Lauren Condom

DNR medical ethics dilemma

The main goal of health providers is to reinstate the health of the patient and optimize the benefits while reducing risks. Suitably, if the intervention does not work, the burden or harm will be greater than the benefits. It is not right to the extent the patient's life without any consideration of its benefits or to the potential burdens or harms of the treatment. The balancing between the benefits and risks of intervention must be applied when any treatment is to be used, including DPR. DNR is a printed decision made by the patient to evade futile and aggressive cardiopulmonary restoration if the patient collapses. The nursing professionals spend significant part their lives with the patients and should take part in planning and enforcement of decisions related to DNR.

 DNR has turned out to be a highly controversial concept in the field of medicine. The disparities in views and practice are still resentful from the development of DNR order in the health sector. There is a disparity in opinions among the patients, stakeholders, professionals, and the society on the necessity of DNR amid the assisted living. The situation is worsened by the fact that the health providers usually evade discussions on this topic. The provision of DNR in healthcare is mostly dependent on the values, beliefs, and backgrounds of health professionals instead of worldwide medical practice (Mostafa & El-Din, 2019).

The American Nurses Association (ANA) promotes the rights of the patients on autonomy encompassing the composition and enforcement of advance directives (Searight, 2019). There is an increased need for a dialogue in order to discuss the issue of DNR. By addressing the issue of DNR, it becomes possible to provide the customized and desired care on the patient, moreover when they cannot make such decisions. In the event that the patient's advance direction includes the administration of DNR, the patient is bound to such requirements.

There are several ethics that the proponents of DNR base their argument. Following the policy commendations on DNR and advance directive, some health players are in full promotion of this practice. DNR is perceived as an instrument that can be used in the achievement of medicine and healthcare goals that is to provide the most desired patient services, thus gratifying their needs (Chow & DBioethics, 2017). The freedom of the patients has strongly been fortified in the contemporary world to decide on their care. Additionally, DNR deters needless pain and indorses death with dignity during the assisted living. The orders related to DNR mostly focuses on the quality of life rather than the quantity.

The opponents of DNR provide a number of ethical issues that they base their argument on. They contend that it is the duty of the healthcare system to safeguard and preserve the life of the patient instead of destroying it. Therefore, the implementation of DNR orders goes against the ethical and responsibility of the healthcare system (Putman et al., 2017). DNR triggers a custom of hardness and coldness that is against the compassionate and caring nature of the nursing practice. Basically, the religious view on this issue is that every life is sacred, and no one should take it away. Given a chance before the legalization of DNR, some patients may not choose the same practice.

In conclusion, there are various views when it comes to the use of DNR orders, and the nurses must be ready to deal with such cases effectively when it comes up. Most professionals base their views on DNR orders on beliefs, values, and religion. In my opinion, the DNR order must be integrated at the policy level to get rid of various practices across health settings and professionals.

References

Mostafa, H. E. S., & El-Din, E. A. A. (2019). Ethical implications of terminally ill and the current state of Do Not Resuscitate orders.

Searight, H. R. (2019). Advance Directives, Do Not Resuscitate Orders, Hospice, Organ Transplantation and Physician Assisted Suicide. In *Ethical Challenges in Multi-Cultural Patient Care* (pp. 65-83). Springer, Cham.

Putman, M. S., D’Alessandro, A., Curlin, F. A., & Yoon, J. D. (2017). Unilateral do not resuscitate orders: Physician attitudes and practices. *Chest*, *152*(1), 224-225. Putman, M. S., D’Alessandro, A., Curlin, F. A., & Yoon, J. D. (2017). Unilateral do not resuscitate orders: Physician attitudes and practices. *Chest*, *152*(1), 224-225.

Chow, M. L. E., & DBioethics, B. H. (2017). A review on the impact of" do-not-resuscitate" orders on mortality and quality of care. *Journal of Pain Management*, *10*(1), 79.