

# The Alaska Nurse AaNA



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Ethical Issues  
in Nursing  
& Healthcare

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# From our President



Perhaps the most important thing to remember as a nurse is that your actions must be deontological. That is to say that everything you do must be widely accepted as moral and ethical. Deontology is a rule-based view of ethics wherein goodness or badness is determined by the action itself. It is opposition to a teleological or utilitarian ethical mindset in which the "ends justify the means," wherein goodness or badness is determined by outcomes rather than actions. In nursing, ethical practice must be integrated into all that we do; our actions must be ethical, and we must act with ethical consideration to the ultimate consequences of our actions as well.

The American Nurses Association developed and published a code of ethics for nurses to follow. The code contains nine provisions for ethical practice. I highly recommend that every nurse read the entire Code of Ethics, though there are a few provisions I'll highlight:

Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

Provision 4: The nurse has authority, accountability, and responsibility for nursing practice; makes decisions, and takes action consistent with the obligation to promote health and to provide optimal care.

Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality healthcare.

Think about these provisions in relation to your daily practice as a nurse. How do we remain compassionate and respectful when our sick and dying patients yell, scream, spit on, and curse at us on a daily basis? Workplace violence continues to rise, yet nurses are expected to show respect and compassion to those that abuse us. How do

we protect our patients when their families want to keep them alive in hopes of a miracle? When a patient is unable to speak, we are supposed to be their voice and act in their best interest, yet this sometimes cannot be reconciled with family wishes. How are we to take care of our patients when there are too many patients to care for? We are taught to do no harm, yet the patient to nurse ratio is frequently unsafe and unacceptable.

There are very real ethical dilemmas that we as nurses face daily. And these issues are so profound that many nurses are not only leaving the bedside, but leaving the profession altogether. This is no surprise when we consider that the ethical ideology we are taught to uphold is truly unattainable in our work environments.

We have an ethical obligation to advocacy that extends beyond our patients. We must also advocate for ethical work environments that are conducive to safe, quality healthcare. The only way that change can occur is if we work together to make change a reality. I encourage all of you to get involved with your workplace's health and safety committee and shared governance councils. Get involved with your union and your professional association to advocate for change alongside other nurses.

On a lighter note, don't forget to order your vegetable seeds, and make sure you get outside snowshoeing, biking, or skiing in our longer daylight hours! As always, I love to hear from readers. Email [jane@aknurse.org](mailto:jane@aknurse.org) to let me know what you have done to encourage a change in your practice or workplace to become more ethical and moral.

*Jane Erickson*

Jane Erickson, ADN, RN, CCRN  
 President, Alaska Nurses Association

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**AUTHOR GUIDELINES FOR THE ALASKA NURSE:** The Editorial Committee welcomes original articles for publication. Preference is given to nursing and health-related topics in Alaska. Authors are not required to be members of the AaNA. There is no limit on article length. Include names and applicable credentials of all authors. Articles should be Microsoft Word documents. Photos are encouraged and should be high resolution. Please include captions and photo credits at time of submission. All content submitted to The Alaska Nurse becomes property of the Alaska Nurses Association. Submit all content by email to [Andrea@aknurse.org](mailto:Andrea@aknurse.org).

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A Union of Professionals

# AFT Nurses and Health Professionals News Roundup



## ABOUT AFT

AFT is a union of 1.7 million professionals that champions fairness, democracy, economic opportunity, and high-quality public education, healthcare and public services for our students, our families and our communities. AFT is the national affiliate of the Alaska Nurses Association.



## OREGON NURSES WIN UNION ELECTION

Nurses at Willamette Valley Medical Center overwhelmingly voted to join the Oregon Nurses Association in a Dec. 18 union election supervised by the National Labor Relations Board. The 170 nurses have been organizing for the past year. "Nurses put our patients first every day. Joining ONA gives us a voice to raise safety standards, improve patient care and ensure Willamette Valley Medical Center is a place nurses and our community can be proud of," said Corey Mertz, a nurse leader at the center. The nurses' priorities include gaining a voice in decision-making.

See why nurses decided to unionize: [www.oregonrn.org/page/news20191218](http://www.oregonrn.org/page/news20191218)

## AFT SUES BETSY DEVOS FOR HELPING PREDATORY FOR-PROFITS

Student Defense filed a landmark federal lawsuit on January 22, 2020 on behalf of the American Federation of Teachers, the California Federation of Teachers, and individual members, calling out the Trump administration's attempt to strip protections from students at for-profit and career college programs. The suit targets the illegal repeal of the "gainful employment" rule, a measure that requires colleges to show that their students have found stable employment after graduation. The rule ensures students can rely on their colleges to give them a valuable education that leads to a steady job, but Secretary of Education Betsy DeVos repealed it in 2019.

Learn more about the lawsuit: [www.aft.org/news/we-are-suing-betsy-devos-helping-predatory-profits](http://www.aft.org/news/we-are-suing-betsy-devos-helping-predatory-profits)

## AFT MEMBERS ENGAGE WITH PRESIDENTIAL CANDIDATES

Since the launch of the AFT's 2020 presidential endorsement process back in March of 2019, we have hosted 10 candidate town halls across the country, held dozens of telephone town halls, conducted member polling and surveys, and organized a first-of-its-kind presidential forum on education with top candidates. We will continue to connect

with as many members as possible in this endorsement process. More AFT members have had the opportunity to have a voice in the AFT's endorsement process than ever before. AFT members are at their most powerful when they take part in elections - whether it's volunteering to get out the vote, running for office, talking with members, or serving as a delegate to a national convention. With the presidential primaries beginning and voter mobilization underway, consider what role you'd like to play in the 2020 elections.

Here are some resources to help you get started: [www.aftvotes.org](http://www.aftvotes.org)



## WASHINGTON NURSES WIN CONTRACT: 'SOLIDARITY GOT US HERE'

Nurses at Providence Sacred Heart Medical Center in Spokane, Wash., have reached a tentative agreement with hospital management. The nurses and healthcare workers of the Washington State Nurses Association, UFCW 21 and SEIU Healthcare 1199NW were on the verge of announcing an intent to strike when there was a breakthrough in mediation. After marathon negotiating sessions—33 total hours over two days—the sides were able to reach a tentative agreement. The tentative agreement includes key provisions sought by nurses, including enhanced language on staffing levels and workplace violence prevention. "Solidarity got us here," said Nonie Kingma, a psychiatric nurse. "When we started negotiations, Providence was determined to cut our benefits, and refused to improve workplace conditions. Our members' courage and resolve in the face of corporate pressure never wavered, and in the end we won a major victory for ourselves and the people who rely on Sacred Heart."

