

Practice Case Study: Rachael Peterson

Rachael Peterson, a 14-year-old girl with childhood diabetes, visited the outpatient clinic of a major city hospital every three months. On this particular visit, the new clinic nurse, Meredith Walker RN, noticed that the injection sites on Rachael's thighs were hardened and red.

Meredith asked Rachael to demonstrate how she administered her daily insulin. It became obvious that Rachael was not following aseptic technique in the preparation of the injection. Neither was she rotating injection sites. Rachael had been diagnosed with Insulin Dependent Diabetes three years ago, and these observations had not been documented on previous visits. Meredith became concerned about the change in the way Rachael administered insulin.

Rachael also mentioned an increase in frequent 'snacking binges' and the difficulty being diabetic in social situations when other teenage friends could eat whatever they wanted. Meredith was concerned about the long-term effects of high glucose levels on Rachael's health following her urine test showing 3+ glucose.

Meredith decided to be firm with Rachael. She pointed out the high risks of not following her diet, of carelessness about insulin administration, and the possibility of infection. Meredith also told Rachael that she might need to be admitted to hospital for insulin therapy and stabilisation of her diet if Rachael continued to practise the same habits.

Rachael was upset by Meredith's strong warning and the threat of future hospitalisation. She also objected to Meredith's repeated suggestion about how she should administer her daily insulin by rotating injection sites. Rachael had never liked injecting herself in her abdomen or arms, so she had decided to make most injections in her thighs. She told Meredith that this was her choice, and that she had the right to decide what to do with her own body. Rachael left the clinic distraught, upset and angry.

Following Rachael's visit, Meredith discussed the situation with a colleague who was a Registered Nurse with 20 years' experience working with adolescents who had diabetes. She explained that Rachael's attitude was common among adolescent people with diabetes. She mentioned it was an expression of their anger and frustration at being 'different' and not able to do all the things that their friends could in the same way.

The nurse, however, argued against Meredith's proposal of hospitalisation for Rachael and instead, stated that in her experience, the way to achieve the best outcome for Rachael was to wait until Rachael put herself into a diabetic crisis, as this would necessitate Rachael being hospitalised. That way, the nurse argued, Rachael would quickly learn to assume more responsibility for her self-care.

Meredith was uncertain how to proceed at this point. She was empathic to Rachael's desire to make her own choices. Yet she was very clear, as a nurse, about the importance of a safe and effective regimen, and self-care for people with diabetes. She was also aware that any plan to admit Rachael to hospital would involve Rachael's parents. While she acknowledged the experience of her colleague, she wondered about the wisdom of the 'diabetic crisis' solution.

Case Study Questions

1. Briefly note the 'problem' that exists for Meredith.
2. Make a list of the things you think are the most ethically/legally significant factors in the scenario. In other words, consider what Meredith would have to take into account if her thinking and decisions are to be ethically or legally appropriate in this situation.
3. List two options available to Meredith, which are, in your opinion the most obvious courses of action, given what she takes the problem to be.
4. Develop an argument/rationale for the stance taken by Meredith.

SAMPLE RESPONSE

Case study analysis: Rachael Peterson

1. Briefly note the 'problem' that exists for Meredith. What is the most basic thing ethically that the nurse must address. (100 words)

As a health professional, Meredith finds it difficult to accept Rachael's decision to be so negligent when it comes to managing her diabetes and caring for her body. She feels responsible and is compelled to do what is best for Rachael and her health. On the other hand, Meredith would like to respect Rachael's wishes but she is not comfortable with the notion of letting Rachael determine her own health care.

Meredith's problem is knowing how to act in Rachael's best interest while respecting Rachael's decisions when it comes to her own health care before her situation results in a diabetic crisis.

2. Make a list of the things you think are the most ethically/legally significant factors in the scenario. In other words, what things would Meredith have to take into account to respond in an ethically and legally appropriate way? (150 words)

A. Rachael's health and wellbeing could be compromised if she continues to neglect her diet and the correct insulin administration. Health impacts could include increasing glucose levels and the corresponding effect that has on her organs; and damage to the skin and infection on the injection sites on her thighs. Legally, Meredith is obligated to

Comment [u1]: The following are general comments about the structure and contents of a case study analysis – they are not prescriptive, and are intended as an educational guide only.

Comment [u2]: Briefly describe the moral dilemma, which leads to the problem (see the next comment). Ensure that you do not include any personal biases or assumptions throughout the case study analysis.

Comment [u3]: State the problem (in an ethical context).

Comment [u4]: Identify the factors one at a time, and for each factor provide a brief explanation of its relevance to the problem.

The chosen factors are those that one has to take into account in order to reach an ethically/legally acceptable solution to the problem.

You may choose to put them in some order, e.g. from the most significant to the least significant or vice versa.

provide the best care and treatment possible for Rachael even if it is against her wishes as she is a minor.

