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Surrogate Decision Making

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Surrogate Decision Making

Many ethical issues arise when deciding **3** to end a patient's life, especially regarding the difficulty of making a patient's family come into agreement. The range, ethics, and authority of Medical Science are often put in question by various situations that are inevitable in this specialty. One such critical case is created by an ethical dilemma on surrogate decision making in nursing towards terminally ill patients. Still, nurses deal with and confront ethical issues daily; hence their sole foundation is an ethical practice. In particular, ethical dilemmas arise when nurses are discharging their services aimed to care for patients. As a result, almost all ethical dilemmas are likely to conflict with nurses' ethical values or the set code of ethics upon which all nurses are bound to subscribe (Karnik & Kanekar, 2016). On the flip side, kinsfolks, patients, and caregivers may develop emotions, sorrow and feel the forfeiture (Coelho & Barbosa, 2017). The latter situation causes distress for nurses to make the ultimate decision. Hence, it necessitates novice nursing practitioners to better prepare in the case of being surrogate decision makers by safeguarding that they comprehend ethical issues regarding end-of-life decisions to manage the situation as ethically required by observing all rights of their patients (Butt & Rich, 2019). The objective of this paper is to deliver a convincing discussion on the ethical dilemma on surrogate decision making through the lens of its impact on nursing, major moral issues the situation raises, associated bioethical principles, and personal morality value and its connection to the group I live in.

End of Life Ethical Dilemma and Its effect on Nursing

All human beings are subject to death. No one relates well to death's devastating effects than critically ill patients who face its authenticity each passing day (Bertman, 2016). Luckily, physicians can rewrite natural death occurrences and extend an individual's life in this era of

technological advancement. Although technology has significantly advanced medicine today, it does not offer the vital assurance of full recovery but somewhat life's sustenance with or short of meaningful existence or tributary sustenance counting nursing conduits and apertures. Thus, healthcare providers and nurses need to be conscious and conversant about critically sick patients' ethical issues. To ensure patient autonomy is upheld at end of life, even in occasions where patient is short of capacity to make declarations, nurses who act as surrogate decision-makers should demonstrate effective and advanced care planning (Roberts & Siegler, 2017). As a surrogate decision-maker regarding the end of life for terminally ill patients presents one of the complex patient situations where it is difficult for nurses to identify medical futility. Therefore, the envisioned treatment objectives' achievement is hindered (Schneiderman et al., 2017).

Therapeutic interventions counting hydration and virtual nutrition could be adjourned or reserved when congruent with a patient's wish. In such cases, some situations may arise when an appeal for physician-abetted suicide confronts nurses, who are the main caregivers to the patient. Consequently, a nurse faces an ethical dilemma on whether to fulfill the appeal or coordinate with the health care associates to provide care besides luxury to the ailing person (Preshaw et al., 2016). Furthermore, nurses at the center of such situations have no choice but to make tough decisions while still maintaining their moral duty of certifying virtuous care to the vanishing patient.

Moral Issues Raised in the End of Life Ethical Dilemma Situation for Terminally Ill Patients

In nursing practice, nurses are obliged to understand individuals' moral values and the way they make choices based on what is conventionally viewed as ethically right or wrong. Since end-of-life situations can potentially terminate or protract a patient's life, it necessitates

principal decision-making to avoid leaving a nurse in a dilemma (Karnik & Kanekar, 2016). In case of situations necessitating families and patients to make decisions concerning the type of care they will accept or not, there are moral issues that are ²likely to arise in context of the end of life care. When the morals and values of a nurse conflict with those of a patient, a nurse may land into a distressful condition. Ailing persons have their own goals of care, and this is what they place their highest value on, with an expectation of achieving them in relation to their ailment. Many difficult decisions need to be made most of the time when a patient approaches the end of life. Some of these decisions are about the types of medication a patient would like to have when they would not be in a position to make their own choices. In a clinical setting, this may result in conflicts between the family and the patient's wishes. Additionally, conflict may arise between what physicians uphold as ideal for a patient and family or patient's values as well as goals.

Subsequently, communication breakdown, futile management of symptoms, compromise of patient autonomy, and nonbeneficial care are circumstances that many ethical dilemmas in nursing originate. Thus, for nurses to permit caregivers, relatives, and patients to have a chance to witness the end of life with equanimity, they must be aware of associated ethical dilemmas.

Do not attempt resuscitation (DNAR) is one of the most challenging decisions made by patients at end-of-life care. When a patient makes this decision, nurses are not allowed to attempt cardiac arrest cardiopulmonary resuscitation, which may encompass administering inhalation conduit, cardiac treatment, and use of chest compressions (Cho et al., 2020). When terminally ill patients have made this decision, both the nurses and the family are obliged to obey it (Olson & Stokes, 2016). Although nurses exhibit their own beliefs, standards, and principles, they often distance themselves from the patient's requests and views. This resolution is likely to trigger

internal misunderstandings. However, nurses may deem it against their values to protect patients' lives to prevent interfering with natural death but make it comfortable when they can prolong life. While DNAR restricts cardiopulmonary resuscitation attempts on patients, natural death infers to offering luxury procedures to contain signs connected to ease (Hardy, 2018).

