

# [Trying to be heard](https://assignbuster.com/trying-to-be-heard/)

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Trying to Be Heard Ethical Problems in the Case and Sufficiency of Joanna’s Actions The ethical problem in this case refers to theprinciple of beneficence. The principle of beneficence advocates that a patient should be given the best care to avert any harm (Rancich, Pérez, Morales, & Gelpi, 2005, p. 211). In this case, medical mistakes that harmed Mrs. Kelly occurred. First, when the nurse assessed the patient, and sensed that the patient needed the attention of a doctor, the doctor refused to heed the call. This increased the harm to Mrs. Kelly as she did not get immediate medical attention. Secondly, the nurse did not seek further medical attention for the patient, yet she knew that she was seriously ill. Consequent to this, the patient’s illness worsened, leading to her death.   
In my opinion, Joanna’s actions were not sufficient. Given that she sensed that Mrs. Kelly was seriously ill, when she was on night duty, she should have taken additional steps to ensure the best interest of the patient in the morning.   
Institutional and Professional Constraints to Action   
The structure of the organization posed an institutional constraint in this case. It required a doctor to examine the patient, before any serious care could be given to a patient. The nurse on duty, hence reported the case to the resident doctor, who declined to examine the patient. The nurse did not have the ability to examine the patient further, thus exposing the patient to great pain.   
Following the biomedical definition of health, medical practitioners tend to concentrate on attending to a patient who depicts the corresponding symptoms of an illness. Patients who do not display any vital signs tend to be ignored. Therefore, when the nurse examined the patient, and found the vital signs to be within the normal range, the resident doctor assumed that the patient did not require urgent medical attention. Therefore, Mrs. Kelly’s health was threatened by the hidden symptoms, which were not diagnosed in time (Denny & Guido, 2012, pp. 801-802).   
Alternative Action and Steps to Prevent Future Occurrence   
Following her assessment, Joanna realized that Mrs. Kelly was seriously ill. Consequently, she should have ensured that patient saw a doctor urgently in the morning for an assessment. Instead of following up on the critical case, she delegated the issue to another nurse, who may have taken time to act, as well, leading to the demise of Mrs. Kelly. Following this incident, Joanna should ensure to follow up on cases with a high probability of harm to the patient in future, to promote the principle of beneficence.   
To avoid the occurrence of such an incidence in the future, nurses should be encouraged to take a pain management course. This follows that medical practitioners require continuous learning, so as to promote the principle of beneficence, which requires them to be competent in most areas, including pain management.   
Would you label Joannas reactions as moral distress or moral reckoning? Why?   
Joanna’s reaction was one of moral distress. According to Range and Rotherham (2010, p. 225), moral distress refers to the suffering that one experiences when they see patients being treated in a way that they would not want to be treated, or see their loved ones being treated. It results in a painful feeling, and sometimes leads to psychological imbalance, following a grave consequence for not taking an ethically appropriate action. In this case, for example, the resident doctor refused to attend to the patient when she raised an alarm. Consequently, the eventual death of Mrs. Kelly made Joanna get morally distressed, following the reluctance of her supervisor, the doctor’s ignorance, and the fact that she did not take time to ensure proper attention for the patient.   
References   
Denny, D. & Guido, G. (2012). Under-treatment of Pain in Older Adults: An Application of Beneficence. Nursing Ethics, 19(6), 800-809. Print.   
Rancich, A., Pérez, M., Morales, C. & Gelpi, R. (2005). Beneficence, Justice, and Lifelong Learning Expressed in Medical Oaths. Journal of Continuing Education in the Health Professions, 25(3), 211-220. Print.   
Range, L. & Rotherham, A. (2010). Moral Distress among Nursing and Non-Nursing Students. Nursing Ethics, 17(2), 225-232. Print.