have children and other persons peculiarly at their mercy. It is not enough for these groups to love, or to desire to be of service, although these are important. Without making use of intelligence and without the consideration of consequences before they act, they may do harm which is irremediable.

There are safeguards to the practice of nursing today. The student is required to have experiences with those who are ill and to study and work under guidance for at least three years. Ordinarily she is carefully selected for such qualities as character, personality, intelligence, interest in people, and freedom from any serious physical, mental, or emotional difficulties. It is assumed when she enters the school of nursing that she is already "familiar with the fundamental principles of general ethics and is able to deal with ordinary social and ethical problems
common to her age and stage of development.\(^5\) This is not taken for granted, however, and she is carefully watched and directed throughout the three year period. The student knows that she is on probation throughout this period and that she may be dismissed at any time, if it can be shown that she is unsuited for the work.

In addition the student is given direct and indirect instruction and guidance in the solving of ethical and professional problems. It is recognized that environment and a plentiful sprinkling of good examples are very important, but it is also felt that the student needs to have these indirect experiences strengthened and supported by some direct guidance and instruction. For this purpose two courses are organized called Professional Adjustments I and Professional Adjustments II. The first is taught during the first year and the second during the last year. The first course deals with the new ethical problems which the student entering the field of nursing encounters, and the second attempts to anticipate the problems the student will meet when she becomes a graduate nurse. For example; as a graduate she needs to be aware of some of the legal implications of the nursing profession, and also of the code of ethics which has been formulated for the members of her profession.

In Professional Adjustments I and II legal responsibilities are discussed. The nurse discovers that good intentions are not enough, and that errors of judgment, honest mistakes, or the failure to take into consideration the consequences of acting are not excused. Scheffel says:

In cases of criminal negligence the element of intent to do anything that might be construed as criminal is entirely wanting. Nevertheless, a nurse may expose herself to charges of criminal negligence when she is acting with the best of intents. What, then, constitutes criminal negligence? It has been defined as any act of commission or omission (lawful or unlawful) in which a degree of negligence exists which may inflict a serious wrong upon another. For the safety and protection of others, the wrong inflicted under such a set of circumstances is taken cognizance of by the state and is decreed to be a crime. Criminal negligence not only involves errors of judgment or honest mistakes, but includes all acts which fail to take into consideration causes and effects which ought to be perceived and recognized by ordinary persons performing similar acts.55

The nurse also discovers that she must put all of her knowledge and skill into practice. If she has studied about drugs, let us say, then she is assumed to know their action in the body and their poisonous symptoms, and she is supposed to utilize that knowledge in her care of her patients. It will not excuse her to say that she has forgotten, or that she never understood it anyway.

The courts are inclined to assume ... that if a person holds herself out to the public as a graduate nurse, she is expected to possess a certain high degree of professional skill in the practice of her profession. Whenever she fails to exercise that knowledge and skill to the extent of endangering the life of the patient, then she may be deemed guilty of criminal negligence and suffer prosecution therefor.56

When the ethical code is considered in the Professional Adjustments courses the nurse is acquainted with the fact that she is a member of a profession; that the profession requires a combination of spirit, science, and skill; the exaltation of service above gain; and a "sense of responsibility for social advancement." She is reminded that "the protection of health is the responsibility of the practitioners of the healing arts."57 She is told that the professional nurse has a dual function -- "prevention of disease and promotion of health" on the one hand, and "the care and treatment of the sick" on the other. The code goes on to speak of her responsibilities to the nursing profession, to the patient, to the medical profession, to other nurses, to employers, to the public, to all human beings, and to herself.

