Acknowledging small acts of kindness

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As regular readers will know, a number of recent editorials in Nursing Ethics have focused on unethical health-care practice. It is necessary to strive to understand this and to work in our different areas of practice to eradicate it. It is also important to draw attention to, celebrate and reward ethical practice. Therefore, I would like to share a practice example that highlights, I believe, the very best of nursing practice.

It was just after 9 am on a Monday morning when an email with the subject ‘Fab student’ was forwarded to me by a colleague. The email was from a staff nurse in the emergency department of a local hospital. She described a practice situation where one of our student nurses had, in her view, gone beyond the call of duty in delivering end-of-life care to a patient. I contacted both the student and the staff nurse and asked them to describe the situation in detail. Each wanted to give credit to the other for the actions that undoubtedly enhanced the final hours of an elderly patient.

The staff nurse, Sarah, emailed me her version of events. She described her busy practice area and the admission of a patient she called ‘Lily’ (not her real name).

Lily was a 78-year-old woman who was admitted from a residential home. ‘She had been an independent woman who only gave up work a couple of years before which she worked as a carer in a rest home herself’. Lily had no family and had arrived at the hospital, around lunchtime, after collapsing and having a period of unconsciousness. A variety of diagnoses were initially suggested. She was found to have significant abdominal pain and was referred to the surgical team who thought she may have a perforated bowel secondary to an obstruction. A variety of diagnoses were initially suggested. She was found to have significant abdominal pain and was referred to the surgical team who thought she may have a perforated bowel secondary to an obstruction. Sarah said:

Lily’s blood pressure had been so low throughout the whole day that myself and Owen (the student nurse) were struggling to even get a manual blood pressure which was probably due to her bleeding out into her abdomen ... the surgeons just wanted to keep her comfortable as they were not going to take her to theatre as there was not much they could do ... For the whole day Lily never complained, even with us constantly fiddling about with her, turning and trying to get her blood pressure. At about 1830 Lily had perked up a bit and was asking if she could have something to eat, so I bleeped the surgical registrar. He was with the consultant who agreed that she should be allowed free fluids that would let her have something light like ice cream or jelly. When we told Lily what she was allowed to eat she started to reminisce about holidays at the seaside and having ice cream and was very adamant that she wanted some ice cream. One of the hospital wards has a Mr Whippy (ice cream) machine so Owen was on the mission to get Lily some from there. Unfortunately, it had broken down the day before so had been taken away for repair and at this point the canteen was now closed. Myself and Owen were both a bit frustrated that we couldn’t get Lily the one thing she wanted ... so after a discussion Owen offered to go to the McDonalds drive-through down the road even though it was going to make him late off shift. After he had left
to get the ice cream, Lily’s friend managed to get a lift up to the hospital. When I told her the student was on his way back with some ice cream for her, she was overwhelmed that someone was taking that extra time for Lily and felt that he needed some reward. Lily had her ice cream but never managed to get to a ward as she was not stable enough and she died at about 2 am. When her friend was phoned to be told of her passing she wanted to say thank you to Owen for taking the extra time for her.

Student nurse, Owen, shared his version of events by email and when we met in person.

My critical care placement was in the accident and emergency department of an acute hospital ... On this particular occasion I was placed in the resuscitation area where I had the chance to observe some very sick patients and assist with some aspects of their care ... The patient concerned was very ill throughout the day but was able to communicate with all of the nurses and medical staff. My involvement was primarily recording observations and providing care. Towards the end of the shift I was asked if I could drive by one of my colleagues. Her name is Sarah and she is currently doing her mentorship course at the university, although I didn’t know this at the time. I replied that I could and she asked me if it was possible for me to pick up an ice cream for this patient from the local McDonalds. Sarah had asked the elderly patient if there was anything special that she wanted ... I was more than happy to do this as McDonalds was only a few minutes from the hospital. Sarah gave me the money and I then collected the ice cream and took it into the resuscitation area where the patient was assisted to have the ice cream by a friend. The next day one of the nurses caring for this patient overnight said that she had deteriorated quite quickly and that she had died. At least this patient had something enjoyable in the last moments of her life.

Both Owen and Sarah undoubtedly made a significant contribution to this patient’s final hours. This is a wonderful example of sensitive care, supererogation and of what can be achieved with imagination and collaboration. Both Sarah and Owen were modest about the part they played in enhancing the end-of-life experience of this patient.

So what can we make of this story from the perspective of health-care ethics? In addition to exploring the theoretical dimensions of the narrative – for example, in relation to compassion, kindness and generosity – we should also articulate, acknowledge, celebrate and reward such practice. Susanne Gordon’s book ‘When Chicken Soup Isn’t Enough: Stories of Nurses Standing Up for Themselves, Their Patients and Their Profession’ suggests a means to articulate and acknowledge the contribution of nurses to exemplary ethical practice in our different parts of the globe. Other ways we can do this is to celebrate and reward such achievements. The International Centre for Nursing Ethics already rewards those nurses who advance human rights in health care in an international context. In the light of the actions of Owen and Sarah, the International Centre for Nursing Ethics has now added two additional prizes for University of Surrey health-care students who demonstrate exemplary ethical practice and registered nurses who role model dignifying care practices. I suggest this is something you might consider in your own place of work or university. Please then also ensure these examples are disseminated widely, so that people can appreciate the difference such acts of kindness by health-care professionals can make to the life of a patient. As Scott Adams said, ‘There is no such thing as a small act of kindness. Every act creates a ripple with no logical end’.

Acknowledgement

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Reference