Applying Legal and Ethical Parameters to Nursing Practice

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**Introduction**

 The essay is about a special clinical situation that often arises in patients with some severe disease that cannot be cured to save life. Such a situation demands the patient to prioritize actions regarding the treatment and assign someone to follow his or her will in this regard (Atkins, Lacey, Britton, & Ripperger, 2017). Mr. Smith is an aged, well-to-do farmer who owns a large piece of land that allows him to live comfortably. His wife is caring towards him. She notices an outgrowth in the form of a mole on Mr. Smith’s leg. He, therefore, visits the skin clinic. He is diagnosed with an acute stage of melanoma (Hodis, 2018). He is examined by a skin specialist, a histopathologist, and an oncologist and, finally, referred to the palliative team. Palliative team help in making decisions regarding chemotherapy, especially near the end of life (Chan, Lam, Siu, & Yuen, 2016). He has to discuss with the team several issues about how to carry on further treatment and take necessary decisions. He has to decide whether he has to strive to live or opt for euthanasia (Emanuel, 2017). He thinks about what his quality of life is going to be with the adversity and burden of the fatal disease he carries. He is guided by the healthcare personnel to indulge in artificially prolonging life treatments including different therapies to cope with the disease. These therapies allow a person to live for a certain period whose life is near to end (Fletcher, 1966). He confronts a situation where he needs emergency treatment for the disease by undergoing specific surgeries to remove the infected areas containing tumor (Tohme, Simmons, & Tsung, 2017). In later weeks of treatment with the palliative team, he makes his will about further treatment decisions. He confers his power of attorney on his caring wife who knows him the best.

**Body**

**Euthanasia**

 Euthanasia is a process in which a person’s life is deliberately terminated because he or she is in a clinical condition that cannot be cured by any means (Atkins, et. al., 2017). This process is carried out to relieve a person’s suffering. However, there are certain other instances where a person may want to end their life. In most of the clinical cases of severe and incurable diseases, euthanasia is performed at the will of the person involved (Keown, 2018). There may be, however, certain situations where a person is not able to communicate his or her will, and the decision of euthanasia is taken by the relatives, friends, or medics. Euthanasia may be active, passive, voluntary, involuntary, indirect, or assisted (suicide) (Atkins, et. al., 2017). In the UK, euthanasia is illegal, as they consider it a serious crime against a person’s rights to terminate life due to any reason. It can cause a person to be imprisoned for a period of up to fourteen years (Inbadas, Zaman, Whitelaw, & Clark, 2017).

 Mr. Smith is in the last stage of disease, and the doctors have concluded in his case that recovery is almost impossible. Therefore, he is compelled to think about Euthanasia. Certain ethical issues arise that must be considered in his situation (Pesut et al., 2019). Although the chances of his survival are minimal, yet he can hope for a better outcome or miracle in the treatment. He owns a large dairy farm where several people work under his supervision. He can contribute more to the community by avoiding euthanasia. A physician-assisted suicide would be no good idea (Radbruch et al., 2016). He is a rich man, and he can easily manage to bear high costs of medical procedures needed to be carried out for prolonging his life as much as possible. Palliative costs for the last period of his life do not matter to him (Brick et al., 2017). Further, he has a wife who is caring enough to look after him and provide emotional support. His decision to opt for euthanasia will hurt her the most in any aspect.

 Mr. Smith has led a life full of activity, enthusiasm, and value. He cannot imagine to live like a useless entity. He never wants to become a burden for her wife or others. He fears a huge loss of his quality of life, based on losing a lot of things he had expected to do in good health, but then his quality of life was to become worse due to his final stage disease (Prigerson et al., 2015).

**Quality of Life**

 In general, quality of life comprises the set of expectations that a person or society has towards a good life, influenced by the values, beliefs, goals, and socio-cultural context. In healthcare, quality of life refers to the ability of a person for carrying out life activities normally (Karimi & Brazier, 2016). It is a significant consideration in the medical science as the clinical treatment of certain diseases may result in enhancing quality of life or impairing it otherwise (Devlin, Shah, Feng, Mulhern, & van Hout, 2018). Quality of life becomes a concern in a clinical case when nurses have to tailor the care given to the patient as per his/her unique needs (Atkins, et. al., 2017). This requires the nurses have the same understanding of the patient’s needs and expectations as perceived by that patient.

