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## Patients Who Lack Decision-Making Capacity

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This article discussed the proper assessment and management of a patient who may be lacking with decision-making capacity (DMC). The lacking of decision-making capacity is the patient’s condition in which oftentimes diagnosed as to be suffering from dementia, delirium, or other psychiatric issues. Specifically, this article provided hospital discharge against medical advises (AMA) as an example, wherein a patient who lacks decision-making capacity would demand to leave the hospital. It was described that being discharged from the hospital against medical advice would occur to a higher chance of readmission and has been linked to higher mortality and morbidity. Thus, readmissions to the hospitals are likely to be more expensive by 56% than the initial confinement.
There are some issues that were discussed in this article such as the law. Which provides the patient’s guardian to decide if the patient has no DMC. The provision states that it may take few days for emergency situation and weeks for non-emergent situation to pursue guardianship. Therefore, this is not an immediate solution once the patient wants to be discharged AMA. On the other hand, it is the attending physician who is responsible in assessing the patient’s DMC when demand of leaving the hospital happens. Primarily, the nursing practitioner should refer the patient with possible lack of DMC to his attending physician further assessment. However, if the patient wishes to leave the hospital and substantial physical risks are present, DMC assessment can be done quickly as long as DMC criteria is met by the patient. In the event that the patient did not meet one of the criteria, and still demands to leave the hospital, a medical hold will be applied. Medical hold is the terminology, which denotes the processes that need to be followed when a patient who lacks DMC still demands to be discharged against medical advice.
Conducting an assessment regarding the patient’s capacity to make decisions can be a complex task. In this article, it shows that managing such scenario can be successfully done using some basic steps in order to earn the patient’s trust and reverse their decision when they choose to leave the hospital against medical advice. The overall principle in this article reflects a good management practice as both the nursing practitioner and the attending physician work together to determine whether or not the patient has DMC. The actions that both healthcare professionals must exercise show that there are clear guiding principles in a situation, which their decision-making capacities will put into practice. Thus, focusing on the patients’ needs instead of their wants is a good managerial practice, even if it means using adequate force just to prevent the patient from leaving the hospital and face the physical risks.
This article is important for healthcare management because it provides information that promotes the importance of knowing the patient’s decision-making capacity. Being aware of the patient’s DMC is a crucial especially on those events that their health improvement is at risk. This article would also give more information as to how could a nursing practitioner be able to handle such complex assessment process over a patient with no capacity to make safe decisions for himself in the presence of risk factors. Thus, DMC must be assessed regarding specific decisions of the patient (Radziewicz, Driscoll & Lavakumar, 2014).
I have selected this article to review because it expresses how professionalism can be used as the healthcare professional’s weapon against complex situations such as DMC assessment. It is needed especially when the patient’s DMC has been is in question (Radziewicz, Driscoll & Lavakumar, 2014). This article is very informative in a way that it used situational problems and solutions, which even an ordinary reader would understand once red.

## References

Radziewicz, R. M., Driscoll, A., & Lavakumar, M. (2014). Assessment and management of patients who lack decision-making capacity. The Nurse Practitioner: The American Journal of Primary Healthcare, 39(3), 11-15. Retrieved from http://www. nursingcenter. com/lnc/journalarticleprint? Article\_ID= 1699823#P54%20P58