Bioethical Principles Related To End of Life Ethical Dilemma

Surrogate decision-makers such as clinicians and nurses are guided by four basic principles in the care and decision making of terminally ill individuals. They include beneficence, justice, autonomy, and nonmaleficence. These fundamental principles equally ensure the rights of individuals are safeguarded as stipulated by particular ethical regulations. As a result, these standards apply to nurses involved in clinical research as well.

Respect For Patient's Autonomy

In essence, respect for a patient's autonomy is viewed by end-of-life ethics and bioethics as a critical idea. According to this nursing ethical principle, patients should have informed consent to respect the independence and empower them to make decisions ensuing from authentic and precise information (Butt & Rich, 2019). Since this principle is considered rational, it has attracted medical ethics' attention, particularly care ethics regarding the end of life. Additionally, the autonomy principle is viewed as a prearrangement to honor a patient's rights to self-determine deed's progress and to recognize the sovereignty to make decisions (Gomez et al., 2019). Surrogate decision-makers should advocate for their patients' rights to make decisions. For example, part of patients' decisions is not personally favorable to the nurse (Olson & Stokes, 2016).

Nonetheless, regardless of the patient's decision dilemma, a nurse has to back it in the gratification of the ethics code. When a patient suspends the managed care, it is often distressing

to the nurse who might not consent to the patient's death. Hence, this is regarded as unfortunate because the principle of autonomy has to take effect (Gomez et al., 2019). Although communication regarding the end of life care and the dying patient is imperative, it is not an easy task. However, nurses and patients dialogue and pay attention to each other besides offering communication concerning various end-of-life care choices.

Justice Principle

This principle of fairness overseas social fairness and seeks to determine if an individual ought to get or is entitled to receive recourse. According to the American Nurses Association code of ethics (2015), nurses should be devoted to their patients regardless of their social status. They are also required to balance loads to establish those eligible to receive some form of care. Since some medical interventions are regarded as futile, terminally ill patients receive palliative care (Kirkpatrick et al., 2017). Symptoms management decision is viewed as just since it is solely based on the patient's best interest rather than the background, age, or socioeconomic status. To ensure that patients receive the best care, nurses should ensure that patients are conscious of all available options. This helps patients evaluate what is virtuous for them to make a choice (Butt & Rich, 2019). For example, when the nurse makes the patient who needs surgery conscious of its outcomes and side effects.

Moreover, in situations where the patient cannot make informed decisions, a nurse should ensure that he/she is well informed. This is because the nurse may not back the choice but is indebted to respect the decision because it is the patient's right. For instance, if Alzheimer's illness hinders the patient's cognitive ability, they cannot make informed decisions. Thus, the nurse or whoever assumes the surrogate decision maker's role should ensure the best for the terminally ill patient.

Personal Morality Value and Its Connection to Group I Live In

Personal morality values are the foundation of an individual's ability to judge what is right or unbecoming. They also entail an intrinsic system of beliefs. Although they are not generally acknowledged, they have inherent worth. Thus, in the ethical dilemma on surrogate decision making in a clinical setting, the latter system should enable every individual accompanying nurses, clinicians, and health care team members to determine what ought and what ought not. My moral value in nursing is human dignity. As a nursing practitioner, my immediate group of persons who directly benefit from my profession includes patients and their families. Therefore, I consider human dignity value to be imperative to people, including patients, their families, and the society at large. With dignity respect as a nurse caregiver to the critically ill patient, this personal value helps me continuously consider inherent human values, preserve my patient dignity and privacy during clinical actions, respect my patient's beliefs, and uphold communication with my patients and their family. Hence, human dignity mirrors cultural similarities of groups and is in line with the nursing vocation's humanistic nature in supporting others.

In summary, the end of life of a patient is one of the preeminent situations that presents an ethical dilemma in surrogate decision making in nursing. This is especially hard in the face of a nurse caregiver who has received a request for physician-supported suicide for terminally ill patients. The latter difficulty stems from the hardship of making a patient's family agree with the choice made. The end of life ethical dilemma impacts nursing in a couple of ways. These include presenting to nurses an option to either satisfy a request or work with health care team to provide care as well as comfort to a patient. It requires nurses to make tough choices while upholding their moral duty to certify good care to the dying patient. An end-of-life ethical dilemma presents

nurses with critical moral issues, especially decisions regarding their inability to attempt resuscitation (DNAR). Correspondingly, surrogate decision-makers are guided by bioethical principles such as autonomy and justice in terminally ill patients' care and decision-making. Finally, human dignity's morality value is critical in all situations of ethical dilemma in surrogate decision making. It directly connects to a nurse's immediate group comprising patients, their relatives, and the healthcare team.

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