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Short communication

Uncommon Ethical Initiatives Nurses May Want to Consider When Value Conflicts Arise

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Abstract

A most excruciating situation for particularly patients and, families arises when they and/or their providers must make end-of-life decisions, these decisions may be most difficult for staff as well because they may have wholly opposite than these parties. In this piece I present a case and three few less commonly taken but sometimes most effective approaches to this situation that staff may take and hat are the best ethical approaches possible. These are allowing all decision-makers to present not only their views but the rationales underlying them, switching the question from what the decision should be to who should decide, and providers initially telling these parties that they support them as in seeking an appeal regardless of what they themselves believe.

Short communication

Agonizing ethical conflicts often arise in medicine. The most excruciating of these for patients and their families is frequently issues involving end-of-life decisions, such as whether further treatment should be continued or even a new treatment started to keep a patient alive. These decisions may be most difficult for staff as well as these parties because they may, of course, have wholly opposite views on this issue. A paradigmatic, hypothetical case example illustrating this dilemma is that of a patient who comes in with a life-ending illness and is expected in a short time to die. Yet it may be that the patient could live a few days or weeks longer if kidney dialysis is started, because the patient, in addition to having the lethal disease that may take this patient's life, the patient also has kidney failure. The dialysis may prolong this patient's life slightly. Staff may see the ends of this intervention wholly differently. Some may see this as life-prolonging. Others, as death prolonging. If and when this is the case, the question will then arise of course as to how this decision should best be made. Then, those involved may also differ. Some may see the decisions that must be made as rightly up to staff Then physicians and nurses may question the best approach, even then, to resolve this. A possibility might be then to leave this to the attending or on another hand in some way or other to involve a greater number of others. If this latter decision is made, such questions may arise as whether just one party continuing to dissent should be enough to then refer the case to an ethics committee or whether just a majority of those agreeing should suffice. In this piece I will present a few less commonly taken approaches to this situation that may be taken and that ethically may be the best course. A first concern to be considered is the risk that some persons' views will prevail only because they have greater authority in the medical hierarchy established at the time. It is reasonable that this could and does occur because some staff more than others are legally more responsible than others for the decisions made. Yet the downside of accepting this practice always and automatically is that these persons' ethical decisions may not represent the best ethical views. There are two chief safeguards against this. The first is to compose the group that will deliberate on this dilemma widely so that to the degree this is reasonably plausible, persons representing major disparate views will be included. The second is to allow each participant to fully present their view and beyond this for the whole group to appreciate the rationale of each person's views. This way all major, morally relevant considerations are on all decision-makers' table. The rationale for this is much like that of a jury. This limits the risk that one person's bias could prevail. Suppose then, however, that the discussion goes on and on and reasonable people continue to reasonably disagree. Then it may be that if and as the discussion goes on, those with most power or authority may become more likely to prevail and with this, biases they may have that may not be evident to them. For patients and families this would be a sub-optimal outcome There is, that is, no guarantee that attendings' expertise in medicine and past experience will carry over to become then also ethical expertise. A second alternative possibly optimal remedy here is to establish an earlier threshold for switching the question from what the decision should be to who should decide [1]. Dissenters might then be much more likely to agree and this may be the best ethically one can do, regardless of what the newly designated decision-makers decide. A third issue involves what any staff member may do with an individual patient and/or family. The staff member can inform these parties that if an ethical issue arises, they will personally work with them and support them in seeking mans of appeal through the mechanisms for this that their institution has established, and they will do this regardless of what they themselves believe [2]. This means not only seeking out these avenues for appeal but being by their side as they do. This may also involve their taking additional initiatives with these parties such as creating a new mechanism for appeal and going forward as to an ethics committee, a chief hospital administrator or even plausibly to the court. All the above three approaches to ethical conflict are legally plausible and possibly optimal. Thus, staff such as nurses could institute any or all of them in any given case. All staff with interests and emotions at stake should in these cases be informed of this staff person's view and plan as early on as possible so that there are no surprises and so that all those participating can express their views about these approaches prior to their being

adopted. This can maximize buy in. It the individual provider feels isolated and alone in doing this, this provider should seek out earlier discussion with colleagues to be sure that the stress of introducing one or more of these measures is not for them emotionally too much. It may be possible to avoid this risk by the hospital's adopting these practices into their policies so that providers can then pursue these ethically optimal practices, knowing of them well in advance.

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