

# Pros and cons of continued care



**ASSIGN  
BUSTER**

Research shows that aggressive care is potential at decreasing patients' chances of dying because they are more likely to survive complications. On the other hand, when a patient particularly an elderly patient is receiving continued care in intensive care unit (ICU), chances are that they are getting diagnostic tests and healthcare that are very aggressive yet there might be little or no opportunity of getting better (Dracup & Bryan-Brown, 2005). Aggressive care in itself might inflict a lot of discomfort and sometimes complications on the patient who is dying as part of care and treatment. This excessive pain and endless suffering brings about a lot of distress to the patient, family and the nurses as well. The patients' kin trust that nearly all medical technology is able to save life, and they cannot differentiate between technical support to uphold the functions of the body and to save patient's life. To these families, demands to renounce medical support might bring about the feeling of committing murder. Aggressive care is also very expensive.

Nurses help the patient and the family by continued communication on how to handle expectations within care provided in the ICU. Clarification of their desires about aggressive measures can also help patients and family comprehend what the care is all about. Nurses can also be advocates for patients and family with other healthcare team by devising a correct plan, particularly when the patient does not show improvements with aggressive care (Dracup & Bryan-Brown, 2005). Nurses should also help family members reduce anxiety as much as possible by reassuring them.

## **Considerations to be Discussed before Responding to the Husband's Request to Stop Aggressive Treatment**

Aggressive treatment has obvious legal and ethical implications. Therefore, a number of considerations must be discussed with family. With respect to the case study, it looks like the patient would not have wanted to go through the aggressive care provided to her. This is because of the ethical issues surrounding death like death is inevitable and personal wishes about death. As a consequence, before answering the patient's husband, it would be imperative to clearly outline the pros and cons of aggressive care to enable him make decisive choices. After all he also has a right to make choices. This is because insufficient communication from providers of healthcare regarding medical procedures together with prognoses of the patient adds to the distress and anxiety of families following the patients' death (Kirchhoff et al, 2002). This might bring about legal actions like taking suit because family members were not taken through the procedure.

### **The advance directives and the nursing care implications**

Advance technology in ICU has brought about challenges to the practice of nurses. For instance, prolonging the process of living-dying with unsuitable treatment like aggressive care is an overwhelmingly distressing ethical matter for nurses in a lot of practice areas, like ICU. Regardless of the frequent incidences of such disturbing occurrences, research argues that nurses in critical care assume a restricted role in decision making and planning of care during end-of-life phase (Robichaux & Clark, 2006).

ICUs are believed to be settings of both uncertainty and promise. Nurses usually find themselves in an ethically weak state as they try to observe the

medical directives and at the same time advocate for and protect their patients. As a result, practice environments need to offer support measures for nurses challenging conflicts of end-of-life. The moment nurse go through emotional stress and frustration brought about by unresolved issues of ethics, they might withdraw from both patients and their kin.

### **Resources that should be considered for this patient and family**

Latest tools, drugs, and devices are enhanced on a daily basis for utilization in ICUs that boost the capacity to modify or counteract the diseases' effects that, years ago, were actually fatal. These possibilities are regarded as exciting, and enthusiastic. Actually, both patients and healthcare givers have great hopes for patients within the ICU due to the treatment resources that are accessible. On the other hand, in the passion for cure and technology, frequently patients' quality of life, wishes, and reflection of the treatment burden in relation to the advantages are ignored (Thelen, 2005). More so, complexity of the situations in ICU frequently makes it hard to establish values and preferences of the patient with confidence.

Relationships and communications with patients and their kin are likely to be lost amid technological concentration of ICU. When choices have been drawn to withdraw or withhold therapies, a decision to begin comfort care can be followed (Thelen, 2005), as in the case study which appeared to be like it was the patients' wish not to go through aggressive care. Aggressive care can be very costly to the family of the patient therefore palliative care can be an alternative.

## **The philosophy and goals of palliation**

When a patient or her kin, like in the case study wishes to withdraw from aggressive care, it is important to consider alternative measures like palliative care which is also regarded as comfort care. Comfort care entails terminating any therapeutic and diagnostic measures like getting samples of blood for physical therapy and laboratory tests, that do not add to the comfort of the patient and making certain that sufficient amounts of sedatives and analgesics are provided to manage pain, dyspnea, and other unwanted symptoms.

Considering the scenario in the case study, use of palliative care as a framework will provide critical care nurses a chance to expand practice which is more than patients' physical care at during life-end. When the goals of a patient about care clearly move from cure to relieve, life review offers an approach that is based on evidence for interaction with kin of the patient. The goals of life review as a palliative measure has outcomes which include making the patient in case study experience increased accomplishment and satisfaction of life (Jenko et al, 2010). Its goal is to promote peaceful feelings and an integrity state.

As a critical care nurse, it is important that the patient be taken through a palliative care whose component includes recontextualizing. Conversely, this will help the patient in the case study to restructure failures and mistakes that are self-defined. Another component is forgiving, which is a significant outcome for patients experiencing end of life (Jenko et al, 2010). The last component is reclaiming life that is unlived. The goal of this component is to make the patient reflect on what opportunity she has never used in life.

<https://assignbuster.com/pros-and-cons-of-continued-care/>