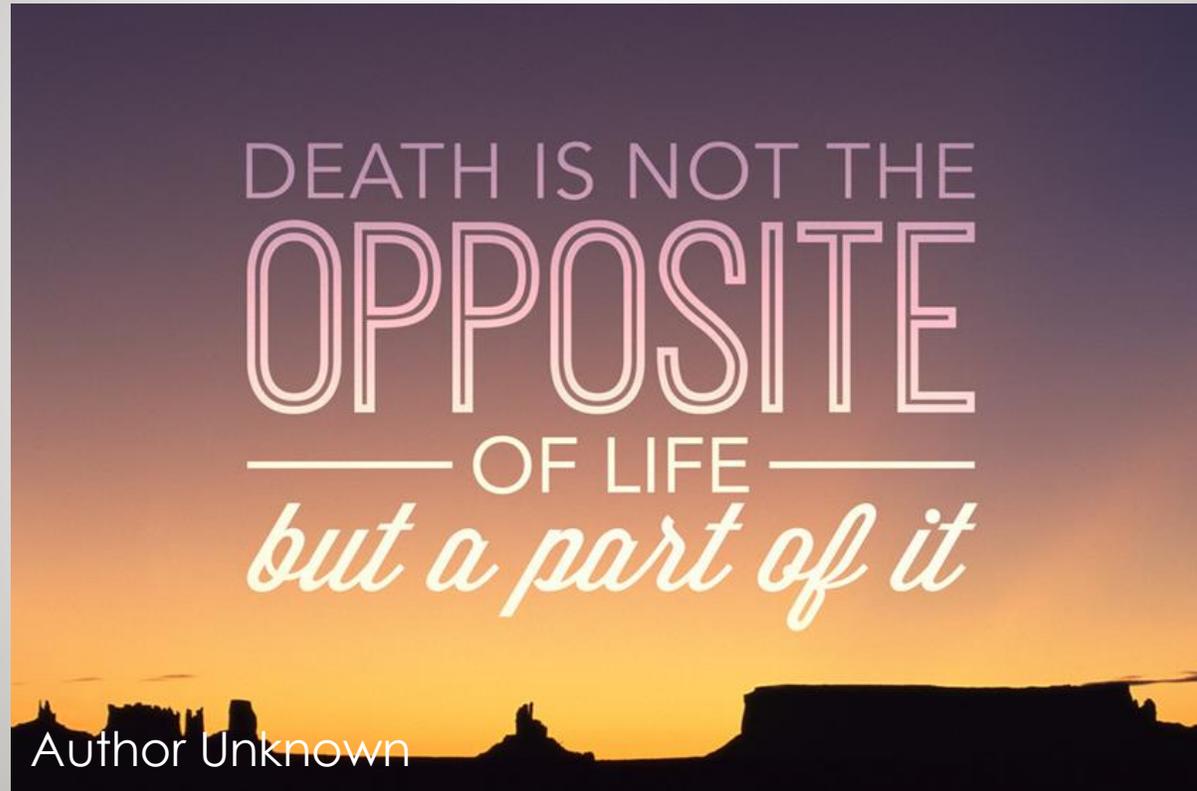


# ACADEMIC NURSE PREPARATION: ETHICS AND END OF LIFE



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Providing EOL Care that is compassionate, appropriate, and ethically in accordance with patient wishes is an essential component of nursing care.

Nurse Advocate in End of Life Care (2019)

Hospice/  
Home  
health

Med-  
surge

ICU

Labor  
and  
Deliver

Pediatric

Progressive  
Care

Behavioral  
Health

Rehab

Outpatient

# AACN SAFE PASSAGE DURING DYING PROCESS

- ▶ Dying is a human passage that everyone will confront.
- ▶ How that passage transpires is reflective not only of the person and significant others but of the caregivers and their respect for dying as a human passage.

- ▶ How the dying person and his or her significant others are cared for at the end of life makes both an immediate and long-term impact on the emotional and physical well-being of those grieving.

