

Ethical dilemma in acute care critical care settings

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Ethical Dilemma in Acute Care/Critical Care Settings Ethical Dilemma in Acute Care/Critical Care Settings Nurses or medical practitioners are faced with practice dilemmas, which stir up stressed and distressing reactions (Zuzelo, 2007). Dilemmas might relate to scarce resources, professional conflict or patient care concerns. Health care experts must anticipate experiencing ethical stress in clinical practice. Ethical stress is normally interpreted as a practice worry in which two moral principles compete. Ethical stress is usually experienced by health experts as they attempt to make clinical decisions concerning inconsistent ethical principles; for instance, when attempting to balance keeping away harm with patient autonomy (Zuzelo, 2007). Experts might struggle between competing ethical regulations, but their choices are idyllically made after a well guided dialogue and framed in the circumstance of patients' belief systems and preferences. The ethical dilemmas experienced by nurses in practice are nerve-racking since the correct course of act is doubtful. Nurses go through ethical distress when saddened from offering what is best or paramount for a sick person (Zuzelo, 2007). Organizational, societal, medical, individual or familial constraints might limit nurses' capabilities of providing the therapies, medications and other interventions, which are best for the person in need of medical attention. Nursing education courses have not shed the light in this matter, and; hence, they do not train nursing students on how to handle this side of their work or any environment in the context of moral practice. Therefore, nurses or nursing students are not armed with ways of identifying their feelings and thoughts, as well as managing, and dealing with moral

distress (Sue, 2009). Nurses might also not know how to reason and think properly when faced with an ethical dilemma. In a recent publication by the New York Times, a nurse was forced to make a decision concerning her patient without the patients consent. According to the nurse, the patient who was brought into their health care center after being involved in a fatal car accident was not able to make any decision by himself (Simpson, 2013). Therefore, the nurse chose to use corticosteroid injection in order to stop the swelling of the patient. According the nurse, people suffering from RA or other types of inflammatory arthritis normally take corticosteroids such as prednisone by syringe or mouth to stop inflammation in the body. The nurse saw that the patient was seriously ailing from RA and chose to induce corticosteroid in the patient (Simpson, 2013). However, the mother to the patient did not approve of this because the nurse did it without her consent or the patient's. Now, the mother is thinking of prosecuting the nurse since no consent was reached before the injection. Even though, the patient was saved and is now completely healthy, the woman still wants to prosecute the nurse. This shows the extent to which nurses could be manipulated in their careers because one would wonder why the mother wants to prosecute the nurse just because of an injection (Simpson, 2013). However, the mother argued that she did not approve of the injection because, in their tradition, they believe in prayer intervention first before anything else. An outcome for such a case would be to ease the pressure on the nurse as she was only doing her work. Also, the patient was saved and is now healthy. As stated in the beginning of this paper, a nurse does his or her work with the safety of the patient in mind. The main concern of the nurse is to save to the life of

her patient, and that is what the nurse in question did. She saved the life of the patient with a simple injection of corticosteroid. Also, the case would be understood if the patient was brought in by someone from the same family or culture, but the patient was rushed into the hospital by an ambulance after an alert was sent to the rescues system about the accident. Hence, the nurse had to come up with a decision fast without the approval of any family member. However, to make sure that such cases do not arise in the future, a hospital should ensure that they know very vital background of the patient before providing medical intervention (Sue, 2009). A team should be set up that looks into the background of the patient before any medical intervention is provided. Also, families of the patient should be informed that if such a case arises, when a patient is brought in and no family member is around, then all decisions are left to the hospital and its medical staff. Finally, it is essential to note that any nurse is trained on how to save a patient from the illness that is destructing the patient (Sue, 2009). Therefore, any decision that that nurse or any other medical practitioner comes with are only meant to treat the patient. References Simpson, E. (2013). How nurses face countless challenges when working. New York: New York Times. Sue, M. (2009). Identifying ethical issues from the perspective of the registered nurse. *JONA's Healthcare Law, Ethics, and Regulation*, 11(3), 91-99. Zuzelo, P. R. (2007). Exploring the moral distress of registered nurses. *Nursing Ethics*, 14(3), 345-360.