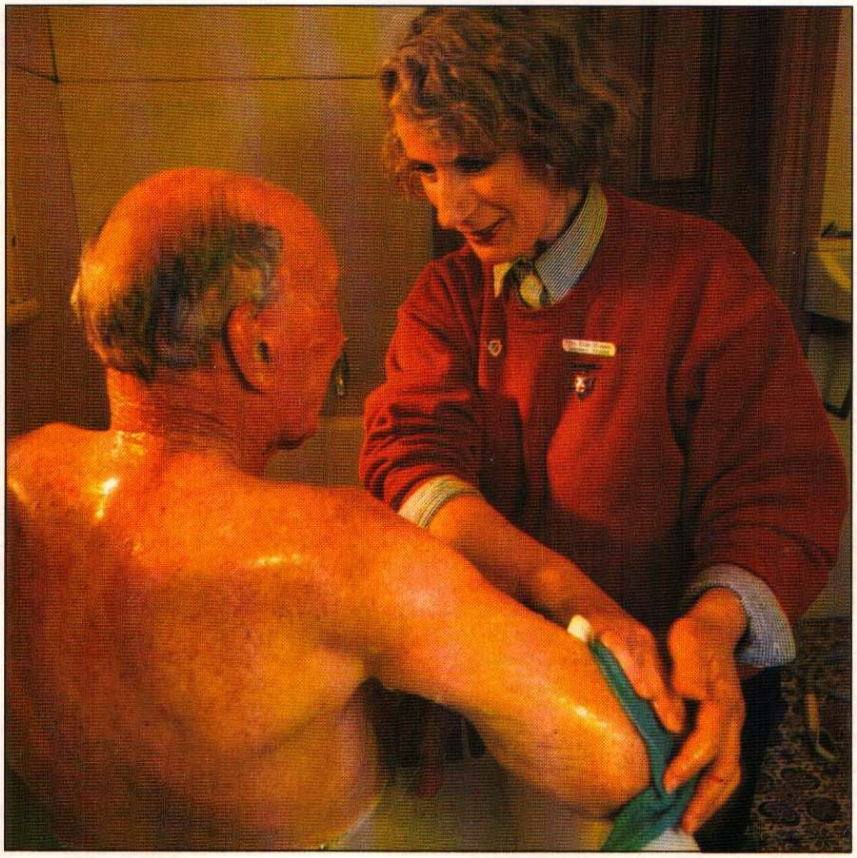
Bathing someone against their will poses a dilemma for nurses. What's more important — what the client wants or what the nurse thinks is best for the client? In such situations nurses must make ethical decisions.



THE ETHICS OF BATHING

By **Richard Lakeman**

ANTICIPATING A bath or shower may conjure up pleasant or distressing images, depending on a person's values, culture, mental state, past experiences and the availability of clean water.

For some, a bath is a source of pleasure, relaxation, rejuvenation and luxury. For others, the mere thought of taking a bath will induce terror and aggressive behaviour. Caring for a client who does not want a bath is a challenging nursing and ethical problem. Nurses are involved in moral choices every day — these arise when the care of one human being is placed in the hands of another.[1] We are faced with the dilemma of how to maintain personal liberty in situations where its suppression can be justified in terms of the common welfare.[2] This article looks at some of the ethical justifications for bathing a patient against his or her will.

Nurses recognise that bathing is important in maintaining health. Florence Nightingale considered leaving a patient unwashed would "interfere injuriously with the natural process of health as surely as administering poison."[3]

Historically, the frequency of bathing in an institution was an important criteria for assessing standards of care.[4] Bathing and body care have become an entrenched part of nursing culture.[5] Psychiatric nursing

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textbooks frequently allude to the importance of maintaining personal hygiene but seldom provide guidance on what to do when the client refuses to co-operate. Words such as "encourage", "supervise", "assist" or "guide" are used in relation to bathing.[6,7] While nurses are generally instructed in the importance of bathing and how to assist a compliant patient, it is not unusual for nurses to have no preparation in how to cope socially or emotionally with what such procedures entail.[5] It is even more unlikely that nurses will have been prepared to assess the ethical implications of bathing a client against their will.

