

## SECOND OPINION: BIOETHICAL CHALLENGE FOR ONCOLOGY NURSES

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Turning to second opinion is allocated at the patient right's law in Israel, so does in other countries around the world. Oncology patients take a vast part among population whom looking for second opinion. The health care givers, including nurses, are not always aware to the reasons that cause patients to ask for second opinion, and how much patients aware in dealing with contradicting recommendations. The aim of this article is to portrait ethical issues concerning second opinion, from the patients and the health care givers point of view, and to suggest an algorithm of patient-nurse discussion.

## WHAT CAN BE DONE TO CHANGE THE REALITY OF "PERSISTENT" AND INCREASED TREATMENT AT THE END OF LIFE?

**Bilha Kreisberg, RN, MA - School of Nursing and Department of Neurology, Hadassah Hospital, Jerusalem.**

Today's medicine understands finality of life – death as a failure. When death has been termed a "medical event", medical professionals tend to view it as a "type of disease" or "injury accompanied by a sense of failure". The result is the postponement of the "end" with long-term and persistent treatments, which are often difficult to regard as medical and/or moral justification.

Two issues arise in this paper: Excessive Treatment (ET) and Persistent Treatment (PT). There is a tendency to "hold" full and sometimes excessive treatment, to persevere in situations in which there is insufficient support for the effectiveness from medical evidence-based literature. Both issues are more relevant in various fields of treatment and create an emotional and functional burden on the staff, as well as on the health care system as a whole. Five-step are aimed at creating an institutional infrastructure to deal with the staff's

difficulties in complex end-of-life situations, while developing the ability to mediate between the authentic wishes of the patient and the caregivers. These are further discussed in this article.

To conclude, although it is not always possible to arrive at an agreed-upon solution regarding the nature of the treatment for adapting to the complexity of the medical problems associated with the end of life. This is because the understanding that the moral dilemmas surrounding this issue are many and complex and the nursing staff requires a support system that will recognize the difficulties and challenges it faces. "The common denominator of Torah and medicine is the fact that both envelop the person in all the moments of his life, touching him from his inner life until the day of his death" (Steinberg, 1970).

## MORALISM VS. TAOISM – DIFFERENT POINTS OF VIEW FOR SOLVING PROBLEMS BY ONCOLOGY NURSES

**Livia Kislev, RN, MA - Head nurse, Israel Cancer Association.**

The oncology nurse, in their daily work, often finds themselves faced with a deep emotional distress, which they experience in situations that they perceive as complex.

The focus of the article is the attempt to discuss the question of whether, when the oncological nurse encounters such complex moral situations, which require a multifaceted gaze, does the solution she chooses has to rely on moral approaches, that rigidly defined as the "right" action to do because it is moral, compared to the "wrong" action to do because it is immoral. It may be that in such complex situations she must abandon these moral approaches and adopt an action strategy rests on the "Taoist" approach.

By presenting clinical cases, the article presents the differences between the moralistic perspective, which seeks to quickly remove internal contradictions and constantly works to find possible solutions, and the Taoist perspective, which focuses on the process, doubting, asking deep questions and immediate action.

The article attempts to discuss the question of the possible combination of the ethical codes on which we were educated as nurses, and the Taoist perspective, which based on intuition, love, and the wisdom of the heart.

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## ETHICAL CODE FOR ISRAEL NURSES

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The aim of this article is to discuss and illustrate the main domains of the code, to explore the culture changes in the Israeli society and the way it reflects in the various/different code versions.

alternative treatments. The aim of this article is to describe the bioethical principles that shape the discussion and portrait with the Health belief model some points that might help nurses to discuss these issues with patients whom refuse to conventional curable treatment.

## LIFE ON BALANCE SCALE: THE NURSE AS A MEDIATOR BETWEEN PATIENT'S RIGHTS AND GOOD PRACTICE ACCORDING TO THE HEALTH BELIEF MODEL

**Silvi Daniel, RN, MA - GI & Breast cancer units' nurse**

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At the last decade, more and more cancer diagnosed patients, choosing alternative treatments rather than conventional treatment. Literature reveals that overall survive curve among patients that refused to conventional anti-cancer treatments, is significant low compare to patients that treated according to guidelines. Characters like high education, young age and free professions seems to be factors that contribute to the choosing of

## WE ARE (NOT) THE MASTERS OF OUR BODY – THE LEGAL ETHICAL AND RELIGIOUS ASPECTS OF EUTHANASIA

**Herut Ohayon, RN, BSN**

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Euthanasia is defined as a rational and clear decision by a patient with a life-threatening disease to terminate its life by a doctor. Euthanasia is not a legal action in most countries but became legal in only very few countries around the world. The laws concerning this complex issue are very clear in order to not violate and to abuse it. The issue of Euthanasia, since it may involve many controversial issues around the globe, and especially in Israel, is extremely complex. These issues involve legal, ethical and religious aspects, which are all further discussed in the present article. The multicultural society of the entire world, and especially in Israel, makes the issue even more complex in a democratic environment.