Values Clarification: A Critique

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Values Clarification has recently gained much popularity as a means of enabling nurses to become aware of their beliefs about patient care. Through the use of value clarifying "strategies," such as values voting, individual nurses are urged to identify, analyze, and rank their beliefs about patient care. A strategy might include a situation such as the following:

While talking with G.B., who is scheduled for surgery that day, you notice that he does not understand the nature of the procedure and has serious doubts about whether he wants to go ahead. However, he has already signed the informed consent form. If you could do only one of the following, which would you do?

1. Do nothing.
2. Calm G.B.'s fears and tell him he must have the surgery.

According to Rath's, Simon and Harmin (1966), the use of this type of clarifying strategy will eventually lead to the accomplishment of seven steps for the individual:

- Choosing freely;
- Choosing from alternatives;
- Choosing after consideration of the consequences;
- Pricing and cherishing the choice;
- Publicly affirming our belief;
- Acting on the value choice;
- Acting consistently and regularly on this value (pp. 28-30).

Values clarification strategies can be useful in helping a nurse to identify his or her values. As persons, nurses have the right to express and act upon their beliefs. However, many values a nurse may hold (for example, a belief about the morality of abortion) have a potential bearing on patient care. It is often conflict in values among health care professionals and the patients whom they serve which leads to ethical dilemmas. In such situations, clarifying personal values and acting consistently upon them, as values clarification suggests, will not necessarily resolve a dilemma in an ethically justifiable way. Values clarification incorrectly assumes that values are strictly a matter of individual psychology and choice. The framework provides little opportunity for examining the quality of one's own values, or for resolving conflicts between persons who hold different values. A more extended case example will illustrate these difficulties. After discussing the case, we will suggest that the use of ethical analysis is preferable to values clarification as a means of resolving dilemmas.

Consider the following example of a values conflict:

An elderly gentleman, Mr. Clinton, has been a patient on the medical unit for nearly a year. Mrs. Sands, RN, is assigned as Mr. Clinton's primary nurse during his hospital stay. Diagnostic work-up and tests reveal that Mr. Clinton has cancer of the larynx. Surgery is indicated and has been scheduled. His diagnosis and prognosis are discussed with him by Shirley Conway, MD, a surgeon. She tells Mr. Clinton that the cancer has extended beyond the larynx into soft tissue and cervical nodes. Treatment of choice is usually radical neck dissection, with uncertain long-term prognosis. During the next days Mr. Clinton becomes increasingly withdrawn and introspective. Subsequently, he requests to speak with Dr. Sands and Dr. Conway. He states that he does not wish to have any surgery performed, nor any medication given, that he has "lived a good life" and would like the health team to accept his decision to die. He asks that no tube feedings or IV's be administered. He asks that everyone cooperate and support his wishes.

Outside Mr. Clinton's room, Mrs. Sands and Dr. Conway are joined by Anthony Hayes, RN, the head nurse on the unit. Mrs. Sands states that she believes in patient autonomy, but Mr. Clinton has been so withdrawn recently that she wonders if he is thinking rationally. Dr. Conway believes that, in general, doctors and nurses know what is best for patients, and they should follow their instructions. Refusing treatment that is medically indicated is simply a form of suicide. Mr. Hayes then remarks that patients have the right to refuse something like surgery, but that on his unit, IV's and feedings are routine and should be continued as comfort measures.

It is clear that there are many different values being expressed by the persons in this very simple case example. The question is, can values clarification help to resolve the dilemma? Let us consider this by imagining a values clarification strategy, "Values Voting," as it might be applied to the situation.

Values Clarification
Strategy: Values Voting

This exercise (adapted from Uustal, 1978, p. 2060) demonstrates that there are many facets to every issue. How do you determine your position? What factors influence your thoughts and feelings? How will your choice be reflected in your behavior? Talk with some colleagues. Do they feel similarly or differently from you? Where do you stand on the following issues? Indicate your responses in the following manner:

SA - Strongly agree
A - agree
U - undecided
D - disagree
SD - strongly disagree

DO YOU BELIEVE . . .

1. Patients have the right to participate in all decisions related to their health care.
2. Patients should do what doctors and nurses think is best for them.
3. Patients have the right to refuse extraordinary treatment that is life-sustaining.
4. Refusal of treatment is a form of suicide.
5. Comfort measures should always be continued.

Mrs. Sands would vote for choices 1 and 3, but is troubled by the issue of competence. Dr. Conway believes in 2 and 4, and Mr. Hayes values 3 and 5. Clarifying these positions may help each person's self-understanding, but how should the group decide between them? Should the issue be decided on the basis of professional power, on the basis of what is customarily done, or is there some other, more objective basis?