Morality has been defined as a tradition of belief about right and wrong human conduct. It is a social concept that enters the picture when things ought or ought not to be done because of their deep social importance.[8] Moral principles such as autonomy, non-maleficence, beneficence and justice are commonly employed in moral discussions[9] and may act as guides to ethical behaviour.

'Moral minefield'

Psychiatric nursing has been described as a "moral minefield"[10] but little appears to have been written about the ethics of basic nursing actions such as bathing. This is surprising as selecting, initiating or giving physical care is often a large part of hospital nurses' role, particularly in psychogeriatric areas.[11] Bathing may easily be interpreted by a cognitively impaired or mentally ill person as an overt physical or sexual assault.[12] It is not surprising then that some people may respond to this perceived assault with aggression or internalised feelings of powerlessness, helplessness, hopelessness and lack of control. Given the potential for harm inherent in forcing a person to bathe, when, if ever is it morally justified?

The following story, with details changed to protect privacy, illustrates the dilemmas of bathing a person against their will.

Johnny was 25 when admitted under commitment to a secure unit of a large psychiatric hospital. He was described as a loner before admission. Over the last year he rarely ventured out of his house except to buy alcohol, drugs or the occasional meal. An uncharacteristic act of vandalism, his uncommunicative state and impoverished personal hygiene prompted police to have him assessed by a psychiatrist.*

On admission he was mute with minimal eye contact. He wore five layers of soiled and odorous clothing that had not been changed for several weeks and his long, matted and greasy hair had not been washed for considerably longer. He engaged in frequent ritualistic behaviours such as pacing up and down in rigid lines and collecting refuse which he stored in his pockets and between the layers of his clothes.

After a brief period of observation and assessment it was agreed that Johnny urgently needed a bath. His state of personal hygiene meant the risk of further physical deterioration was high although such a risk was not immediate or life threatening. When asked to have a bath, Johnny made his views on the matter quite clear with a resounding "no", after which he dropped to the floor with a look of terror and physically hit out at the nurses who approached him. He was physically carried to the bathroom, undressed and bathed by three nurses. He strongly resisted.

The nurses involved believed they were acting in Johnny's best interests by forcing him to have a bath. Thus they employed the prima facie principle of beneficence over autonomy in making their decision. One study found beneficence was the most commonly employed ethical principle in various mental health settings to justify nursing actions, and situations often involved balancing autonomy and beneficence (doing good).[2,13]

The nurses' actions could also be viewed as paternalistic, ie done for the "patient's own good", even though the patient disagreed with the action.[14] Paternalism reduces the patient to the status of a child. Nurses act paternalistically if they act on their own beliefs, and they also violate a commonly held moral rule[14] —in Johnny's case the principle of autonomy. In defence of paternalism, it might be argued there is an appropriate time and place for this attitude. Parents often bathe their toddlers despite protests, in the comfort of knowing they are doing what is best for the child and that the child will learn to initiate these tasks. It has been suggested that nurses often assume a surrogate mother role early in the nurse-patient relationship.[15] Furthermore, if the patient is acutely ill and requires continuing mothering care, then this may be an appropriate role, providing the nurse uses skill to help the relationship move on.

Modern ethical theory is generally classified into deontological (concerned with duty, moral obligation and moral commitment) and utilitarian theory. A number of different viewpoints arise from deontological theory although all hold that "duty" is the basis of morality and that some acts are obligatory regardless of the consequences.[9] Nurses may believe they have a duty to protect and care for the client,regardless of the consequences to the client, thus justifying their actions.

According to Kantian theory, an autonomous rational being is entitled to control over his or her body.[16] If one holds a deontological view and accepts that Johnny was an autonomous, rational being, then it would be wrong to force him to have a bath under any circumstances, regardless of the consequences. It may be presumed in this case that Johnny's legal and medical status reflected a belief that at the time he was not an autonomous rational being. This poses another problem as to how such an assessment was made. While a person with a mental illness may show irrationality in some spheres of cognition, often such people can make certain rational judgements and maintain some degree of autonomy.

