

Ethical dilemma assignment

[Sociology](#), [Ethics](#)



The child is very pleasant, loves to be picked up and held, eats and has gained eight since his hospitalizing. However, as the child's nurse you have observed on several occasions the child's reaction the mother and father. When the mother tries to hold the child he becomes withdrawn and emotional, the father seems detached and makes no effort to assist the mother when the child is in a heighten state of frustration. Even with the observe responses of the infant there are no physical signs of abuse just minor abrasions that is often associated with play.

Even though this is his second visit in 6 months for the same reason per the chart pulled when doing our due diligence there is no hard evidence of wrong doing. Something is off about the scenario, you can quite put your finger on it, and there is something that makes you suspect abuse. The situation is weighing on you and you decide to speak to the attending physician about the patient. Everything that you have observed when the parent's visit it told and well as the progress and entirely opposite reaction the child has had to the attending staff.

The attending physician also shares you concerns but in an effort to validate her concerns has learnt that the parents have has home visits prior o the patients second hospitalizing and both the home and their other two children ages 4 and 3 are in acceptable form. The home reports also states the mother has been good with keeping up with doctors visits, immunization, keeps a clean healthy safeenvironmentand the other two children seem to be happy.

The day of discharge comes and the baby is in a terrible emotional state but according to the doctors and your head nurse mentor who you also spoke to for guidance, without actual evidence of any wrongdoing there is nothing to be done. The parents and the child leave but you still have a decision to make if child welfare services have not been called you as the nurse can choose to make that call. There is reasonable suspicion to do so, given the child's reaction to the mother, being underweight, a call would not have been inappropriate.

However, you know from the research that you have done child services were called to the home prior and there have been no other signs of abuse on the home. Your gut feeling is that something is very wrong nevertheless (Entice Continuing Education, n. A.). Principles from the ANA Code of Ethics The ANA Code of Ethics are a guide, they are not a play by play description of when 'this' do this. There are so many situations that occur in medical profession there is no way to have a protocol for all, instead the code of ethics have provisions that guide nurses on how to act in accordance.

The provisions that apply to the current nurse patient situation are 2. 1, 2. 2 and 3. 2. Provision 2. 1 - Primacy of the patient's interest - the nurse's primary is to the recipients of nursing and healthcare services - the patient - whether the recipients in an individual, a family, a group, or community. Nurse holds a monumental commitment to uniqueness of the individual patient; therefore, any plan of care must reflect that uniqueness. (ANA - American Nurses Association , 2010). Provision 2. 2 ; Conflict of interest for nurses.

Nurse must examine the conflicts arising between their own personal and professional values and those of others responsible for patient care. They must strive to resolve conflicts in ways that ensure patient safety. If the nurse suspects abuse, she must find the moral courage to report it, even if the doctor doesn't agree with her suspicions (ANA - American Nurses Association, 2010). Provision 3.2 - Confidentiality. The rights, well-being, and safety of the individual patient should be the primary factors in arriving at any professional judgment concerning the disposition of confidential information.

Only information pertinent to a patient's treatment and welfare is disclosed and only to those directly involved with patient's care (ANA - American Nurses Association, 2010). Related principles of ANA Code of Ethics The patient is your first and primary concern as a nurse and per provision 2.1 you have to use the uniqueness of the situation. The 13th month old, male patient has had two cases of not thriving, is emotionally stressed when with the primary care giver and the primary care giver does not seem to have emotional support from the secondary parent in the relationship.

Provision 2.2 while there is no true conflict between the personal and the professional because there are no definitive signs of abuse but the patient is not responding to its primary caregiver. If the patient is in distress because of the emotional state then the infant will continue to not thrive, the patient's weight will continue to drop and the infant can then become ill and will continue to not thrive. Provision 3.2 the patient being the primary focus, there should be no room for contention.

Clinical Agency Resources Reporting the concern will cause family disruption however, if the concern is not voice to those who may be in a position to affect change and the patient suffers as a cause the as a nurse professional it can be considered dereliction of duties. In this case if may have a gut feeling but that is not cause enough to report the family. It would be better served after discussing the case with y superior to aid the mother in building a relationship with the child.