There are several statements in this code which are


of concern to us because they bear upon the problem of morality which we are studying. One of these statements is as follows:

Because a nurse is conscientious in carrying out a physician's directions for the proper care of his patient and conforms to the rules and policies of the institution or agency in which she is serving, it need not follow that she necessarily conforms to the physician's ideas of social or other policy. Nor does it mean that she approves of all the policies and practices of the institution or agency in which she is serving, or of the professional organization of which the physician may be a member.\textsuperscript{58}

We are not too happy about this little paragraph because it seems to separate ideals from actions. If we interpret it correctly, it says that even though the nurse conforms she may really stand for something very different. It looks as though the nurse is required to conform to policies, by silence and obedience, which she may be opposed to in her "mind." Now we know that a person's actions reveal what he in fact stands for (and his words are simply the chaff which the wind blows away), and that to conform and not even say anything is the very way to advance ideals and practices which are opposed to one's own. If the policies of the institution and of the physician are out in the open for all to see and understand -- then, too, must the nurse's policies be out in the open for all to see.

\textsuperscript{58}American Nurses' Association, "A Tentative Code," p.3.
Especially is this so, if her policies are in opposition to those of these other groups. We deplore the fact that the only voice which the individual nurse seems to be allowed to have is this little paragraph hidden away in a report which few will see or read, and spoken timidly by one of the largest, if not the largest, women's organization in the world!

We have revealed to us here the degree to which the nurse's ideals and beliefs have been kept out of the arena of moral activity. Let us be very clear that no person can "do or conform to one thing, and really stand for something very different"! Nothing is more ridiculous or fallacious. From this deadly, false, and immoral idea have arisen hosts of evils. What the individual nurse who desires to act morally will do in any situation where her ideas of social or other policy conflict with those which the institution or doctor hold, will be to speak up at once against such policies and ideas. What her professional organizations might do, if they wished to be really useful, would be to give her strong support, and prevent her from being treated unjustly by institutions or by members of the medical profession simply on the grounds alone that she was articulate in expressing and standing for ideas and policies which were opposed to those held by these other groups.
We gather that there was a time, perhaps not too remote, when the nurse was not allowed even to entertain ideas and policies which were in opposition to those held by hospitals and doctors. Hence, we might conclude that significant advance was made by this concession to the nurse, permitting her to think her own thoughts. In a way this is so, since an idea, once inspected, may lead to the consequence of the desire for further inspection. It is dangerous, in short, to open the door a little and say that the nurse may now entertain ideas, even though the grant is hedged by the refusal to permit her to act upon them. When you open the door ever so little the slave is set free and in his place you are confronted with a person who demands to have a voice in the affairs which engage other free men.

In a democracy it is intolerable that any person not have a voice, especially when he is in conflict with the groups with which he works! The right to live what one believes, and to stand up and be counted when it comes to a conflict between ideals and values, is the inalienable right of any free person, and of every citizen in a democracy. The idea that a nurse cannot do her work effectively unless she remains a "yes man" to the institution and to the physician is false. The nurse is an individual, a citizen of a democracy, and she need not hesitate to say
what she thinks, or to act in a way which seems best to her, even in those hours when she is at work as a nurse. If we hear the wail that it has never been done, or that it is impossible because the other members of the team -- the doctor and the hospital administrators -- will not tolerate it, we answer with the warning that they had better watch out because the time is dawning, and now is, when ALL will have a voice in what goes on in the sickroom, or in any spot where the battle is waged "to cure and prevent disease, and to promote positive health." The new voices which threaten to resound across the land are those of the patient and of the nurse. They are groups which can no longer be coerced or made to subside into silence. What are the nursing organizations doing to hasten this day, and to protect the nurse from groups who have more prestige, class, and money influence?

The other section of the code which we would like to question is:

A truly professional nurse with broad social vision will have a sympathetic understanding of different creeds, nationalities, and races and in any case she will not permit her personal attitude toward these various groups to interfere with her function as a nurse.\textsuperscript{59}

It is our belief that her personal attitudes will of necessity interfere with her function as a nurse; unless we are

to interpret the nurse's function in a very limited and restricted way. Her attitudes will also interfere with her growth and development, not only in nursing, but in the area of citizenship, and in her personal life—especially if they are unsympathetic toward different creeds, nationalities, and races. Lack of sympathy at this point means that the student, or graduate, has reached "dead end streets in growth" in areas which will in part determine her effectiveness as a nurse. She refuses to be intelligent in these areas, and she also refuses to recognize this lack of sympathy for what it in fact is—PREJUDICE.

