

# Bioethics Book Club



## **The Shift – One Nurse, Twelve Hours, Four Patients’ Lives**

**Theresa Brown, RN**

*Algonquin Books of Chapel Hill, 2016*

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### **Summary<sup>1</sup>**

In this book, Theresa Brown, a practicing nurse in a hospital oncology ward and New York Times columnist, describes her experiences during a twelve hour shift. We follow her interactions with her four patients and get a view into the individual struggles as well as the larger systemic structures and practices of modern medicine in the United States.

We meet Sheila, who is misdiagnosed and waiting for emergency surgery; Mr. Hampton, who has lymphoma, and to whom Theresa administers a powerful drug which may make him better or kill him; the cheerful Dorothy, who is finally being discharged after six weeks in hospital; and Candace, the demanding patient returning for another round of chemotherapy. By the end of the shift, we have witnessed something profound about hope and humanity.

### **Ethical Issues**

Informed consent

Professional boundaries

Resource allocation

Communicating risk to patients

Assessing and addressing suffering

Systemic suffering

Burnout

### **Discussion questions:**

- On page 175-176, Brown mentions two articles published by Dr. Leonard I. Stein: “The Doctor-Nurse Game” (1967) and “The Doctor-Nurse Game Revisited” (1990). In the latter, Dr. Stein describes the nurse as a ‘stubborn rebel’ who challenges the doctor to address the patient’s needs. Do you agree with Stein’s summary of the psychological interactions between doctors and nurses? Why or why not?

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<sup>1</sup> Partly adapted from publisher’s summary.

- On page 14, Brown mentions that she had coffee with her patient, Ray, outside the hospital. On page 219 Sheila asks Brown to give her a kiss before. Do you think Brown is crossing professional boundaries in these situations? Why/why not?
- Brown makes a judgement call when she agrees to send Candace for STAT dye study of the central line before commencing a new round of chemotherapy. Later she is told off by the intervention radiologist for inappropriate use of resources. Do you think what Brown did was wrong? What was your reaction to the conversation between Brown and the radiologist?
- Brown speaks about coping mechanisms and argues that, “hospitals are filled with caring staff, but resilience and determination are prized as highly as empathy.” Do you agree? Discuss various coping mechanisms that health care providers may use.
- As part of the informed consent process, Peter, the surgeon, tells Sheila that she has a 20% risk of dying from her surgery. Sheila is upset about being given a prognosis in this way. Do you think he should have communicated this information to Sheila differently?
- Brown is frustrated with not having enough time to listen to her patients. Is this a problem you have encountered? How do you deal with this?

**Discuss the following passages from the book:**

- (p.38) “In the hospital, working with love sometimes requires putting people in danger. For Richard Hampton, my patient now destined for Rituxan, old, frail, and short of breath, we will try to save him by administering a drug that could end his life. That’s a surprising kind of love, but in here it’s very real.”
- (p.49) “Fear of lawsuits, combined with electronic health systems loaded with regulatory bell and whistles, has made charting more and more about recording everything possible about the patient, whether abnormal or not...My concern is that over time charting has become a simulacrum of good care, rather than a record of it.”
- (p. 61) “This is how rounds work. The person on the team with real-time responsibility for the patient that particular day – an intern, resident, NP, or PA – verbally delivers relevant clinical information about that patient to the entire rounding team. Called “presenting the patient,” the idea is that everyone on the team learns while listening. The attending physician responds by grilling the presenter into silence, or more ideally, by asking the presenter questions designed to make him or her think. A good attending physician instructs the entire team by explaining his or her thought process and treatment decisions, but the behaviour and teaching style of all of them vary widely, as might be expected. “
- (p. 134) “Nurses touch patients all the time, typically not to make diagnosis, since that’s not what we officially do, but to gather information and to help – with going to the bathroom, bathing, walking, eating, managing pain, figuring out if someone’s taking a turn for the worse. Touch connects the essential humanness of nurse and patient, reminding me that we are two people with a shared mission: healing, if we can. The

image of a mother placing the back of her hand on a child's feverish forehead is indelible because it communicates, "I can feel how you feel when you are ill."

- (p.149) "I walk back to my medchart. I want to slam the admission paper down on top of it, but I don't. One of the key factors in burnout, though, is employees feeling like they have little control over their work environment. That's pretty much status quo in hospitals for nurses and doctors."