

Ethical scenarios in ED Nursing

A workshop presented by

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Just one or two little things...

Nursing ethics is:

The application of the ethical dimension to nursing, i.e.:

- promoting of human wellbeing and welfare.
- Balancing of the needs and significant moral interests of different people.
- Making reliable judgments on what constitutes morally 'right' and 'wrong' conduct, and providing sound justifications for the decisions and actions taken on the basis of these judgments.

Ethics isn't:

- Law
- Codes of ethics
- Professional or hospital etiquette
- Hospital or institutional policy
- Public opinion
- The view of the majority
- Following the orders of a superior

Workshop rules

- Everyone has a right to speak and hold an opinion.
- We will be careful not to name names or highlight the deficiencies of any given institution, etc. in the workshop.
- Certain elements of the session may be in confidence and should remain so.
- In any group activity, one person will be the chair, another the 'scribe' and all will be of equal value.
- The facilitator does not necessarily "own" every statement that comes out of his mouth!

Scenario one – ‘Pregnancy’

- 37 year old woman, 25/40 pregnant, to ED with hyperemesis. 5 children with other family or CYFS.
- Children not with her as current partner ‘didn’t handle them well’.
- Alert from last pregnancy 4 years ago that when patient presented in labour child to be removed to CYFs care immediately.
- Had no midwife as ‘didn’t need one yet’, no routine ultrasounds or GP care.
- Seemed to lack insight into need for antenatal care. Denied any safety concerns for herself. CYFS not aware of pregnancy.
- Patient declined CYFS services to be involved, became uncommunicative re safety and care concerns for unborn child.
- Issue of consent and confidentiality for mother versus unclear legal position of unborn child.

Scenario two – ‘Youth’

- A 16 year old who presents at ED in a compromised vulnerable state, with no older adult/family/support person and he/she doesn't want anyone called.

(Background: Young people with common presentations such as self-harm, suicide, drugs and alcohol as factors and the nurse's personal concerns (often as a parent themselves) and the nurse's desire to protect and advocate.

Scenario three – ‘old age’ - end of life

- A 75 year old lady presented to ED with haematemesis. Decreased food intake and decline over past couple of months. Some vascular dementia. Has been in rest home past two years, husband lives in family home. Patient states she wants to live. Husband states she is not for resuscitation.

Scenario four - Short stay/6 hour turnaround

- Monday morning and the nurse manager begins her day by observing the list of elective surgical patients she has to admit into her already full hospital. Ever hopeful that there would be numerous discharges to accommodate, she ponders her first dilemma...
- Whether to accept Patient X who has been waiting since Friday to return to their domiciliary hospital, following surgery at a major centre. She is aware that Patient X is an elderly Māori gentleman who has been separated from his family, as they were unable to afford the cost of travel and accommodation.
- Glancing at her bed requests from ED she is aware that she will have to make some decisions as the demand for in-patient beds exceeds supply. She can prevent breaching of the ED target by leaving Patient X for another day, and/or cancel some of the elective patients knowing they have been waiting and are prepared for surgery.
- In the meantime she carries the guilt for subjecting staff to continual pressure to discharge patients from in-patient beds. Whatever her decision, she will have to bear the ethical consequences.

(Source unknown).

END OF WORKSHOP