Check out the nurses' win: [www.wsna.org/news/2020/tentative-agreement-reached-in-sacred-heart-nurses-contract-negotiations](http://www.wsna.org/news/2020/tentative-agreement-reached-in-sacred-heart-nurses-contract-negotiations)



## WHY AMERICA NEEDS THE PRO ACT

The American Prospect published an op-ed co-authored by AFT President Randi Weingarten and Association of Flight Attendants-CWA International President Sara Nelson in support of the Protecting the Right to Organize Act. This bill would remove barriers for workers and enable them to organize, form unions and engage in collective bargaining. Weingarten and Nelson stress that "Good labor laws set a standard for how working people should be treated in an economy where there are countless laws already on the books to protect the rich and powerful." The U.S. House of Representatives passed the measure on February 6.

Read the op-ed about the PRO Act: [prospect.org/labor/why-america-needs-a-better-labor-law/](http://prospect.org/labor/why-america-needs-a-better-labor-law/)



## AFT LEADS TALK ON FUTURE OF THE WORKPLACE

While avoiding wild predictions about how many jobs will be eaten by robots, the AFT and other public sector unions are considering how to shape the future of artificial intelligence on the job. During a recent webinar, AFT President Randi Weingarten joined union leaders and researchers worldwide in discussing how unions can use collective bargaining to make sure digital advances serve the public interest.

Find out more and watch the webinar: [www.aft.org/news/aft-leads-talk-future-workplace](http://www.aft.org/news/aft-leads-talk-future-workplace)

# THE FAREWELL

## ETHICAL COMPLEXITIES IN CULTURE, CANCER AND SAYING GOODBYE

By Christine L. Dittrich, BSN, RN, CHPN  
AaNA Member, PAMC Ethics Team Member



Ethical issues arise in the most anticipated and unanticipated places, including on the big screen. The Farewell, a film released in 2019 based on director Lulu Wang's own true experience, revolves entirely around an ethical dilemma and its resolution. Specifically, the film explores a family's decision to not inform their grandmother of her stage-four lung cancer diagnosis.

The family, along with the grandmother's physician, decide that to follow Chinese custom, they will not inform the dying grandmother that she has cancer. Instead, the family concocts a plan to have a long-overdue reunion in China under the guise of a cousin's wedding celebration in order to give everyone a chance to say farewell to the grandmother, all while keeping the family's matriarch in the dark about her terminal diagnosis.

As a western-trained nurse, I was immediately very uncomfortable with a decision like this. Withholding a terminal diagnosis from a patient absolutely flies in the face of one of the first precepts we learn in nursing school: patient autonomy. What about being fully informed? Isn't this the very height of paternalistic medicine? How could this family and this physician all agree to keep this old woman in the dark about her own health? Where is the ethics in this?

Ethical dilemmas are frequently resolved using what we refer to as the four principles method:

1. **Beneficence:** to do good; to act in patients' best interest
2. **Nonmaleficence:** to avoid doing harm, both intentionally and unintentionally
3. **Justice:** to treat impartially and equitably; to allocate resources, distribute care fairly

4. **Autonomy:** to respect the individual patient and their ability to make decisions with regard to their own health according to their values and beliefs

These are qualified by the four box method which pays attention to medical indications, patient preferences, concerns for quality of life, and contextual features. An ethical dilemma involves all of these principles but one or more may be primary in a given situation.

Knowing these principles, I can start to put the film's dilemma into its proper context. The four principles give us a lens through which we can evaluate a course of action. In looking at the situation, through the four principles, we can see that respect for autonomy is nuanced by cultural difference. In this cultural setting, respect for autonomy extends beyond the patient herself to her family, as decision making is frequently based on a shared consensus. In this case, there was no curative treatment for the patient's diagnosis, and the cultural belief was that when people get cancer, they die - not from the cancer itself, but from the fear.

If the grandmother were told she had incurable cancer for which there was no treatment possible, would the ensuing fear and worry cause a decrease in her quality of life as she worried and waited to die? "There's a mind-body connection that they believe in - that the spirit really affects the physical," Wang, the film's director, explains to NPR.

In this context, respecting the autonomy of the family group and looking at concerns for quality of life were involved. Ah, now I can begin to understand it. It is not my job to bring my own value judgments into the case at hand. It might not be the decision that I would make

for myself, but it may be the right decision for the patient at hand.

As a bedside nurse, situations that cause ethical concerns arise from time to time. We never have a crystal ball that will tell us how a particular procedure or course of treatment will work out. At times we are quite surprised at how well one patient does following a procedure performed at the extremes of age, for both the elderly and the premature. Other times we are saddened to see how poor the outcomes turn out to be. Situations at times make us uncomfortable. If we are uncomfortable, we should speak up. Many times, the issue is more of a communications problem or a knowledge deficit, and sometimes it is an ethical dilemma.

I think we always hope that the result of an ethics consult is clear cut: either "yes, you must proceed" or "no, you may not." This is rarely so, and this is often frustrating to us, because we like certainty. Ethics consults are advisory in their nature and aim to assist the decision makers - the physicians, the family, the patient, and the nurses in their capacity as patient advocates.

We are all in the medical field because we want to help the sick. We hope to relieve suffering, and to return our patients as much as possible to their former quality of life or to improve upon it. If cure is not possible, we hope to help our patients as they end this life, without undue suffering and pain, and to ease their passage to whatever is next. These are high ideals we try to live by, and at times an additional set of eyeballs can help us in our decision making to keep us true to course. An ethics consult can be a valuable aid in difficult situations as we seek to provide the best care possible and honor our patients.

I encourage you to watch The Farewell and to think about the four ethical principles of beneficence, nonmaleficence, justice, and respect for autonomy as they play out in the movie and as we apply them in our practice.