Values clarification offers several guidelines which might be used in decision making. All three are found to be inadequate upon examination. First, there is the general notion that persons should act "consistently and regularly" on their chosen values (Raths, Simon, & Harmin, 1966). This is not helpful, since persons who work together may disagree, as we have seen. More importantly, consistency between values and actions does not guarantee ethically defensible actions. A nurse could be consistently paternalistic toward clients, but this abridgment of patient autonomy would not always be right.
Second, Uustal (1978, p. 2062) suggests that a basic concern of nursing is to "stimulate a person to value high-level wellness," and that this may be accomplished by modifying patient teaching to "work within the patient's value system" so that he will comply with the medical regimen.

The implications of these statements should be carefully considered. Is "wellness" the ultimate goal of nursing? If so, then patients who decline life-sustaining treatment should be convinced that compliance is better. How is "wellness" defined, and by whom: the health care professional, or the patient? Is there clearly the possibility for coercion, so long as the health professional's values, rather than those of the patient, are taken to have primary importance.

Third, values clarification offers a guideline which represents a vague consequentialism. "There must be genuine concern for the consequences of the stand one takes, for oneself and for the effect the position may have on others and the values they hold" (Uustal, 1978, pp. 2061-2062). Many questions remain to be asked: On what basis will the consequences be evaluated? Is one's personal happiness or professional advancement more valuable than a patient's rights? Utilitarianism is similar to this guideline because it is also consequentialist, however it is far superior as a guide for action, because it specifies which goals are best and how results are to be evaluated.

We have seen that values clarification is inadequate as a guide for examination and resolution of ethical dilemmas. Why not simply ignore the approach, or at most consider it as a simple means of gaining self-understanding? The reason values clarification should be examined as an approach to ethics is that it implies a set of beliefs about values which could have a negative effect on patient care. Expressed another way, the approach claims to be "nonjudgmental" about values, but in fact does have a set of assumptions about how values are chosen and acted upon, and this could have implications for the ways that nurses approach ethical dilemmas in the clinical setting.

Values clarification is an example of psychological relativism: it "asserts that something ethical (such as goals, evaluations, or conscience) is relative to the psychology of the individual" (Wellman, 1978, p. 454).

The approach goes on to imply a normative relativism: since values are merely a matter of each person's preferences, there is no general or universal ethical framework, and an action is good or bad for some individual only. Therefore there is no one moral solution (Wellman, 1978, p. 456). This assumption is shown by statements such as the following: "In these times of so many fashionable life styles, role models, and alternatives, teaching a particular set of values is preposterous and presumptuous," and "the aim of values clarification is not the achievement of some "official" value" (Uustal, 1978, pp. 2061-2062).

This "nonjudgmental" assumption is defendible as long as it applies to nurses' private behavior. But in nurse-patient interactions, normative relativism can lead to the kinds of coercion and paternalism described previously. This is because it is assumed that there is no universal set of moral standards defining how a nurse should act toward a patient. If values clarification were taken seriously, a nurse would not have to defend his or her actions against criticism.

The use of ethical frameworks and analysis is a better approach to learning about and resolving ethical dilemmas than is values clarification. Most nursing ethics courses, as well as the American Nurses' Association Code for Nurses, have some features of ethical objective: the view that, in principle at least, there is a correct solution to moral problems (Gert, 1976, p. 438). The assumption that correct solutions can be found to ethical dilemmas is essential to the process of reasoning and choosing among alternatives. An objectivist framework has the additional advantage of making it possible to teach values, on the assumption that certain values, such as truthfulness, are worth preserving. While ethical dilemmas are seldom easily resolved in the clinical setting, an objectivist framework can assist in the process.

In the case of Mr. Clinton, for example, several issues are involved: quality of life versus prolonging life at all costs, and paternalism versus patient autonomy are perhaps most salient. Ms. Conway could use a rights-based framework based on Natural Law to resolve the dilemmas faced by the health care team. According to Natural Law, the fundamental right is autonomy. As a person, Mr. Clinton has a right to make his own decisions regarding his body and life. After ensuring that Mr. Clinton is capable of making these decisions, and that they have provided the information and support he needs, the health care professionals have a duty to honor his decision.

This result, which is obtained when the persons involved jointly affirm one value — that of patient autonomy — is surely preferable to the quandary left by the values clarification approach.

Obviously, ethical dilemmas are seldom easily resolved. But if nurses have a strong grounding in ethical reasoning, they will be better able to defend the value of patient autonomy. Also, under the assumption that some values are better than others, they will be better able to urge colleagues and patients to discuss and resolve dilemmas in a mutual process.

Footnotes

1. This case is adapted from one cited by Uustal 1978, p. 2062.

2. Utilitarianism cannot always be endorsed as an ethical framework. However, it is preferable to values clarification as a means of ethical reflection because its major assumptions are clear and accessible.


References


