Peer 1 Feedback

In this post I believe the argument is that nurses play a more important role in caring for patients than doctors do; as I understood it, the argument is aimed at increasing the respect of the nursing profession as a whole.

I feel that the opposing viewpoint was not expressed as clearly as the argument being made in this post; perhaps because as a nurse myself, my perspective is automatically Unopposed to this argument.

*The first area of contention surrounds patient freedom vs. nurse control. Ethically, the nurse cannot force a patient to do something they do not desire. In the ethics of deontology, each person has a duty to him/herself and to others(Benzo 1). This means that a nurse can be considered ethical if they allow a patient to not eat at their own will. However, the ethics ofvirtues encourages one to rely on their personal traits or values to meet their moral obligations (Benzo 1). Therefore, where a patient goes against a decision the nurse has made such as refusing to eat food, the nurse can always find out why they do not want to eat. This can bring forth alternative solutions such as changing the diet or changing the eating time to suit the patient’s needs. Therefore, nurse control is more superior in primary care since nurseswork under the guidelines of the International Council of Nurses’ Code of Ethic as well as immense training, education, and experience.*

-While I think that I understand the jist of this paragraph, I believe that it could be written in a way that defines it a little more clearly.  The patient has autonomy over his/her own course of treatment but should consider the education and expertise of the nurse.  The nurse, being highly educated and experienced, should also explore alternative methods or work with the patient (if possible) to develop a solution.   An example of this could be a patient with dementia continually refuses to take medications, perhaps spits them out when administered whole.  This could possibly be just because sometimes dementia patients develop a tactile sensitivity and this often causes them to spit out their medicine.  The nurse has 2 choices: they can either chose the "its their right to not take their medicine" or they can look at the situation and come up with an alternative solution, perhaps crushing the pills and administering with applesauce/ice cream or talk to the physician about liquid forms and necessity of certain medications.   Maybe adding in some detailed examples which include setting may help to clarify this a little better.

The credentialing information was very adequate for me to reference the articles; however, I would give more credibility to the first two cited than the last because they come from professional literature rather than an activist run website which can be a little biased in showing their information.

The sources do line up well with the points made in the argument, it was clear that the thought was put into them.

I was not able to clearly ascertain a counterargument, although as I said before it could perhaps be related to my nurses perspective.  I wholeheartedly agree that Nurses deserve to have more recognition in the healthcare team and I do believe that the profession is achieving just that; I work in a very busy Orthopedic Unit as a staff nurse and know that the surgeons rely on us and recognize our value to the job that they are able to do.  There are protocols and order sets in place that allow the RN's to treat a problem (such as hypotension or inability to void) without having to first seek the direction of the provider.   Also, while the surgeons are in their office or in surgery, we have a stationary Nurse Practitioner works exclusively as a point of contact on the unit in place of the surgeon-given the authority to treat the patient in the absence of the doctor (including admitting, discharging, writing orders and perscriptions). This has been an invaluable asset to our unit and the flow of patient care.

I found that the second source, "Effect of substituting nurses for doctors in primary care." did a nice job of analyzing the effectiveness of having nurses as providers in primary care; It is true that it does provide a cost break, however, I personally do not think that practices should eliminate physicians altogether.  That would be crazy!  I do think that it is entirely appropriate and effective to add a NP or PA to the roster of a practice and have found that many have done this already!  I, myself, often seeing the NP or PA rather than my doctor.  I believe that nurses offer a bedside manner and compassion that not all doctors do-some look at clinical presentation and that is it.  I would have liked to see a little more investigating into the prevalence of a combined practice and perhaps which percentage of people choose to see the Nurse Practitioner over the primary doctor.

In this post I believe the argument is that nurses play a more important role in caring for patients than doctors do; as I understood it, the argument is aimed at increasing the respect of the nursing profession as a whole.

I feel that the opposing viewpoint was not expressed as clearly as the argument being made in this post; perhaps because as a nurse myself, my perspective is automatically Unopposed to this argument.

*The first area of contention surrounds patient freedom vs. nurse control. Ethically, the nurse cannot force a patient to do something they do not desire. In the ethics of deontology, each person has a duty to him/herself and to others(Benzo 1). This means that a nurse can be considered ethical if they allow a patient to not eat at their own will. However, the ethics ofvirtues encourages one to rely on their personal traits or values to meet their moral obligations (Benzo 1). Therefore, where a patient goes against a decision the nurse has made such as refusing to eat food, the nurse can always find out why they do not want to eat. This can bring forth alternative solutions such as changing the diet or changing the eating time to suit the patient’s needs. Therefore, nurse control is more superior in primary care since nurseswork under the guidelines of the International Council of Nurses’ Code of Ethic as well as immense training, education, and experience.*

-While I think that I understand the jist of this paragraph, I believe that it could be written in a way that defines it a little more clearly.  The patient has autonomy over his/her own course of treatment but should consider the education and expertise of the nurse.  The nurse, being highly educated and experienced, should also explore alternative methods or work with the patient (if possible) to develop a solution.   An example of this could be a patient with dementia continually refuses to take medications, perhaps spits them out when administered whole.  This could possibly be just because sometimes dementia patients develop a tactile sensitivity and this often causes them to spit out their medicine.  The nurse has 2 choices: they can either chose the "its their right to not take their medicine" or they can look at the situation and come up with an alternative solution, perhaps crushing the pills and administering with applesauce/ice cream or talk to the physician about liquid forms and necessity of certain medications.   Maybe adding in some detailed examples which include setting may help to clarify this a little better.

The credentialing information was very adequate for me to reference the articles; however, I would give more credibility to the first two cited than the last because they come from professional literature rather than an activist run website which can be a little biased in showing their information.

The sources do line up well with the points made in the argument, it was clear that the thought was put into them.

I was not able to clearly ascertain a counterargument, although as I said before it could perhaps be related to my nurses perspective.  I wholeheartedly agree that Nurses deserve to have more recognition in the healthcare team and I do believe that the profession is achieving just that; I work in a very busy Orthopedic Unit as a staff nurse and know that the surgeons rely on us and recognize our value to the job that they are able to do.  There are protocols and order sets in place that allow the RN's to treat a problem (such as hypotension or inability to void) without having to first seek the direction of the provider.   Also, while the surgeons are in their office or in surgery, we have a stationary Nurse Practitioner works exclusively as a point of contact on the unit in place of the surgeon-given the authority to treat the patient in the absence of the doctor (including admitting, discharging, writing orders and perscriptions). This has been an invaluable asset to our unit and the flow of patient care.

I found that the second source, "Effect of substituting nurses for doctors in primary care." did a nice job of analyzing the effectiveness of having nurses as providers in primary care; It is true that it does provide a cost break, however, I personally do not think that practices should eliminate physicians altogether.  That would be crazy!  I do think that it is entirely appropriate and effective to add a NP or PA to the roster of a practice and have found that many have done this already!  I, myself, often seeing the NP or PA rather than my doctor.  I believe that nurses offer a bedside manner and compassion that not all doctors do-some look at clinical presentation and that is it.  I would have liked to see a little more investigating into the prevalence of a combined practice and perhaps which percentage of people choose to see the Nurse Practitioner over the primary doctor.