# A Just Culture is a Safe, Ethical Culture



By Karlene Dettwiller, BSN, RN  
Rural Director, AaNA Board of Directors

As nurses, we encounter ethical issues frequently. Ethical issues in healthcare are inevitable and present themselves in a myriad of different ways. Ethical issues can occur on a patient level, person-to-person level, organizational level, community or governmental level, or a business and financial level (Ledlow & Stephens, 2018).

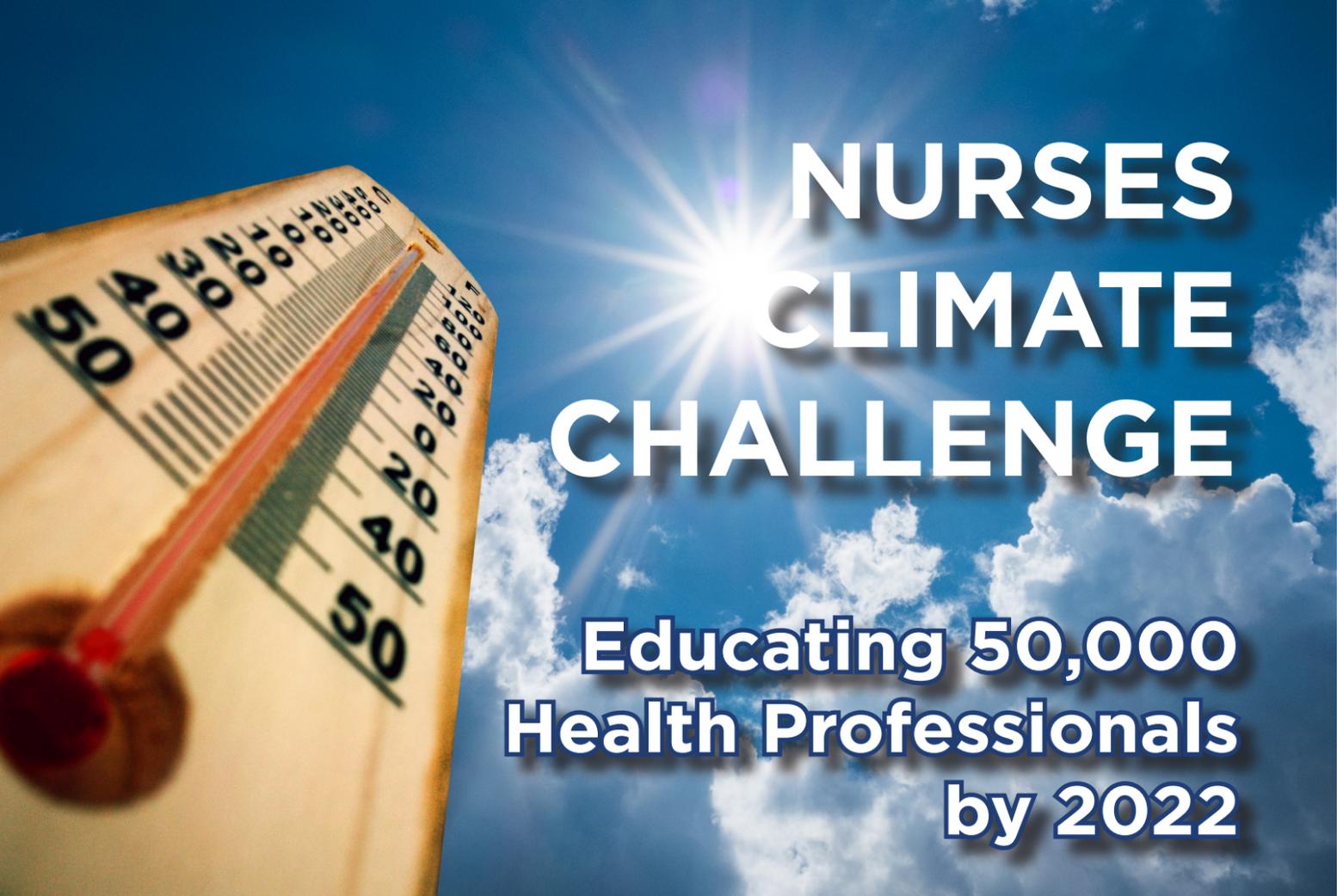
Organizations and leaders need to set the stage for staff to be able to raise awareness of the ethical problems they encounter. Organizations and leaders set the platform and tone for employees to speak up, which relates directly to the outcomes of the facility and to the safety of the patients and staff (Ledlow & Stephens, 2018). As a nurse, is it okay to elevate an ethical issue? The answer to this should be yes, but this is unfortunately not always the case. Nurses should be able to speak up, and this is where we need to push for a 'Just Culture' in our healthcare organizations.

Just Culture is having the ability to speak up and say something when you see that something is not right or have done something wrong. Just Culture focuses on why something is happening or happened and the steps associated with the specific situation. Just culture acknowledges that humans make errors and focuses on factors related to the error and processes involved (Ulrich, 2017).

How is not having a Just Culture an ethical concern? A nurse is more willing to speak up if they are not afraid they will get in trouble. Speaking up can be extremely difficult, especially when an error is made that directly impacted another person, such as a patient. Unfortunately, some nurses and healthcare professionals do not speak up because they are afraid of the consequences. Harm could have occurred and goes unspoken and the reason unknown.

Part of having a Just Culture is evaluating human error, at-risk behavior, and reckless behavior associated with the situation (Ulrich, 2017). Unfortunately, nearly 400,000 deaths per year are associated with medical

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# NURSES CLIMATE CHALLENGE

## Educating 50,000 Health Professionals by 2022

By Cara Cook, MS, RN, AHN-BC, Shanda L. Demorest, DNP, RN-BC, PHN,  
and Beth Schenk, PhD, MHI, RN-BC, FAAN

There is increasing interest and engagement among the nursing community around environmental matters that influence human health, such as climate change. Nurses are trusted health professionals and make up nearly 40% of the healthcare workforce, serving as catalysts of change in their institutions and practice settings.

To activate nurses, the Alliance of Nurses for Healthy Environments (ANHE) and Health Care Without Harm (HCWH), launched the Nurses Climate Challenge in May 2018. The Nurses Climate Challenge is a national campaign to educate health professionals on climate and health, with nurses leading the education. The Challenge started with the original goal to educate 5,000 health professionals and was quickly surpassed in less than a year due

to the combined efforts of nurse climate champions around the world.

