

NACN-USA Comments to ANA Call for Comments on Nurses Role in Addressing Discrimination

March 10, 2018

Lines 1-21

Because discrimination is defined in various ways and not every form of discrimination is necessarily bad (for example, the dictionary also defines discrimination as the, "recognition and understanding of the difference between one thing and another [such as] discrimination between right and wrong"), it would help for the ANA to provide the definition it is using as early as possible in the document.

Assuming the ANA is using the dictionary definition "the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex," and, given the stated goal of eliminating discrimination as so defined, the logical opposing effort would be impartiality, not "inclusion." Impartiality means treating people "fairly, justly, without bias." See <http://www.thesaurus.com/browse/discrimination>. "Inclusion" is a different concept that does not apply.

Lines 22-51

To treat someone "unfavorably" means to treat them with a lack of approval or support, to their disadvantage. Unfavorable treatment is not necessarily discriminatory treatment. It can be but it is not always. For example, when laws against smoking indoors were first passed smokers said this was discrimination against smokers. Certainly smokers felt they were being treated unfavorably but no court ever ruled that it was discrimination. Equating "unfavorability" with discrimination would make it difficult for nurses to do their jobs. No definition of discrimination includes "unfavorability." Discrimination's antonym is impartiality, not "inclusivity." Including "unfavorability" and "inclusivity" makes no sense.

Lines 52-103

89-94 - To do this requires disregarding scientific fact. It makes no sense, for example, to screen men for breast cancer as intensely as women. That is what this statement instructs. Avoiding preconceived notions requires acknowledging scientific fact, which actually helps us avoid arbitrariness and bias.

95-96 - Exactly, to avoid acting discriminatorily, we should treat patients impartially. "Civility," or mere politeness, is a low bar. Our Code requires nurses treat patients with "compassion and respect for the dignity, worth and unique attributes of every person."

100-103 - Regarding organizational policy, the same impartiality toward patients should be shown toward nurses with deeply held religious beliefs so that nurse's adherence to those beliefs is not mistaken for discrimination. This is important for the ANA to acknowledge, lest the ANA violate its own precepts. When it comes to civil rights, religion is a characteristic upon which it is unlawful to discriminate.

Lines 105-140

In every one of these points, "inclusive" should be replaced with impartial, otherwise this entire position statement lacks coherence.

Lines 142-152

Again, throughout the document, if the call is to eliminate discrimination, it only makes sense to promote impartiality. "Inclusivity" and "unfavorability" are different concepts that do not apply.

Lines 154-217

This document does not make clear in what ways the previous ANA publications have been deficient on matters of discrimination. Why does the ANA feel the need for another statement? That aside, this document does not address the root causes of discrimination nor does it acknowledge its multivariate causes, many of which do not fall within the realm of the nursing profession. Importantly, the recommendations do not appear to be based on moral foundations, such as respect for human dignity. Moral foundations are necessary to provide credibility and authenticity to nursing action. This is a glaring omission. If nursing actions are not grounded in nursing's core values and principles, discrimination will continue or worse, ethical indifference, an extreme form of violation of human dignity, will take hold.