AI & DIGITAL HEALTH LEADER

AI Ethics in Nursing

A comprehensive guide to ethical principles, accountability frameworks, and practical application for nurse educators and clinical practice leaders.

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AI Safety Pause™

WHY AI ETHICS MATTERS IN NURSING

Understanding the stakes before deploying AI at the bedside

Artificial intelligence is reshaping clinical environments at a pace that outstrips nurse preparation. From predictive sepsis algorithms to AI-assisted medication reconciliation, nurses encounter AI-generated recommendations daily — often without formal training on how to evaluate them.

Ethics is not a theoretical exercise. When AI makes an error and a nurse acts on it, the nurse is accountable. When AI reflects historical bias and a nurse fails to question the output, a patient is harmed. Ethical AI practice requires nurses to be not just users of technology, but critical evaluators of it.

This resource grounds ethical AI practice in nursing's professional values: beneficence, non-maleficence, autonomy, justice, fidelity, and veracity — and maps each to the realities of AI-assisted care.

THE AI SAFETY PAUSE™

Three questions every nurse should ask before acting on AI output:

1. Does this make clinical sense?

2. What might the AI be missing?

3. Who is accountable for this decision?

These questions are not a burden — they are the professional standard. Clinical judgment is irreplaceable.

CORE ETHICAL PRINCIPLES APPLIED TO AI IN NURSING

Mapping nursing's foundational ethics to AI-assisted practice

1

Beneficence — Do Good

AI should be used to promote patient welfare. Nurses must evaluate whether an AI recommendation genuinely benefits the patient in this specific context, not just on average across a population.

Nursing Application:

Before acting on an AI alert or recommendation, ask: does following this recommendation benefit my patient right now, given their individual clinical picture?

2 **Non-Maleficence — Do No Harm**

AI systems can cause harm through errors, bias, and over-reliance. Nurses must remain vigilant for AI output that could lead to clinical harm if accepted uncritically.

Nursing Application:

Recognize that AI hallucination, data gaps, and training bias are real risks. Never suspend clinical judgment because an algorithm generated a recommendation.

3 **Autonomy — Respect Patient Choice**

Patients have the right to know when AI is involved in their care and to participate in decisions. AI should support, not supplant, patient-centered care.

Nursing Application:

Communicate transparently with patients about AI-assisted tools. Support informed consent conversations that include the role of AI in diagnosis or treatment planning.

4 **Justice — Ensure Equitable Care**

AI systems trained on biased data can perpetuate health disparities. Nurses must be vigilant about AI outputs that may disadvantage patients based on race, gender, socioeconomic status, or geography.

Nursing Application:

Question AI tools that produce disparate recommendations across patient populations. Advocate for equitable AI deployment and report concerns through institutional channels.

5 **Fidelity — Honor Professional Commitments**

Nurses have a duty of loyalty to patients. This means maintaining human oversight of AI systems and refusing to allow institutional efficiency pressures to override patient advocacy.

Nursing Application:

Do not allow AI tools to become a substitute for therapeutic presence, clinical assessment, or professional advocacy. Technology serves the nurse-patient relationship; it does not replace it.

6 **Veracity — Commitment to Truth**

Nurses must communicate honestly about the limitations of AI-generated information, both with patients and with the care team. Presenting AI output as clinical certainty is an ethical violation.

Nursing Application:

When sharing AI-generated information with patients or colleagues, clearly identify it as AI-generated and note its limitations. Epistemic honesty is a professional obligation.

AI GOVERNANCE & NURSE ACCOUNTABILITY

Understanding who is responsible when AI is involved in care

Nurses are held accountable for AI-informed outcomes — yet are systematically excluded from the governance, design, and procurement of the AI tools they use. This is an ethical problem, not just a practical one.

The Joint Commission's RUAIH™ (Responsible Use of Artificial Intelligence in Healthcare) and CHAI (Coalition for Health AI) frameworks establish institutional responsibilities for AI oversight. Nurses must understand these frameworks to advocate for appropriate governance.

Key governance questions every nurse educator should raise:

- Who at this institution is responsible for evaluating AI tools before clinical deployment?

- Are nurses represented on AI governance or procurement committees?
- What is the process for reporting AI-related adverse events or near misses?
- How are AI tools monitored for bias or performance drift after deployment?
- What training is provided to nurses before a new AI tool goes live?

ETHICAL CASE SCENARIOS FOR CLASSROOM USE

Discussion prompts grounded in real clinical AI contexts

SCENARIO 1 | Predictive Sepsis Alert

A nurse receives a sepsis prediction alert generated by the hospital's AI early warning system. The algorithm flags a 58-year-old post-surgical patient as high risk. The nurse's own assessment finds the patient alert, oriented, with stable vitals and no clinical signs of infection. The attending physician dismisses the alert without seeing the patient.

Reflect: As the nurse, what are your ethical obligations when your clinical judgment conflicts with an AI alert?

Consider: Who bears accountability if the patient deteriorates — the algorithm, the physician, or the nurse who documented the discrepancy?

SCENARIO 2 | AI-Generated Discharge Summary

An AI tool generates a discharge summary for a patient being released after a cardiac event. The summary contains a medication recommendation that is inconsistent with the patient's documented allergy profile. The summary was generated from EHR data and routed directly to the patient's portal before nurse review.

Reflect: What does the principle of veracity require of the nurse in this situation?

Consider: How should this near-miss be reported, and what systemic changes should be advocated for?

SCENARIO 3 | Racial Bias in Pain Assessment AI

A nurse educator reviews a recently adopted AI-assisted pain assessment tool and notices that the tool's recommendations consistently result in lower analgesic doses for Black patients compared to white patients with equivalent documented pain scores — a pattern consistent with historical bias in the training data.

Reflect: What ethical principles are implicated, and what is the nurse's professional obligation upon identifying this disparity?

Consider: How does the principle of justice require nurses to respond — at the bedside, and at the institutional level?

ANA PRINCIPLES FOR NURSING AND ARTIFICIAL INTELLIGENCE — KEY TENETS

The American Nurses Association (ANA) established principles to guide nurses in AI-related practice. Nurse educators should ensure these are embedded in curriculum:

Transparency	Nurses should advocate for AI systems that are explainable and whose limitations are disclosed.
Accountability	Individual nurses remain professionally accountable for all clinical decisions, including those informed by AI.

Human-Centered Design	AI tools in nursing must center patient dignity, safety, and the therapeutic relationship.
Equity	Nurses should actively evaluate AI tools for bias and advocate for equitable outcomes across all patient populations.
Data Integrity	Nurses must understand how AI is trained and question the quality and representativeness of training data.

REFLECTION FOR NURSE EDUCATORS

Which ethical principle is most underaddressed in your current curriculum?

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What is one course modification you could make in the next semester to address it?

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KEY RESOURCES ANA Principles for Nursing & AI • Joint Commission RUAIH™ • CHAI Framework • AI Competency Domains for Nurses (Deane & Koyfman, 2026) • ANA Code of Ethics