- B. Parentalism is the practice of treating an adult patient as if they were a child by people in authority acting in the patient's best interest (Atkins, de Lacey & Brittin 2014). At 14, Rachael wishes to have a sense of independence and a say in what happens to her. She is angered at being told she is in the wrong and should seek help. However, Meredith feels responsible for Rachael, even if it means an intervention involving Rachael's parents.
- C. To preserve a client's privacy and hold certain information in strict confidence is an integral part of nursing ethics (Atkins, de Lacey & Brittin 2014). For Rachael to trust Meredith, Meredith has to respect Rachael and her wishes. By telling Rachael's parents the problem, Meredith would have broken the client/nurse confidentiality.

Comment [u5]: Make sure that you include in-text references whenever you have paraphrased, summarised or direct quoted from your sources.

This is an information-prominent citation where the in-text referencing is placed at the end of the paraphrased information.

An alternative way of doing this is to use an author-prominent citation: Atkins, de Lacey and Brittin (2014) define parentalism as the practice of treating an adult patient as if they were a child by people in authority acting in the patient's best interest.

3. Now that you are informed about ethical and legal considerations, briefly highlight two obvious courses of actions. (150 words)

- A. Meredith should act in Rachael's best interest even if it means going against Rachael's wishes. Since Rachael is reluctant to change her behaviour, Meredith should involve her parents by informing them, and re-educate Rachael and her family on how to manage Rachael's diabetes before it develops into a diabetic crisis, and to help prevent a further incident of this nature. Meredith has the ethical, legal and professional obligations to help Rachael improve her health and wellbeing.
- B. At 14, Rachael has the legal capacity to consent her medical treatment (Bowles 2015). Meredith should respect Rachael's wishes to make her own decisions and allow Rachael to determine her own health care even if Meredith does not believe it is the right thing to do. Meredith can provide Rachael with, and ensure that she has and understands, all the necessary information and support needed to improve her health and wellbeing, but Meredith will have to leave Rachael to decide what she wants to do with the information and support.

Comment [u6]: For each of the two options, name the action and outline the course of action.

Avoid "open-ended" options – options that could go either way. For instance: "Meredith should persuade Rachael to undergo treatment" – this is an "open-ended" option because Rachael may or may not agree, so there is no certainty of an outcome at all.

Avoid "non-decisive" options – options that do not arrive at any outcomes. For instance: "Meredith should seek further advice from other colleagues" – this is a "non-decisive" option because it does not result in an outcome.

4. Nominate a course of action out of the above-mentioned two, and argue (a) why this option is best suited to address the 'problem', and (b) why the other option is not recommended. (1100 words)

Of the two options, Option A is the more appropriate one to address Meredith's problem. The utilitarian approach of Option A has Rachael's best interest in the foreground, and its merit lies in the assurance of her good health and wellbeing as a consequence.

While Rachael has the legal right to consent to medical treatment at 14 years of age, this does not amount to a corresponding right to refuse treatment (Bowles 2015). Her attitude and behaviour – negligence with her insulin injections, and proper and regular diet – could be interpreted as self-harm if she refuses to modify them for the good of her health and wellbeing (Atkins, de Lacey & Britting 2014). Rachael is at an age when she is probably not willing to be treated like a young child, but she does not seem to be really old enough to make rational decisions. Parents are justified in coercing or manipulating children into doing things 'for their own good' when it is reasonably clear the result will be in the child's best interest (Staunton & Chiarella 2013). At 14, Rachael's parents probably still have a lot of control over her as she is only a minor. They could be involved in helping Rachael to see the health risks she is exposing herself to, and hopefully persuade her to modify her attitude and behaviour.

The main factor which has led to the situation may be due to a lack in education for both Rachael and her parents, and a lack of their involvement in helping Rachael to manage her diabetes. It is important that Rachael and her parents are re-educated in the following: adherence to aseptic technique in preparing for an injection, rotation of injection sites, and proper and regular diet. Rachael's parents ought to engage in a discussion with Rachael to understand why she has been acting up and the issues she faces in the daily management of her diabetes. They would then be in a better position to empathise with her, and assist her in and closely monitor the management of her diabetes. This will prevent a similar situation from occurring again, and ensure that Rachael is as well and healthy as she possibly can be.

Rachael's parents should welcome the opportunity to assist their child, who is only 14 years old, and who should not have to face this illness on her own. They could encourage and

Comment [u7]: To argue is to put forward a point of view and justify it based on strong (i.e. sound and objective) evidence and examples.

In this case study, it means you need to justify why you have chosen one option over the other. To do this, you need to state what the good points are about the preferred option, and write about any problems with this option and why you are still choosing it despite these problems. To make your argument strong, you also need to justify why you did not choose the other option.

The arguments will have to be related to the problem in #1, and the ethical/legal factors in #2.

Comment [u8]: Name the preferred option of the two.

Comment [u9]: Ethical/legal considerations: health and wellbeing, paternalism, and nurse/client confidentiality.

Comment [u10]: Argument: the need to educate and involve the parents.

Comment [u11]: Argument: the benefits of educating and involving the parents.

support Rachael in her preparation and rotation of her injection sites, making sure that she follows the proper aseptic technique necessary. Her parents could also administer the injection into Rachael's arms and abdomen because she dislikes injecting herself there. They could encourage her to maintain a proper diabetic diet and closely monitor it, thus avoiding the 'snacking binges'. They could give her moral support by assuring her that she is no different to her peers, other than she has a differing metabolic make-up, and encourage her to socialise as best she can, within her capabilities, with her friends.

