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End of Life Ethical Dilemma

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End of Life Ethical Dilemma

GREGORY HEISER

NUR 4800-90: Transition to the Role of the Professional Nurse

Fall 2013

Dr. Ann M. Stalter

Dr. Stalter notes that this is written in a technical, non-biased voice and describes the ethical situation of a 93-year-old female suffering from Alzheimer's disease who entering the first phases of death. Heiser employs Catalano's (2009) ethical decision making algorithm to analyze the situation and creatively explains the roles of the granddaughter and nurse. Solutions to the dilemma are demonstrated in a way that empathy is felt by the reader. Finally, the writing skills, grammar, font, spelling, APA 6th edition format, and page length were met at a level exemplary of integrating writing criteria.

Introduction

This paper will describe an ethical dilemma faced by a nurse in a local emergency department. The dilemma will be analyzed using Catalano's (2009) ethical decision making algorithm for nurses. Various potential solutions to the dilemma will be discussed, along with the final resolution.

The ethical dilemma encountered by the emergency department nurse involved a 93-year-old female patient sent from an extended care facility. The patient had Alzheimer's disease and had recently stopped eating and drinking enough to sustain her. The patient was non-verbal and would not respond to voice or touch. She had been diagnosed with failure to thrive by her physician at the extended care facility. She did not have an advanced directive, but her granddaughter was her power of attorney. The patient's family had insisted she be sent to the emergency department to have a feeding tube placed. When the patient's family came into the room, they explained they were told the patient "would get better if she had feeding tube." The ethical dilemma faced by the nurse was balancing the wishes of the family and advocating for the patient's right to a dignified death.

Analysis of the Ethical Dilemma

The first step in Catalano's (2009) ethical decision making algorithm is to collect, analyze, and interpret data. In this case, the nurse assessed the wishes of the patient's family. The power of attorney told the nurse she wanted the patient to have a feeding tube placed. The POA said she was told by someone at the extended care facility the patient would get better if a feeding tube was placed. The nurse assessed the family's understanding of Alzheimer's disease. The family did not realize that Alzheimer's was a progressive, irreversible form of dementia (Porth, 2010). The family was not aware that simply providing nutrition would have no effect on the patient's quality of life and progression of the patient's Alzheimer's disease. The nurse then considered his role as advocate for the patient. The patient had no advance directives. The patient was not capable of

communication or decision-making. The patient was completely debilitated and had a stage three decubitus ulcer on her coccyx. Placement of a feeding tube would perhaps prolong the patient's life, but would do nothing to improve the patient's quality of life.

The second step in the algorithm is to state the dilemma. In this case, the dilemma is fulfilling the family's desire to have the feeding tube placed and the nurse's desire to advocate for the patient's right to a dignified death.

The third step in the algorithm is to consider the possible choices of action. One possibility is to admit the patient to a surgeon and have the feeding tube placed. A second option would be to offer hospice care to the patient and family. A third choice would be to medically clear the patient and return her to the ECF.

The fourth step in the algorithm is to consider the advantages and disadvantages of the possible choices. The advantage of having the feeding tube placed is this action would satisfy the family's desires. The disadvantage is that it would prolong the suffering of the patient. The advantage of offering hospice care is that hospice would provide the patient comfort during her final days of life. The disadvantage is that the family might not be ready to let the patient die at this time and could be upset by even considering hospice care. The advantage of returning the patient to the ECF would be that this action allows the nurse and physician to avoid potential conflict during a difficult discussion with the family. The disadvantage of this action is that it does nothing for the patient and may further antagonize the family at this difficult time.

The final step in Catalano's (2009) algorithm is to make the decision. The nurse must consider all the information gathered to help solve the dilemma. After further exploration of the possible solutions and outcomes, the nurse will make the decision how to proceed.

Exploration of Possible Solutions to the Dilemma

The first solution to this dilemma would be to simply place the feeding tube. This course of action would satisfy the family's desire to prolong the patient's life. The family thought the patient would

rebound from her current condition if she were provided nutrition and hydration via the feeding tube. The patient was suffering from advanced Alzheimer's disease and even with nutritional intervention, there was no hope for improvement. The nurse assessed by speaking with the family they had a lack of knowledge regarding the patient's condition. The family was not aware that it was natural for people to stop drinking near the end of life (Dreyer, Forde, & Nortvedt, 2009). Although this solution would placate the family, it is not in the best interest of the patient.

The second possible solution would be to advocate for the patient by proposing the option of hospice care for her. Since the patient is not able to communicate her wishes, the nurse and physician will have a discussion with the family. In this case, the POA had the final say regarding the patient's care, since the patient had no living will. Unfortunately, many times the patient's family is not contacted until the patient is very near the end of life, so these difficult discussions happen when emotions are heightened (Dreyer et al., 2009). Ideally, these discussions would happen when the patient is placed in an extended care facility; however, this rarely takes place. The nurse and doctor both felt that the best option for this patient was hospice care.

The last solution considered was to send the patient back to the ECF. This action would do nothing to help the patient or family. The family could view this as denying their loved one care and could further upset them. Taking no action at this time would simply delay care that the patient needed. This option would not satisfy the nurse's desire to advocate for the patient.

Resolution of the Dilemma

After careful consideration of all the options, the nurse decided to discuss the option of hospice care with the family. The nurse gathered a team including the physician, social worker, and chaplain. The team discussed the patient's condition with the family. The family was educated about the prognosis of the patient. It was explained that although the patient might continue to survive, there would be no improvement in her cognition or interaction with her

environment. The nurse explained that hospice would not deny care for the patient; in fact, hospice would be particularly suited to care for terminally ill patients. Hospice would focus on keeping the patient comfortable in her last days. The family requested some time alone to consider their options. In the end, the family decided to request that the patient be placed in hospice care.

In this case, the needs of the patient, family, and nurse were satisfied in an ethical manner. The patient was provided with appropriate care. The family was educated and given the opportunity to prepare for the patient's death. The nurse was able to advocate for the patient and to provide support for the patient and family. By using Catalano's (2009) ethical decision making algorithm, the best possible outcome was achieved.

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