A. The moral aspects/issues within the case

1. Relevant facts that relate to the aspects/issues

When patients are hospitalized, in the United States, it is recommended that a discussion has to be held on DNR order with the patient. The information discussed should be documented. Before coming to a conclusion, it is important for the physician to provide the patient with full information and education on “no code” and “full code” and how they relate to the general medical condition. The order on do-not resuscitate is placed on the medical record of the patient by the doctor. For this case, the physician does not have the right to place an order requiring cardiopulmonary resuscitation. The order can yet help in preventing unwanted and unnecessary intensive treatment at the end of time period.

Opiates and a heroin overdose as seen in the case of the 20 year old have decreased his ability to breathe. Many paramedics have experience on heroin overdoses which makes the victims unconscious. The main appropriate medication is to use Naloxone as an antagonist to opiate. The Naloxone works through blocking the drug from having harm to the brain and removes the opiates found in the brain. However, for the case of the 20 year old male, his condition was uncontrollable since the opiates has already entered the brain and had difficulty in breathing.

Just like most of the medical decisions, making decisions on whether or not to resuscitate the patient suffering cardiopulmonary arrest needs careful consideration on the likely clinical benefits based on the preferences of the patient for intervention and its potential outcome. For Matt’s case, the Cardiopulmonary resuscitation has failed to establish normal breathing and blood circulation. Ethical issues arise when the CPR does not manage to provide the intended medical benefit (Hart 2005).

2. The ownership of the situation
When the CPR has proven futile in that it does not produce any clinical benefit, the physician is ethically justified to withhold the resuscitation. The physicians are able to judge the quality of a patient in that poor life will mean lack of the need to establish a meaningful survival even after restoring the stability of circulation in a patient. However for the case of Matt, the family members recommend that any form of reasonable effort has to be carried out but, the main decision should be made by the patient when he has the full understanding of his condition and has proper capacity to make decisions, that his wishes would be honored.

3. Five essential nursing values.

Nurses should adhere to the guiding principles on ethical decision making. The

Nursing values include; a) autonomy which is the ability to allow the patient with the right to

Make decisions. The health care providers, based on ethical and legal considerations should enable the patient make decisions concerning their discharge or a form of treatment. b.) Justice which this means that a patient has the right to act in a manner and to react

To benefits or risks that are equality distributed. C.) Beneficence is another principle that can be applied in this case. It values the need to do good and no harm. This means that the physicians should try all means possible to provide any form of successful therapies such as the CPR, before deciding to withdraw the treatment or to pass the Do Not Resuscitate order.

d.) Veracity is another important nursing value which calls for the need of nurses to

Provide truthful and adequate information because such kind of information builds the foundation of informed consent (Savage & Michalak 2009).
B. Two bioethical issues.

1. Theory

The bio-ethical issue that arises is based on the need of an individual to make his or her wishes be known before that occurrence of a tragic event. The families and individuals will be able to discuss on the living will. This is found in the Patient Self-Determination Act (1990). This is a mandate that will help patients being admitted to the healthcare facility be questioned on whether they have their wishes on the duty they expect from the facility. A second bioethical issue is on the living will that involves three kinds of advance directives which involves the do not resuscitate order, the attorney’s role in making decisions related to healthcare and healthcare decision making.

2. The chosen theory relates to the given scenario.

Through advance directives there will be legal documents to show Matt’s wishes and his personal decisions concerning end of life treatment and care. The presence of the documents would have helped the healthcare providers, friends, and family members in making the best decisions Matt’s treatment and care at the right time when he still had the capacity to make decisions. The advance directives would also help solve the tension and conflict that already exists between Matt facility and the healthcare providers. The living will is a declarative and written document that shows the type of life sustaining measures and medical treatment needed by the patient at any event of terminal illness, inability to make decisions, and to communicate (Menne & Whitlatch 2007)

Matt would have benefited from the living will in that he would have given the healthcare facility with a duty of proving the treatment and sustaining measures he wished for.

3. Applicable law or agency policy

The Patient’s Self Determination Act was passed in 1990. It calls for the medical facilities to provide adequate information on Medicaid and Medicare that will guide patients in making
advance directives such as alternative actions that might affect the patient's outcome.

1. Apply the ANA Nursing Code of Ethics to guide these actions.

The Nursing Code of ethics is a dynamic manuscript due the changes within the social wolf posing a change to the code of ethics. The physicians and nurses should uphold the right of the patients. The Patient Bill of Rights was developed in 1973 by the American Hospital. When patients are not informed about their rights, they will be unable to freely express themselves and will lead to communication error thus leading to inadequate healthcare provision.

The anatomy of patients further have to be examined by the hospital in that the patients have to be involved in the decision making process on matter that affect them. The ethical concept gives rise to patients having the ability to make informed consent else their personal beliefs such as cultural and religious issues might not be considered in their own treatment and care. Through the ethics principle of justice patients who are poor, fail elderly, and the disabled are able to be offered equal treatment and care and this helps in avoiding future complications.

Reference:


Savage T & Michalak (2009) ethical, legal and moral issues in pediatric nursing. Physical medicine and rehabilitation, p 1091-1097
Case analysis: Do Not Resuscitate (DNR)

Hart S (2005) Hospital ethical climates and registered nurse r. journal of unstring scholarship, p 173-177