Nursing Ethics

Name

Institution

**Introduction**

This assignment is concerned with the documentation of comprehensive understanding about the ethical dilemmas that nurses pass through the course of their nursing practice that demand careful decision- making on the part of nursing professionals. This is because each individual possesses unique genetic predispositions and environmental- driven attributes that develop individualized thinking patterns, feelings, emotions, perceptions, attitudes, outlooks, orientations, morality, decision- making, problem solving, intelligence, personality and behavior due to which attainment of universality in terms of clinical decision- making is something next to impossible. Nursing Codes of Ethics present the best possible solution of this problem that assist nurses in challenging decision- making scenarios. These standards include beneficence, nonmaleficence, confidentiality, autonomy, justice and fidelity (Bell, 2015).

**Given situation (Fry et. al., 2011)**

In the given situation, the patient is suffering from terminal illness; prostate cancer and additional adversity in terms of myocardial infarction. Currently he is there in the Recovery Room from where he would be shifted to Coronary Care Unit where a staff nurse; Mr. Packard is appointed to cater his condition. Mr. Packard shifts the patient to CCU and takes good care of him; takes extraordinary advanced measures to stabilize him, monitors his vital signs constantly. His vital signs demonstrate gradual improvements but soon he meets a Cardiologist who tells him that patient has located an advanced directive about *not to resuscitate.* He soon meets one of the relative of Patient who confirms the news about patient’s advanced directive but it was still not located. Soon he is instructed to communicate conservative care practice to the patient where his situation starts deteriorating. One internee and CCU resident approach Mr. Packard and communicate that patient is being treated cruelly over conservative care measures. After knowing about Advanced Directive, they advise Mr. Packard to turn the IV drip of dopamine off so that patient could be relieved from the cruel treatment permanently.

**Application of codes—my decision**

Based on the above presented case study, Mr. Packard should NOT turn the drip of dopamine off because of several reasons. The first reason encompasses the suspected presence of Advanced Directive. Since, the Cardiologist and patient’s relative are claiming for the Advanced Directive without any evidence in hand. There is an equal opportunity that no Advanced Directive was determined by the patient and both the persons are assuming it erroneously. A nurse must take any step in the light of appropriate evidences particularly when it revolves around saving any life (ANA, 2015).

Secondly, the principle of beneficence and nonmaleficence suggest that nurse must take any action that fosters patient’s biopsychosocial well- being and they must avoid any action that brings harm to the patient (ANA, 2015). If Mr. Packard slows the IV drips down, it might act as a substantial threat against patient’s survival due to which both the ethical codes would be challenged. Under the influence of these two codes and potential absence of Advanced Directive, I believe that patient must be provided with the advanced care measures. Another reason for the resuscitation is the improving condition of the patient under advance care measures; as his vital signs indicated gradual stabilization such as heart rate, blood pressure and body temperature (Baker, 2005). Patient was conscious as he responded to the verbal commands of nurses, moved his limbs, gripped Mr. Packard’s hands, responded to the pain and opened his eyes. All of these signs indicate his eventual recovery.

Although resuscitating the patient will fulfill the principles of beneficence and nonmaleficence yet it would undoubtedly threaten and challenge the principle of fidelity. The principle of fidelity suggests that nurse must remain cooperative to his staff and other members of healthcare organization (ANA, 2015). He must abide by the decisions made by the authorities at every cost; he must act within his scope of practice. If he goes against the decision of authorities; the principle of fidelity would be broken (ANA, 2015). However, this issue can be eliminated if nurse conveys his concerns to the authorities and persuades them to continue advanced care measures for the patient.

Another issue might occur as well; if the Advanced Directive is relocated and it is confirmed that patient asked for not to resuscitate; what would happen next? (Dahnke, 2009). The principle of autonomy would be threatened because decision was made against his will despite formal directives (ANA, 2015). Patient if successfully resuscitated, comes to know that his decision was not dignified would take a serious toll on the principle of autonomy and self- determination. However, each issue is trivial when compared with saving any life; patient can be counseled about the situation afterwards.

**Conclusion**

Based on the above mentioned activity, I would undoubtedly suggest Mr. Packard to save patient’s life through continuing IV drips and applying the advanced care measures to ensure patient’s survival. This is because saving a precious life and attempting to ensure patient’s well being is the crux of healthcare profession. My suggestion would attempt to fulfill two primordial Ethical Codes of nursing such as beneficence and nonmaleficence; with the most wanted and desirable outcomes. The principle of fidelity would be threatened but it can be settled through formal talks and persuasion skills; it is less critical in my view because saving a life is more important than breaking any convention or law. The principle of autonomy will remain ambiguous till Advanced Direction is not attempted to be located. In a nutshell, saving a precious life and ensuring patient’s good physical, mental and psychological well being is the hallmark of nursing profession which can never be compromised until or unless it interferes with the self- determination authority of the patient.

**References**

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