 MR. Smith has led a life of almost a landlord. He had wealth, health, and popularity in his life. He had seldom been ill in his life. He went to see the doctor when his wife noticed a mole on his leg. A mole is not always a symptom of melanoma (Whited & Grichnik, 1998). This implies that he had not bothered himself by looking into such trivial matters. After being ill, he is in a situation that is horrible for him. He is not used to it. He has also been diagnosed to have an incurable disease. He is at stage 4 of melanoma (Reintgen & Saba, 1993). He sees his future with no light and energy. He is informed that he may have certain painful conditions due to his disease (Høimyr et al., 2011). The cancer has expanded to lymph nodes, brain, and lungs. Consequently, he is quite probable to experience shortness of breath, headaches, constant fatigue, and many others (Brandberg, Bolund, Sigurdardottir, Sjödén, & Sullivan, 1992). His efforts for chemotherapy or any other recovery treatment will bring about no positive results. He must have to undergo emergency surgery sometime (Shenoy & Cassim, 2013). He is certain that his life will end up giving him no comfort in his last days.

 Because of his wife and his community, he decides to live on as long as he is destined to. He discusses with his doctor about the alternative treatments for prolonging his life. The doctor advises him that he should undergo artificially prolonging life treatments (Caralis, Davis, Wright, & Marcial, 1993). He is informed that these treatments will not give him a new life. They will only help him live as far as his body endures the disease.

**Artificially Prolonging Life**

 If a person is in a clinical situation wherein one or more of his/her organs stop working partially or fully such that this condition may result in termination of life, certain medical procedures or treatments can be used to prolong that person’s life artificially (Luta et al., 2015). These procedures include chemotherapy, hemodialysis, cardiopulmonary resuscitation, artificial nutrition or hydration, mechanical ventilation, and some others (Wilson & Schuchter, 2016). These procedures only help in prolonging the life of a patient for a certain possible period. They do not cure the disease so that the person can live on his/her own (Atkins, et. al., 2017). Artificially prolonging a person’s life usually incur substantial costs.

 In Mr. Smith’s case, he will need chemotherapy, immunotherapy, and radiotherapy for dealing with the different aspects of disease. Chemotherapy will help him fight the cancer by killing the cancer cells. Since he has been diagnosed with melanoma, his melanocytes have been mutilated to form tumor cells (Schadendorf et al., 2015). Chemotherapy will aim at stopping the growth of these tumor cells. Chemotherapy involves the use of certain chemicals for killing the cancer cells (Wilson & Schuchter, 2016). The doctors will also use another treatment to cure his disease, named radiotherapy. It involves the use of some specific radiation to kill cancer cells. Radiotherapy coupled with chemotherapy will kill cancer cells and stop their growth, as much as it would be possible in his acute disease stage (Brożyna, Jóźwicki, Roszkowski, Filipiak, & Slominski, 2016). Since Mr. Smith’s melanoma has extended to his lymph nodes causing a painless swelling in them, he needs immunotherapy as well. This therapy is intended for helping the immune system to fight against cancer cells (Redman, Gibney, & Atkins, 2016). The immune system fights against the infectious or harmful cells and the lymphatic system removes toxins, wastes, and unnecessary materials from the body (Randolph, Ivanov, Zinselmeyer, & Scallan, 2017). With a combination of the three therapies, the doctors hope that Mr. Smith’s life can be prolonged artificially to a little extent.

 Mr. Smith is in critical clinical situation. His cancer has spread in various organs. He may need certain resuscitation treatments due to the severity of his illness (Smith et al., 2008). He needs to take precautionary measures and get ready for the worst that can happen to him.

**Resuscitation**

 Resuscitation is a medical treatment or procedure that involves rectifying some physiological disorder in a patient with emergency needs (Atkins, et. al., 2017). Examples of situations where resuscitation is needed are acid-base imbalance, hypoperfusion, altered consciousness, blood sugar regulation, respiratory failure, electrolyte imbalance, cardiac arrest, etc. Cardiopulmonary resuscitation is a good instance of resuscitation treatments (Holifield et al., 2018). It entails chest compression and artificial ventilation to restore intact brain function, heartbeat, blood circulation, and ventilation (Stupple, Geocadin, & Celi, 2016). The method aims at providing oxygen to the patient. Resuscitation holds significant importance in emergency medicine, trauma surgery, and intensive care medicine (Holifield et al., 2018).

