Ethics, Privacy, Security and Confidentiality EP13

a. Provide one example, with supporting evidence, of nurses applying available resources to address ethical issues related to clinical practice.

**Ethical Issue Related to Clinical Practice**
Patient X was admitted in October 2018 after a suffering a motor vehicle crash. The patient spent one day in the Surgical Trauma Intensive Care Unit (STICU) and then transferred to the floor, but returned to Cardiac Intensive Care Unit (CICU) four days later. Patient X had an extended stay during which they were acutely ill and suffered several significant declines in condition that resulted in aggressive treatment.

Two days into the stay in CICU, Patient X became tearful and expressed to the primary care nurse, Anna Johnson, RN, CVRN, that the unit should not communicate updates to Patient X’s significant other when they called. (Evidence EP13-1, Johnson Progress Note) Johnson ensured a password was set up so Patient X’s significant other would not be able to receive updates without knowing it.

Patient X’s condition began to decline on that same day, prompting the patient, Dr. McGarry, Emergency Department resident, and Johnson to discuss next steps in the plan of care, including the possible need for intubation to support declining respiratory status. Patient X verbalized to McGarry and Johnson that they felt unsafe, that visits with the significant other were unwanted and that they did not want significant other to make medical decisions their behalf, even though the significant other was the legal next of kin. (Evidence EP13-2, Johnson Progress Note) Patient X had an extensive conversation with the care team regarding the abusive relationship with the significant other and the priority of preventing the significant other, the patient’s legal next of kin, from making medical decisions.

Patient X did require intubation as the evening progressed and, in response to the previous discussion about the patient’s wishes, Clinical Nurse Jean Jeremiah-Terry, BSN, RN took steps to initiate the Patient Information Privacy Patient Policy and a transfer to a different room in CICU to ensure the patient’s safety. (Evidence EP13-3, Jeremiah-Terry Progress Note)

As the course of treatment progressed, and to continue with the specialized care required, Patient x returned to the STICU and continued with the plan of care. The care team engaged in further discussion about the appropriate decision maker for Patient X, whose declining condition now required a bronchoscopy for which consent would be needed from the legal next of kin. According to the statutes regarding legal next of kin, the significant other would be the appropriate decision maker; however, in response to Patient X’s expressed wishes, Carrie Fraser, RN, CCRN felt compelled to seek resources to help determine who would be the decision maker as the team was still trying to honor Patient X’s wish to not allow the significant other to consent for care.

**Nurses Using Available Resources**
Given the pending concern regarding Patient X’s legal decision maker, Fraser completed an order entry requesting an ethics consult. (Evidence EP13-4, Fraser Ethics Consult Order Entry) Fraser noted the reason for the consult as, “abuse significant other, does not want significant other making decisions after intubation, long conversation had between patient and nursing staff.” The social worker noted the need to consult with the legal team, as the significant other was, by state statutes, the legal next of kin.

Tara Bastek, MD, MPH noted in the ethics consult the concern expressed by Fraser regarding honoring Patient X’s wishes. However, they were now anticipating the need for other procedures that would require consent, which would require guidance regarding surrogacy for medical decisions. Bastek discussed with Fraser the statute order of surrogate decision makers when there is no advance directive and noted that Patient X’s expressed refusal of the significant other as the decision maker would be valid for rejecting the significant other. (Evidence EP13-5, Ethics Consult) Bastek also noted that this had been confirmed through legal consultation.

With the engagement of the social worker and Case Manager Tomica Fuller, BSN, RN, CCM, it was determined that there were two children who would be the appropriate decision makers for Patient X based on state statutes. They attempted to reach the children and located an adult granddaughter who shared insights into the family situation and was determined to be the temporary surrogate decision maker, which the granddaughter agreed to.