**Discussion Board Ethics**

**Elise Stigum, RN**

**King University**

**Nursing Ethics: Class 4310**

**Professor Fraysier**

**5/14/2025**

 Case Presentation: Nine-year old Benton is a patient on the pediatric unit with a diagnosis of terminal -stage Ewing’s sarcoma. He has three sisters, age 7, 6, and 3, who are presently being cared for by a grandmother. His father is self-employed and works long hours. His mother has never worked outside of the home. Both parents have high school educations, and their primary activities outside of family are church related. They belong to a small non-denominational rural church and state they hold fast to what is taught in the Bible and put their faith in the word of God.

 Before his illness, Benton, a healthy child, had been brought to the clinic only for acute health care concerns. The family does not have health insurance. Shortly after entering second grade 2 years ago, he began limping. The family attributed the limp to a playground injury. When he continued to complain of pain, and the limp persisted after three months, his mother took him to a local health clinic. Above the knee amputation followed a diagnosis, but metastasis was evident in nine months. Chemotherapy has only been palliative.

 The physician has discussed Benton’s poor prognosis with the parents, recommending comfort care. The parents say they want everything possible to be done for him, and the father conducts nightly prayer sessions at Benton’s bedside, affirming that God is healing Benton. His father refuses to allow staff to speak with Benton regarding fears or concerns about his condition. This directive has presented concerns for the nurses, especially when Benton asked the nurse whether he is going to die. When asked what Benton had been told, the father responds, “He knows God is trying us and we must have faith.”. The mother, who appears less confident of a healing, is there 24 hours a day. She supervises Benton’s care relentlessly, at times irritating staff with questions and demands. She keeps a notebook record of her son’s care, including medication, times of care, intake and output, and personal assessments. Although Benton used to talk to staff, he now appears frightened and remains quiet, sleeping off and on.

My first response to this scenario is that there are a lot of dynamics to consider. There are a lot of options that the nurse and family must keep open while they walk the family and patient through this path. Having an interdisciplinary team meeting including the pastor and the social worker would be beneficial.

My values come first as a mother of three healthy children; I can not and do not want to know this level of grief. The diagnosis is devastating, as is having a nine-year-old with an amputation. I experienced my seven-year-old having a hand threatened from a hand crush injury. Three surgeries later he was able to keep his fingers, but I know how I felt through that.

 The mother and father value the boy’s life and they are not ready to let him die. The grandmother is trying to keep the family together by caring for the small siblings of the patient. The physician seems to be a realist, and the nurses appear to have a strong sense of patient advocacy. The physician is on the right track with palliative care. Palliative care is not necessarily curative but does offer treatment options.

 The value differences between this family and the staff are not as far apart as they appear. The father might be suffering guilt for spending so much time at work and feeling helpless because the medical diagnosis is grim. Education with the church leadership might offer a pathway that the family is familiar with and trusting in. The greatest value that could be difficult to navigate is if they get assigned a non-believing nurse. If the nurse does not share a faith-based perspective, she might resent the father’s grief pattern.

 My strength would be having a hospice background and understanding the benefit of a full hospice/palliative support system. If the father of this patient could understand the benefits of volunteer services, and support from palliative social services, and aides, and nursing care, he might be able to spend more quality time with his son and family. The small siblings will need to walk this path with their brother. My weakness is children. I worked at Vanderbilt children’s Hospital. I saw firsthand children who had profound diagnoses. The children were very resilient even in the face of death.

 Domain six, interprofessional partnerships, is applicable to this case study. Everyone in this family is needing support.

 Kant’s principles of ethics involve patient autonomy, respect for the patient, and beneficence.

We use Kant’s principles in our modern health care system. Keeping our patient, Benton, and his family in mind, I ask you to take note of the quote on page 3thirty one of our text which states, “disregarding the consequences of any given action can occasionally lead to disastrous results.”. (Burkhardt & Nathaniel, p. 31). Although this quote is specific to the deontological ethical theory, it is especially true with children. Children see the truth better than adults do. With children trust is hard earned and easily lost. If you get their trust back, it does not come back to baseline; they will always see you with a halo of skepticism.

**References**

Burkhardt, Margaret A., and Alvita K. Nathaniel. *Ethics and Issues in Contemporary Nursing Ethics For The 21st Century.* Elsevier. 2020, p. 31.