Utilitarian theory is more concerned with the consequences of an action. An action is viewed as morally right if it leads to the greatest balance of good consequences or the least possible balance of bad consequences.[8]

A study on ethical decision making in a sample of psychiatric nurses found that most utilised a utilitarian approach to decision making. Nurses attempted to produce the greatest possible value over disadvantages for all persons affected.[2] It may be argued that causing Johnny emotional pain by forcing him to bathe was ultimately justified because as a consequence his dignity in the eyes of others

'It may be argued that causing Johnny emotional pain by forcing him to have a bath was ultimately justified because as a consequence his dignity in the eyes of others was upheld and his safety and integrity were protected.[9]

and his safety and integrity were protected.

However, if one takes the utilitarian approach to ethical decision making, then one needs to be clear about what is meant by "good" consequences. These have been defined, in the past, as happiness, material gain, knowledge and satisfaction of desires.[9] The question of whose good is to be promoted also needs to be addressed. If there was no great risk of physical harm through not having a bath, the justification for the nurses' actions may reflect ethical parochialism, or the promotion of the good of the institution through maintaining clean air and client conformity.

Traditions based on rationality

Traditional western moral philosophies such as deontology and utilitarianism are based firmly on rationality. They require the individual to evaluate a situation and choose actions from a detached position — described as a "veil of ignorance".[9] It has been suggested that such detachment is impossible and does not take into account the contribution of context, relationships and moral sentiments such as caring in decision making.[17]

An ethic of care grounded in relationships has been proposed. The ethical self may only exist in the context of a relationship and may be enhanced or diminished in the context of a relationship.[18] From this perspective, bathing Johnny is less important than the attitude with which the nurses carried it out — their sensitivity and empathy with Johnny, the facilitation of a caring relationship and the degree to which the outcome is congruent with Johnny's dreams and hopes.

A study of nurses' experiences of moral decision making in psychiatric practice identified the concept of "modifying autonomy". This was defined as adjusting the meaning of self-choice to suit the perceived needs of a patient when there is conflict.[19] The researchers found that in reality the nurses' definition of self-choice was determined by the context of the nurse-patient relationship and encompassed sensing the patient's vulnerability, and caring about, and for, the patient. If one accepts these concepts, derived from actual practice, as guides for evaluation or justification of actions, then the rightness of the nurses' actions can be determined by the extent that the nurse sensed Johnny's vulnerability and cared about, and for him. These would be difficult to measure and would, at the very least, require comments from the staff.

The nurses who bathed Johnny would have difficulty justifying their actions using the former NZNA's Code of Ethics. It appears they breached the values of respect for clients right of choice and the right of clients to control their care.[20] However it may also be argued that maintaining respect for the dignity of the client was an overriding or prima facie consideration in Johnny's case. Lack of examples of behaviour applicable to everyday ethical problems in psychiatric areas limit the use of the code. Of particular concern is the lack of clarity about what constitutes a competent client and the concept of autonomy defined as personal freedom of choice, without coercion or manipulation.(The code was updated and published in 1995, before this article was submitted. ed)

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Autonomy compromised

Bathing a client against his or her will is an ethical problem as the principle of autonomy is compromised. Such action may be condemned or justified, depending on what ethical theory is used. It was suggested that beneficence was considered prima facie, or taking precedence over autonomy, in the case described. The nurses' actions may be viewed as paternalistic in that they relegate the patient to the status of a child and this tends to run counter to the philosophy of nursing as an empowering endeavour.

A valid case for and against the action may be made from a deontological viewpoint —appealing to rights or duties — or a utilitarian point of view — considering the consequences of the action. Nurses may take an alternative approach by accepting an ethic of care which considers the context and caring relationship as of primary importance. But such an ethic of care remains problematic to outside appraisal.

The legality of bathing someone against their will is another matter. The Mental Health Act (1992) only allows compulsory treatment for mental disorder, and then only such treatment as determined by the responsible clinician.

The compromises nurses make to minimise their moral discomfort need to be considered. In reality, the nurse and patient have many options relating to hygiene and there is almost always room for compromise. Nurses can determine the reasons for a person's fears and seek a mutually acceptable solution.

Nurses need to consider their values and ethical principles and explore how these relate to current practices. There may be a time when we have to justify ethically our nursing actions. As a profession we need to openly confront the conflicts associated with the principle of autonomy in psychiatric nursing practice and formulate boundaries and examples of acceptable practice to guide our decision making.

*As Johnny's mental state improved bathing became less of an issue.

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A full list of references is available on request from the co-editors.