The response to the Nurses Climate Challenge has been robust. There are nearly 1,000 nurse climate champions from close to 50 states, with over 12,000 health professionals educated since the launch. In addition, nurses from 16 countries outside the United States are registered as nurse climate champions. However, there are nearly four million nurses and 18 million workers in the healthcare sector in the US alone; therefore there is an opportunity to exponentially scale the impact of the Challenge. To do this, we are aiming to educate 50,000 health professionals by 2022.

The Nurses Climate Challenge offers a comprehensive toolkit with all the resources

nurses need to educate colleagues on climate and health and engage in climate-smart practices in health settings and at home. Nurses using the Challenge resources are highlighted through profiles ([nursesclimatechallenge.org/champion-profiles](http://nursesclimatechallenge.org/champion-profiles)) published on the Challenge website, shared in newsletters, and posted on social media to showcase the work being done and to inspire others to join.

The Challenge also calls on nurses to be advocates for climate and health. Leading within a nursing organization, health institution, or academic center to spearhead initiatives to address climate change is an example of how nurses can move health professionals from education to action. The Challenge resources include a guide to taking action within workplace and home settings and provide other points to get started.

As a nurse, you can also educate policymakers and the public about the connection between climate and health and how to take action by writing a letter to the editor in a local newspaper, meeting with elected officials, or talking with patients, friends and family members, and/or your community about the health impacts of climate change. The Challenge website includes sample talking points and template letter to the editors in the resources section.

Further, the CHANT: Climate, Health, and Nursing Tool 2020 is now available. CHANT is 10-minute voluntary survey asking respondents about awareness, motivation, and behaviors related to climate and health. Nurses and other health professions are encouraged to take the survey every year. Access CHANT here: <http://bit.ly/3OriTR9>.

Learn more and join the Nurses Climate Challenge by visiting [nursesclimatechallenge.org](http://nursesclimatechallenge.org).

*Cara Cook is the climate change program coordinator at the Alliance of Nurses for Healthy Environments. Shanda L. Demorest is the member engagement manager at Practice GreenHealth. Beth Schenk is an assistant research professor at the Washington State University College of Nursing and the Providence-WSU nurse scientist and sustainability coordinator at Providence St. Patrick Hospital.*

CONTINUED FROM PAGE 7

errors, making medical errors the third leading cause of death in the United States (David, 2019). If more nurses and healthcare professionals are allowed to speak up, patient harm would be reduced.

Organizations and leaders must create, encourage, and maintain a Just Culture. Just Culture is more than just talking about it, but following through with various improvements in the workplace. Leaders must hold individuals accountable, respond to errors, look at the breakdown of processes, and provide necessary training. Just Culture is even rewarding individuals for speaking up; this helps encourage others to follow the same standard.

In conclusion, having a Just Culture in healthcare organizations is imperative in creating a culture of safety. Having a culture of safety leads to process and system improvements, increased staff satisfaction, decreased safety events and medical errors, and increased positive outcomes. The steps associated with Just Culture will help organizations and staff make their way to becoming a High-Reliability Organization. Just Culture is an ethical concern. As nurses, we should elevate ethical issues and strive for zero harm, advocate for our patients and peers, and be unafraid to report human errors. As nursing leaders, strive to implement a 'Just Culture' in your organization and set a new standard of care.

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# "Can you help me die?"

By Stacey Sever, BSN, RN, CCDS  
Staff Nurse Director, AaNA Board of Directors



As nurses, we face many moral and ethical dilemmas during our professional careers. In taking care of our patients and their families, we are dealing with a microcosm of society within the walls of a healthcare facility that challenges our sense of mores and forces many of us to ask questions that don't always have answers.

In recent years, end-of-life and palliative care measures have significantly improved patient and family experiences with death, however, it remains true that seriously and terminally ill persons can suffer or experience "unbearable" suffering during the dying process. The meaning of suffering often includes some physical discomforts such as difficulty breathing and pain, which can be treated. Those aspects that are considered unbearable suffering include non-physical discomforts such as: Loss of meaning; loss of autonomy, control, and ability to think; inability to enjoy life; feeling like a burden; and fear about future suffering. Unbearable suffering is a common reason that people ask for help to die.

Currently, society is becoming more aware of their individual mortality. Americans increasingly want to be in control of their lives to the fullest extent possible. We have a tendency to plan for other aspects in life, such as college, weddings, birth/adoption of children, and retirement. So it is not surprising that many believe death should also be within their control. The mores of America are changing: The growing support in U.S. public opinion polls for death with dignity reform is also apparent among medical professionals. In 2014, for the first time, a majority of U.S. physicians—54%—backed

the rights of patients with an "incurable illness" to seek "a dignified death" (A. B. Hamric, 2018).

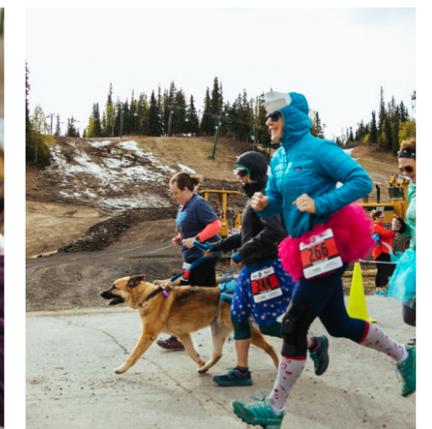
Physician-assisted death (PAD) or "medical aid in dying" (MAiD) is legal in 10 jurisdictions: California, Colorado, District of Columbia, Hawaii, Montana, Maine (starting January 1, 2020), New Jersey, Oregon, Vermont, and Washington. Whether an assisted death is sanctioned or not, the request for such a death is not uncommon for nurses working with patients at the end of life. Studies show that up to 40% of nurses, during the course of their career, have received a request from a patient to hasten their death as a means to end their suffering (F. Stokes, 2017).

