

Ethical Case Paper: Advanced Practice Dilemma

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Nurse practitioners must provide high-quality, compassionate, patient-centered, and evidence-based care and respect the patient's autonomy if the patient is mentally capable of making decisions. When delivering care, it is important to practice compassion and respect for every person's inherent dignity, worth, and unique attributes (American Nurses Association, 2015).

There comes a situation when providing quality and compassionate care conflicts with the patient's autonomy - the right to deny treatment when patients are competent. In this paper, I will examine Mr. D's current situation, his treatment options, and his desire to deny treatment. This paper will explore the area of concern regarding Mr. D's hesitance to undergo further testing, such as a CT scan or biopsy, and treatment, such as chemo or radiation, discuss relevant information, and identify key stakeholders involved in decision-making. I will also explore my potential biases that might influence this decision-making and the legal considerations. This paper will explore ethical and legal aspects, evaluate various treatment options with their risks and benefits, and ultimately make an informed choice.

Clarifying the Problem

Identify the Uncertainty

Mr. D is an 87-year-old man who has been relatively active but is now having trouble breathing. A recent chest X-ray revealed a new lung mass of about 1 cm in the upper right lobe. However, Mr. D is hesitant to undergo further testing, such as a CT scan or biopsy, as well as treatments like chemotherapy or radiation. His daughters are worried and want him to consider all options for diagnosis and treatment, especially given the effectiveness of new radiation treatments. I, as his long-term nurse practitioner, am concerned about his refusal of treatment

without knowing his diagnosis and alternative treatment options. While I am worried about his refusal of treatment and the possibility that it might be treatable, I want to understand his reasons for refusing treatment. Is it because of pain, or does he prefer to spend more time with family rather than undergoing extensive treatments, or is it his desire to spend his remaining days relaxing at home with family? I also want to provide him with all the relevant information so that he can make his own decision.

Analyze Your Biases

What I consider nursing is providing compassionate, quality care to all patients, regardless of their background, race, color, sex, language, religion, politics, property, birth, or other factors, and this is essentially the golden rule of nursing (United Nations, n.d.). As an advanced practice nurse, I provide evidence-based practices, educate patients, and provide patient-oriented, evidence-based treatment options based on patient's needs. I am more biased toward the ethical principle of beneficence. In this case, even though the principle of autonomy would require me to respect the patient's decision to refuse the treatment, I must consider the principle of beneficence and advocate for the treatment because it is in the best interest of the patient's health. Overriding a person's autonomy is serious, but serving the patient's best interests is sometimes necessary (Grace, 2023a). To address this ethical dilemma, I would educate Mr. D and his family about the benefits and risks of the treatment and alternative options and include them in the decision-making process while respecting Mr. D's autonomy. Additionally, I would encourage open communication between Mr. D and his family members to ensure that any decision made would benefit Mr. D.

Clarify the Question

Mr. D is adamant that he does not want to undergo chemo or radiation treatment again. The primary concern is how to provide Mr. D with the best possible care while respecting his right to refuse further chemo and radiation. As an advanced practice nurse, I need to understand Mr. D's reasoning behind his refusal of these treatments and explore alternative options he may be willing to consider. To better understand Mr. D's decision, it is important to find information about his reasons for refusing treatment, which might be because of pain and a desire to spend more time with family in a home rather than hospitalization. It is important to provide Mr. D with all relevant information to help him make an informed decision about his care. Additionally, it is necessary to provide him with alternative treatment options for Mr. D that are less invasive, which he might be willing to consider. This approach aims to ensure Mr. D receives optimal care while respecting his decision to decline further chemo or radiation treatment, acknowledging both the patient's right to refuse treatment and his family members' desire for him to receive care while maintaining ethical principles of beneficence and autonomy.