In Professional Adjustments I and II it is assumed that nursing problems of the student nurse and of the graduate nurse will be discussed, and studied. If one examines the literature carefully, or looks back over his own experiences, he discovers that what is really done is to attempt to show the student what she should subscribe to and why. This is good, but often she is not given any accurate idea of the really great moral difficulties she will encounter when she attempts to bring these ideals and values over into the realm of action. It is assumed that she will know how to do this without any instruction or

---

60 Hullfish, H. Gordon, Lectures, Education 617.
discussion. At no point is it made clear what the implications are of being intelligent, of pausing to reflect about the consequences before one "lets action loose," of trying to choose between a "best" and a "good" answer. At no point is she helped to discover what to do when she finds herself in conflict with existing authorities, such as the supervisor, the administrator, or the doctor. It is very possible that she may come away from these course experiences with the dual conception of "mind" and "body"; with the idea that she can conform through her activities to one thing, while she in fact subscribes to something very different in her "mind"; that, as in so many other areas of life, the classroom upholds one set of virtues, and the wards of the hospital a very different and conflicting set. In her experiencing she comes in contact with some persons who subscribe to one thing and do another. Under these circumstances it is not surprising if she decides that she will be conscientious and exacting in her demands upon herself in relation to her patient, but that if others do not choose to be, there is little she can do about it. Occasionally she may decide to follow the bad example since it is easier, and others seem to get by.

We believe that the total experience of the student fully reveals to her, her duties and responsibilities in relation to her patients. She cannot say she didn't know
that the patient has the right to expect her to be intelligent, to make use of all of her knowledge and skills in his care, to consider consequences before she acts, to be keenly observant, and to be careful to the point where she checks and re-checks to be sure she has read the order carefully, that she has taken down the right bottle of medicine, that she has worked the problem accurately in deciding what part of the tablet to use for the dosage ordered, and so on. This is all her individual responsibility and the war is waged on the battleground of her own "conscience." There will often be no one to applaud if she wins, and no one to condemn if she loses -- except herself.

On the other hand, there will be times when she will be caught up in situations which involve winning or losing the moral battle in the presence of others -- and when these others will seem to be a positive obstacle to acting in a moral way. If she wins, the consequences to herself may be serious -- she may have to put up with unfair and unkind treatment, or she may even lose her position. As a student she can often appeal to a higher authority who will help protect her, but as a graduate she may very well have to decide between letting things happen of which she cannot approve, or losing her position.

This is true, of course, in other fields as well as
in the nursing field. The nurse does seem to be surrounded, however, by a tremendous number of strong and often conflicting voices -- the hospital and its administrators, the doctors and the medical profession, the patient and his relatives -- and it is sometimes hard to think clearly, much less intelligently. At the present time we believe it to be true that the nurse, as an individual, does not have very much protection against calamity if she chooses to embrace a wider morality and speak out clearly against some of the more authoritative voices engaged in the "healing arts." We do not mean to imply that this necessity would occur very often, but to close our eyes to the fact that it is sometimes necessary would be to refuse to face the truth. On the other hand, protection or not, we cannot escape the conclusion that every time she does not speak, she is in fact guilty of immoral action.

Let us take, at this point, two hypothetical cases where doing the right thing is condemned by her classmates or by those in authority. For example, during an operation the student nurse assisting the surgeon may contaminate her gloves. Moreover, no one may see that this has happened. She can keep quiet and do nothing, thereby avoiding censure and blame. She can refuse to look at the possible consequences of her action, quite callously; or she can refuse to consider the consequences knowing that
to do so would give her an "uneasy conscience" with which she could not live. On the other hand, suppose she at once reports the fact to the supervisor who replies: "Be quiet. No one saw you, and it is unimportant." At this point the student can quickly slip off the contaminated gloves, drop them to the floor, and hold out her hands. This action forces the supervisor to provide a sterile pair quickly. Courage, and the refusal to be intimidated by a higher authority, are all that are needed. The student may even recall that the supervisor's authority is based upon the fact that she is there to prevent any such contamination from happening. She has no authority in this situation except that delegated to her for the purpose of having one more pair of watchful eyes present to see that everything possible happens in such a way during surgery that the patient is protected.

