

## **Scenario #1**

Mrs. C., 87, who is most pleasant and outgoing, was admitted to your nursing home a year ago. She is unsteady on her feet, comments that she feels dizzy at times, and her eyesight is failing. Recently she had a fall while outside walking in Home's courtyard which resulted in severe bruising but no fractures. Staff are concerned that because of her deteriorating condition and failing eyesight she might get a serious injury if she was to fall again. Consequently, some staff strongly feel that Mrs. C. should not be permitted to walk alone outside any longer; however, Mrs. C. insists "I am quite capable to walk on my own and you cannot stop me from going outside; this is my home and I will do what I want." Staff wonder whether she needs to be restrained to keep her from going outside. In addition, staff and family have experienced times lately when she has had sudden outbursts of hostility for no apparent reason. While this behavior is distressing to her family, some staff are frightened by her behavior as they have never witnessed Mrs. C. like this before.

While staff are concerned that Mrs. C. could fall and get injured, the family insist that she be allowed to go out for walks when she wishes as they want her to remain active. The staff, however, have difficulty dealing with their Mrs. C's occasional hostile behavior and some have suggested that she put be on medication to "settle her down."

Using the *Ethical Guidelines* framework to aid your discussion how would you address this situation?

## **Scenario #2:**

Martha, a frail 83 year old resident at Sunnytime Nursing home has been a resident of this home for almost a year. Her husband of 51 years died two years ago after a long battle with lung cancer. After his death, the family says that Martha “just seemed to decline.” According to the family, Martha and her husband did everything together, including raising their children on a farm that their son owns today. Martha remained in this home, with her son and his family living next door until last year when a series of TIA’s, a number of hospital visits, and overall declining health led the family to convince Martha to sell the home and move into the nursing home. Martha, who previously loved to go to church, enjoyed community card games, and going to the local community dances has declined going to all social activities offered to her at the nursing home. Although quietly friendly with the staff, she has been withdrawn since her arrival at the home. At first, she would eat alone in her room, but in the past six months, her tray has sat almost untouched. When staff has questioned her on this, she would state that she “has never been much of an eater.” She really just enjoys having her “tea and something to nibble on.”

Two weeks ago, Martha had a stroke that has left her paralyzed on one side, with speech and swallowing greatly affected. The nursing home’s physician recommended that Martha have a feeding tube and Martha’s family agreed. However, a few days ago, Martha was crying when a nurse entered the room and when the nurse asked her what was wrong, Martha, in a slow deliberate way, responded “I don’t want...I don’t want...I don’t want...” She shook her head and tried to grab at the feeding tube. When the nurse asked if she was trying to say that she did not want to be tube fed, Martha cried even harder.

When Martha’s son heard this story, he stated that he felt that the feeding tube should be removed but he wanted to wait until his two sisters (a nurse and a physician who lived away) came home. Yesterday the family met with the nursing staff and, while one sister agreed with the brother, the other strongly advocated that the feeding tube be kept in, stating “You don’t know what she was trying to say and she may not even be in her right mind.” The family is at an impasse and the staff strongly feels that Martha does not want to continue with the tube feeding.

Using the Health PEI’s *Ethical Guidelines* framework to aid your discussion how would you address this situation?

### **Scenario #3**

Mr. M. complaining of abdominal pain comes by ambulance to the Valley Hospital. Due to this hospital being on diversion he is transferred to Pinehills Hospital one hour away. After arrival at Pinehills and waiting for 20 minutes, it has been discovered that he is having a heart attack. Because of the additional time lapse as a result of the diversion he was unable to receive thrombolytics in the recommended time. As a result Mr. M. has suffered more extensive damage with complications.

His family arrives at Pinehills and is quite distressed to discover their father's condition and that he might die. They wonder why he was taken to Pinehills instead of Valley Hospital which is close to their home. Furthermore, they question the staff as to what happened and whether his condition would be different had he been seen when he arrived at Valley Hospital.

Using the *Ethical Guidelines* framework to aid your discussion how would you address this situation?

### **Scenario #4**

Roger, 78, is a new client for you this week in Home Care as one of your colleagues (Deb) is on vacation. He was discharged from hospital 4 weeks ago after being diagnosed with Stage IV CA of the lungs. He has a history of diabetes, CHF, and is a smoker. When discharged he was started on a new med with the known side effect of raising his serum K. Discharge orders included a K level to be checked in one week.

When you visit him you find that he has tachycardia. As you review his chart, you see that a serum K was done only two weeks ago and it was elevated. There is no indication that Deb contacted the Dr. about the increased K. Roger is deteriorating and while you think you will contact the Dr. about Roger's elevated K level, you wonder if you need to tell the Dr. that it was only done 2 weeks ago. Furthermore, you wonder if you will say anything to Deb as it could affect your relationship and it might get her in 'trouble.'

What patient safety issues arise for you? Using the *Ethical Guidelines* framework to aid your discussion how would you address this situation?

### **Scenario #5**

At 2 am, a patient enters emerge with severe abdominal pain. After initial investigation and x-rays, it's determined that the internal specialist should be consulted. The attending physician states that the patient has a blockage and needs surgery; he orders meds for pain control and asks you to contact the specialist on call. The patient is an oncology patient and has had previous surgeries, chemo, and radiation for stage 3 colon cancer. He is now under a great deal of pain but the surgeon who has responded to the consult call is now in surgery and will be there for another 45 minutes. He states that he knows this patient and knows his case is complicated. He does not want him to have any pain medication until he examines him and determines the best course of action. The patient is curled in a fetal position while calling out that he needs something for the pain and his wife keeps coming to the desk asking for you to help him.

Using the *Ethical Guidelines* framework to aid your discussion how would you address this situation?