List the Major Stakeholders

Regarding making a sound decision about Mr. D's care, Mr. D, who is mentally capable of making his own decisions, holds the ultimate decision-making power regarding his care. As Mr. D is very close with his daughters, his daughters have a role in decision-making. His daughters are worried about him and want him to consider treatment options if they are treatable. Healthcare providers, including his long-term nurse practitioner, should also have a role in shared decision-making. As nurse practitioners, we should provide Mr. D with information about treatment options, their risks and benefits, and other alternative treatment options, ensuring Mr. D understands the potential consequences of each choice. We should encourage open and honest communication between him and his family members. This will guide Mr. D in making an

informed decision about his care, respecting his autonomy while considering his daughters' concerns and ensuring he receives the best possible support.

Describe the Ethical Considerations

Ethical Principles to Consider

Ethical principles guide in providing compassionate, quality patient care and involvement of patients in their care plans. In Mr. D's scenario, the ethical principles of beneficence, autonomy, and virtue ethics come into play. The ethical principle of beneficence is always acting in the patient's best interest while minimizing harm and maximizing potential benefits (Grace, 2023a). Applying the ethical principle of beneficence might help get Mr. D better and address her daughter's emotional well-being and concerns. However, it will take away his right to autonomy - the right to deny his medical treatment.

The ethical principle of autonomy is to respect the patient's right to self-determination. The ethical principle of autonomy is to provide clear, understandable information about their condition and treatment options to empower them to make informed decisions about their care (Grace, 2023a). It will empower Mr. D make a better decision, respect his dignity, and respect his right to deny treatment, but it might negatively impact his daughter's emotional well-being and Mr. D's health condition in the future. As his long-term nurse practitioner, I would be worried that Mr. D might deny treatment without knowing the diagnosis or whether it is treatable.

Virtue ethics focuses on developing good character traits for a flourishing life rather than following strict rules (Encyclopaedia Britannica, 2024). The virtuous medical professional will care for his patient's health with practical wisdom, integrity, compassion, and self-effacement, placing the patient's interests above his own with trust and caring (Vizcarrondo, 2012). Virtue

ethics would be ideal in this case, as it would respect Mr. D's autonomy and place the patient's interest above all. It would guide health professionals to act with practical wisdom, integrity, compassion, and patient respect, seeking a balance between beneficence and autonomy.

Legal Issues to Consider

According to Annas (1983), patients have the right to self-determination, which means they have the right to decide what will or will not be done to their bodies. Recent court rulings have also affirmed that common law and the United States Constitution protect individuals' right to refuse medical treatment (Annas, 1983).

The United States Constitution protects everyone's right to freedom and privacy. Patient Self Determination Act of 1990 protects patients' right to self-determination regarding deciding on their care, including refusing any medical treatment they believe is unnecessary or do not want. This patient right to self-determination is also embedded in the ethical principle of autonomy, where patients are the ultimate decision-makers in their care and have the right to make informed decisions about their healthcare. Thus, as Mr. D's long-term nurse practitioner, my role is to provide unbiased and required information to him so that he can make informed decisions about his care. I am not allowed to make the final decision on his care.

Choosing a Solution

Risks, Benefits and Rank of Options

Mr. D has the option to undergo treatment with targeted radiation therapy. Given Mr. D's concerns and hesitancy about chemotherapy and radiation, targeted radiation therapy could be beneficial for him. Thus, I am not including the option of a CT scan and biopsy as his treatment, which violates his ethical principle of autonomy. This targeted radiation therapy treatment option has the benefit of killing a large proportion of cancer cells within the entire tumor, and radiation

alone may be sufficient to cure them at times (CancerQuest, n.d.). However, there are risks of damaging surrounding tissues, such as the lungs and heart, depending on how close the area of interest is located to the tumor (CancerQuest, n.d.). Without enough information, we cannot determine if Mr. D is a good candidate for targeted radiation therapy. This treatment option is also effective for elders, making it the best choice if Mr. D is eligible for targeted radiation therapy.

