

# Ethics study



Ethics is termed as the study of good and bad. It is concerned with duties and obligations imposed on an individual morally. Nursing is an ethical profession in which decisions concerning moral considerations are continually made. Faced with a dilemma, nurses are normally expected to go by the societal norms. It should be noted that though major decisions regarding a patient's case are on the hands of the doctors the major burden of living with the outcomes affect the nurse at an equally personal level.

Additionally, unlike doctors nurses are lawfully obliged to perform in the best interests of the patient above all other considerations. Cases such as the Baby K's present an ethical dilemma to a nurse. The order of no resuscitation conflicted ethics of the nurses, because naturally a nurse was expected to do what is the best for the child. In cases of conflicting claims, an analysis must be done systematically to clarify the conflicting principles and theories. To do this, an ethical decision making model is imperative (Medscape, 2003, p. 1).

Although the issue is confronting many ethical values, however, this does not offer the nurse or physician a solution but, nonetheless, provides a useful framework that will aid in understanding the conflict. Autonomy is a principle that recognizes the ability of an individual in determining what is the best for him or hers. A physician should inform the patient concerning his/her health condition so that the patient was able to take a fully realized decision.

Beneficence principle demands that a physician should act in the interest of the patient, doing everything in order to help the patient. Justice principle requires allocation of resources limiting access to healthcare in a just manner, while confidentiality calls upon physician not to disclose any

information relating to a patient. This among other principles guides the decisions made when a dilemma arises (Medscape, 2003, p. 1).

The best model to adopt is one that takes into consideration all facets of an issue and addresses each soberly and with the sufficiency it requires. The best model that would have suited this instance would have been a step by step analysis that takes into account all the medical ethics that bind the medical fraternity.

### Development of the Decision Making Model in Steps

#### Definition of the ethical problem

This definition binds itself on the matter of what should be done or must be done. The question to a nurse concerning Baby K was the following: should we deprive the child of the chance to continue survival by carrying the do not resuscitate order, withholding the ventilator, though the child has an emergency respiratory failure? As noted in various studies, nurses attending to Baby K had divergent opinions on this matter. Some felt that it was their duty to protect life as it was sacred. Others felt that it was morally wrong to assume heroism, continued with the aggressive treatment being well-ware that their measures were futile (Citizen Compedium, 2012, p. 1).

#### Facts Relevant to the case and the uncertainties

A list of all relevant facts pertinent to the issue at hand is the second step of this model. In the case of Baby K the following factors would be analyzed. On the part of the patient, this was a child whose lack of proper brain development meant lack of a capacity to decide, however, it was important

first to note that the mother had assumed the role and was rightfully placed to do so. The mother demanded continued support through a mechanical ventilator based on the ethical principle of autonomy. Care givers has an opinion that the child's chance of survival was below one percent which qualified this as a futile case. Consequently the decision of the ethics committee of the hospital on a do not resuscitate order was reached upon. Additionally, there were also legal aspects of this situation after the hospital moved to court. The uncertainties surrounding the situation emanated from the mother's belief that only God can determine when life ends, while the doctors claimed that death was imminent (Citizen compedium, 2012, p. 1).

### Identifying the Decision Maker

In this step, the model requires identification of the decision maker and examination of her competency. In Baby K case, the mother assumed that position by default.

Give relevant and clear information to the decision maker.

The model requires that adequate information is given to the decision maker, in this case the mother. At this stage of model development, the hospital staff is obligated to inform the decision maker accurately concerning the patient's situation and help dispel any misconceived information that may cause disagreement.

Seeking values of the patient or decision maker

At this step, it is important to know what the patient values in terms of health, life, expectations from health care or religion. This helps create an understanding of what will be the basis of the decisions the patient makes.

#### Identification of professional values of health practitioners

Aspects of medical ethics that guide decision making on patient-physician conflict are considered. This includes principles of medical ethics namely; dignity, justice, autonomy, truthfulness, beneficence, non-maleficence, among others. Values relating to prolonging life or/and reducing pain should be considered as well as the values based legal, religious or social relationships and beliefs.

#### Proposal and criticism of the solution

At this step all factors have been taken into account. It is necessary now to come up with a solution that would best address the issue at hand. It should be remembered that this as a matter of conflicting claims the solution will not be. Therefore, a critic based on what is not addressed, yet should be given in a manner equally professional and sober as the resolution offered (Citizen compedium, 2012, p. 1).

#### Identification and elimination of solution constrains

The last stage of this ethical decision making model requires that factors constraining the implementation of the desired resolution were identified and, if possible, eliminated. Such constrains would include legal requirements, mythical interpretations or apparent disagreements among the implementing individuals.

