

In the medical field, we come across lots of ethical dilemmas. Whether it is abortion or physician-assisted suicide, everyone has a different viewpoint on the ethicality of these issues. A major area where dilemmas arise is end-of-life care. Not only do healthcare providers have an opinion on this, so do the patient and the family. While ultimately it comes down to the patient's decision (ideally via living will), it can be a major disagreement within families and healthcare facilities.

Let's say, for example, a patient is in the hospital and on a ventilator. The patient was in a serious accident and there are clear deficiencies in brain function. We tried a sedation vacation, but it was unsuccessful, so the patient is back on the ventilator. In situation A, the patient has a living will and a spouse. The medical team determines that there is no hope of the patient regaining normal function. The family agrees that the patient would prefer to be taken off the ventilator and the living will also lay out this plan. The patient is taken off the ventilator and passes away, however, the family has closure that they followed through with their loved ones' wishes.

In situation B, there is no living will, but the prognosis is the same. The patient's spouse has never had this discussion with the patient. They're not sure what to do so they ask the family. Everyone has a different opinion, and the patient is laying there unconscious while the family fights. The spouse eventually decides that it's too hard to pull the plug, so the patient stays in a vegetative state for the next ten years until they pass away.

In the last situation, situation C, the patient was never married but has a kid who lives a few states over. The kid doesn't know why they're the POA and couldn't care less about what

happens. The ethics board of the hospital then must step in and decide. The patient is taken off life support and passes away alone.

In all these situations, there is an ethical dilemma at play that can easily happen in the hospital setting. According to Brain and Life “While 90 percent of Americans say that talking to their parents or relatives about end-of-life logistics is important, only 27 percent have actually done it” (Gordon, 2015). When patients do however have a living, we must adhere to it. If we don’t, we are going against the ANA code of ethics statement “The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person”. Even if we don’t agree with a patient’s decision, we must respect their autonomy.

Source(s):

Gordon, D. (2015, August). *How to start talking about end-of-life care*. Brain and Life Magazine - Trusted by Neurologists. Retrieved February 27, 2023, from <https://www.brainandlife.org/articles/people-who-discuss-their-end-of-life-wishes-are-less>