

## In Memory of A.D.\*

### Avoiding Liability Bulletin

I recently received information of the passing of a dear colleague and friend with whom I taught years and years ago in a nursing educational program at an eastern university. She was quite a personality: feisty, extremely bright, fun-loving and caring, not only of friends and family, but students and patients alike.

We team taught in this nursing educational program and it was really an exciting and wonderful experience for me. A.D. helped me develop my style of teaching and was always ready to provide more challenges and adventures for me as I developed as a faculty member.

Unfortunately, A.D.'s health did not keep up with her energetic love of life. After she returned to the country of her birth and initial licensure as a nurse, she was diagnosed with a rare neurologic disease and slowly, but surely, deteriorated.

The last years of her life were in a nursing home, taken care of by individuals who may have tried to provide good care to her, but from A.D.'s perspective, the care was far from "good." I was appalled at some of the stories she e-mailed me about her nursing care. Minimal things, such as a bath, were a "joke," in her words. Other care was minimal or forgotten. Her small requests for help with this or that, or for a medication, went unheeded. Since I was not with her, nor could visit her, there was little I could do to change those conditions.

I am sharing this with you because I want to emphasize to those of you who work in long term care-- or in any setting, really-- that the individuals to whom you provide care are human beings. They also most often come to the facility with a life once lived in a much fuller, healthier, and happier way.

As you know, legally providing poor nursing care can be problematic and if an injury or death is alleged to be due to your poor nursing care, such as decubiti, a fall, or the neglect of voiced needs, you may be held responsible for that conduct. Likewise, a failure to heed a resident's need for pain medication is negligent if the patient suffers injury or death and that is alleged by the patient's family in a lawsuit.

In one such lawsuit<sup>1</sup> an RN failed to fully tell the patient's physician of the nature and severity of the patient's abdominal pain that was due to an undiagnosed infection and intestinal necrosis. The patient died, the family filed a wrongful death suit, and the jury verdict in favor of the family was affirmed on appeal.

In another case<sup>2</sup>, an RN didn't follow the plan of care established for the administration of a dying patient's narcotic medication, including not administering adequate amounts of the liquid narcotic

ordered for the patient. The patient's increased pain and suffering was included in the allegations of professional negligence in the suit against the RN (named as a defendant in the suit) and the facility that employed her. The verdict against facility and RN was upheld on appeal.

I am hopeful that something can be gained by A.D.'s death, if nothing else than reminding you to continue to be respectful to every client with whom you provide nursing care. I think she would be somewhat pleased that her passing helped you to continue that approach with patients, teacher that she was.

A.D., like all patients who suffer from one ailment or another, did not deserve this ending to her life. Providing excellent nursing care to all, with "...compassion and respect for the inherent dignity, worth and uniqueness of each individual"<sup>3</sup> is a challenge you must not ignore.

## **FOOTNOTES**

1. Mobile Infirmary Association v. Tyler, 981 So. 2d 1077 (2007).
2. American Nurses Association (2001). Code of Ethics For Nurses With Interpretive Statements. Silver Spring, MD: Nurses Books.org, Provision 1.
3. Tolliver v. VNA, Midlands, No. 5-08-357 (Supreme Court of Nebraska 2009).

\*Not her real initials.

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**Author:**

Nancy Brent