

Week 1 DNR Interactive Case Study Journal

Nursing 440 Issues and trends in nursing

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As nurses we abide by nursing code of ethics for example in provision 1 code of ethics the American Nurses association states, the nurse in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual unrestricted by social or economic status (ANA, 2001, p.7). Nursing has a code of ethics because we are in this field to “help protect, promote health and prevent illness and injury, alleviate suffering through diagnosis and treatment of human response and advocate for the care of individuals, families, communities, and populations” (ANA, 2010, p.10). The case study presented a nurse confronted by the difficult decision to help protect her patient from being resuscitated against his will. The nurse was also confronted with the dilemma of trying her best to help guide the family members to understand the situation under these stressful circumstances.

During this case study the lack of communication between the family member (the father) who was a DNR and his children caused some confusion to arise among the CNA, registered nurse and physician during the critically ill patient’s end of life. It was the obligation of the nurse in the case study to advocate and protect her patient based on his written healthcare directive and adhere to his preference to be a DNR status. As a dignified nurse that commits oneself to the code of ethics, our duty is to advocate for him. It’s understandable the children want their father to be revived, as a compassionate nurse it’s relatable that this type of scenario can make us re-think our decision to do the right thing. DNR can be a complex, sensitive matter with all parties involved. Specific DNR measures can be indicated such as, circulatory measures

to receive blood transfusions and certain medications may be okay to certain patients to help revive them. But feeding tubes, CPR or intubation may not be okay with the patient at the end of life. These types of preferences are indicated in the written healthcare directive. According to Interprofessional Journal on Healthcare Institutions, the purpose of an advance directive is to allow an individual to maintain autonomy in the end of life (EOL) medical decision-making process even when incapacitated by disease or terminal illness (Vearrier, 2016).

When I compare this case study to my nursing experience, I think of a similar time when I was confronted with a similar situation, during the time I cared for a 94-year old patient who was ready to accept a DNR status after learning he had 18 percent ejection fraction and needed a feeding tube to sustain life, among other issues. Once his wife learned of his DNR decision she stayed with him the entire week and convinced him to take all necessary measures to stay alive. We ended up coding this patient twice with cardioversion and he ended up intubated in ICU. I felt awful about this decision because I felt his wife was convincing him to do something, he was not comfortable doing but probably wanted to please her. It's very likely he didn't have the energy or right mind set to argue with her in his frail, elderly state. The case study I watched presented a family member (likely his son) who was the power of attorney who wanted all measures to be taken to revive his pulseless family member. At one time his Father may have wanted to be revived but this type of situation changes over time when patients become chronically ill and learn the quality of life will decline drastically over time. Ethical barriers may be difficult to overcome at the end of life. Open communication among family members and healthcare members are important to keep everyone informed and up to date on the current progress or decisions of the patients care and end of life wishes.

According to the annual review of nursing research, educators take on the responsibility to teach the foundation for professional identity, ethical decision making, and professional practices, it is up to nurses to be advocates for patients, families, and health-care teams (Gibbons, 2016, pg. 7). As nurses just as in the DNR case study, we do face challenging issues in our day to day practice, this will continue to increase overtime with an aging population. As practicing nurses, we should be confident in our ability to face such dilemmas. We also need to encourage others in the healthcare field to closely monitor situations within the workplace and act on the best interest of our patients even when it is difficult to do so (Lachman, 2007). By maintaining the open gates of communication and developing an approach of professionalism, we will continue to keep the skills necessary to face difficult end of life situations and represent nursing code of ethics.

## References

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