A recent review of healthcare providers' perspectives on MAiD indicated that the three main challenges encountered by nurses include an absence of clear professional and legal guidelines, role ambiguity, and lack of professional collaboration (B. Pesut, et al., 2019). But that is changing. As more states are adopting a legal stance on PAD or MAiD, professional organizations are also beginning to recognize the public debate surrounding assisted death as well as acknowledging the patient's right to self-determination. The American Nurses Association recently in 2019 revised its position statement regarding the nurse's role when a patient requests MAiD. "The goal of this position statement is not to frame a stance for or against medical aid in dying but rather to frame the nurse's compassionate response within the scope of practice, based on the Code of Ethics

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Association



# NURSES WEEK

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for Nurses with Interpretive Statements” (ANA, 2019). This is a major shift from their previous statement which prohibited the nurse’s participation in assisted suicide.

The Hospice & Palliative Nurses Association (HPNA, 2017) recognizes that nurses employed in states where aid in dying is legal may experience significant moral and ethical conflict. This most recent position statement from the ANA has been developed to assist the nurse in defining his/her role when caring for a patient requesting end-of-life options and are exploring medical aid in dying. The statement discusses how the nurse needs to be able to acknowledge their own personal values regarding MAiD and how these values might affect the relationship of caring for the patient. The paper goes on to point out that in states where PAD/MAiD is legal, nurses have the right to conscientiously object to being involved in the aid in dying process and an obligation that they have informed their employer of their objections so appropriate assignments can be made accordingly.

In 2015, Alaska State Representative Harriet Drummond (D-Anchorage) sponsored HB 99, an act relating to the voluntary termination of life by terminally ill individuals, introducing Alaska’s first aid in dying bill in almost 20 years (HB 371, was considered in 1996). The bill was heard on April 9, 2015 in the Health & Social Services Committee, which adopted several amendments. The aid-in-dying bill was rolled over to the 2016 portion of the legislative session and failed to progress.

The Alaska Voluntary Ending of Life Act, HB 54, was introduced by Alaska State Representative Harriet Drummond (D-Anchorage) and heard in the House

Health & Social Services Committee on April 6, 2017. It was rolled over to the 2018 session. On February 2, 2018, the Committee passed the bill 3 to 2, with 2 abstentions, sending it to the Judiciary Committee. There has not been legislative activity around death with dignity in Alaska in 2019.

As the national dialogue about physician assisted death or medical aid in dying and a patient’s right to self-determination is shifting, it is important that nurses also become a key stakeholder in the conversation. Caring for patients requires providing care through the natural continuum of life from birth to death and everything in between. The American Nurses Association has recently provided a blueprint in assisting nurses in caring for patients facing end of life and the questions they may have. Per the ANA position statement: “An understanding of the ethical issues surrounding medical aid in dying is essential to support patients to make informed end-of-life decisions. Nurses should be aware of ethical arguments that support and challenge medical aid in dying. It is especially important that nurses are clear about the ethical foundations of their own views on medical aid in dying. Knowledge of one’s own stance helps clarify the boundary between nonjudgment and respect for patients’ decisions, and imposition of personal values. Clarity about personal and professional values related to end-of-life options and care can also help nurses recognize the conditions to which they may wish to conscientiously object. The nurse understands the distinction between medical aid in dying and euthanasia, and refrains from acting with the sole intent to end life” (ANA, 2019).

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# The Alaska NURSE

## Better than Ever



Welcome to a new era of The Alaska Nurse. This year, we’re making significant changes to our magazine based on member feedback. Starting with our current issue, the magazine will be produced four times per year – giving you The Alaska Nurse in spring, summer, fall, and winter. Each issue will continue to feature all of the content you love and more of the new and noteworthy in the world of nursing. Our logo and magazine design have also undergone a subtle but significant update, bringing you a refreshed and modern look for 2020.

Another big change happening in 2020 is the rollout of our brand new website! We’ve been working hard over the past year to redesign so that it’s the definitive source for Alaska nursing news and information. Our new website will be optimized for mobile devices, easier to navigate, more visually appealing, and include more in-the-moment and in-depth content curated just for Alaska nurses.

We’re also excited to announce that The Alaska Nurse is going greener. Beginning in 2021, we will distribute the printed version of The Alaska Nurse as an exclusive members-only benefit for nurses who belong to AaNA. This change comes about as AaNA’s leadership commits to choose environmentally friendly practices and to dedicate our resources in ways that best serve the interests of our members.

This means that if you’re not yet a member of AaNA and would like to keep receiving

The Alaska Nurse in 2021 and beyond, you’ll have a couple options to choose from:

- 1) JOIN AANA AND RECEIVE BOTH A PRINT AND DIGITAL VERSION OF THE ALASKA NURSE (AND MUCH MORE!) AS PART OF YOUR MEMBERSHIP. EMAIL [CHANTI@AKNURSE.ORG](mailto:CHANTI@AKNURSE.ORG) TO JOIN TODAY OR CHECK YOUR MEMBERSHIP STATUS.
- 2) SUBSCRIBE ONLINE TO RECEIVE THE DIGITAL EDITION OF THE ALASKA NURSE. WATCH FOR OUR ANNOUNCEMENT ABOUT A NEW ONLINE SUBSCRIPTION OPTION WHEN WE REVEAL OUR NEW WEBSITE LATER THIS YEAR.

2020 is the beginning of lots of exciting changes as we improve and expand the way AaNA communicates. What isn’t changing is our commitment to keep sharing what’s important to you – interesting clinical content, nursing practice news, upcoming events, stories from nurses across the state, and the advocacy topics that are central to our mission to advance and support the profession of nursing in Alaska.

If you have questions or comments about The Alaska Nurse, please email [andrea@aknurse.org](mailto:andrea@aknurse.org). We’d love to hear your feedback, read your stories and articles, and have you become a member of AaNA as we lead the profession of nursing into 2020 and beyond!

# TAKE ACTION

## SAY “NO” TO THE NURSE LICENSURE COMPACT!

The National Council of State Boards of Nursing (a private, non-governmental trade association in Chicago) has been pushing for Alaska to join the Nurse Licensure Compact. Legislation has recently been introduced (HB 238 & SB 179) which would turn Alaska into a “compact state” – allowing nurses from other states to practice in Alaska without obtaining an Alaska nursing license. Although it sounds like an intriguing idea at first glance, this bill is dangerous for patients and would lower the standard of care provided by nurses in Alaska.

