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Unit 5: Z Chapter 19

A 2021 study published in the *Neuro-Oncology Practice* examined the ethical dilemmas surrounding neuro-oncology patients and their examination of decision-making capacity. Although similar dilemmas occur in any patient population, the study had a surprisingly large population of participants that experienced neurologic decline due to tumor progression (74%), of those, 60% did not have any decision-making capacity. Although most patients had a health surrogate appointed before their treatment began, only 6% had an advance directive. (Sener, et al., 2021) Due to the progression of brain cancer, patients can be quickly incapacitated and unable to make informed decisions regarding their care. As nurses, we can be placed in an ethical dilemma, torn between multiple family members and their opinions, treatment that might help delay the progression of the cancer, and the inherent risk treatment holds, including further incapacitating patients and ruining their quality of life.

First do no harm. This statement is easier to say than practice, especially in a world where there is very little black and white, and a million shades of gray. Is treatment in every situation, regardless of outcome or potential risk, doing no harm? Is every dose of chemo, radiation, or surgery doing no harm, because you might slow or delay the progression of cancer? In some cases, doing no harm may be withholding care, changing a code status, and offering palliative and comfort measures. However, a bedside nurse does not have the authority to single-handedly make this decision for their patient. As a nurse, it is our responsibility to educate and support patients and their families, which improves patient outcomes. In some cases, outcomes may not be treatment, but rather comfort. Families should be supported and educated so they can make informed decisions regarding their loved ones. In situations where families are not making ethically minded decisions, nurses should rely on ethics consultations to reinforce teaching and support difficult decisions families are forced to make. The presence of ethics consultations is shown to facilitate families' decisions to

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change goals and treatment for terminal patients. Prior to consultation, only 12 participants (24%) had DNR paperwork filed, after a consultation, 28 patients (56%) were DNR. (Sener, et al., 2021) In conclusion, as healthcare providers, we do no harm by providing patient centered care, educating our patients and loved ones so they can make informed decisions, and consulting our peers when we believe an ethical dilemma is occurring.

Reference:

Sener, U., Neil, E. C., Scharf, A., Carver, A. C., Buthorn, J. B., Bossert, D., Sigler, A. M., Voigt, L. P., & Diamond, E. L. (2021). Ethics consultations in neuro-oncology. *Neuro-oncology practice*, 8(5), 539-549.
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