



2805NRS T1, 2018

Case Study Essay

2000 words

Weighting 40%

Due Date: Monday 30 April @ 5 pm

Aim:

In your future role as a health care professional, you will be faced with complex and challenging situations. There will at times be a legal solution that can be applied to the situation. It is important that you are aware of what this might be so that you can confidently practice within these legal boundaries. Almost always, there will be differing ethical positions that need to be considered. The purpose of this case study is to enable you to practice identifying a legal issue and possible outcomes, and consider why an ethical conflict arises.

The case study will assess all of the learning outcomes in 2805NRS.

Task instructions:

You are required to write a 2000 word essay. In your essay, you must identify and discuss the legal and ethical issues presented in the case study, and accurately answer the questions posed at the end. You are expected to submit your essay with appropriate grammar, spelling, sentences, paragraphs and references. It should be structured using the following 'APA Level 2' headings:

- ✓Introduction
- ✓Legal Issues
- ✓Ethical Issues
- ✓Conclusion

Formatting the Case Study:

Please refer to the [Health Group Writing & Referencing Guide](#) that describes how your case study is to be formatted.

Submitting the Case Study:

You must submit your case study via Turnitin submission portal under the 'assessment' tab on your course website before 5 p.m., Monday 30 April 2018.

Case Study Scenario

Ross is 52 year-old-man who is employed as a marine engineer. Ross has been married to Rachel for 16 years. They have two daughters, and live in Bundaberg. Ross' elderly father, Joey, also lives in the family home. The ship operates between Bundaberg and Asia, with the round trip taking 32 days. Having worked together on the ship for years, Ross had developed a close friendship with the ship's captain, Chandler.

The ship set off from Bundaberg, planning to stop at Rockhampton and Cairns before sailing on to its final destination. During a period of particularly rough seas, Ross slipped on the slippery deck, landing heavily on his back. He was pleased that no-one was there to notice, and quickly got up and continued working.

Two days later the ship berthed at the Port of Rockhampton. At that time Ross complained of a severe headache, neck pain and generally feeling unwell. He attended the local medical centre where he was diagnosed as having a musculo-skeletal injury and advised to rest. He was provided with a prescription for oxycodone, a narcotic, and a non-steroidal anti-inflammatory for his symptoms. The ship then departed for Cairns, arriving three days later. By this time, Ross' condition had deteriorated and Chandler decided that he should be reviewed again before they set off on the longest leg of their journey to Asia. Ross did not want to be a burden, and despite the ongoing pain, said he would stay on the ship while it was in port.

Unconvinced, Chandler radioed the Cairns Port Communication Tower requesting an ambulance to transport Ross to the Cairns Base Hospital for further assessment. When Chandler told Ross that the ambulance was on its way, Ross was very annoyed. Keen to show that he did not require any additional medical treatment Ross took four oxycodone tablets, and four anti-

inflammatories. He thought that this would help the pain, and convince Chandler and the paramedics that no further treatment was required. However, when the paramedics arrived, Chandler ordered Ross to go to the hospital for further investigation. On visual inspection, it was apparent to the paramedics that Ross needed further assessment and possible treatment as he was pale and sweaty, and quite unsteady in his gait.

Ross disembarked the ship and slowly, and clumsily, made his way to the ambulance. Once there, he refused to let the paramedics examine him, aggressively asking that they transport him as quickly as possible to get this 'whole thing over with'. Chandler apologised to the paramedics stating that this behaviour was quite out of character. En route to the hospital, the paramedics asked several times whether Ross would allow them to take a set of observations, but he refused.

Arriving at the Emergency Department, the paramedics provided the triage nurse with a summary of Ross' condition, but did not pass on the information about the medications as they were unaware that Ross had ingested the tablets. Ross was uncooperative, refusing to allow the nursing staff to complete a set of observations. Ross was quickly able to see a doctor but made it very clear that he was only there under the orders of his Captain, and wished to return to the ship. Given his lack of cooperation, there was little that any of the health care practitioners at the Cairns Base Hospital could do to assist Ross and he walked out of the department without being examined.