The backers of this bill have been very loose with the facts in advocating for the Nurse Licensure Compact. They have portrayed scenarios to support the bill that do not exist:

- Nurses licensed to practice in Alaska do not need the Compact.
- There is already a process in place for disaster response – it does not require the Compact.
- Spouses of military personnel can already receive expedited licensure – it does not require the Compact.
- Out-of-state RNs can already secure a license in a timely manner – it does not require the Compact.
- Facilities with a critical need can already request expedited licensure for nurses they hire – it does not require the Compact.

- More nurses? Not so fast. Joining the Compact will not fix the nursing shortage in Alaska. There’s no magic supply of extra nurses, and states that are currently participating in the NLC continue to have nurse staffing issues.

Alaskans know what’s best for Alaskans. Our current system means local experts make local decisions that are right for Alaska. Under the Compact, we’d be handing over important decisions to a private, out-of-state trade group. That’s not what’s best for our state.

Out-of-state nurses wouldn’t have to pay license fees to work in Alaska under the Compact. 41 percent of nurses licensed in Alaska live out-of-state. That would be a huge loss of revenue. And Alaskan nurses – who already pay among the highest fees in the nation – would shoulder the burden and pay more for their licenses (estimated at an additional \$60 to \$80 per license renewal).

There are worrisome inconsistencies between states in regard to standards for nurses – including education, criminal offenses, and disciplinary action. Alaska has high standards for a reason: to protect the health and safety of patients across our state.

The media has documented numerous cases in which RNs with penalties and criminal charges against them move from state to state through the loose ties of the Compact to avoid job loss and prosecution. Additionally, each state has different standards on what criminal activities can (and can’t) bar you from being licensed.

We need effective regulatory measures that are workable and realistic, offer real solutions, and respect state sovereignty. The Nurse

Licensure Compact just isn’t it. We can and must work toward better approaches that put Alaskans first.

We take our role as frontline healthcare workers seriously. Every day nurses give their all to help Alaskans. When something is not right, we speak up. This bill will harm patients and endanger care. We need all nurses to take action to keep the Compact out of Alaska. Here’s what you can do:

- 1) **Learn more.** Visit the NLC Information Hub on our website at [www.aknurse.org/index.cfm/ISSUES/Nurse-Licensure-Compact](http://www.aknurse.org/index.cfm/ISSUES/Nurse-Licensure-Compact). You can read more about problems with the Compact, check out our in-depth position paper, and watch our just-released webinar to learn everything you need to know about the NLC (it’s free, and you’ll earn contact hours!)
- 2) **Let your state representative and state senator know you oppose the Nurse Licensure Compact.** You can find your legislators and their contact information at [akleg.gov](http://akleg.gov). Tell them you oppose HB 238 & SB 179!
- 3) **Get involved.** Join AaNA’s Legislative Committee! We work together to tackle issues affecting nurses and the patients we serve. Contact Legislative Committee Co-Chairs Jessica Griffin ([jessica@aknurse.org](mailto:jessica@aknurse.org)) and Sara Massmann ([sara@aknurse.org](mailto:sara@aknurse.org)) for more information.

# VICTORY!

## PRO Act Passes House

On February 6, the Protecting the Right to Organize (PRO) Act (H.R. 2474) passed the U.S. House of Representatives. “This is the most significant step Congress has taken to strengthen labor laws in 85 years, and a win for workers everywhere,” said AFL-CIO President Richard Trumka.

The PRO Act gives private sector workers a voice on the job by making it easier to bargain for fair pay and working conditions. It’s no secret that the right to form a union is under attack. “Right to work” laws are spreading, while wages have stagnated. More than ever, we need our lawmakers to stand up for working people’s rights—that’s where the PRO Act comes in. It would:

- **Penalize employers who violate workers’ right to organize.**
- **Help workers secure a first contract.**
- **Protect workers who go on strike.**
- **Close loopholes that allow companies to misclassify workers as independent contractors.**

“America is ready for more unions; and a happier, healthier and upwardly mobile workforce will help reverse the inequality of income, opportunity and power that is threatening our families, our communities and our democracy,” Trumka explained. Working people deserve the right to organize and demand living wages, safe workspaces, and good benefits – and it’s up to our members of Congress to protect and strengthen that right. We applaud the U.S. House of Representatives for passing the PRO Act, and thank Congressman Don Young for voting in support of this important legislation.



# 2020 is a License Renewal Year

2020 is a license renewal year for Alaska's LPNs, RNs and APRNs. Here's a friendly reminder about renewal deadlines and requirements, plus a few great ways to get 30+ hours of continuing education before you renew.

## 2020 Deadlines:

LPNs: You must renew your license on or before September 30, 2020.

RNs and APRNs: You must renew your license on or before November 30, 2020.

All licenses and authorizations expire on the above deadlines regardless of when first issued, except new licenses issued within 90 days of the expiration date, which are issued to the next biennium.

Licensees who receive their original license within 12 months of the expiration date pay a full licensing fee upon application, and at their first renewal pay a prorated renewal fee.

## The Renewal Process:

Renewal reminders will be mailed at least 60 days before the expiration date to the last address you provided to the Alaska Board of Nursing. You must report all address changes to the Board in writing.

The Board of Nursing also maintains an email list so you can get important notifications including renewal reminders, notice of Board meetings, and changes to nursing regulations. Sign up online at <http://list.state.ak.us/mailman/listinfo/commerce-nur>.

Remember: there is no grace period to practice on a lapsed license, and it is illegal to work without a license. If you do not renew your license before the deadline, you will have to go through the license reinstatement process with the Alaska Board of Nursing.

## Renewal Requirements:

Before a license can be renewed, nurses must complete two out of three methods for maintaining continuing competency:

- 30 contact hours of continuing education or current certification by a national nursing certification body
- 60 hours of participation in uncompensated professional activities
- 320 hours of nursing employment

These hours must have been completed within the two-year period since you last renewed your license. For LPNs, that's between October 1, 2018 and the date you submit your renewal form this year. For RNs and APRNs, that's between December 1, 2018 and the date you submit your renewal form this year.

Licensed Practical Nurses who received their original license on or after October 1, 2019 and Registered Nurses who received their original license on or after December 1, 2019 are not required to provide proof of continuing competency for their first renewal.

