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Pragmatism of Ethical Decision Making Framework

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Abstract

Ethics provide with the basics to apply Professionalism and ethical responsibility in a realistic approach. Nurses are the primary caregiver and they face many ethical dilemmas in their day to day practice. These dilemmas need proper ethical decision making in term of best patient's interest. Thus, the framework for ethical decision making supports the decision by evaluating and clarifying the ethical dilemma. The main focus of this paper is the utilization of the ethical decision making framework in best patient's interest by abiding the two major principles of beneficence and autonomy. Ethical decision making is not only the physicians' responsibility, nurses should play a vital role in making these decisions with their sound knowledge and communication skills. Nurses should be empowered towards ethical decision making by strengthening their curriculum, better communication skills and giving them complete autonomy.

Keywords: *ethical decision making framework, beneficence, autonomy*

1. Introduction and Case Study

Nurses' facing ethical issues in daily practice and these issues always requires proper ethical decision making in term of best patient interest. During my clinical experience in emergency ward, I came across a situation where ethical decision making needs to be implemented. A seven year old boy came in the emergency unit resuscitation room with GCS 3/15. After examination of the child pediatric supervisor did intubation and place the patient on an OETT tube with bagging. Child was shifted on ventilator bed in ICU (Intensive care Unit) for further management. Later it was identified that child had a large brain tumor. Surgery was refused by the doctor due to poor prognosis. After 24 hours, the child was put on do not resuscitate (DNR) with full pharmacological support. Due to DNR orders, medical team insisted for removal of OETT tube and the ventilator but parents on the other hand opposed to it. In this scenario, the ethical dilemma is to keep the child on OETT tube and ventilator or withdraw it as child status is DNR. This is really a difficult situation where decision is to be made in best patient interest. Here comes a question that who should involve in decision making and who will decide for the patient best interest? Is ventilator care is good for the patient or it is doing harm to the patient?

2. Discussion

To investigate and resolve this ethical dilemma, The Nor-Man Regional Health Authority framework of ethical decision making that is a three step process needs to be integrated to facilitate logical analysis of this particular situation. Firstly, the main issue which is highlighted in this scenario is to keep the child on a ventilator or to withdraw him from the ventilator due to DNR and poor prognosis related to the large size brain tumor. The rational for choosing this case is my interest and experience in working in the emergency unit. This situation is very common and in our daily routine we came across similar situations in several occasions. In addition, nurses can play a vital role, dealing these situations, as they are in contact with physician in one hand and parents on the other. In contrast, nurses' lack of knowledge and expertise related to ethical decision making can also lead to serious consequences and feeling of guilt among nurses.

Second step in the framework for ethical decision making is to evaluate and clarify the ethical dilemma in the light of ethical principles which is the main focus of this paper. First we explore the beneficence and nonmaleficence in terms of treatment and nursing care provided to the patient. According to Edge and Groves (2006) "It is a moral obligation to act for the benefit of others". In this scenario, initially when patient came in emergency unit child was given emergency first aid and nursing care. Child GCS was 3/15 on arrival and was taking labored breathing and showed signs of compromised circulation. Child also has the right to receive the treatment and free from danger. Physician also abides by the code of conduct which states that physician have a duty to act for the benefit of others (Hawley, 1997). On the other hand, nonmaleficence is defined as it requires intentionally refraining from actions that cause harm to the patient (Edge & Groves, 2006). In the light of this principle, physician had to take the complete history of the patient beforehand to come up for accurate decision which was lacking in this case. Moreover, outweigh the benefit versus harm by

evaluating the prognosis of the child with large brain tumor size and possibilities of success in terms of providing extraordinary treatment such as ventilator (Edge & Groves, 2006). In this scenario, patient disease is chronic in nature and poor prognosis due to large size tumor moreover, quality of life will be compromised in future due to chemotherapy and radiotherapy side effects. On the other hand cost of these extraordinary treatments including ventilator, frequent hospital admissions, chemotherapy or radiotherapy will be extremely high. Literature also highlighted that in these cases the main concern in the care of the terminally ill client is the proper use of life-sustaining interventions. Where little benefits to be gained by these interventions however the potential harm remains generally (Walker, 1996). Above all, psychological impact on the child following these treatment and other family members who are involved in care also suffer in this regard. Therefore, the risks outweigh the benefits which could be burdensome for their parents and health care professionals in long run. Now, here comes the physician duty to protect patient from harm and physician obligations include current and comprehensive knowledge and skills to prevent patient from harm. In relation to this scenario the physician decided to put child on DNR with pharmacological support and take out OETT tube, kept in mind the goal of treatment as palliative and comfort measures. On the other hand, withheld the treatment could be appropriate ethically but withdrawing OETT tube will accelerate the death of the child which is ethically unacceptable.

