

ANA Code of Ethics Assignment

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“Pain Seeking/Drug Seeking” - Pain Management

Imagine working in an emergency room. You are a recent graduate from nursing school, and you are starting your career as an emergency room nurse. You are in triage today and a patient comes into the ER and wants to check in. They present with abdominal pain that started two days ago which they rate a 10/10 and they need pain medication. You could go two ways with this situation. One, you could assume the patient is drug seeking and wants to game the system to obtain pain medications or, you could assume the patient is simply in pain and needs all the necessary treatments we would do for an elderly woman with abdominal pain.

This scenario causes a lot of tension and drift in the medical world. For me, this is a personal dilemma. I have family histories with opioid, alcohol, and other drug abuses. Giving pain medications is challenging because, the ANA (American Nurses Association) code of ethics states, “3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.” Legally, I must treat my patient’s pain, whether it is with Tylenol or fentanyl. I have my own biases which causes me to feel conflicted with pain management. According to the American Nurses Association, “By reflecting on their own experiences or background regarding pain and the suffering it causes, nurses can minimize the influence of biases by first identifying these biases (American Nurses Association, pg. 4).” However, there is concern of patient legitimacy who do drug seek and attempt to receive prescriptions for opioids or other narcotics because of an addiction.

The story I told above is true. I was working in the emergency room one day; a mother came in with her daughter (they were both adults). The mother was prescribed morphine for pain management following abdominal surgery. She returned to the ER stating she had 10/10

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abdominal pain and she used all her pain medication to control her pain. So why was this significant? Her surgery was thirteen days before and she was prescribed sixty pills of morphine, 2 mg per pill, to take over the course of thirty days. Her daughter was taking her mother's pills. Why does this matter? I jumped right back into my own personal experiences with pain seeking family members. It is situations like this that skews our opinions of patients. One bad patient interaction or one person's actions which were negative, block out the good and positive outcomes.

When I have been on clinical caring for patients, I have given pain medications. One example comes to mind when I was caring for an elderly woman who had recently transitioned to comfort care after her condition deteriorated and visibly, she was uncomfortable. The nurse caring for her and I called the physician and we asked for orders, specifically pain medications to manage her discomfort. When we got the orders, I pushed morphine into her IV and immediately she looked calmed, as if the relief swept over her. She slept; she was relaxed. When I reflect back on that day, I feel so good knowing I could alleviate the pain for her, that I could help with her comfort. However, my mind goes back to that day in the emergency room, with the mother and daughter, trying to get more pain medications.

This issue is prevalent now more than ever as the opioid epidemic worsens each day. It is vital to reflect on our biases, like I have, and to understand that as nurses, we have the duty to care for our patients as if they are our own family members. If it were me, I could not stand to see my mother or father suffering in bed, I would want them to be treated for pain too. With our positions, we know so many policies, procedures, assessments, interventions, but healthcare professionals have something else which can be a benefit or curse, empathy. We feel for patients, we take on their pain and try to empathize with them and fix it. Imagine caring for the elderly

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woman in pain, of course we would manage her pain, she should not suffer. But then our memories are clouded by the one experience which left a bitter taste in our mouth, made us feel disgusted. Ultimately, we have a duty to our patients, to advocate for them, to act with beneficence, to do no harm (nonmalificence), to do justice, to provide fidelity, and be great nurses. I have learned through the years in healthcare, that my biases do cloud my judgement and that is something I must work on. By clarifying my biases, I can better serve my patients who need me. Ethics is a tricky subject, but it is vital to positive patient outcomes, which includes pain management.

References:

The Ethical Responsibility to Manage Pain and the Suffering It Causes. American Nurses Association. (2018).
<https://www.nursingworld.org/~495e9b/globalassets/docs/ana/ethics/theethicalresponsibilitytomanagepainandthesufferingitcauses2018.pdf>