## Scholarly Articles supporting the Use of the model

Among the popular printed publications which support and discuss the use of this model is the American College of Physicians Ethics Manual 2011, the Sixth Edition. The Citizens Compendium article endorses its usage and describes its usefulness in the ethical dilemma resolutions. Another source that backs the use of this model is the American Nurses Association online scholarly journal. In their 2007 ethical column publication they outlined how wisely this approach is tailored. Another popular medical publication supporting the usage of this model is the Surge Journal on nursing ethics.

## Application of the model to the ethical dilemma

### Definition stage

As indicated earlier, the first step requires the definition of the problem. Baby K case involved a question whether it is appropriate to withhold a mechanical ventilator for the anencephalous newborn against the wishes of her mother, or offer it despite knowing that chances of survival and normal health are close to nil? Should we as physicians carry out the order of 'Do Not Resuscitate' as agreed by the ethics committee and let the child die?

### Facts Stage

According to the statistics, a child born with anencephaly, has almost no chances to survive. Underdeveloped brain meant that the child was not able to feel, see, etc.. However, since the brain stem supports major life processes such as breathing, with palliative care she could survive for a little while. Given the cost of medical equipment and mainly the mechanical

ventilator coupled with the low chance of any meaningful results, a decision whether to continue with aggressive treatment or just palliative care until the baby died needed to be made. The decision model would be applied at this stage to include facts about the physicians attending to the child; their view was that aggressive attention to this medically futile case was a desperate measure. Given the apparent disagreement between the physicians and the child's mother, it was imperative to consider the legal aspects that were to arise following the suit. This is what followed later. However, both aggressive and usual treatments eventually would lead to the child's death (Fant, 2011, p. 1).

#### Decision Maker

Next step under this model would have been the identification of the decision maker. Granted that the case involved an infant, the mother was the ultimate decision maker. Her condition and nature as the baby's mother gave her the authority; also her decisions could not be challenged on inadequacy grounds since she was competent. Another important aspect the model would consider is her decision; she decided that her child should continue receiving healthcare until her death as per God's plan (Citizen Compendium, 2012, p. 1).

#### Information

The model would still demand that the physician at Fairfax Hospital gave adequate, clear and correct information. This would help guide her decision on her child's case. Information given would also have helped to dispel any misunderstanding that would arise. As noted earlier, there arose a heated

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disagreement between the mother and the hospital on the provision of mechanical ventilator and authorization of a no resuscitation order (Fant, 2011, p. 1).

#### Values of the Patient or Decision Maker

This ethical decision making model requires that the physicians attending the patient should know in advance what values /heshe has. In Baby K case Fairfax hospital should have asked and acknowledged that the mother was a devoted Christian whose guiding principles were based on Christian teaching. The model would have helped reduce conflict since the hospital would have understood that the mother viewed life as sacred and that she expected that the medical fraternity should do their best to prolong life and not to bother themselves with how soon it is likely to end (Georgetown University, nd, p. 1).

#### Consideration of Professional values

Another important step in the decision making model that would have been applied pertains to identification of the professional values that guide ethical crisis such as Baby K's. The hospital would have considered them as a guide, especially the ethic principle of autonomy. They would, therefore, have respected the mother's decision as the best judge of her child's welfare. Beneficence and non-maleficence ethical principles would also have been applied in this model to shape the decisions of the hospital staff. All of the thought would have demanded placing the child's interest before their professional conclusions (Fant, 2011, p. 1).



## Proposed Solution and Critique

Solutions based on this model have so far offered the best possible alternative since they emanate from a process of critical examination of all factors. A probable proposal would have been to respect the mother's wish, continue offering aggressive treatment, lift the 'do not resuscitate' order and offer mechanical ventilator every time Baby K experiences breathing problem. This would have been pursuant to the fact that the child's mother was a competent decision maker acting in her child's best interest. Whether she would die soon or not, the moral obligation to act in the patient's best interest, does no harm and respect her mother's value would prevail over the general medical assessment of medical futility.

However, this proposal, despite being in agreement with a number of medical ethical principles was flawed in that it questioned a proven fact that anencephaly infants don't survive and unjustifiably obligated the hospital to channel limited resources towards ventilation and surgery to a futile endeavor whose results were evidently nonexistent (Citizen compedium, 2012, p. 1).

In conclusion, Baby K case is an example of a dilemma that left many baffled and arguments emanating from the ruling still continue in medical and legal circles; due to the fact that this is a very controversial issue, no decision would have left either parties satisfied. However, the above ethical decision making model offers not a celebrated conclusion but a reasoned, one guided on sound principles solution. As such, relief can be found from it when one

recalls that all resources and considerations were taken into account before making a decision (GeorgetownUniversity, nd, p. 1).