Under her parents' support and guidance, Rachael is less likely to put herself into a diabetic crisis. Knowing that her parents are being supportive should give her the encouragement and confidence to manage the situation. This option would benefit Rachael's primary health and wellbeing. Meredith would need to gently explain to Rachael that having good control of her diabetes would enable her to get the best out of life. Meredith should convince Rachael that continued neglect of the injection sites and proper aseptic technique would lead to further problems, which would probably require hospitalisation to correct.

Comment [u12]: Argument: the benefits of having the parents' support.

Note the logical progression of the three arguments (u9 to u11): the need to educate and involve the parents > the benefits of educating and involving the parents > the benefits of having the parents' support.

Also note that the arguments refer back to and provide solutions to specific issues in the case study.

With encouragement from both Meredith and Rachael's parents, Rachael could actively participate in the maintenance of her health and wellbeing, thus preventing future long-term health impacts and hospitalisation. This option would see Meredith doing the best for her client, and assuring the best health outcome. It may appear to reduce Rachael's autonomy and increase paternalism, but the overall benefits to Rachael's health and wellbeing should outweigh these issues.

Comment [u13]: Summary of the arguments.

Option B, which is to ignore the situation and allow Rachael to continue to determine her own health care in her own way, is not at all recommended. This option would certainly allow Rachael to be autonomous, in the way that she conducts her preparation and administration of her insulin injections, and her food management. There would be no occurrence of paternalism in this option. **However,** it is unlikely to work because of Rachael's proven unwillingness to self-administer her insulin injections in the correct manner and maintain an appropriate and regular diet for a diabetic. If this option is chosen, the chances of a diabetic crisis occurring would be high, thus causing long-term effects on Rachael's health and wellbeing. This option would be wrong ethically as resulting damage through delay would not be in Rachael's best interest. It may be ethically sound to allow

Comment [u14]: Name the option that is not recommended, and then the ethical/legal considerations: health and wellbeing, paternalism and nurse/client confidentiality.

Comment [u15]: This word indicates a contrast and adds cohesion to the text. For more ideas on how to use linking language in English, go to: <http://www.uts.edu.au/currentstudents/support/helps/self-helpresources/grammar/transition-signals>

Rachael to be autonomous, but if she is not willing to carry out the administration of her injections correctly, some paternalism **may** be necessary. Rachael cannot be allowed to continue with her negligence if it is known that she will suffer long-term health problems in the future because of it (Staunton & Chiarella 2013).

Comment [u16]: The writer's voice uses hedging language such as "may". This is characteristic of academic writing and conveys the writer's opinion or attitude (modality).

If Meredith chose Option B and waited until Rachael put herself into a diabetic crisis and was hospitalised, Meredith could feel she had neglected her role and had not carried out her job correctly. This is not an option which is easily accepted by a health professional – to allow a person who needs help to refuse treatment. This option follows the deontological approach whose underlying principle is to respect an individual's rights, especially their independence, thereby allowing Rachael to choose if she wants help or not (Atkins, deLacey & Brittin 2014). Deontological thinking tends to overlook people's welfare and wellbeing. By following this option, Meredith is doing all she can for Rachael because that is all she will allow Meredith to do to respect her autonomy. This option emphasises respect for Rachael and the value Meredith holds to respect Rachael's decision, but it does carry some problems which could outweigh the positive aspects.

Comment [u17]: Argument: the negative impacts of allowing Rachael to be autonomous.

Meredith could be blamed for not bringing the issue to Rachael's parents' attention if Rachael was to suffer any long-term health problems because Meredith allowed her to determine her own health care. The fact that Rachael is still a minor and has proven not to make rational decisions when it comes to her own health and wellbeing is a valid argument for paternalistic intervention (Staunton & Chiarella 2013). If Rachael is allowed to continue the way she is and no-one is notified, there might be legal repercussions if it culminates in a diabetic crisis. By divulging the issue to Rachael's parents and getting them involved in the management of Rachael's diabetes, Meredith would have broken the client/nurse confidentiality, but that is less significant than Rachael's health and wellbeing. Over time, Rachael would come to understand why Meredith had to betray the confidence and introduce the paternalistic intervention, and that is because Meredith has acted out of Rachael's best interest.

Comment [u18]: Argument: the benefits of parentalism and taking away Rachael's autonomy.
Summary of the arguments.

References

Atkins, K., de Lacey, S. & Brittin, B. 2014, *Ethics and law for Australian nurses*, 2nd edn, Cambridge, Melbourne.

Bowles, K. 2015, *Age of consent to medical treatment*, FindLaw Australia, viewed 25 Feb 2015, <<http://www.findlaw.com.au/articles/432/age-of-consent-to-medical-treatment.aspx>>.

Staunton, P. & Chiarella, M. 2013, *Law for nurses and midwives*, 7th edn, Churchill Livingstone, Sydney.

Comment [u19]: Reference list on a new page.

References are in alphabetical order.

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