

NURS 104-3 REFLECTIVE JOURNAL

During my clinical placement on the psychiatric ward at Kelowna General Hospital this semester, I came across many different ethical situations ranging from restraints to patient care, but the one that stood out the most and I would like to focus on was a patient given to me to assess who I knew personally, her husband was a colleague at work.

This situation occurred at the very beginning of our practicum. We were each given a patient to do a mental status exam on, when I received my patient's chart I right away told my instructor I worked with the patient's husband and was worried there would be a conflict of interest. My instructor stated it should be fine if I felt comfortable and continued to allow me to assess the patient. The assessment went really well, she had no problem opening up to me and really divulged into her problems. She stated she was still actively suicidal but wanted to go home. Her chart stated she was involuntarily admitted and had the 2 updated for 4's for certification. Her husband came to see her that afternoon and started requesting me instead of her nurse. The doctor had also asked my opinion and I stated she was still very suicidal and depressed and needed to be there. This caused conflict between the nurse and myself and I was no longer allowed to speak with the patient. I found out later she was discharged that day after asking to speak with me again. Her husband contacted me late that night to say she had overdosed on pills and was at the hospital again in a coma.

The ethical dilemmas involved with this situation start with me being assigned a patient whom I know. Treating a friend can risk comprising non-maleficence and beneficence by my actions and/or inactions (I may treat them more or less than another patient with the same problem due to emotional investment). It also violates the principle of justice; patients with similar complaints should be treated in a similar manner (Butts, J. 2005. pg 13). My emotional state may cause me to treat my co-workers wife different than a patient I do not personally know (an example would be giving prn's without questioning why, like I would with another patient). We bring our own life experience, beliefs and prejudices to each therapeutic relationship so despite being as ethical as we can there is still a difference in how we may treat some patients, especially those with similar beliefs to us or those whom we know.

The second ethical dilemma involved was the conflict between the patient's nurse and myself. The patient's nurse perceived a conflict of interest, where my personal or private interests could interfere with my patient's best interest or the other nurse's professional responsibility (CRNBC). If a conflict of interest arises the nurse's judgment and trust may be violated by personal interest and can affect their clinical practice, education and research or administration (CRNBC). In this case I obeyed the principles in accordance of CRNBC's standard of ethics by identifying the conflict of interest with the patient, disclosed my relationship with the patient to my instructor and discussed with the appropriate people whether it would be ok for me to assess this patient or not. According to Butts, J. (2005. pg 43) nurse – nurse relationships can have potential for horizontal or lateral violence where one nurse treats another nurse in a hurtful,

harassing or intimidating way. The nurse in this situation treated me with harsh criticism and intimidation by ignoring my request to change patients or give a hand off report. The nurse assumed because I was a student that I didn't know what I was talking about when it came to the patient's suicide assessment. This leads to the third ethical dilemma with this situation, where the patient was discharged early after only 5 days on the psychiatric ward. The patient was still having suicidal ideations and access to pills which was part of her plan. The ethical dilemma was the doctor discharging after diagnosing her with post-partum depression into the care of her husband and infant daughter after only 4 days of treatment. The nurse assigned to her disregarded my assessment and passed their own notes onto the doctor; the doctor assessed the patient and discharged her that afternoon. The patient in my opinion was not ready to be discharged and I tried to act as an advocate for her, acting within her best interest to continue her certification and treatment on the ward. I was ignored however and the patient went home. Later that evening I received a text message from the patients husband who I worked with, the patient had overdosed on pills and was now in the hospital emergency room. The husband had asked for me multiple times on the ward and was told he was not able to speak to me about my assessment of his wife and that she was no longer my patient. On a personal level I was not allowed to discuss any of it with him either leaving me in a position where I felt helpless. In regards to the patient's autonomy she requested to go home and she refused consent for treatment, in this case to protect herself and her family her autonomy should have been temporarily disregarded and instead beneficence and no maleficence should have been taken into account. Do what's best for her with short term violation for proper care and a positive longer term outcome. Another ethical issue that could have come up was that of patient confidentiality. The husband requested to talk to me because he wanted my opinion of weather she was fit to go home or not. Confidentiality includes any information obtained by a nurse from a patient in the nurse-patient context (Butts, J. 2005. pg 162). This means my conversation with the wife was private and could not be passed onto the husband as informative information. There was no breach of confidentiality in this case but it could have come up if the patient did not trust me to assess her or keep our conversation private from my colleague.

<https://www.crnbc.ca/Standards/Lists/StandardResources/439ConflictofInterestPracStd.pdf>

Butts, J.B., & Rich, K.L. (2005). *Nursing Ethics: Across the curriculum and into practice*. Sudbury, MA: Jones and Bartlett Publishers