Or take another example which appeared in one of the State Board examinations in recent years:

Four large doses of digitalis were ordered for a cardiac patient on the ward. Your classmate is responsible for giving medications and administered the digitalis to the wrong patient. An interne discovered the mistake just after the last dose had been given. Your classmate and the interne discuss the error with you. Your friend decides not to report the mistake to the head nurse. What is your ethical responsibility?61

61 Ohio State Nurses Board.
There are many questions which may bother the student here, and if she has no clear philosophy of nursing she is likely to miss the key points in the situation. She may reason somewhat as follows: Shall I be loyal to my classmate and friend? Shall I violate the trust of my friend and the interne in me? My classmate is usually very careful, but I know that at the present time she has many worries, is under a severe nervous strain, and is very tired. Should these factors make a difference?

Do I really have the duty to report this mistake? I did not see it done. I have no proof except the word of the two people who intend to remain silent. I do not like the head nurse at all, while on the other hand I like my classmate very much. What shall I do?

What are the important matters to consider in this hypothetical situation? First, the student through her studies should know that digitalis is a dangerous medication and that the patient who receives it must be watched very carefully. Secondly, she should know that a patient who is to be digitalized is probably a serious case of cardiac decompensation. The symptoms of cardiac decompensation are quite clear and striking. In this instance, the student who made the mistake must have been unobservant, and must have refused or neglected to check, each time she gave the medication to see that the right patient
received it. Therefore, she was careless four times. Her greatest and gravest mistake, however, was her decision not to tell, her refusal to take the consequences of actions which might well have resulted in the deaths of two persons! At this point the student grappling with the moral problem may see that there are only two things for her to do if she is to consider the best interests of all concerned. First, to tell her classmate and the intern that if they do not report the error at once she will; and second, to report it if they do not.

In this solution it is easy to see that the responsibility to these patients and to future patients has been met. It may be a little more difficult, however, for one to perceive that the best interests of the other three persons involved have also been met. When the intern and the nurse who made the mistake are confronted with the fact that their activities are to be revealed either by themselves or by another, it is probable that they will choose the easiest way which will be personal confession. The intern will not be much involved, so we need not consider him further, except to suggest that his moral responsibility and his respect for nurses may be somewhat deepened. The student, forced to confess through the activity of her friend and classmate, may be bitter and resentful, but even if she is, she has been sharply pre-
vented from pursuing an immoral course of action which could in the future wreck her life, and endanger the lives of others. We can only imagine what happens when her story is told to the Head Nurse. If the Head Nurse is a responsible person she will feel impelled to report the incident back to the Director of Nurses. At the same time, if she is conscientious, she may wonder if the way she is having her students administer and check medicines is as "foolproof" as it could be. If she discovers that she has been allowing very many chances for errors to occur, she may blame herself, and at once work to improve this technique. She may also decide to spend less time sitting at her desk, and more time going with the students as they carry on their daily activities. She may be deeply distressed that any such error should have endangered any of the patients on her ward.

At this point, we may imaginatively enter the Director's office and observe her possible reactions to this problem. She has just received the Head Nurse's report quietly, and has asked for a report of the student's work on that ward. When she is alone she takes out the student's folder and begins to study the health records, classroom averages, and reports of her work in the hospital. Then she consults a personal notebook containing impressions of the student and her progress, or lack of progress, in
such matters as carefulness, observation, sense of responsibility, apparent interest in her work, etc. She may then have conferences with the instructors who know the student well, and with the counsellor whose sole function is guidance and personal assistance to the students. Last she may have a conference with the offending student. Much depends at this point upon the degree of rapport between Director and student. If there is little or none, some personal factors which the student alone can reveal will always remain unknown to the Director. If the situation is one in which the student trusts and likes the Director very much, she may reveal that she cares very little for nursing, but hates to disappoint her family, and doesn't know what she would do if she left. Her previous record may back her statements up by showing that her actions have shown indifference to her patients' welfare. Dismissal under these circumstances is the only moral answer, but if the Director is responsible she will see that the student understands and agrees with the decision (in fact both may really reach it through mutual discussion and understanding). Moreover, the Director will see that the student receives help in her effort to break with nursing and to pursue another more suitable form of work.

