

# Ethically bound and legally speaking - discussion

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Ethically Bound and Legally Speaking al Affiliation Ethically Bound and Legally Speaking Nurses play a critical role of delivering care to patients. However, more than often, nurses are confronted with issues that pose ethical dilemmas that they have to deal with (Cooper, 2001). I am among the many nurses that have been confronted with an ethical dilemma in the delivery of care to patients. One day, an accident victim was rushed to the hospital. The casualty was in critical condition and therefore needed intensive care. The doctors in charge assessed the condition of the casualty and realized that he needed urgent surgery. Apart from having problems with his heart, the patient had multiple fractures in his hip, rib, ulna, and skull. The medical team did what they could to save the life of the patient. The patient emerged from surgery alive but was clearly going to have a very low quality of life if he lived long. Hours after the surgery, the patient developed complications and was clearly experiencing excruciating pain in different parts of his body.

I realized that the patient was not going to live long. His condition deteriorated by the minute in spite of the efforts that the medical team were applying. Meanwhile the costs associated with his care continued to soar even as his quality of life dwindled and level of pain increased. The temptation to turn off the life support machines was high if not to save the patient from the pain he was suffering then to save his family from incurring additional costs for his care. He was going to die shortly; within a few days or weeks at the most anyway.

I was torn between applying the principles of beneficence and nonmaleficence. The principle of nonmaleficence dictates that clinicians

should do no harm to their patients (Aveyard, 2004). On the other hand, the principle of beneficence dictates that clinicians act in the best interest of the patient such as by taking action to prevent physical harm or pain (Aveyard, 2004). By switching off the life support machines, I would save the patient the agony he was going through as a result of his injuries and low quality of life. On the other hand, I would seem to have done the patient harm by switching off the machines. In the end, I decided to go by the latter. We opted to do the best we could to make the patient feel less pain even as he approached his death naturally. I believe the stand that I took was appropriate especially considering my strong belief in the sanctity of life. The alternative action would have been to switch off the machines and save the patient from having to endure so much pain. This perhaps would have gone against the code of ethics that emphasizes the nurse's primary commitment to the patient (provision 2) (Cooper, 2001).

## References

- Aveyard, H. (2004). The patient who refuses nursing care. *Journal of Medical Ethics*, 30, 346-350.
- Cooper, C. (2001). *The art of nursing: A practical introduction*. New York, NY: W. B. Saunders.