

Ethics: Case Study 3

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Case study 3 involves M, a 75-year-old with urosepsis and advanced Alzheimer's disease and her primary caregiver, her husband. The case requires that we decide what is in the best interest of M. The decision will likely determine her care until the end of her life. The MORAL Model was applied to this scenario as a framework to decide care, which is an acronym of steps for ethical decision making: Massage the dilemma, outline the option, resolve the dilemma, apply the option, look back and evaluate (Weiss & Tappen, 2015). First, the identified dilemma is that M will not have any more improvement as long as her oral intake is poor. Our ethical problem is to decide what is in her best interest. She is septic, dehydrated, and unable to perform ADLs, thus there is a strong possibility of rapid deterioration. Meanwhile, she has a capable, health-literate husband who takes good care of her and is able to feed her at home. Unfortunately, the husband feels helpless, as if he has "failed" his wife.

Next, we would need to consider the options. The physician has scheduled PEG tube insertion. Considering that the physician has been treating the patient with antibiotics and is now ordering a PEG tube insertion, it may be assumed that they are aiming for aggressive care for this patient's sepsis and improvement for nutritional status. By inserting the PEG tube, it is expected that M's nutritional status can improve. However, there is also the consideration of complications after the insertion. Even after a successful insertion, there are resources to consider. She may require skilled nursing and equipment to use the PEG tube. The other option is that they forgo the PEG tube insertion and allow M's husband to feed her PO. At this time, M's husband has shown to be a capable caregiver and is reportedly able to feed her at home more than in the hospital. However, M doesn't present at the hospital for having very good PO intake, and for her to improve requires that she have better than she has been having.

In order to resolve the dilemma and choose an option, there must be consideration for M's health status and the ability for those to care for her. Since she has advanced dementia, doesn't present with good oral intake, and cannot assist in her own care, it would seem that the best way to nourish her would be through enteral feeding. However, there is evidence that PEG tube provides no benefit for prolonging life and nutritional status in patients with advanced dementia (Murphy & Lipman, 2003). Placing a PEG tube is unlikely to improve M's status. Instead, the maintenance may only become resource-heavy. If M's husband is assumed to be of similar age of M, then it is possible that he may have limited resources or have an ailment of his own; it won't become easier for him to care for M. It is also important to also consider the thoughts of M's husband. When a patient is incompetent for decision-making, then the feelings of the caregivers should also become a priority (Rowe, 2010). The gentleman became distressed and felt that he failed his wife when the physician decided to place a PEG tube. On the other hand, he may feel he has more control if he is able to feed his wife. Considering all these factors, it may be best to cancel the PEG tube insertion. M's nutritional status will not improve either way, but her husband can be satisfied to continue caring for her.

Now, because the M is unlikely to improve, applying the option will require the realization that M is nearing the end of her life. Hospice care will need to be considered, or at least a durable DNR. The aim would have to be to make M as comfortable as possible while counseling her husband. It might suit the both of them for home hospice care. The result would be that M would be in a familiar, comfortable environment while her husband would continue to assume most of her care. Unfortunately, M's husband will still have to grieve for the gradual deterioration of his wife. The evaluation of these interventions will yet to be seen, but M's

husband, as primary caregiver, does have the power to rescind DNR and attempt more aggressive treatment again.

M's best interest would be to become as comfortable as possible. Doing so would adhere to ethical principles. Inserting a PEG tube is unlikely to improve her status – instead, it could go against the values of beneficence and non-maleficence because there is a risk of complication during insertion. Being truthful to M's husband about M's condition would uphold the value of veracity. Meanwhile, a home hospice care option would allow her husband to take care of her in a familiar environment, thereby allowing as much autonomy as possible for M's husband.

References

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**Ethics Case Study Discussion
Initial Posting Rubric**

Criteria	Comment	Points
Logical concise ethical rationale presented for decision in case study (20)		
Decision based upon an identified ethical framework (theory) (30)		
Professional sources used to support position/ Grammar, APA formatting (10)		
Total points Initial Post (60)		
Student used own case study (+5)		

Rebuttal Rubric

Criteria	Comment	Points
Logical concise ethical rationale presented for rebuttal of another's decision in case study.(15)		
Rebuttal based upon an identified ethical framework (theory) (15).		
Grammar, APA formatting Use of at minimum 1 professional source for support (10)		
Total Points Rebuttal (40)		
Combined Points Initial Post/Rebuttal (105)		