Making Tough Decisions

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Original Publication Citation
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My husband and I recently decided to purchase a new home. No, we were not really looking to move, but an opportunity presented itself that caused us to examine our values, goals, and financial status. The ultimate decision to make an offer on a particular property was the result of intense critical thinking and debate, while negotiating the contract challenged us to continually re-evaluate our motives and priorities. As we proceeded down this path, I found myself reflecting on the information we gathered, and the process we used to make a very tough decision. Through it all, I was reminded that everyone is confronted daily with the need to engage in critical thinking to make decisions essential to our well-being and existence.

A Reasoned Interactive Process

Some decisions, like whether or not to go out to dinner or watch a particular program on television, are relatively simple choices for most people to make. Other decisions, like buying a car or home, changing jobs, relocating from one community to another, or choosing among health care treatment options, are much more difficult and complex. Making tough decisions is an exercise in critical thinking and a part of life. The challenge associated with making any choice stems from the anticipated impact that a particular decision will have upon you and your family.

In today's society, the ability to engage in critical thinking is crucial. Critical thinking is a purposeful, reflective, and goal-directed activity that aims to make judgments based on evidence rather than conjecture. Moreover, it is a reasoned interactive process that requires the development of strategies to resolve problems and maximize opportunities. Educational institutions from elementary to higher education are placing greater emphasis on the development and evaluation of students' critical thinking skills, while employers are expecting those whom they hire to demonstrate critical thinking in the performance of their job. As health care providers, we are educated to use critical thinking to draw conclusions from our assessments and observations, and to develop a plan of care that is patient focused. If we have done our job by providing patients with information about a range of treatment options, then they, too, can utilize critical thinking to decide which recommended treatment plan is best for them.

The Critical Thinking Process

A recent essay in a special section of the Washington Post chronicled the critical thinking process used by one man to decide whether or not to have heart valve replacement surgery for congestive heart failure. Written by Chalmers M. Roberts (2004), a 93-year-old former writer for the newspaper, the self-reflective article was unique for its candid and poignant telling of tough health care decision-making in the twilight of life. Not surprisingly, the process he used to ultimately decide against surgery was not unlike the process my husband and I used to decide whether to purchase a new home, and can be broken down into five basic steps:

1. Identify the decision to be made, and the deadline by which you must make the decision.
2. Examine your beliefs, values, and priorities; in other words, what is most important to you in making this decision?
3. Consider the options. There are always choices, so be sure that you are fully aware of all possibilities.
4. Cast a wide net and gather information from all possible sources about each of the viable choices; the more you know, the better able you are to make an informed decision.
5. Make your decision with confidence, but with a commitment to re-evaluate your plan/decision when necessary using this 5-step process; ongoing self-reflection and self-evaluation serve to strengthen your ability to think critically.

As urologic health care providers, I urge you to advocate for the patient's right to engage in critical thinking to decide among treatment options.

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apply a condom. Nurses need to be comfortable discussing this topic and demonstrating it on a model, if needed. There are also Web sites (such as http://www.as havastd.org) that show animated clips of applying a condom. The CDC no longer recommends using nonoxyl-9 spermicide with condoms, as it can lead to tissue irritation, which in turn increases the risk of acquiring a disease (CDC, 2002).

Nurses need to take the lead in evaluating their clients' risk of acquiring STDs and tailor specific preventive techniques to the individual needs uncovered. Health care providers must realize that adolescents and the elderly are often sexually active, and frequently do not understand STDs and their vulnerability to contracting such diseases. Women should also be taught about routine screening for cervical cancer and the difference between that examination and the examinations for STDs. In this author's experience, women are often confused about the purpose of these examinations, and frequently assume "all the tests" are being done. Typically, STD cultures are done without needing to perform a PAP smear, and a routine PAP smear does not include STD screening unless the woman indicates a need for it.

Individuals who have been exposed to, or have symptoms of, an STD often present for treatment at emergency departments, urology clinics, or other sites where this testing is not seen as a priority. Clients already feel humiliated and fearful; nurses who show judgmental attitudes and behaviors are hurting national, state, and local efforts to reduce the prevalence of STDs (Fortenberry et al., 2002). Every client should be treated in a manner that is caring, respectful, and that meets his or her needs for both adequate treatment and proactive teaching. "Paradoxically, a major obstacle to the optimal treatment of STDs is the inappropriate behavior of some health providers" (Berger & Lee, 2002, p. 672). Nurses who approach clients in a professional manner can do much to stem the tide of STDs and their sequelae in this country.

References
Atlanta: Author.
Syphilis is back. (2003). AIDS Patient Care and STDs, 17(4), 203.

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Advances in urology have resulted in a range of therapies for many urologic diseases and disorders. Patients need information about each treatment, and the time to fully consider the effect of a given therapy on their overall health. Keep in mind that patients who are empowered to make decisions about their health care are more likely to comply with the treatment plan. Likewise, I urge you to use your critical thinking skills to solve the clinical problems you are confronted with daily. Let diligence, experience, intuition, and objective data collection be your guide to uncovering and resolving such issues as drug interactions/reactions, procedural complications, and staffing dilemmas.

As for myself, my next big critical thinking challenge will be how to coordinate a move three miles down the road within the next 6 weeks!

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