We cannot say what the Director will decide to do in
the event that this is a first error which frightened the student a great deal; that the previous record is one of satisfactory growth and development in moral sensitivity, carefulness, conscientiousness, and responsibility; that the student is devoted to her patients and likes the work; and that this error was in part due to some unusual emotional and nervous strain as well as "overloading" with the resultant lowering of physical and mental well being. Perhaps this is enough to show the far reaching activity which could have resulted from the moral decision of one student nurse. It might be worthwhile also to imagine what might have happened if she had decided to say nothing.

The patient must be protected. Throughout the three years the student's total experiences should continuously remind her of this fact. Today the writer believes that the student's sense of responsibility toward her patients is being dissipated by the fact that the care of the patient is divided up among so many people. Whenever it can possibly be arranged, a student, or a graduate, should care for the patient throughout his stay in the hospital. This is the only way she will learn to feel responsible for his welfare. It is not the number of different cases she has cared for in a month that is important -- it is the number of persons she has cared for from the time they enter the hospital until they leave, that is important.
We believe it is impossible to divide the care of a patient during his illness among some twenty people and have any of them feel responsible for him. The work is too fragmentary. The student dabbles in a variety of cases, looking at symptoms, and in the meantime the patient, and her ethical responsibility to him, are not seen. The care of patients today is immoral to the extent that the nurse's responsibility toward him is evidenced in such a fragmentary part of his total care, that she cannot see what difference it makes whether her work is well done or not. She cannot see what difference it makes, chiefly because she is unable to see or to comprehend the consequences of her actions. If anything goes wrong she can blame any, or all of the others engaged in caring for him, and excuse herself by saying that she did what she could, but that the other nineteen didn't care.

It is also suggested that no one be allowed to enter a patient's room, except the nurses and the doctor who care for him. If he is a patient in the hospital for a long time, his bed should be moved every two weeks or so to a new room, and the maids and other helpers can clean up the one vacated and prepare it for a new patient. This makes it possible to develop a sense of responsibility in those who are caring for him, and prevents him from being
bothered by the irritating chatter, and gossip about the other patients, which is not good for him.

It is our belief that the actual care of the patients on the wards may contribute to callousness and indifference on the part of the student and the graduate. The mere fact that the student has contacts with patients is no criterion that she will thereby become more sensitive to them or come to comprehend their needs more fully. In fact, proximity may lead to the development of callousness. Another thing we might do, as we have previously suggested, is to give the student experiences with individuals, rather than experience with fragmentary aspects of numerous "cases." We cannot stress the point too strongly that actual contact with patients, unless carefully organized, can contribute to the development of callousness in student nurses, rather than to a higher degree of sensitivity to the patient's needs. It is also our belief that more must be done to eliminate the gulf between the theory taught in the classroom, and the actual practice on the wards. The theoretical courses must not refuse to deal with the vital moral problems which the student will encounter when she practices on the wards.

Another difficulty in the nursing field today may be the fact that the "method of analysis" is used rather widely. Since this educational theory has serious flaws in it, we
might suppose that it could be the source of some of our ethical difficulties. Without going into this very extensively, or deeply, we should be aware of some of the limitations of this method. Bode says,

...the method of activity analysis must be directed by a theory of what education should seek to achieve, and not be regarded as a substitute for such a theory. Activity analysis does not determine objectives, but our objectives determine what sorts of facts are needed, and consequently how the method is to be used. ... activity analysis furnishes no objectives or ideals. It tells us what is, but not what ought to be.

Activity analysis becomes a vice when it is made a substitute for synthesis, for the creative function of intelligence in reconstructing our ideals and attitudes in the light of new situations.

A living ideal is a growing thing; it is always in the process of being made over, so that an analysis of a present cross-section of activities falls as far short of the total meaning as the analysis of an egg falls short of furnishing a complete description of the chick that is presently hatched from it.

