

Selected Ethical Dilemmas of different ages

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Ethical Issues in the Nursing Care of Adults

Ethical Issues related to Adults

- Medicalization
- Chronic diseases & illness
- Organ transplantation
- Organ procurement
- Fair allocation of organs
- Death

Ethical concerns & suffering

- Pts. Feeling lack of control
- Pt. suffering
- Difficulty in accessing services

Providing Ethical care

- Respect
- Advocacy
- Nursing ethical competencies:
 - ✓ Moral integrity
 - ✓ Communication
 - ✓ Concern

Providing Ethical care

- Ethical issue of promoting healthy behaviors, yet trying to respect one's rights to self determination, is a complex issue
- The ethical question: how far should providers of care go in terms of respecting self-determination of pt when some non compliant behaviors can cost society a great deal of money & other resources?

Ethical principles

- Prevention of harm
- The allocation of scarce resources
- Truth telling & deception
- Informed consent
- The right to receive & to refuse treatment.
- The right to Privacy & confidentiality

Prevention of harm: case 1

- Herbert, 28, a depressed, suicidal patient, tells Nurse M that he has a right to end his life in the hospital and that she has no right to restrain him.
- What is the issue here?
- Pts' autonomy & self-determination vs the principles of “do no harm” & “do good” which the nurse M may follow to guide her actions.

Prevention of harm

- There are limits to one's self-determination
- There are grounds of justified interference with one's liberty both for one's interest and for the good of others
- i.e. one may be restrained from unknowingly harming oneself as in taking medically inadvisable forms of treatment
- One may be counseled to take appropriate measures to prolong one's life

The allocation of scarce resources: case 2

- Philip, age 64, an alcoholic patient, claims a right to unlimited medical care. Including three dialysis treatments per week costing more than 200\$ per treatment. Phillip has now applied for a kidney transplant & is on the waiting list.
- Should a good match occur, is it fair to give Philip the scarce & precious organ while others go without.
- **What is the issue here?**

The issue here whether or not any person who is not contributing with a self-destructive life style has unlimited rights to health care & to the community scarce resources.

Truth telling & deception: case 3

- A high anxiety cardiac patient with several previous near fatal heart attacks, refuses tranquilizers. The head nurse, in consultation with the attending physician, gives Edward tranquilizer, but without Edwards knowledge or permission.
- The nurse does this for life saving reasons, thus setting aside the patients right to know what is being done to his body.
- The other nurses, Ms C & Ms G, are instructed to lie about the real content & effects of the drug given.
- Ms C believes the head nurse, knows best.
- Ms.G thinks the patient has the right to decide what is done to his body.

Who is right and why?

Truth telling & deception

- The right to truthful information & avoidance of deception is the usual and important part of the right to be treated as a rational person.
- The truth enables a person to decide for himself/herself what course to follow
- Having rights to decide shows respect for a person as rationally autonomous being.
- The right to decide = the right to be told the truth & not to be deceived by having information withheld.

Arguments for case 3

- If you believe in moral priority of the right to prevent harm, even over truth-telling, a case may be made showing that the health team respects the fundamental interest-based rights of the pt. by withholding information.
- The healthcare team members may know in some selected types of case (such as the previous one) that the only way to save a pt.'s life is to not tell him that he is being given tranquilizers.
- If a wise nurse believes that there is still enjoyable life to be lived, in which the pt. is prevented from harm or death.
- Such a pt. may become grateful for his life.

Arguments for case 3: in summary

- Medical advisability does not override a pt. precious autonomy rights by withholding information from the pt.
- Truth telling is precious, but in **certain situations prevention of harm overrides truth-telling.**
- This does not mean that that truth-telling is concealed, only that truth-telling has few justifiable classes of exceptions.

The right to receive and to refuse treatment: case 4

- Virginia, age 26, a Jehovahs Witness and mother of three, is wheeled into an ER unconscious and hemorrhaging as a result of a car accident.
- Her husband refuses blood transfusions on religious grounds.
- Two nurses, along with the interns, are faced with the problem of what is to be done to either save or not save Virginia life.
- **What is the right thing to do?**

The right to receive and to refuse treatment:

Grounds of interest-based rights:

- Virginia is unconscious in the ER is
- Her husband is refusing to give blood for her
- Is he her advocate?
- In a life and death situation, Virginia were she able to speak, might prefer to have blood & live rather than die without one.

The right to receive and to refuse treatment:

- To respect pt's right is to know when to honor the pt's right to refuse treatment and when to override that right.
- If Virginia was conscious, the nurse must consider whether Virginia really prefers no transfusion & die or if she prefers to have life saved at the expense of religion belief.

The right to Privacy and confidentiality: case 5

- Jim, 26, is brought to the emergency department following a seizure in a movie theater. Jim is known to the ER department nursing staff because he has previously been treated for seizures due to failure to take prescribed anticonvulsive drugs.
- Jim drives his fellow workers in a car pool 1 week out of 4. Under the law an individual with uncontrolled seizures is ineligible for a driver license.
- The patient begs that the nurses not report him , because he depends on his driver license & jobs are very scarce.
- Patients right to confidentiality vs. the right of others to expect a safe driver on the road.