

Dear Mary

by Mary Annas

Dear Mary is a monthly feature in which readers can ask about any nursing care issue that concerns them. Answers will be supplied by Mary Annas or a consulting nurse, physician, lawyer, or ethicist where appropriate. Readers are also invited to comment on the answers.

Dear Mary,

Recently I was caring for a woman who was comatose from a hemorrhage into her cerebellum and whose family wanted her to be a "full code." The physician felt that she was "medically unsalvageable" but told the nurses that if the patient did arrest, we should "walk slowly" if called to resuscitate her. He refused to write this in the chart. Is this either ethical or legal?

Margaret
Orlando, Fla.

Dear Margaret,

There is a great deal of controversy currently over how "no code" decisions should be made. In this case, it sounds like the physician was avoiding his responsibility in not talking further with the family and arriving at a mutually agreeable solution. Ideally all persons involved (including the patient when possible) should participate in such an important decision. I refer the legal part of your question to one of my editors.

Verbal "no code" orders should be treated like any other verbal order. Most institutions have a procedure whereby the nurse receiving the order records it on the doctor's order sheet and the physician later countersigns it. Obviously, a physician's order, written or verbal, should not be followed blindly by the nurse, and she is responsible for her own judgments made in response to the order.

In the situation described, the physician's instructions were ambiguous and probably could not properly be described as an "order." The nurse should ask the physician for clarification, to insure that a proper decision is made involving the proper parties. Hopefully, the hospital administration will, if necessary, support the nurse in her efforts.

In the only appellate court decision on orders not to resuscitate, the court approved the writing of such orders when the patient is in a hopeless condition, unable to speak for himself or herself, and is suffering from a condition that has no medical treatment. The

disease in that case was Alzheimer's disease in a 67 year old woman who was getting progressively worse. In a footnote the court specifically referred to the appropriateness of writing such an order: "A 'no-code' order entered in the patient's medical record instructs the nursing staff, as part of the attending physician's ongoing instructions to the nursing staff for the care of the patient, not to summon the code team in the event of cardiac or respiratory arrest." Matter of Shirley Dinnerstein, 380 N.E. 2d 134, 136 (Mass. App. Ct. 1978) (emphasis supplied).

JLG

Dear Mary,

I am a senior nursing student at a large teaching hospital in Boston. I recently finished my medication rotation, which entailed administering meds to all of the patients on the floor. I made an error by giving a patient 5 mg. of DES instead of the 15 mg. which was ordered. While my hospital does have the unit dose system for most drugs, this one came from the pharmacy in 5 mg. tablets. I am not excusing myself for this error — in fact I have been having bad dreams about it since it happened.

Even though the patient had no observable effects from my error, I have seriously thought about leaving nursing school because of it. Please comment.

Pat
South Boston, Mass.

Dear Pat,

There are no perfect health care workers. Everyone makes mistakes and hopefully learns from them. I don't know how many medication errors are made per nurse, or how many are caught at the last minute, but probably everyone makes at least one medication error at some time. Perhaps making one as a student is a learning experience that will make you a more careful nurse.

Administering medications is potentially one of the most harmful things nurses do to patients. This is why following correct protocol is of crucial importance at every step in the medication procedure.

Dear Mary,

I graduated last June from a university-based program in Buffalo and am working at a large teaching hospital in Manhattan. Most of the other nurses on my floor are diploma graduates, and seem to have a patronizing attitude toward university graduates. I know they have had more clinical experience than I have, but the situation is making me feel that I have to defend myself every

time I make a patient care decision. Do you have any advice as to how to handle this problem?

Carla
New York, NY

Dear Carla,

The friction between diploma and baccalaureate degree nurses has been present for as long as both types of programs have existed. This is most unfortunate, since it is essential for nurses to support each other at this time when the profession is going through so many changes. In my own experience as a diploma student, I find the conflict is somewhat relieved by the fact that at our hospital we have co-op students from two university programs as well as the hospital-based students. This helps a great deal in that we get to work together as students and feel very positively about helping each other clinically.

I think the best approach to people that you feel threatened by is to be as straightforward as you can and discuss areas in which you can mutually learn. Remember that after you have worked for a few short years there will be few observable clinical differences between you and a diploma graduate.

Ethical Dilemmas Continued

It has been suggested that when nurses have an organized collective bargaining unit within an institution, they can achieve a stronger voice in formal policy-making.² But whether or not nurses have a collective bargaining unit, they have power in their numbers and in their ability to support one another in their efforts to improve patient care. Unless and until professional nurses perceive themselves as instrumental in the development and change of institutional policies, they will continue to endorse unwittingly many policies which they may not agree with and which harm their patients.

References

1. CODE FOR NURSES WITH INTERPRETIVE STATEMENTS, ANA 1976.
2. See B. Katz, *Why Nurses Form Unions*, NURSING LAW & ETHICS 1(2): 1 (Feb. 1980).