Ross returned to the ship and reported to Chandler that he had seen the doctor, and that there was nothing more they could do but 'give it some time'. Chandler's understanding was that Ross would eventually improve with the medication he had been prescribed. He was not concerned when Ross retired to his cabin. Once there, Ross he began to feel nauseous and the pain escalated. In an effort to relieve it, Ross took four more oxycodone tablets.

While having a mild effect on the pain, the oxycodone exacerbated the nausea and began to make Ross feel disorientated. Feeling as though he needed to vomit, he made his way up onto the

deck. In his disorientated state, he did not notice that he had stepped beneath a crane that was unloading cargo onto the ship's deck. As he lurched to vomit over the edge, the crane released its cargo, which landed directly on top of Ross. One of the crew saw Ross trapped under the cargo and immediately raised the alarm and all efforts were made to retrieve the cargo that was crushing Ross.

Upon arrival, the paramedics assessed Ross as having severe traumatic brain injury with bleeding and bruising, suspected facial and skull fractures, fractured ribs and a pneumothorax. As Ross was minimally responsive and bleeding profusely, they immediately intubated him, attempted to arrest the bleeding, and transported him back to Cairns Base Hospital.

CT scans confirmed multiple skull and facial fractures, a large subarachnoid haemorrhage and a left pneumothorax, and Ross was admitted to the intensive care unit. In the meantime, Chandler contacted Rachel. Rachel and Joey made urgent plans to fly from Bundaberg to Cairns with the children. However, as there were no direct flights, the family were not there when Ross was wheeled to surgery to fix the facial fractures and evacuate the haematoma.

Unfortunately, after several weeks, Ross' progress was poor, and the chances of a full recovery became increasingly slim. A tracheostomy tube was inserted, but despite several attempts, he could not be weaned from the ventilator. Ross no longer moved spontaneously, or responded to any of his family. As weeks turned into months, Rachel began to accept that Ross might not return to his former self.

The healthcare team caring for Ross formed the opinion that he was in a *minimally conscious state*. They believed that because of the extensive traumatic brain injury Ross had no awareness of his surroundings, and as long as he remained unable to breathe on his own there was no possibility of recovery. Rachel agreed with the assessment made by the healthcare team, believing that Ross displayed no sign of recognising anyone, or even that people were there with him at all. She described Ross's condition, saying that, 'initially you could think that he might

notice you were there, but it was really like he was asleep on the inside and just startling at noise or contact'. Rachel insisted that she and Ross had discussed how they would want to be treated if they were ever to be involved in a significant accident. Ross had been adamant that he would not want to be left in a situation where he could not care for himself, would be a cause of distress to his family, and would be unable to provide for the people he loved the most. Rachel said Ross had said 'if that ever happens, please just turn the bloody machines off'.

Feeling responsible for Ross' current situation, Chandler had stayed by Ross' bedside. Chandler's perception of Ross' situation was quite different. He did not agree that Ross had no awareness of his surroundings, and thought that from time to time he would try to turn his head when he heard the children's voices – not always, but sometimes. He had undertaken some research and found several cases in which people had 'woken up' after being in comas for prolonged periods, and several more in which people had substantially recovered from traumatic brain injury. Chandler discussed this with Joey and although they also knew that Ross would not want to remain reliant on others' care in the long term they were hopeful that given time and encouragement, Ross would be able to communicate with his family, if not return to his prior self entirely.

Rachel and the healthcare team caring for Ross believed that continuing treatment was not in his best interests and concluded that all treatment should stop. Chandler and Joey, however, were opposed to stopping treatment; they wanted Ross to be given every opportunity to recover, even if that meant that he needed to remain highly dependent in hospital for many more months or years.



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Full Details of the Task

You are required to answer the following legal and ethical questions as a structured essay with the following headings.

Introduction

A short introductory paragraph that outlines what you will be presenting in your case report.

