Advocacy Paper

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# Introduction

Often, in the healthcare profession, physicians, nurses and healthcare workers are often faced with issues that put more than one lives at risk. While at times, they have advanced directives from the patients themselves to inform them of the best course of action, things become easier for them to follow. On the other hand, having their family members around also gives medical professionals a source to seek guidance when faced with medical decisions that are accompanied by severe implications. The job of a healthcare professional is not easy. However, this job becomes especially difficult when a patient is brought into the hospital.

The patient is young and an organ donor, who was involved in a deadly car accident moments before being brought to the hospital. She was seen to immediately at the hospital and was classified brain-dead within the hour. Given that she was a registered organ donor, she was to be kept in the present state until arrangements were made across the state to hospitals where doctors sought organs for their terminally ill patients. While the situation seems simple enough, there was one aspect that changed the rules for the healthcare professionals assigned to her case. The woman was 21 weeks pregnant. She was braindead and an organ donor, with a healthy baby that continued to develop unharmed within her body (Gopčević et al., 2017).

# Discussion

Matters such as this, where patients, who are registered organ donors, are proclaimed brain-dead upon arrival can make a healthcare facility delve deeper into the ethics of the situations. The situation, already precarious, is made even worse since the patient is a 21weeks pregnant. With the complete absence of a medical proxy or even an advanced directive, someone has to take responsibility regarding the patient and choosing the right course of action for her if and how her situation will be treated. While it is the physician’s job to decide the right course of medical treatment for her, it is the nurse that would decide, ideally, serving as the patient’s advocate and choosing the course that would in the best interests of the baby.

Bioethics is great regard in this help. It emphasizes on situations in which a patient is left in a vulnerable state, where a dedicated set of goals need to be pursued and achieved and dilemmas to be solved (Hofmann & Magelssen, 2018). In this instance, bioethics is an ideal means to come up with a viable solution for the patient. Thus, to come to an organized and optimized solution bioethical decision-making process is used by healthcare providers. This aims to work with and align the bioethics of the situation with evidence-based practices and person-centered care.

The bioethical decision-making process comprises four steps. Each step in the process has a very different goal. However, one thing common among them all is a complementary focus on goals and ethics of the matter (Forte, Kawai, & Cohen, 2018). The first step deals with the ethics of accuracy. It discusses the accurate diagnosis, the prognosis and the success and failure of possible treatments. Here, evidence-based practices along with sound scientific reasoning are key to ensure that the ethics of accuracy are being followed. In the present case, there are three factors that need consideration in this regard. Firstly, the doctors and the nurses need to determine the right course of action with the patient especially in terms of her pregnancy. They need to look at what the law says regarding organ donation from a pregnant brain-dead patient and proceed with caution from that point forward. It is true that the patient is brain-dead, but the focus should be on saving her child on a priority basis, rather than harvesting her organs for donation. At an early stage of gestation, such as 21 weeks, the fetus only has a 1% chance of survival. At this point, the viability of fetus until maturity is a huge dilemma.

Literature shows that between 1982 and 2010, around 30 cases of brain-dead pregnant patients were reported, with more than 17 babies successfully delivered. While the odds here, may not be in the favor of the child, delivering the fetus is the best resort at this point. Thus, the second step in the bioethical decision-making process brings the very ethics of comprehension into question. It brings in the values held by the patient with regard to suffering and the insistence of medical staff to adhere to the patient’s values and judgment. However, since the patient cannot speak for herself, the priority would be given to the fetus to ensure the delivery of a viable fetus that can grow into a healthy child.

The third step of the bioethical decision-making process is the ethics of situation awareness. Here, a multidisciplinary team including obstetricians, anesthesiologists, neurologists, and neurosurgeons was assembled. They will aim to assess the situation and seek to understand the best course of action for the patient. The ideal result, in the present situation, would be to subject the patient to therapeutic interventions. This way, the body will able to keep up it's normal functioning, protecting both the baby and the organs needed for transplant. The multidisciplinary team would work together in perfect tandem, using evidence-based and patient-centered practices to ensure that the patient is being looked after in the best way possible.

Finally, the fourth and last step of the bioethical decision-making process is called the ethics of deliberation, where the patient-provider relationship is subjected to intense scrutiny. Here the rapport between the patient and the provider is crucial to establish a certain set of goals for patient care. These values need to be respected for the sole reason that the patient wants it. These needs would always be respected, and it is the duty of the care provider to find scientifically acceptable practices to deliver ideal care. Given that the patient cannot make a decision for herself, a registered nurse could serve as a proxy for the patient and look out for her just as she would look out for herself if the situations were reversed. She needs to ensure that the fetus is delivered as a healthy baby and is able to continue its life as such. Furthermore, the nurse would also need to keep the people on the receiving end of an organ transplant from the patient. Thus, she would need to find the best course of action to address both concerns.

# Conclusion

Being a healthcare professional is a challenging job. But, being a registered nurse is more challenging when compared to a physician or a healthcare worker. While it is the doctor’s that diagnose the patients and often advise the right course of action with their healthcare treatment, it is nurses that execute their wishes. They often establish and share a unique bond with the patients, and patients look to them for guidance when faced with decisions that can positively or negatively change the lives of such patients. In the present case, the patient lacked a family member to serve as a medical proxy to take decisions, and with the lack of an advanced directive, it fell to the registered nurse to serve as the patients advocate and make decisions for her that were in the best interest of the child, and that is exactly what she did. Using the bioethical decision-making model, the nurse was able to get to a viable solution that could potential save the patient’s baby and also ensure that the baby has a long and decent life.

# References

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