It is important to have documentation for your continuing competency requirements (CE certificates, professional activities verification forms, etc.). Approximately 10 percent of renewal applications are randomly selected by the Board to undergo an audit. Having all of your continuing competency documentation materials and renewal information in one place will make any audit a breeze to complete.

## Great Ways to Get Contact Hours:

AaNA is proud to offer many great continuing education opportunities so you can receive 30 contact hours prior to renewal. Through our continuing education program, we strive to provide quality nursing education so you can stay on top of the latest advances in nursing and deliver the best care to your patients.

Designed for today's Alaskan nurse, our educational offerings span a wide range of topics AND learning types. Here are a few great ways you can get contact hours in 2020:

- 1) **Right here! Our Read, Learn, Earn magazine learning program allows you to earn contact hours for reading the magazine and passing an online post-test. Check out the graphic on page 2 for details.**
- 2) **Whenever, wherever. AaNA's online learning system allows you to earn contact hours at your own pace and on your own terms. We're proud to use Litmos, a premier online learning platform, to bring you an array of continuing education courses. Our fantastic courses include documentation tips, antibiotics for outpatient infections, staying safe in a social media and cyberbullying world, the Alaska Comprehensive Forensic Training Academy, and MORE! Check it out at [alaskanurse.litmos.com/online-courses](http://alaskanurse.litmos.com/online-courses).**
- 3) **On Tuesdays, at Tuesday Talks. Mark your calendar for the third Tuesday of every month and join us for Tuesday Talks. Tuesday talks is a free monthly educational series created for all Alaskan nurses. You can attend in-person or online and earn contact hours upon successful completion. Each month features a new, exciting topic tailored towards the needs of Alaskan nurses. Check out our upcoming talks at [facebook.com/AlaskaNurses/events](https://facebook.com/AlaskaNurses/events).**
- 4) **This fall, at our Trending Topics in Nursing Conference on October 8-10. Our annual gathering features unique and insightful presentations by local and national experts. This year, you'll enjoy presentations on wound care, hepatitis, opioids, new technology in brain and spine care, and much, much more. You'll also get the opportunity to expand your professional network, weigh in on prominent issues nurses are facing today, and leave with the tips, tools, and techniques you need to advance your professional knowledge and grow as a nurse. Save the date and sign up at [aanaconference.org](http://aanaconference.org) to be the first to know about newly-added speakers and topics, conference events, and early-bird pricing opportunities.**

# TRENDING TOPICS IN NURSING



## OCTOBER 8-10, 2020

The statewide conference to educate & empower Alaska nurses

- Featuring exciting topics chosen by you!
- Scholarships available for new grads, rural nurses & more
- Member discounts & earlybird savings
- Earn contact hours just in time for renewal



BE IN THE KNOW. GET DETAILS & UPDATES AT [AANAConference.org](http://AANAConference.org)



# 2020



2020  
INTERNATIONAL YEAR  
OF THE NURSE AND  
THE MIDWIFE

## IS THE YEAR OF THE NURSE!

The World Health Organization has designated 2020 as the International Year of the Nurse and the Midwife. This is a year-long effort to celebrate the work of nurses and midwives, highlight the challenging conditions they often face, and advocate for increased investments in the nursing and midwifery workforce. WHO estimates that the world needs 9 million more nurses and midwives if it is to achieve universal health coverage by 2030.

This campaign coincides with the 200th birthday of Florence Nightingale, which will be celebrated by AaNA during Nurses Week 2020 in May. This year will also bring the launch of the first-ever State of the World's Nursing report, a project led by WHO.

Here are some key facts from WHO about nurses and midwives across the globe:

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Globally, **70% of the health and social workforce are women.** Many of them are nurses and midwives.



#SupportNursesAndMidwives



It's time to recognize the critical contribution nurses and midwives make to global health!



#SupportNursesAndMidwives



Nurses and midwives account for nearly **50% of the global health workforce.**

**50%**

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE #SupportNursesAndMidwives World Health Organization

Nurses and midwives are **central to progress in global health.**

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE #SupportNursesAndMidwives World Health Organization

Nurses and midwives are often the **first and only health point of contact** in their communities.

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE #SupportNursesAndMidwives World Health Organization

Nurses and midwives often **work in challenging circumstances:** undervalued, under-resourced, overworked.

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE #SupportNursesAndMidwives World Health Organization

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- **Nurses and midwives account for nearly 50% of the global health workforce.**
- **There is a global shortage of health workers, in particular nurses and midwives, who represent more than 50% of the current health worker shortage.**

- **The largest needs-based shortages of nurses and midwives are in Southeast Asia and Africa.**
- **Globally, 70% of the health and social workforce are women compared to 41% in all employment sectors. Nursing and midwifery**

**occupations represent a significant share of the female workforce.**

The Year of the Nurse is a unique opportunity to celebrate nursing, elevate our profession, and get involved with AaNA. Right now, we're planning out how AaNA will uplift nurses and highlight our profession throughout 2020. And we'd love to hear your

ideas! Send a note to AaNA staff members Andrea Nutty (andrea@aknurse.org) and Chanti Ward (chanti@aknurse.org) to let us know how you'd like to see the Year of the Nurse celebrated.

**Here's to an incredible 2020 celebrating and elevating nursing!**

The world needs **9 million** more nurses and midwives to achieve health for all by 2030.

