

MORAL COURAGE

2) Provide an example of a time when you needed moral courage to ensure a patient received the best possible care. According to Murry (2010), moral courage is a highly esteemed trait displayed by individuals, who, despite adversity and personal risk, decide to act upon their ethical values to help others during difficult ethical dilemmas. As nurses, we are faced with situations that require moral courage. Nursing is a field where change and evolution are the norms. And because of this, it is a challenge to keep up and build your practice to the point where you can identify areas that require moral courage. In my nursing career, I have experienced situations where I have been a patient advocate. I have had to develop moral courage. I am the samurai at the gate. In the ICU the patients are so ill that procedures performed in other areas are done at the bedside. I was the nurse assisting with a gastrointestinal (GI) procedure at the bedside in the ICU. It was first thing in the morning, and it is evident that the GI doctor was on a time crunch. He came into the unit focused and peered into the patient's room. His nurses hurried as they set up the necessary equipment. Being first thing in the morning, I barely had time to pull the required meds. First thing means no time for patient assessments, no time for rounds preparation, no time to see my other patient. It sucks. I am at the bedside with medications in hand. The doctor has the mouth guard in his hand. The patient quietly said, "no." I asked her, "what?" She shook her head and said, "I don't want this done." The doctor was in a mode. He was on a mission. He told the patient that she needed this procedure and proceeded to place the guard in her mouth. I stood there a little dumbfounded; I questioned my role. These situations come on so fast; I wasn't prepared. She kept saying "no" as he placed the guard in her mouth and directed me to administer the Versed. I remember thinking, this is absurd and he is not God. I couldn't bring my self to

do it. I made eye contact with the doctor and repeated what the patient has said. He looked at me and said that she needs this procedure; she consented yesterday. My mind was racing, but it's today. There are so many issues to consider, and I didn't have a grasp on the situation. I didn't have the luxury of time. I looked at him and reiterated, "she said no." The GI nurses looked at each other awkwardly. The mood in the room was tense. I began to sweat. The doctor spoke to the patient again, ignoring what I had just said. "You need this procedure." She shook her head no. At that moment we were at an impasse. I had a choice, I could shut up and give the medication, or I could walk out. I took a breath and walked out. I went directly to my manager's office. I knew that they couldn't start the procedure without me. My heart was racing. In a nutshell, my manager came to the bedside and spoke with the patient. The family went to the bedside again, and they talked to the patient, and after much discussion, or coercion, the patient decided to go ahead with the procedure. No procedure comes without risk and unfortunately during this procedure the patient coded and died. It was a tragic situation. I don't know what the outcome would have been if all was left alone with no intervention, but I was very relieved that I had spoken up and gotten the family involved one last time.

SNUFFY'S WAR

1) What is one example from the text, article, or from your own work in which the use of a metaphor negatively impacted the patient's health care experience. One metaphor used in the chapter titled "Snuffy's War," Brawley (2011) is the War on Cancer. "This was a medical war of unprecedented proportions (Brawley, 2011)." The metaphor, used in a public relations campaign, gave the goal a sense of urgency, which led to the

National Cancer Act, a law that made the War on Cancer a presidential priority (Brawley, 2011). Snuffy Myers is a disorganized physician with a no-guts, no-glory approach to medicine. This mentality is highlighted when he conducts a Phase 1 study for the drug Suramin and its effects on adrenal cancer. Although the drug had been used to unsuccessfully treat AIDS patients at the time not much was known about its pharmacokinetics. Snuffy was willing to press forward using Suramin in his trial without knowing the pertinent facts. "Military intel is imperfect. Pertinent facts will be established on the battlefield (Brawley, 2011)." Leslie Quinn is a Phase 1 participant, and although she has a terminal illness, Brawley brings her to life with his description. "Leslie is in her late thirties and has spectacular long, curly, dark brown hair. Her doting husband is always at her bedside. Her two lovely daughters, a teenager and a preteen, are there as well" (Brawley, 2011). On day five of the trial Leslie reports a tingling sensation in her lips. It was a comment missed by the physicians; it was a detail too small to consider. Ultimately Leslie became paralyzed with Guillain-Barre' syndrome, and never regained her ability to walk. The trial forged on despite the outcome. Given the effects of the drug, there was no risk versus benefit rethinking. This trial was part of the War. They were in the trenches and how do you stop fighting when you're in the trenches?

References

- Brawley, O. W. (2011). *How we do harm: A doctor breaks ranks about being sick in America*. New York, NY: St. Martin's Griffin.
- Murray, J. S. (2010, Sept 30). Moral Courage in Healthcare: Acting ethically even in the presence of risk. *The Online Journal of Issues in Nursing*, 15 (3).
doi:10.3912/OJIN.Vol15No03Man02. Retrieved from

<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Resources/Courage-and-Distress/Moral-Courage-and-Risk.html>