

# Ethical dilemmas nothing new for critical-care nurses

## End-of-life decision-making among topics at three-day conference

BY CHRIS ZDEB, EDMONTONJOURNAL.COM FEBRUARY 14, 2011

*First published Sept. 19, 2010*

EDMONTON — They care for the sickest patients, who sometimes die on their watch. When they do, critical-care nurses want to make their final days and death as peaceful and painless as possible.

That's what people want, says Kate Mahon, president of the [Canadian Association of Critical Care Nurses](#). And critical-care nurses in particular, and the health-care system in general, are getting better at meeting that need, she adds.

"Sometimes death is not the worst outcome as long as we help our patients and their families," Mahon explains.

She thinks that's one of the reasons why euthanasia and assisted suicide are not discussed in Canada to the same degree they are in the United States. A patient and/ or their family is less likely to think about euthanasia or assisted suicide if the person in care is not in pain and not seen to be suffering, she says.

Mahon is in Edmonton for the association's three-day annual conference where 450 delegates are looking at such issues as end of life decision-making, caring for patients with brain injury, helping patients' families cope in a critical-care environment and engaging them as partners in care, and the latest information on resuscitating people.

The majority of the association's 1,200 members work in hospital intensive-care units ministering to adult critical-care patients. It's not a job for everybody.

"You have to care for patients who are very technologically dependent, while still providing (compassionate) care," Mahon says. "You have to like a crisis environment, you have to like just-in-time care, and you have to be able to develop a resiliency to be able to continue to work dealing with end-of-life issues, dealing with people with traumatic injuries. You also have to help their families at some of the most critical, vulnerable and frightening times of their lives, to adjust and cope with the situation."

At one time, critical care was not considered a place where a newly graduated nurse could work, but ongoing nursing shortages have changed that. The average age of Canadian nurses including critical care Florence Nightingales, is 44 years, and the trend is getting younger.

It's an extremely rewarding job and a lot of critical-care nurses are passionate about what they do, so they do it for a long time, says Mahon, who has worked in a pediatric ICU in Halifax for 28 years of her 33-year nursing career.

"We certainly face a lot of ethical dilemmas at times," she allows. Things are easier for the nurses and less agonizing for the patient and their family when the patient has made end-of-life plans before he or she ends up on a critical-care unit.

"I'm really thankful I'm not the physician who has the burden of making the final call on a patient's life," Mahon says, but critical-care nurses who provide minute-by-minute care to patients and support for their families sometimes help doctors realize when a family is ready to have the conversation about end-of-life care.

Only one per cent of the critical-care nurses working in Canada currently belong to the nurses' association, something Mahon hopes to remedy by raising the group's public profile.

"The vision of the CACCN is being the voice of critical care in Canada because we really believe we have to speak up more about things we really believe in," she says, citing issues such as requiring people who ride ATVs to wear helmets and requiring children to be of an older age to ride.

"Because we certainly know what it looks like when the (critically-injured rider) is in the bed, and we're caring for them, and we see the devastation it has on their families."

[czdeb@edmontonjournal.com](mailto:czdeb@edmontonjournal.com)

© Copyright (c) The Edmonton Journal