# TYPICAL NURSING CURRICULUM

## Nursing Courses

- ▶ Fundamentals
- ▶ Adult health
- ▶ Older Adult
- ▶ Mental Health
- ▶ Maternity and Newborn Care
- ▶ Pediatrics
- ▶ Community/Population Health

## Clinical Placements

- ▶ Long term care
- ▶ Acute care
- ▶ Outpatient clinics
- ▶ Pediatric units/hospitals/clinics
- ▶ Mental Health Clinics/inpatient
- ▶ Woman's health clinics/ delivery units/postpartum units/newborn units
- ▶ Home care

# Academic Preparation Relating to End of Life (EOL) and Ethics

- ▶ Concepts regarding death and dying
  - ▶ Post mortem care
  - ▶ Symptom management at EOL
  - ▶ Helping pt/family through the Kubler-Ross stages of Grief
  - ▶ Codes and code management
  - ▶ Cancer care
  - ▶ Hospice/Palliative Care

- ▶ Ethical concepts:
  - ▶ Four pillars of healthcare ethics (respect autonomy, beneficence, non maleficence, justice)
  - ▶ Withholding/withdrawing medical interventions
  - ▶ Jehovah Witness/blood products
    - ▶ DNR/Advanced directives
  - ▶ Physician assisted death



# ACADEMIC PREPARATION: What is Missing

## CLINICAL PREPARATION

- ▶ Reconciling own feelings about death and dying
- ▶ Communication skills
- ▶ Skilled symptom management
- ▶ Experience caring for dying patient

## ETHICAL PREPARATION

- ▶ Preparation for EOL situations charged with emotions
- ▶ Issues with
  - ▶ Compromising patient autonomy on basic decision making ie pain management vs sedations
  - ▶ Non-beneficial care issues

# THE ISSUES

- ▶ *Content laden curriculum limits to brief lecture, case study or assigned readings.*
- ▶ Understand ethics and purpose of ethics committee but do not incorporate ethics into everyday situations
- ▶ *Less than 1-2% of NCLEX on grief and loss and advanced directives/ethical practice (Kaplan, 2019)*
- ▶ *Most students will not have actually cared for a dying client during clinical experiences.*
- ▶ *Personal experiences with death*
- ▶ *American Culture: Avoids Death*

- ▶ Feeling ill-prepared to provide adequate care for the dying and bereaved.
- ▶ Misconceptions and biases toward death and dying
- ▶ Not prepared psychologically to deal with challenges of dying patient

(Bailey et al, 2019; Dimoula, Kotronouls, katsargakis, Sauroura & Patirake, 2019)

# Novice to Expert EOL

## Novice

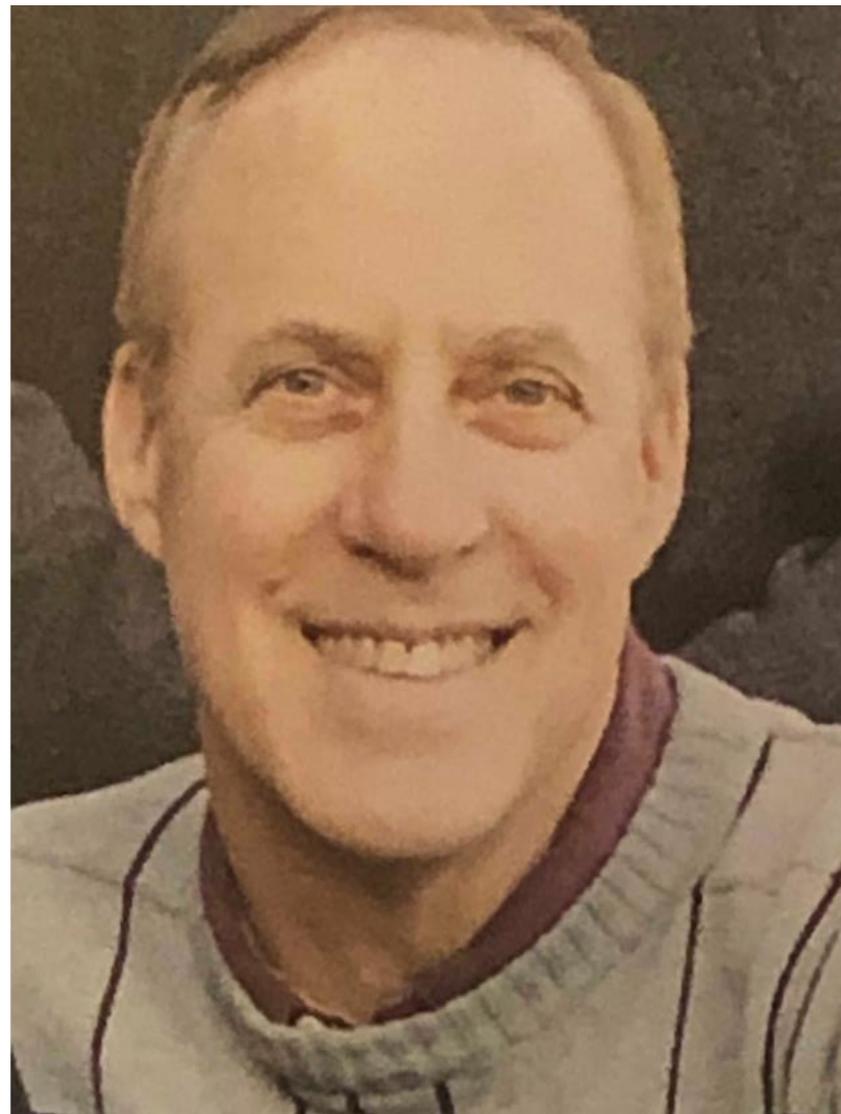
- ▶ Rely on:
  - ▶ Rules
  - ▶ Policies
  - ▶ Concrete Principles

