

Nurse Practitioners Case Study: Failure to utilize ethical principles to advocate for access and parity of services for mental health problems.

I do not think the nurse practitioner should be held liable for the outcome of the patient. When nurses delegate tasks to assistive personnel or licensed practicing nurses, they are is legally responsible for following delegation's rights. The same applies in this scenario. According to Cabbabe (2016), 21 states allow nurse practitioners to provide patient care without direct physician collaboration, supervision, or oversight. Suppose this scenario occurred in one of the other 29 states that still require a physician to supervise a nurse practitioner during the diagnosis and treatment of a patient. In that case, the outcome is ultimately the physician's responsibility. The article mentions that the nurse practitioner voiced his concerns, on two different occasions, about the patient's placement at the facility to his supervisor, the psychiatrist, and the facility co-owner. Although the nurse practitioner was independently contracted, that does not mean he can provide patient care independently without physician supervision. The article mentions that one of the jurors believes that the nurse practitioner should have notified the patient or her family of her diagnosis and his concerns about the facility's ability to provide adequate treatment. The article does not mention that the nurse practitioner did not voice his concerns to the patient. However, if the client were alert and oriented to person, place, time, and situation unless otherwise requested by the patient, there would be no reason to contact the family of his concerns and be a HIPPA violation. For an individual to become a nurse practitioner with no previous nursing experience, the nurse practitioner must complete between 500 and 1,500 clinical experience hours with 1.5 years of training in a postgraduate program (Cabbabe, 2016). Requirements of a new family physician include 15,000 hours of clinical experience and complete a postgraduate training program with a minimum of 7 years long (Cabbabe, 2016). According to Cabbabe (2016), because nurse practitioners receive less extensive education and training, physicians should be required to supervise the care provided by a nurse practitioner, just like a nurse oversees the work of unlicensed assistive personnel or a licensed practicing nurse.

Reference

Cabbabe, S. (2016). Should nurse practitioners be allowed to practice independently? *Missouri Medicine*, 113(6), 436-437. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6139780/>

Nurse Practitioner Case Study: Failure to Diagnose

The nurse practitioner was wrong for not documenting her recommendation that the patient receive a colonoscopy and the client's refusal. The nurse practitioner should not be liable for failure to diagnose the patient with metastatic colon adenocarcinoma, leading to the patient's death. The patient has a family history of colon cancer and a past medical history notable for heavy alcohol use. He complained of rectal pain and bright red rectal bleeding at the initial visit, which he has been experiencing on and off for two months. The client denied any weight loss, abdominal pain, fever, or chills. The nurse practitioner completed a digital rectal exam, which was negative for any tumors or tears. Based on the client's complaints of rectal bleeding, negative digital rectal exam results, and the nurse practitioner's scope of practice, she analyzed all of the subjective and objective information presented to her and diagnosed the client with internal hemorrhoids. Because the client has a family history of colon cancer, the nurse practitioner recommended the client complete a colonoscopy to rule out the presence of any other disease and to follow-up with her in 3 weeks. However, the client declined the referral for a colonoscopy. The nurse practitioner recommended the client complete a colonoscopy because of his family history of colon cancer and his history of heavy alcohol consumption, which are risk factors of colon cancer (Assessment Technologies Institute, 2019). The nurse practitioner discharged the client home with the necessary treatment for internal hemorrhoids based on the information presented. According to Assessment Technologies Institute (2019), the only way to definitively diagnose colorectal cancer is by an endoscopic biopsy. An adenocarcinoma begins as a benign polyp, which can be visualized during a colonoscopy or sigmoidoscopy, and if left untreated, grow and increase the risk of malignancy (Assessment Technologies Institute, 2019). The only way to definitively diagnose the client's metastatic colon adenocarcinoma was by the client agreeing to undergo the colonoscopy that the nurse practitioner recommended. At the follow-up appointment, the client stated he had not experienced any further rectal bleeding or pain, causing the nurse practitioner to speculate that the treatment worked, prematurely confirming the diagnosis of internal hemorrhoids. In the following 18 months, the client visited a different physician or returned to the nurse practitioner on 11 different occasions but never voiced his concerns of continued rectal pain or bleeding. For a physician to make a proper diagnosis, they must first evaluate and analyze all of the subjective and objective data presented to them. In this case, the client left out some essential details. The client failed to voice his complaints of continued rectal pain or bleeding. He failed to accurately report the extent of his alcohol consumption at his initial exam. He failed to report his history of smoking. The nurse practitioner may have stressed the importance of completing a colonoscopy had the client disclosed all of the information. However, the nurse practitioner should not be held liable for not making the right diagnosis when the client did not give her all of the puzzle pieces. If it quacks like a duck and walks like a duck, and swims like a duck, then it is probably a duck; but if the nurse practitioner is only told that it walks like a duck and swims like a duck, then the information given to her could lead her to believe it is a goose.

Reference

Assessment Technologies Institute. (2019). *RN adult medical surgical nursing*.

Certified Registered Nurse Anesthetist Case Study: Failure to conduct anesthetic of a patient during a procedure.

This scenario is almost a combination of the other two. It involves a certified registered nurse anesthetist (CRNA), whom an anesthesiologist should directly supervise, and a client that left out pertinent information regarding their history. Physicians complete extensive training and education to be experts regarding other people's health. The client is the only person in charge of following through with the physician's recommendations. In this case, the client decided not to follow up with a cardiologist before her surgery. I think that the moment a client blatantly disregards a physician's orders like this, all healthcare personnel on the case are no longer held liable for any outcomes related to the ignored orders. Dexter et al. (2019) conducted a study to evaluate the level of participation CRNA's want from anesthesiologists. They found that roughly half of the CRNAs wanted more supervision, participation, and collaboration with anesthesiologists. Again, anesthesiologists complete a much longer educational program and therefore be responsible for CRNA's direct patient care. It should be the anesthesiologist's responsibility to follow up with the client and verify that the CRNA evaluated the information in the client's chart before surgery. The CRNA was wrong for not determining if the client was cleared for surgery by the cardiologist, but I do not think the surgery would have been postponed even if the CRNA did follow-up as he should have. I also do not think the CRNA should be liable since the client ignored the physician's recommendation. The client is alert and oriented, so if their death was related to a cardiac condition, so any outcomes caused by her decision not to be evaluated by the cardiologist before her surgery should be her responsibility. If the client did not think the physician was knowledgeable and should be trusted on all things, including the recommendation to get a cardiac evaluation, then the client would not have agreed to the surgery in the first place. The client also would have signed informed consent before surgery, which included all possible risks associated with the surgery. The client knew death was a possibility, and she still agreed to it, so all the healthcare personnel on the case should be free from liability.

Reference

Dexter, F., Ledolter, J., Wong, C. A., O'Brien, M. K., & Hindman, B. J. (2019). Nurse anesthetists' preferences for anesthesiologists' participation in patient care at a large teaching hospital. *Journal of Clinical Anesthesia*, 57, 131-138.