

# [Discussion questions](https://assignbuster.com/discussion-questions-essay-samples-14/)

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Law Number: Module 8 DQ 2 Since in this case it has already been d that the patient has already acquired a full-blown Alzheimer’s disease (AD), it will be unnecessary to diagnose it. However, there is still a need to run a battery of tests on the woman so as to establish whether or not the symptomatic conditions that have been mentioned (dehydration, dyspnea, possible kidney failure, serious weight loss and the multiple bruises on her body) are related to Alzheimer’s diseases, as mentioned by the caregiver.
The need to carry out independent diagnosis is underpinned by the fact that during the advanced stage AD patients may develop physiological complications as body systems begin to fail thereby paving the way for health deterioration. Thus, it is always expedient that other tests are carried out as a way of ruling out other health complications that co-occur with AD. Some of these conditions include brain tumor, anxiety, infections, depression, vitamin deficiency and thyroid complications. To this effect, blood tests, magnetic resonance imaging (MRI) tests and computer tomography scan (CT) may be used to ascertain the patient’s internal anatomy (Gillick, 2012).
If a kidney failure has been fully established to be real, it will be necessary to put the patient on the dialysis machine. This will help the patient get rid of wastes in her system. Recommending renal failure diet will also go a long way in regulating the amount of phosphorus, sodium and proteins in the diet. The patient will also be put on drips to help hydrate her body. It would be most important for the drip to include dextrose and saline, since these elements will help raise the fluid level.
After the tests have revealed the cause of the bruises in the body, appropriate medical intervention may be administered. In this wavelength, the patient’s meal will have to include calcium and vitamin K to help foster coagulation in the patient’s ruptured blood vessels.
There are several ethical issues that emanate from this development. Occupational safety of the nurse attending to the patient is a serious ethical issue because, since the patient is at an advanced stage of AD, nurses will have to deal with incontinence. The issue of the quality of life will also pose another ethical challenge, especially if other factors such as the patient being terminally ill, her old age, her relative insignificance to the economy and scarcity of healthcare resources are factored in. Even when requested, euthanasia cannot be executed since it is proscribed in the US. Conversely, the patient can only be given a PAD (physician aid-in-dying), upon all legal conditions having been met by her and her family (Howe, 2009).
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It is a fact that there are ethical issues that touch on principles of autonomy, beneficence, non-malfeasance and justice. The principle of autonomy demands that the patient’s capacity for self-determination is respected by the healthcare provider. In this case, this prerogative will remain with the baby’s mother, since the baby is not in a position to make decisions (McGuinness, 2009).
At the heart of the matter, the principle of beneficence must be observed to the effect that medical intervention must be exacted to the benefit of the patient. In this case, preserving the baby’s life will not be beneficent to it since almost all components that make up the state of being are non-existent. The principles of non-malfeasance and justice demand that all medical intervention being exacted by any healthcare practitioner must not be injurious to the patient, and that the same medical intervention must uphold human rights, human dignity and the common good, respectively. In this case, it is very unlikely that taking away the baby’s life will be injurious or unjust since the baby is totally unable to continue living. Distributive justice demands that healthcare providers factor in what a larger group or the society owes individual members in relation to the needs, responsibility and contribution of that individual, the availability of resources and the responsibility of the society to dispense this common good. The baby in this case will only draw from the society and not give back because it lacks all components that make up the state of being (Ballantyne, Luna and Ashcroft, 2009).
To speak as an ethical consultant, it would be recommendable that the matter is taken to the court of law for arbitration. The hospital is to make it clear to the jury that the child must meet its certain demise and that healthcare facilities are not only scarce and too expensive to be expended in untenable exercises, but also highly needed by other patients whose lives are more promising. The hospital must also make it plain that because of legal provisions, healthcare institutions have been either using the anencephalic for organ donation when felicity conditions are present, or disconnecting the patient from the hospital’s life-prolonging resources. This will be done with the hope that the court rules in favor of the idea that the hospital discharges the anencephalic baby from life-prolonging resources. The hospital will take as binding the court’s ruling and will have thus eliminated the possibility of incurring a legal suit.
Talking of organ donation will be impossible since the radically conservative mother will have none of it, yet her legal consent would be required. By detaching the child from life-prolonging resources, all the principles of healthcare services provision (autonomy, beneficence, non-malfeasance, and justice) will have been upheld.
References
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