**Liz**

**Reflection paper**

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The ethics of a nurse is a set of behavioral and moral standards by which a nurse should be guide in their daily professional activities. I have always experienced the significant stress as they consider some care that nurses or other professionals consider appropriate to be futile (Makaroff *et al.,* 2014). In fact, some people do not see it as a relentless treatment, but rather as keeping the patient alive at all costs, an objective that must be pursued in an intensive care unit, regardless of the age and condition of the patient (Orb et al., 2001). For those who experience an ethical dilemma, the "whatever the cost" represents the drift towards what they describe as "making the hell out" on the elderly. In this dilemma, we find the presence of two values ​​in real confrontation: a value that they say to share on the personal and professional level, that is to say the respect for the dignity of the patient, and a value associated with the organizational culture of intensive care that is, keeping the patient alive at all costs. Thus, to maintain life at all costs, regardless of whether the patient is in great pain, opposes what nurses perceive as respect for the dignity of the patient.

In the case of elderly, elderly and suffering patients, the nurse believes that her dignity is no longer preserved; this is what creates a discomfort in his conscience and which produces the ethical dilemma between the desire to mention that it would be better to stop the treatments and the professional and organizational obligations that are asked of him (Clark and McCann, 2005). For her, stopping treatment would start the process of accompanying her to death more humane by alleviating the suffering of the patient, allowing her to die with dignity without extreme suffering. Preserving this value would be acceptable. Finally, this type of hard heavily mortgaged with the elderly creates an unrealistic hope in the patient and his family and is perceived as an extension of agony. According to the participants, this state of affairs creates false expectations on all sides and lengthens the period of mourning for the family, not to mention the distress experienced by nurses.

It should be emphasized that nurses' perception of euthanasia is part of the organizational context of the decision-making process that was established when treatment was stopped. First, it should be noted that nurses living an ethical dilemma have never participated in discussions between the doctor and the family (Pinch, 1985). They do not participate in the deliberations and so they can not appropriate the reasons that justify the decision of doctors and family to stop treatment. They have the impression that they are faced with a fait accompli by agreeing to stop treatment and to execute the order to administer the doses recommended by the attending physician (Lindy and Schaefer, 2010).

According to my experienced, It must be said that the ethical component of the work of nurses is dealt with by a separate science - deontology. She identifies several behavioral rules and principles on which relationships with colleagues and patients should be based:

* It is necessary to observe the hierarchy, to carry out the orders of doctors. A nurse should understand the principles of subordination and follow them;
* It is necessary to keep secret information that has become known by virtue of the performance of their professional duties. Disclosure of such information violates the rights and interests of patients and third parties;
* Inadmissible are the facts of conflict in sight in patients;
* The nurse is obliged to maintain a friendly attitude towards others, to be polite, tactful.

In this concept of reliance overlap the values on which the nursing profession is based more specifically the values adopted by those practicing in palliative care; we are talking here about respect for the dignity of the person and the relief of pain. Several health organizations at various levels (global, national and provincial) have adopted guidelines to guide the implementation and practice of palliative care.

**References**

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