 Mr. Smith has avoided euthanasia and opted for getting all possible treatments available in medical science (Lynn & Meisenberg, 2019). He is undergoing regular chemotherapy, radiotherapy, and immunotherapy, which will together ensure his possible life extension. These therapies will prolong life artificially as long as possible (Prigerson et al., 2015). However, because of his serious ailment, he might need sometime resuscitation treatment that helps him survive during severe attacks of disease. Resuscitation in melanoma can take the form of rescuing the skin dendritic cells to stop the uncontrolled growth of cancer cells (Prokopi et al., 2019). Surgery is one useful way to resuscitate patients with tumors. Surgery involves removal of the tumor cells as well as some of the healthy cells surrounding the infected area (Terushkin, Brodland, Sharon, & Zitelli, 2016). Mr. Smith will need surgery in critical situations. The doctors can prescribe any one of the many forms of surgery available for melanoma (Ellison, Zitelli, & Brodland, 2019). Lymph node dissection, lymph node biopsy, lymphatic mapping, or wide excision can be the possible alternatives in his case. Mr. Smith will need one of these surgeries depending upon his situation, besides getting regular treatment of his disease (Baranowski, Yeung, Chen, Gillespie, & Goodman, 2019).

 In spite of getting all possible treatment, it is quite possible that Mr. Smith needs to make a will regarding his treatment (Hack, Buecking, Lopez, Ruchholtz, & Kühne, 2016). That would be a more planned and secure way of pursuing the medical treatment.

**Living Wills and Advance Care Directives**

The term **‘**Advance care directive’ refers to a legal document that comprises a person’s specifications about the decisions and actions related to their health conditions to be taken on their behalf in case they do not remain able to do so by themselves (Musa, et. al., 2015). An advance care directive entails both the decisions made by patients themselves and the decisions made on their behalf by medics in case of their incapacitation (Atkins, et. al., 2017).

Mr. Smith is guided by the healthcare staff to complete these documents so that the related professionals find no difficulty in making treatment decisions in his case. These documents will help nurses to properly understand his perception of his health condition (Rathert, Williams, McCaughey, & Ishqaidef, 2015). His living will be a part of his advance care directive, which entails instructions for further treatment. It is a commonly known term in the UK such that people know exactly what is meant by the term (Wilson, 2019). Therefore, it would not be difficult for him to understand what he has to explain to get his living will completed. He will tell the assigned agent what treatment should be given to him in certain given clinical situations (Goede, Wheeler, 2015). He will also express his decision about euthanasia if the doctors are compelled to think about this option sometime in the future.

 Mr. Smith fills out the advance care directives documents and facilitate the healthcare personnel for his treatment (Rietjens, Sudore, Connolly, van Delden, Drickamer, Droger ... & Orsi, 2017). He prioritizes the treatment to be given to him in his good conscience as well as that to be given in case he becomes incapacitated to dictate his will.

**Power of Attorney**

Power of attorney, in healthcare terminology, refers to the authorization given by a patient to someone who might be a relative, friend, or medic to take actions on his or her behalf regarding the medical treatment needed (Heesters, Buchman, Anstey, Bell, Russell, & Wright, 2017). A power of attorney gives the appointed agent the same authority or right to make decisions for actions related to medical treatment as the patient has him- or her-self (Hoe & Enguidanos, 2017).

Mr. Smith may need a more advanced or upgraded version of the advance care directive referred to as the ‘second-generation advance care directive’ that empowers the appointed entity to take real-time decisions about the current or actual situation of the patient based on his/her understanding (Perkins, 2016). It does not bind the authorized agent to stick to the actions devised in hypothesized situations mentioned in the living will. Mr. Smith has different options to choose from for assigning the power of attorney, that is, healthcare staff, his friends, and his wife. Surely, Mr. Smith has not lost hope. It is the formality only that he engages in preparation for dying (Green, Schubart, Whitehead, Farace, Lehman, & Levi, 2015). These people can be entrusted by him to decide as per his will or on his behalf.

Mr. Smith chooses his wife to be given his power of attorney. She understands his perception the best. She will decide with utmost sincerity and take necessary decisions with the palliative team (Kelley, & Morrison, 2015).

**Conclusion**

Ethical and legal parameters to healthcare and nursing applies a range of considerations that need to be addressed in medical treatment. This essay presents a specific scenario wherein a person ill with melanoma is fighting against the acquired disease. Euthanasia is a practice that allows a person to terminate life in unbearable conditions. Certain ethical issues are associated with this process. Quality of life is the subjective perception of a patient about his health condition. Artificially prolonging life treatments do not cure a disease; they only keep a person living. Resuscitation is recovery or correction of a disease or disorder in emergencies. An advance care directive is a legal document that reflects a patient’s will about his future medical treatment.

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