

Assignment Introduction

The nurse practitioner is in a front line role caring for patients like Mrs. D'Angelo every day. Nurse practitioners must be very comfortable speaking with patients and their families at some of life's most intimate and fragile moments. At this time, Mrs. D'Angelo is no doubt scared to death about impending death and her family is terrified about losing her. The nurse practitioner has the knowledge, skills, and competency to assess the depth and meaning of this diagnosis as well as symptom management for Mrs. D'Angelo. Once the nurse practitioner assesses where Mrs. D'Angelo and her family are with the current effect of this diagnosis and her present symptoms the nurse practitioner can begin to help Mrs. D'Angelo and her family each with the physical, emotional, developmental, spiritual aspects as well as pain and physical/emotional distress.

1. The experience of a horrific diagnosis like pancreatic cancer is a blow and a shock to a patient and their family. One of the greatest challenges is to assess what the patient and family are experiencing in order to guide and assist the patient in decision making about advance directives and palliative care. Specifically the Nurse practitioner must focus on the four ethical principles of beneficence, non-maleficence, justice, and autonomy pertaining to Mrs. D'Angelo's situation. The nurse practitioner must be able to determine patient preferences with regard to Mrs. D'Angelo's wishes for if she becomes "sicker" and she can no longer make her wishes known to her family and/or her healthcare providers. To elicit this critical information regarding Mrs. D'Angelo's wishes and honor the ethical principle of patient autonomy, the nurse practitioner could ask the following 4 questions:

- What would you want to happen if you are to become sicker or have symptoms that worsen?
- Would you want to go back to the hospital?
- Do you want to be on life support which is a breathing tube placed in your airway and then you are placed on a mechanical ventilator which helps you breath automatically?
- If something happens and your condition worsens to the point you most likely will not get better, would you want to be cared for at home?

Patient preferences must be conveyed in a compassionate and caring manner by the nurse practitioner to the family and to other healthcare providers. If the patient does not have an advance directive, the nurse practitioner must educate the patient about the need to have an advance directive in place and how to create one. It is particularly relevant to educate the patient and family about how the advance directive honors patient autonomy and provides guidance to health care providers and family members regarding life - sustaining treatment regarding how to proceed with life sustaining treatment when the patient can no longer speak in his or her behalf as a result of diminished capacity.

One major challenge patients and healthcare providers face in healthcare at any time is when something happens to impact or delimit the patient's decision-making capacity. The end result can be extreme confusion regarding how healthcare decisions are to be

made, who has authority to make decisions on behalf of the patient when the patient cannot make decisions on their own behalf, who has authority to make decisions on the patient's behalf, and what the treatment or focus should be to honor the patient's autonomous wishes. Discussing an advance directive with a patient and their significant other, can be extremely challenging but necessary. Knowing what Mrs. D'Angelo wants and prefers if her condition deteriorates and she cannot make decisions on her own behalf is critical to assist her in developing an advance directive. There are not only ethical issues when nurse practitioners fail to discuss advance directives and palliative care with patients like Mrs. D'Angelo but legal issues as well. Nurse Practitioners are expected to be proactive facilitators of advance directives and palliative care for frail elderly patients.