In brief, then, the method of activity analysis cannot furnish all the material needed for curriculum construction and it cannot furnish guiding principles or objectives.62

Still another source of our difficulties may be the whole matter of "testing and evaluation" in our schools of nursing. It is possible that in the first place we are not clear about what it is we wish to test for, and in the

second place, we are not clear about how it should be done.
The best tests which the writer has seen in the nursing
field are those which were constructed by Alice L. Crist
in her work as a graduate student at the Ohio State Uni-
versity under the guidance of Dr. Louis Raths. This does
not mean that we are in complete agreement with these
tests, or that we believe them to be capable in all in-
stances of actually revealing the "values" tested for,
but it does mean that, in our judgment, they are a step
in the right direction.

In testing we would surely be concerned about dis-
covering whether the student knows how to think, or whether
she is still the dupe of: "wishful thinking"; rationali-
zations; unrecognized prejudices; "name-calling"; truisms;
"generalizations" not subscribed to in particular activi-
ties but only worshipped verbally; prestige; false author-
ity; going beyond the data; putting blind faith in a
person or in a party to carry out her purposes; "attri-
buting purpose"; believing in the winner, or that "might
makes right," or in doing "right for right's sake"; poor
analogy; "everyone believes this"; "either-or" proposi-
tions; irrelevant answers or false statements, or assump-
tions without proof.

It might also be important, if we are concerned with
moral behavior, to discover the student's values, beliefs,
and attitudes. In doing this, the method used is very important.

"First, the student must have unlimited freedom of choice. (in this connection it is well to remember that most multiple choice questions establish a frame, make the student choose within the frame, and then generalize from his choices as though he had had freedom of choice.)

"Second, if we want the student to reveal his values we give him a chance to say, in general, 'I oppose this or I like that,' etc.

"Third, we try to create a situation in which the student is required to reflect about his values -- we might say to him, 'How would you improve this situation?' (this is to avoid getting instinctive choices.)

"Fourth, we must test for values over a period of time so as to avoid placing too much weight on values the student may hold on one particular day (on this day he might be very depressed, etc.)

"Fifth, we need to have a 'sampling of situations' since the student may be very conservative in some situations, and show lack of conservatism in other situations or with other people.

"Sixth, the instructor must be sure she hasn't committed herself on values so that the student simply reflects them back to her, and doesn't reveal her own.
"Seventh, the sampling should cover different areas since the student may be highly conservative about race, and very liberal regarding religion.\textsuperscript{63}

We should remember that all of the above ways are merely instruments used to help uncover "values." They are not "fool-proof," and they may not always reveal what we wish to know. We help the student clarify her beliefs, attitudes, and values so that she may deal more effectively with herself and with her world -- the world being in the last analysis "a series of situations."\textsuperscript{64} Some educators believe this to be an effective way to facilitate learning. You help the learning process when you help the student perceive what she wants or doesn't want, and whether or not her actions are leading her toward or away from her ideals and goals. In other words, you help the student to be more intelligent about herself, and thereby more moral since it is probably impossible to live morally without some degree of self-understanding. Plato said long ago "that an unexamined and uncriticized life is not worth living."\textsuperscript{65}

It might also be important in the nursing education

\textsuperscript{63} Raths, Louis, Lectures, 852 Education.

\textsuperscript{64} Dewey, John, "Experience and Education," p. 41.

program to improve our techniques for discovering the social adjustment of the student nurse to herself (how well does she carry her worries, anxieties, hopes and aspirations?); to others (how does she relate herself to others -- is she accepted, rejected, or treated indifferently, and does she reject, accept, or show indifference to others?); and to her environment (its materials and situations -- and what are her interests and appreciations?)

In spite of our serious efforts in the direction of attempting to make nursing education more democratic, some of our moral difficulties may be due to remnants of authoritarianism which remain in our hospitals. Recent writers say,

*Hospitals... are run from the top down in a strict class system with the most numerous class, the patients, in every sense at the bottom. ... our institutions, even those run most purely for service, not profit, fit this authoritarian system.*

The modern hospital has many similarities to a concentration camp. On admission you are asked all sorts of personal questions in order to classify you as to parents, job, religion, etc. You are stripped of your own clothes and put into uniform. Your clothes are taken away so that you cannot leave unless you get them back. Communication with the outside world is difficult. You become a very small part of a big machine and lose all individuality. You are tortured mentally by your keepers.

