

EP15

Provide one example, with supporting evidence, of nurse(s), as a participant(s) of an interprofessional team, applying available resources to address ethical issues related to clinical practice.

Example: End-of-Life Decision-making for an Unrepresented Patient

Ethical Issue Related to Clinical Practice

The patient was admitted in April 2023 after suffering a serious heart attack requiring stent placement and a percutaneous left ventricular-assist device (LVAD). In under 24 hours, the percutaneous LVAD had to be removed due to patient intolerance. The patient continued to decline clinically and the providers, including Alison Brancato, ANP-BC, Adult Nurse Practitioner, and Mohit Mody, MD, had to make critical decisions determining next steps for the plan of care. ([Evidence EP15-1, Mody Attestation note](#)) The patient needed intubation for respiratory failure secondary to decompensated cardiovascular status with no definitive or curative treatment. The providers did not want to proceed with intubation solely due to the patient's unrepresented status.

The patient initially responded verbally to commands upon arrival at the hospital; however, the patient spoke in a dialect unknown to the translator, preventing any useful communication. Case Managers Michelle Canfield, MSN, APRN, FNP-BC and Michelle Jones, BSN, RN-BC, CCM made significant but ultimately unsuccessful efforts to locate a surrogate decision-maker. Their efforts included support from police agencies to locate friends or family at the last known address, calling all phone numbers listed in past medical records, reaching out to the last pharmacy used, and even reaching out to a church affiliation specific to the patient's culture to determine whether the patient was a member. ([Evidence EP15-2, Canfield and Jones Notes](#))

Ethical Resource

As the patient's condition declined, the need for medical decision-making regarding escalation or non-escalation of care was imminent. Mody, Brancato, and Frances Wood, MD, FACC, Cardiology, were confronted with the decision to intubate the patient due to declining status.

A patient care team meeting was convened in April 2023, including the patient's medical team and members of the Ethics Committee. The interprofessional Ethics Committee available for this meeting included Tara Bastek, MD, MPH, Chair, Ethics Committee; Dawn Garwood, PA-C, MPAS, Palliative Medicine; Murray Dees, MSW, LCSW, Palliative Care; Grant Jenkins, MD, Hospitalist; Marcy van Schagen, MSN, RN, CNML, Nursing Administration; and Allyson Jones Labban, JD, Associate General Counsel, Office of Legal Affairs. The treating medical team included Mody, Brancato, Wood, and Peter Heetderks, MD, Director, Pulmonary Medicine and Critical Care Services; Alyssa Luddy, MD, Palliative Medicine Physician; and Aastha Neupane, BSN, RN, MedSurg-BC, Clinical Nurse, the patient's primary care nurse.

During the interprofessional care team meeting, Mody and Wood shared the patient's clinical course, which included progressive multi-organ failure and a poor prognosis that was likely to result in death. Brancato consulted Palliative Care, and Ludy suggested an alternative care plan of comfort measures. ([Evidence EP15-3, Ludy Consult Note](#))

Bastek initiated discussion regarding the patient's decisional capacity, availability of surrogate decision-makers, and North Carolina's two-physician concurrence rule, which supports the development of a plan of care in the absence of a surrogate decision-maker. Based on insights from the treating medical team and Ethics Committee representatives, the interprofessional group came to a consensus to initiate full comfort measures for the patient. ([Evidence EP15-4, Ethics Consult Note](#)) After the meeting, Wood entered a note in the patient's chart indicating the team's agreement with moving forward with comfort care. ([Evidence EP15-5, Wood Note](#))