

Navigating ethical dilemmas: The critical care nurse's role in end-of-life decision-making.

Russell Hootman*

Department of Nursing, University of Calgary, Calgary, Canada

Introduction

End-of-life care in critical care settings presents some of the most emotionally challenging and ethically complex decisions in healthcare. As patients approach the end of their lives, healthcare providers are often tasked with balancing the desire to prolong life with the need to ensure comfort and dignity. Critical care nurses are at the forefront of this process, playing an essential role in facilitating decision-making, offering emotional support to patients and families, and navigating the ethical dilemmas that inevitably arise. Their expertise in patient care, communication, and ethics positions them as key advocates for both patients and families during these difficult times [1].

Critical care nurses are integral members of the multidisciplinary healthcare team. They collaborate closely with physicians, social workers, chaplains, and palliative care specialists to ensure that the care plan is holistic and patient-centered. In the context of end-of-life care, nurses help facilitate family meetings and discussions about treatment goals, ensuring that all team members are aligned in their approach. End-of-life decisions often involve complex ethical considerations, including issues surrounding autonomy, beneficence, non-maleficence, and justice. The challenge lies in reconciling these ethical principles with the realities of critical care medicine, where interventions may prolong life but not necessarily improve the quality of that life [2].

In some cases, critical care nurses may assist in facilitating the transition to hospice care, where the focus shifts entirely to comfort rather than curative treatments. Hospice care aims to provide a dignified and peaceful end of life, and nurses play a key role in managing this transition and providing ongoing support. One of the key ethical considerations is respecting the autonomy of patients, especially when they are no longer able to communicate their wishes. For patients who are able to express their desires, critical care nurses must ensure that their decisions align with their values and preferences, which may be documented in advance directives or communicated through family members [3].

Critical care nurses must consider whether interventions will benefit the patient or cause harm. Sometimes, medical treatments that might extend life could also prolong suffering, particularly in cases of terminal illness or irreversible organ

failure. Nurses must advocate for treatments that prioritize comfort and quality of life while avoiding futile interventions [4].

The principle of justice involves fairness in distributing resources, including life-saving treatments. In critical care settings, limited resources and intensive interventions may need to be allocated thoughtfully, especially when making decisions about which patients receive intensive care. Critical care nurses are uniquely positioned to navigate the complexities of end-of-life care. Their close, continuous contact with patients and families allows them to understand both the clinical and emotional aspects of a patient's condition. They play an essential role in bridging the gap between the medical team and the family, offering guidance, support, and advocacy in decision-making [5].

One of the most crucial roles critical care nurses play in end-of-life care is educating family members about the patient's condition, prognosis, and treatment options. Nurses are often the first point of contact for families and provide ongoing communication about the patient's status. By providing clear, honest, and compassionate explanations, nurses help families understand the realities of the patient's medical situation, including the likelihood of recovery or the progression of terminal illness. This information enables families to make informed decisions about care goals [6].

Nurses may also educate family members about the process of dying, helping to alleviate fear or confusion. They may explain palliative care options, comfort measures, and the expected stages of dying, which can be reassuring and help families prepare emotionally for the loss [7].

When patients are unable to make decisions for themselves, critical care nurses advocate for the patient's wishes by referring to advance directives, living wills, or the guidance of designated healthcare proxies. In the absence of such documentation, nurses work with family members to ensure that decisions align with what the patient would have wanted, based on prior conversations or understanding of the patient's values [8].

Nurses also play a role in ensuring that the ethical principles of beneficence and non-maleficence are followed. They may challenge or question treatment decisions if they feel that interventions are no longer appropriate or are causing

*Correspondence to: Russell Hootman, Department of Nursing, University of Calgary, Calgary, Canada. E-mail: russellh@gmail.com

Received: 27-Sep-2024, Manuscript No. AAICCN-24-154587; Editor assigned: 28-Sep-2024, Pre QC No. AAICCN-24-154587(PQ); Reviewed: 14-Oct-2024, QC No. AAICCN-24-154587; Revised: 19-Oct-2024, Manuscript No. AAICCN-24-154587(R); Published: 28-Oct-2024, DOI:10.35841/AAICCN-7.5.235

unnecessary harm. Nurses are often the advocates for comfort and dignity, ensuring that patients are not subjected to excessive pain or suffering in the pursuit of prolonging life at all costs. Nurses serve as the patient's voice, ensuring that their preferences for end-of-life care, such as whether to pursue life-sustaining treatments or transition to palliative care, are respected. This advocacy can sometimes involve difficult conversations, especially when family members disagree about the best course of action [9].

End-of-life decision-making is not just a clinical process but also a deeply emotional experience for patients and their families. Nurses provide invaluable emotional and psychological support to help families cope with grief, loss, and the anxiety of making critical decisions. They listen actively to concerns, validate emotions, and offer comfort during times of intense distress. By establishing trust with families, nurses help to create a safe environment where difficult discussions can take place. They may offer counseling or refer families to chaplains, social workers, or psychologists for additional support. Nurses also work to ensure that family members are not overwhelmed by guilt or conflict as they make these life-altering decisions [10].

Conclusion

Critical care nurses play a pivotal role in navigating the ethical dilemmas that arise in end-of-life decision-making. Through compassionate communication, patient advocacy, emotional support, and collaboration with the healthcare team, nurses help families make informed, ethical decisions that respect the wishes and dignity of their loved ones. In the face of uncertainty and loss, critical care nurses provide not only physical care but also a sense of comfort, support, and understanding during some of life's most challenging moments.

References

1. Karataş T, Bostanoğlu H. Perceived social support and psychosocial adjustment in patients with coronary heart disease. *Int journal of nursing practice*. 2017;23(4):e12558.
2. Coelho PN, Miranda LM, Barros PM, et al. Quality of life after elective cardiac surgery in elderly patients. *Int CardioVascular and Thoracic Surgery*. 2019;28(2):199-205.
3. Perrotti A, Ecarnot F, Monaco F, et al. Quality of life 10 years after cardiac surgery in adults: a long-term follow-up study. *Health and quality of life outcomes*. 2019;17(1):1-9.
4. Garcia E, Rosell M, Ruiz E. The impact of frailty in aortic valve surgery. *BMC Geriatrics*. 2020;20 (1):S-426.
5. Edeer AD, Bilik Ö, Kankaya, E. Thoracic and cardiovascular surgery patients: Intensive care unit experiences. *Nurs Crit Care*. 2019;25:206-213.
6. Liu MH, Chiou AF, Wang CH, et al. Relationship of symptom stress, care needs, social support, and meaning in life to quality of life in patients with heart failure from the acute to chronic stages: a longitudinal study. *Health and Quality of Life Outcomes*. 2021;19:1-1.
7. Mohammadi N, Abbasi M, Nikbakht NA et al. Passion for life: lived experiences of patients after coronary artery bypass graft. *The J of Tehran Heart Center*. 2015;10(3):129.
8. Pittig A, Treanor M, LeBeau RT. The role of associative fear and avoidance learning in anxiety disorders: gaps and directions for future research. *Neuroscience & Biobehavioral Reviews*. 2018;88:117-40.
9. Lai VK, Ho KM, Wong WT, et al. Effect of preoperative education and ICU tour on patient and family satisfaction and anxiety in the intensive care unit after elective cardiac surgery: a randomised controlled trial. *BMJ Quality & Safety*. 2021;30(3):228-35.
10. Peric V, Stolic R, Jovanovic A, et al. Predictors of quality of life improvement after 2 years of coronary artery bypass surgery. *Annal of Thor and Cardiovascular Surgery*. 2017;23(5):233-8.