

CASE #5

THE NURSE AND MORAL AUTHORITY; WHEN OBLIGATIONS CONFLICT

CASE PRESENTATION

Complaint

A perinatal nurse requests help in determining the appropriateness of withholding life sustaining treatments from a premature infant.

Medical History

Carol Smith is a perinatal clinical nurse specialist (a nurse with a bachelors degree in nursing, a masters degree in perinatal nursing, and ANA certification in maternal-child nursing). She is a new employee of a small community hospital, where she is a nurse manager in the special care nursery.

A 20 year old primiparous woman in mid-pregnancy is admitted in labor to the hospital through the emergency department. The woman is single, has had no pre-natal care, and is uncertain of her gestation stage. She denies drug or alcohol use during the pregnancy. Despite aggressive effort to stop labor with intravenous magnesium sulfate, labor continues. Therefore, Labor & Delivery staff alert Carol in the nursery to prepare for admission of an infant of unknown gestation. Carol alerts the pediatric house officer on call for the evening. Meanwhile, in the labor room, the obstetrician prepares the patient for the likelihood that her baby will be too small to live. The patient delivers a small female infant who breathes spontaneously; the infant is rushed to the special care nursery.

Carol admits the infant to the nursery. Weighing 680 grams, the baby is pink and has a heart rate of 140. No physical abnormalities are noted. From the infant's physical development and appearance, Carol estimates its gestational age at 26 to 28 weeks. She anticipates the infant will be placed on respiratory support and transported to the nearest tertiary facility, and she quickly calls the pediatrician while beginning respiratory support. When the pediatrician arrives, he states, "I'm not sure we'll be aggressive with this infant", and then leaves to consult with the obstetrician. Both physicians return. The pediatrician discontinues ventilation support, and says they will be giving the infant no further treatment. The obstetrician says to Carol, "I've talked with the mother and she understands this infant is too small to survive. This woman doesn't have the resources or abilities to take care of a baby with the problems this one will have." The pediatrician adds, "She's young. She has plenty of time for other babies...better babies." Carol objects, saying that in her previous position in a tertiary care facility she is accustomed to instituting treatment for infants this size and smaller. She argues that outcome can be good and she urges early treatment and quick transport to another facility. She asks whether the mother understands the condition of the infant. The two physicians respond by requesting that Carol keep the infant comfortable and call when its heart stops beating.