

CONFLICT AMONG PROFESSIONALS: WHO DECIDES?

CLINICAL CASE

Dr. Blanco oversees the care of an 89-year-old patient admitted to the pulmonology department for exacerbated Chronic Obstructive Pulmonary Disease (COPD) with acute respiratory failure. The patient has a medical history comprising prostate adenocarcinoma with bone metastases, hypertension, hypertensive heart disease, and diabetes mellitus. Following an evaluation on Friday, Dr. Blanco requested a follow-up laboratory test scheduled for Monday morning. However, considering the patient's extensive medical history and existing condition, she has authorized a No Cardiopulmonary Resuscitation (CPR) order.

Over the weekend, the patient's clinical status deteriorated progressively, marked by significant respiratory distress attributable to severe respiratory failure stemming from COPD and heart failure. Recognizing the urgency, the on-call physician was alerted, and symptomatic treatment with subcutaneous morphine was initiated, resulting in symptomatic improvement. The patient, likely influenced by elevated carbon dioxide levels, manifested a diminished level of consciousness, critical overall condition, and intermittent apnea, indicating a rapid clinical decline with an imminent outcome. On Monday morning, the patient's nurse, tasked with taking vital signs before the scheduled blood test, observed a substantial worsening of symptoms. Given the patient's dire state and anticipating a terminal phase, the nurse questioned the necessity of the scheduled analysis. Despite personal convictions, the nurse faced a dilemma — adhering to the clear medical order for the test or considering the perceived futility of the measure in light of the patient's rapidly declining health.

ETHICAL ANALYSIS OF THE CASE

Differing opinions among colleagues and healthcare professionals are inevitable, and preventing these variances from adversely affecting patient well-being is crucial. Resolving disparities among professionals requires enhanced communication efforts aimed at delivering comprehensive and coordinated care to the patient. The primary goal of this communication is to foster consensus while acknowledging and respecting the distinct competencies inherent to each profession. While striving for agreement is important, it's essential to recognize that

achieving consensus may not always be feasible. In instances of disagreement, it is imperative to uphold and respect the competencies associated with each profession.

The challenge becomes more pronounced, as illustrated in this case; when one healthcare professional believes that another, within the bounds of their competencies, is engaging in malpractice or potentially harmful practices for the patient. In such instances, the pursuit of optimal patient care intersects with the need to honor professional competencies. In the depicted scenario, the nurse deems the scheduled analysis as unnecessary in the current clinical context, despite being under a medical order to conduct it. This dilemma induces moral stress as the nurse not only perceives the extraction as potentially harmful at that moment but also recognizes it as an unnecessary allocation of resources.

POSSIBLE COURSES OF ACTION

- The nurse should do as they see fit, and ignore the physician's order.
- The nurse should talk to the patient's family and inform them of why they believe it is unnecessary to conduct the test.
- Consult with another medical professional or superior to decide between them what is best.
- Wait for Dr. Blanco to arrive and ask her to assess whether it is appropriate to perform the tests in the patient's current situation, under palliative treatment.
- Call the on-call physician so they can make the decision.
- Perform the tests indicated by the physician responsible for the patient, since she is the one who has the professional competence to request the analysis.

RECOMMENDED COURSES OF ACTION

- The nurse should coordinate with the medical team to confirm the medical orders, (drawing of blood). In cases of discrepancy, inter-professional communication usually resolves most conflicts.
- It is advisable that Dr. Blanco, being the physician who requested the analysis, reevaluate the change of situation and see if it is futile to perform the analysis. Therefore, if possible, you should wait for Dr. Blanco's arrival to inform her of the patient's progress so that she can evaluate the patient's clinical status and determine whether it is necessary to perform the analysis.
- If Dr. Blanco is not available, the situation can be referred to another colleague in her department (the one responsible for the patient at that time, since on Monday morning she must have a physician assigned) or, as a last resort, to the physician on call.

DISCUSSION

In the medical field, it is frequent for differing viewpoints to emerge among professionals. However, since the ultimate goal for all involved is to pursue the best outcomes for the patient, conflicts can be effectively addressed through clear communication and coordination. The resolution of most conflicts is not about establishing a hierarchy but rather relies on each healthcare professional fulfilling their responsibilities and collaborating consensually with their peers. In instances where one professional questions the potential futility or appropriateness of another's actions, it is advisable to engage in a discussion to collectively determine the most beneficial course of action for the patient. It is not possible to leave the patient because of this without a decision, without treatment, in such a case the responsibility and the treatment should be entrusted to the hand of the highest therapeutic authority.

Futile procedures which are characterized by a lack of evident clinical benefit, are contraindicated for patients. In end-of-life scenarios, particular attention must be given to refraining from performing futile procedures, be they diagnostic or therapeutic. Engaging in such procedures can inflict unnecessary discomfort and suffering on the patient without providing tangible benefits. Additionally, the associated resource expenditure is a pertinent concern. It is imperative to actively avoid futile procedures, as their execution in the context of end-of-life care may be considered a case of professional obstinacy, historically referred to as "distanasia," "intemperance," or "overkill."

Sgd.: ASISA-Lavinia Bioethics and Health Law Committee

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