## Expert

- ▶ Intuitive thought process
- ▶ Learned skills:
  - ▶ Active listening to patient and family
  - ▶ Effectively communicating pt/family feelings with rest of healthcare team

## John's Story

- Esophageal Cancer: Stage 3
- Admitted due to SBO after vomiting and diarrhea from chemo
- Hospitalized 21 days
- Returned home on different chemo went back to work and was doing good through Christmas
- Pneumonia end of January
- Hospitalized 1 week
- Home on hospice for 3 days
- Died February 8 2017



# AWESOME CARE

- ▶ Nurses: Caring and Competent
  - ▶ Inter-professional care:
    - ▶ Nurse Education
    - ▶ Nutrition Consult
    - ▶ Integrative therapy
  - ▶ Pain was controlled
  - ▶ Over and above to meet needs
    - ▶ Needing neupogen/son's big game in Ohio
  - ▶ Refused to put down NG tube

# Ethical Dilemma

## Autonomy

- ▶ Lack of communication
  - ▶ Cannot know John's goal if you do not ask
  - ▶ John's goal versus nurses goal
    - ▶ Pain management versus sedation

## Beneficence

- ▶ DNR versus Do Not Treat
  - ▶ Throwing up Blood
  - ▶ Difficulty Breathing
- ▶ Hospice
  - ▶ Could not control pain
  - ▶ Wanted to move to inpatient

# WHAT COULD HAVE BEEN BETTER

- ▶ Communications between team members especially relating to his care goals
- ▶ No one asked:
  - How are you doing?
  - How are the kids?
  - What can I get you/do for you?
  - What are your goals?
  - Would you like the pastoral council or a priest?

# TRANSITION: STUDENT TO REGISTERED NURSE

## Discussions

- ▶ Clarify role of hospice and palliative care in your organization
- ▶ What is an is not possible at your organization;
  - ▶ Separate larger rooms for family
  - ▶ Tray of coffee/snacks
  - ▶ Bringing in music, readings, and items of importance to family/patient
  - ▶ Reiki/ essential oils/ massage
  - ▶ Cultural practices

## Assign to Dying Patient

- ▶ Support new nurse in process
- ▶ Practice communication techniques
- ▶ Encourage nurse and aides to go into room
- ▶ Discuss new nurses' feelings/offer support

# TRANSITION: STUDENT TO REGISTERED NURSE

Academic  
Preparation

Orientation/Nurse  
Residency

Ethical Care at  
End of Life in a  
Variety of Settings

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# Questions/Thoughts