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE #SupportNursesAndMidwives World Health Organization

# Calendar of Events

## AaNA Meetings

### AaNA Board of Directors Meeting

4:30-6pm  
4th Wednesday each month

### AaNA Labor Council Meeting

6-7pm  
4th Wednesday each month

### Providence Registered Nurses

4-6pm  
3rd Thursday each month

### RNs United of Central Peninsula Hospital

Contact for times: 907-252-5276

### KTN - Ketchikan Registered Nurses (PHKMC)

Contact for times: 907-247-3828

## Education and Events

### Mental Health First Aid

Tuesday, March 5 - 8:30 AM to 5 PM  
BP Energy Center - Anchorage  
www.aktclms.org

### One Health, One Future

UAF Center for One Health Research & US Department of State  
March 11-14  
Davis Concert Hall - Fairbanks  
www.uaf.edu/onehealth/events/2020\_conference/

### Alaska Training Cooperative in Ketchikan!

March 16-20  
Cape Fox Lodge & Community Connections Conference Room  
AKTC brings their most requested courses to Ketchikan for a week of high-quality training  
www.aktclms.org

### TUESDAY TALKS

Brain Rest Following Concussion  
Presented by Heather Wengler, PT, DPT, MPT, CCI  
Tuesday, March 17 @ 6 PM  
AaNA Office - Anchorage  
Attend in-person or online!  
FREE CE: Earn 1.25 contact hours  
RSVP to chanti@aknurse.org  
www.facebook.com/AlaskaNurses

### Prevent, Screen & Treat: The Path to Elimination

All about HCV/HIV/Hep B/STI/Harm Reduction/PrEP  
March 21 - 8 AM to 4:30 PM  
Mat-Su Health Foundation Conference Center  
akcurehcv.org

### TUESDAY TALKS

Climate Change and Health  
Presented by Kimberly Slone, RN  
Tuesday, April 21 @ 6 PM  
AaNA Office - Anchorage  
Attend in-person or online!  
FREE CE: Earn 1.25 contact hours  
RSVP to chanti@aknurse.org  
www.facebook.com/AlaskaNurses

### Alaska School Nurses Association Conference

20/20 Vision for School Nursing in Alaska  
April 24-26  
Pike's Waterfront Lodge - Fairbanks  
alaskasna.nursingnetwork.com

### Alaska Breastfeeding Coalition

28th Annual Conference  
April 27-28  
BP Energy Center - Anchorage  
www.alaskabreastfeeding.org

## Education and Events

### Mental Health First Aid

Wednesday, April 29 - 8:30 AM to 5 PM  
BP Energy Center - Anchorage  
www.aktclms.org

### Happy Nurses Week!

May 6-12, 2020

### 5B

A special film screening for Nurses Week at the Beartooth Theatre  
Monday, May 4  
www.facebook.com/AlaskaNurses  
www.aknurse.org

### Nursing Narratives

A night of storytelling for Nurses Week at the Alaska Center for Performing Arts  
Thursday, May 7  
www.facebook.com/AlaskaNurses  
www.aknurse.org

### 4th Annual Love a Nurse Run

A trail run and fun walk for Nurses Week  
Saturday, May 9  
at Anchorage Hilltop  
www.loveanurserun.com  
www.facebook.com/AlaskaNurses

### Mental Health First Aid

Friday, May 8 - 8:30 AM to 5 PM  
BP Energy Center - Anchorage  
www.aktclms.org

### TUESDAY TALKS

Neonatal Abstinence Syndrome  
Presented by Chantal Hawk, CPNP  
Tuesday, May 19 @ 6 PM  
AaNA Office - Anchorage  
Attend in-person or online!  
FREE CE: Earn 1.25 contact hours  
RSVP to chanti@aknurse.org  
www.facebook.com/AlaskaNurses

### End-of-Life Nursing Education Consortium

Care at Bedside & Nursing Focused Curriculum  
June 15-16  
Mat-Su Health Foundation  
uaa-coh.asapconnected.com

### TUESDAY TALKS

Spine Trauma  
Presented by James Bales, MD  
Tuesday, June 16 @ 6 PM  
AaNA Office - Anchorage  
Attend in-person or online!  
FREE CE: Earn 1.25 contact hours  
RSVP to chanti@aknurse.org  
www.facebook.com/AlaskaNurses

### TUESDAY TALKS

Herpes  
Presented by Angelia Trujillo, WHNP  
Tuesday, July 21 @ 6 PM  
AaNA Office - Anchorage  
Attend in-person or online!  
FREE CE: Earn 1.25 contact hours  
RSVP to chanti@aknurse.org  
www.facebook.com/AlaskaNurses

### TUESDAY TALKS

Hepatitis  
Presented by Lisa Townshend, FNP  
Tuesday, August 18 @ 6 PM  
AaNA Office - Anchorage  
Attend in-person or online!  
FREE CE: Earn 1.25 contact hours  
RSVP to chanti@aknurse.org  
www.facebook.com/AlaskaNurses

### TUESDAY TALKS

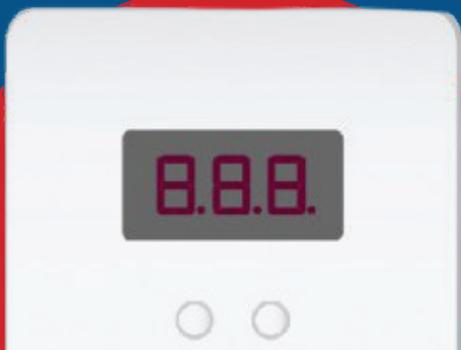
Palliative Care  
Presented by Stacie Reitenger, RN  
Tuesday, September 15 @ 6 PM  
AaNA Office - Anchorage  
Attend in-person or online!  
FREE CE: Earn 1.25 contact hours  
RSVP to chanti@aknurse.org  
www.facebook.com/AlaskaNurses

### 2020 Trending Topics in Nursing Conference

October 8-10  
BP Energy Center - Anchorage  
www.aknurse.org  
www.aanaconference.org

Remember to visit [www.facebook.com/AlaskaNurses](http://www.facebook.com/AlaskaNurses) for current events and [www.aknurse.org/index.cfm/education](http://www.aknurse.org/index.cfm/education) for frequent updates and information on local nursing continuing education opportunities and conferences.

Want to list your event in The Alaska Nurse Calendar of Events and at [www.aknurse.org](http://www.aknurse.org)? Send information to [andrea@aknurse.org](mailto:andrea@aknurse.org)



## Install and test carbon monoxide (CO) alarms at least once a month.

CO is called the “invisible killer” because it’s a colorless, odorless, poisonous gas. Breathing in CO at high levels can be fatal.

U.S. Fire Administration



FEMA



# WHERE GREAT IDEAS TAKE FLIGHT

GRAPHIC DESIGN  
SOCIAL MEDIA  
PUBLICATIONS

ALASKA LIFE  
PUBLISHING  
LLC

[ALASKALIFEPUBLISHING.COM](http://ALASKALIFEPUBLISHING.COM)