---

66 *Politics, February, 1946, p. 59.*

67 *MacDonald, Nancy, "Are Hospitals Made for People or Vice Versa?" Politics, October, 1945, p. 308.*
We need to work, as Becker says,

...for the values that exalt the humane and rational qualities of the human personality as against those that deny and degrade them.

To have faith in the dignity and worth of the individual man as an end in himself, to believe that it is better to be governed by persuasion than by coercion, to believe that fraternal good will is more worthy than a selfish and contentious spirit, to believe that in the long run all values are inseparable from the love of truth and the disinterested search for it, to believe that knowledge and the power it confers should be used to promote the welfare and happiness of all men rather than to serve the interests of those individuals and classes whom fortune and intelligence endow with temporary advantage -- these are values which are affirmed by the traditional democratic ideology. 68

And last of all, the profession does not seem to have developed as yet a philosophy of nursing. This philosophy would need to concern itself deeply with the "experiencing" which student nurses undergo. Dewey writes about the need for a "theory of experience." 69 He emphasizes "experiences" so strongly because they inevitably open or close the door to deeper and richer experiencing. He says:

We need to ask of any experience whether it 'creates conditions for further growth,' or whether it sets up conditions (such as attitudes or habits) that shut off the person who has grown in this particular direction from the occasions, stimuli, and opportunities for continuing growth.

in new directions.\textsuperscript{70}

If such a philosophy were developed, the need for helping the student clarify her values, beliefs, and attitudes would become increasingly clear. She would be helped to discover the necessity for making use of intelligence, for attempting to foresee consequences, for attempting to understand what it means to act morally or immorally, and for the need to embrace and put into practice a morality which differs greatly from the one utilized in the past. Problems would be discussed, not with the idea of discovering the one right answer, but to study all the implications of the particular situation, and to try to arrive at the best solution for all concerned. The student would discover the impossibility of applying antecedent principles blindly to particular situations -- if she would be moral. The moral difficulties in the path of the student nurse would be pointed out, and not glossed over. The student would discover, perhaps, the importance of growth in moral stature as the preeminent requirement of her chosen field of endeavor.

\textsuperscript{70} Dewey, John, "Experience and Education," p. 29.
BIBLIOGRAPHY


American Nurses' Association, Committee on Ethical Standards, A Tentative Code - For the Nursing Profession.

Becker, Carl Lotus, New Liberties for Old, New Haven, Yale University Press, 1941.


The Bible - King James Version.


Brogan, James M., Ethical Principles for the Character of a Nurse, Milwaukee, The Bruce Publishing Company, 1924.


*International Council of Nurses, "The Educational Programme of the School of Nursing,"* prepared by Isabel M. Stewart, Chairman of the Committee on Education of the International Council of Nurses, with the assistance of other committee members. 1938.


Beasty, Georganna and Olmanns, Cecelia, "Tolerance Through Understanding," *Trained Nurse and Hospital Review*, May, 1940.


Stewart, Isabel, "What Educational Philosophy Shall We Accept for the New Curriculum?" American Journal of Nursing, March, 1936.


Bulletin

University of Cincinnati, College of Nursing and Health, Announcement of Courses, 1945-1946.

School of Nursing, Mt. Carmel Hospital, Columbus, Ohio, 1945-1946.

School of Nursing, Grant Hospital, Columbus, Ohio, 1943, 1944.

School of Nursing, Jewish Hospital, Cincinnati, Ohio, 1944-1945.

Western Reserve University, The Frances Payne Bolton School of Nursing, Requirements and Courses for the Academic Year 1944-1945, with announcements for 1945-1946.

Interviews and Materials

Brouse, Clara F., Ohio State Nurses Board, Columbus, Ohio.

National League of Nursing Education, 1790 Broadway, New York City.