My second preference is palliative care for Mr. D, which focuses on his severe illness and enhances Mr. D's current care by focusing on the quality of life for him and his family (National Institute on Aging, 2021). Mr. D, who spends more time at home, enjoys talking to family members. Family member surrounds him. So, he should not prefer a nursing home. National Institute on Aging (2021) states that many Americans die in facilities such as hospitals or nursing homes, receiving care that is not consistent with their wishes. Mr. D can work with a palliative care team to address his breathing difficulties, pain, and other symptoms related to the lung mass, which can benefit Mr. D by improving his comfort and well-being.

The third option is to refrain from further treatment. Mr. D. is prepared to accept whatever comes his way and does not wish to undergo more testing and treatment. This choice may not be the best for his well-being or his daughter's emotional well-being. However, it is what Mr. D. wants for his remaining days - to live at home rather than spend time in treatment and hospitals. This is my last preference for Mr. D. However, it is our responsibility to choose whatever option Mr. D chooses, whether one of the above or others. It has to be a shared decision that comes from open and honest communication between Mr. D and his daughters, respecting Mr. D's wishes and autonomy.

Make a Choice and Justify It

I have utilized Dunsford's ethical decision-making model to navigate the complex ethical dilemma of Mr. D and determine the best course of action for Mr. D. Utilizing Dunsford's ethical decision-making model, I first identified the uncertainty, analyzed biases, clarified the question, and listed the significant stakeholders. Then, I considered ethical considerations such as clinical issues, context, risks and consequences, applicable rules and duties, and moral principles. Finally, I chose a solution while considering all relationships and listed the options.

It is important to involve Mr. D in the decision-making process regarding his healthcare. The decision should be collaborative between the healthcare provider, Mr. D, and his daughters. Therefore, the best action is to avoid making a decision unilaterally. I believe the best decision would be the combination of my first choice - the targeted radiation therapy and the second choice - palliative care, which can provide him the best of both worlds - clinical benefits and the option of receiving palliative care, improving his comfort and well-being. I believe this is the best choice for him, and I want to support him in enjoying his life to the fullest. With this approach, targeted radiation therapy has the potential to cure Mr. D by killing a large proportion of cancer cells within the entire tumor; radiation alone may be sufficient to cure them at times, and it is effective for elders (CancerQuest, n.d.). With palliative care, Mr. D gets to spend more time at home rather than spend time in treatment and hospitals and doing things that he likes; the treatment is less invasive and focuses on his comfort and well-being. Even if Mr. D is reluctant to undergo targeted radiation therapy or later finds out he is not a good candidate for targeted radiation, palliative care would prioritize his comfort and well-being with this approach.

This decision would benefit Mr. D, and I would be comfortable with it because it is based on a patient-centered plan, evidence-based care, and ethical choices and processes. The assumption here is that Mr. D is willing to undergo targeted radiation therapy, which is less

invasive and palliative care. Once again, Mr. D holds the ultimate decision-making power and can rightfully make informed decisions.

Conclusion

In conclusion, nurse practitioners often face ethical dilemmas between providing compassionate care and respecting patient autonomy. The right to refuse medical treatment is not always honored during these scenarios. Mr. D's case emphasizes the conflict between providing high-quality, compassionate care and respecting patients' autonomy - the right to deny treatment when patients are competent. Mr. D has a desire and right to deny the treatment. At the same time, his daughters want him to undergo treatment. As nurse probationers, we are responsible for balancing his rights and his well-being, a balance between treatment and the right to deny treatment. This paper aimed to balance Mr. D's well-being and right to refuse treatment by gathering more information about his decision, involving relevant stakeholders, promoting open and honest communication, exploring alternative treatment options, and outlining the risks and benefits to empower him to make an informed decision. Ethical decision-making models guide nurse practitioners to make sound decisions daily using knowledge, experience, and skill, focusing on complex scenarios (Grace, 2023b). This paper used Dunsford's ethical decision-making model to guide Mr. D's complex moral decision-making and provide him with informed decisions and the best course of action while respecting his ultimate right to autonomy.

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