*You **do not** need to include a detailed account of the facts in the scenario; the markers are aware of the scenario and this is an unnecessary use of words.*

Legal Issues

Using structured sentences and paragraphs, answer the following questions in relation to legal issues raised by the case.

1. What elements must be present for Ross' consent to treatment for his headache to be valid? What legal authority can you rely upon to support your answer? What potential legal consequences may flow if healthcare practitioners provide treatment without first obtaining consent?
2. As Ross had previously refused medical treatment by the ambulance crew for his headache, do the paramedics have any legal authority to institute treatment for his head injury? What legal authority can you rely upon to support your answer?
3. After sustaining the head injury, Ross will not have decision-making capacity. Provide a rationale that supports the legal obligation to obtain consent for Ross' cranio-facial surgery in these circumstances.
4. List the legal options available for the healthcare practitioners to obtain consent for Ross' ongoing care in these circumstances. Support your answer with Queensland legal authority.
5. In circumstances where there are two or more substitute decision-makers who could potentially provide consent, and they disagree, describe the legal options available to provide a definitive answer as to what course of action the healthcare practitioners should take.

6. What factors will be taken into account when making a decision as to whether Ross' life-sustaining measures can be withdrawn?

Ethical Issues

Referring to the *Universal Declaration on Bioethics and Human Rights*, and using structured sentences and paragraphs:

7. Identify **two** principles that are relevant in this scenario and describe how the selected principles apply to the facts in the scenario.
8. Consider the values of two stakeholders in the scenario. Describe how those values might create a conflict with the principles you selected in question seven.
9. Apply the modified Kerridge et al. (2013) model for ethical problem solving to address the conflict.

Conclusion

A short concluding paragraph.

NB* you are **not required** to decide the outcome of this case – in relation to the legal issues this would be a role for the courts. In relation to the ethical issues, there will **not** be one “right” answer; it is the process that you are being asked to apply.

MARKING CRITERIA		POSSIBLE MARK
LEGAL ISSUES		
Criterion One		
Using appropriate legal authority, correctly describes the elements of a valid consent and the potential legal consequences that may flow if healthcare practitioners provide treatment without consent.		5
Criterion Two		
Correctly identifies whether the paramedics have authority to treat Ross in light of his earlier refusal, and provides correct legal authority to support the answer		5
Criterion Three		
Provides a rationale to support the legal requirement to obtain consent in circumstances where a patient lacks decision-making capacity.		5
Criterion Four		
Correctly lists the potential options available for healthcare practitioners to obtain consent, and provides the correct legal authority to support the answer		10
Criterion Five		
Correctly describes the legal options that are available to provide a definitive answer as to what course of action the healthcare practitioners should take if there is a disagreement between substitute decision-makers.		5
Criterion Six		
Correctly describes the factors that will be taken into account when making a decision as to whether Rachel's life-sustaining measures can be withdrawn.		10
ETHICAL ISSUES		
Criterion Seven		
Using the Universal Declaration on Bioethics and Human Rights, accurately identified two relevant principles and describes how they apply to the facts in the scenario		10
Criterion Eight		
Identifies the possible ethical values of two stakeholders in the scenario and describes how they might create a conflict between the principles selected in question seven.		20
Criterion Nine		
Accurately applies the modified Kerridge et al (2013) model for ethical problem solving to address the conflict.		10
PRESENTATION and STRUCTURE		
The essay is appropriately structured with a succinct introduction and conclusion. Coherent organisation of ideas, presented under appropriate headings and formatted according to the Health Group Assignment Presentation Formatting guidelines. The essay is submitted with correct spelling, grammar, and well-constructed sentences and paragraphs. The word limit is adhered to.		10
RESEARCH and REFERENCING		
Evidence of wide reading and use of relevant materials (case law, legislation, academic journals, text books and government websites) to support key points. Correct use of in-text referencing and reference list that complies with the Health Group Writing and Referencing guidelines (APA 6 th Edition)		10
TOTAL MARKS		100