Third principle is the autonomy of the patient, here in this scenario the patient is 7 years old child who is incompetent to choose the treatment for himself. According to Beauchamp and Childress, (2009) stated that if patient is incompetent then a hospital, a physician, or a family member may justifiably exercise a decision-making role or to resolve the issues before implementing a decision. In the light of this statement parents are the surrogate decision maker for this child. In relation to this scenario, parents were refused to put off the ventilator as parents justify the decision because of parent child relationship and bonding. Moreover, appropriate treatment is also the right of the child which should be respected.

The fourth principal is justice which usually debate on allocation of health care resources. In this scenario, intensive care bed could be utilized to another patient who has best prognosis and chances of survival. Child has chronic illness and less chances of survival and more burden of cost towards the family. Secondly, the main question arise here that DNR patient truly need the intensive care bed or not. Literature highlighted that the criteria used to allocate the bed is that of best prognosis or medical utility (Edge & Groves, 2006). On the contrary, child has the right to receive treatment and the life of the child is equally important and should be preserved.

There is a conflict identified between the application of these principles in this scenario, where principle of beneficence and autonomy guided decision that by “doing good” for the child and by “respecting the surrogate decision makers’ autonomy” and the rights of the child depict that the child should be kept on ventilator and given the chance for survival. I think, chance should be given to the child for survival. On the other angle, nonmaleficence “do no harm” and Distributive justice in term of “medical utility” guided the decision that discontinue the OETT tube and ventilator and more focus on palliative care treatment.

The third stage of ethical framework applies here, possible actions should be identified and weigh the consequences simultaneously. First action related to this scenario and by the guiding principle of nonmaleficence and justice is to keep patient on DNR with pharmacological support, more focus on palliative care and take out the OETT tube and ventilator. Following this decision lead to disregard the child surrogate decision maker autonomy and can accelerate the death process which is not ethically justified. Moreover, the outcome could be sudden death of the child. Second action related to this scenario and in the light of autonomy and beneficence principle. These principle guided that child should be continue with current treatment and kept on ventilator while given child chance of survival. Following this kind of decision lead to respect the autonomy of the surrogate decision maker and doing good for the patient and it also fulfills the rights of the child. The consequences could be the cost of the treatment bear by the parents.

Finally, the child was kept on ventilator and given the chance for the survival. Community was also mobilized to arrange for financial assistance for this patient at the later stage. The action taken in this situation based on the guiding principle of beneficence and autonomy. Furthermore, child clinical condition was also evaluated in the intensive care unit.

In my previous experience with this scenario, the similar decision was made for the child. After 72 hours of ventilator care child get reverted back and started responding and become fully conscious. Then, the physician changes his plan of care from DNR to acute management and also planned to start radiotherapy for further treatment. On analyzing and evaluating this whole scenario, child gets benefited and progressed which is the ultimate goal of medical treatment and nursing care. Moreover, discontinuing treatment would not be morally and ethically justifiable in regard to this scenario.

The framework of ethical decision making utilized to resolve the overall situation in this scenario. It also assist to identify the major issues and problems then to clarify the ethical issue in the light of ethical principles, values and professional code of conduct, Finally the action taken and evaluate the effectiveness of the outcome. So, by utilizing this framework decision is being made with patient best interest and abiding by the principles of beneficence and autonomy.

3. Recommendation and Conclusion

To recommend, ethical decision making should be mutually shared between physician and patient (Walker, 1996). The nurses can play vital role and should be competent enough with regard to their knowledge and skill of communication to recommend the best possible treatment in the patient best interest. Secondly, I think open forum should be arranged for health care professionals including physician, nurses and supporting nursing staff to speak up the ethical and legal issues in health care. Their ongoing discussion and learning will maximize the empowerment towards ethical decision making by strengthening their curriculum. Next, involvement of ethical committee should play an important role in ethical decision making. Then, patient advocacy is very important and the livelihood of the health care team members especially nurses. Nurses should take stand and should given a complete autonomy in

ethical decision making on behalf of patient best interest. Finally, community should be mobilized for the financial assistance of the client.

Lastly, it's crucial to ethically decide in best patient's interest but with sound knowledge, better communication skills and full autonomy, nurses can make better ethical decisions.

4. References

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