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Part A

Pillar 1 — The Theory and Practice of Reflection

Reflection is a tool in the nursing practice, as it allows the practitioner to make sense of their experiences, learn and develop further nursing care. Investigations indicate that reflective practice is a mental exercise that involves making a conscious effort to analyse the beliefs, values, and activities of an individual (Patel and Metersky, 2021). Through reflection, nurses can develop a feeling of self-awareness, identify clinical competence gaps, and strengthen their decision-making abilities.

Reflection is especially significant in the professional practice since it seals the theory-practice gap. Numerous nursing students and novice nurses find it hard to implement what they study in the field of practice, as per Kapachika et al. (2025). Moreover, Noora et al. (2024) discovered that reflective writing by healthcare practitioners can lead to the identification of the problems of communication breakdown or teamwork problems. This enhances future reactions.

Reflection has helped me discover useful lessons regarding my strong and weak points. It includes how I react under stress, how my emotions affect my clinical judgment, and what areas of my work as a nurse should be improved. The continuous self-assessment is good in promoting professional and personal development. Further, the process of reflection creates resilience and emotional intelligence, which are both essential in nursing.

Reflection in my practice assists me in bridging the gap between what I learned in classes during my practice and the reality of bedside care. As an example, the theory is instructed on patient-centred care, but in reality, I need to make modifications to it in relation to workload, teamwork, and patient needs.

Through strategic self-reflection after every shift, I will be able to see in which cases my care was consistent with theoretical best practice and in which cases it was inconsistent and strategise how to improve it.

Pillar 2 Legal Issues in Clinical Practice – The Gibbs Reflective Cycle.

Description

In one of the last shifts, I met a patient who did not have the mental capacity to make a complicated treatment decision (a cognitive disorder). Her medical staff discussed the option of performing a medical procedure without her express approval. This brought legal issues of serious concern of capacity, consent and best-interest decision-making.

Feelings

I felt anxious and uncertain. I would have done what was in her best interest so as not to harm her. On the other hand, I was afraid that I would have done something against her rights and subjected myself and the team to potential charges.

Evaluation

There were positive and negative sides to the situation. On the positive side, the case was intelligently discussed by the team and included her family in the decision process. The issue of determining who was legally authorised to make decisions was unclear, and it appears that no formal capacity assessment was recorded initially. This posed a risk of violating both legal and professional standards.

Analysis

The Assisted Decision-Making (Capacity) Act (2015) advises that interventions should be made in accordance with the patient's will and wishes and with the least restrictive alternative, informs this case. In situations where the patient is not in a position to make all

decisions, it can be facilitated by decision-support people or co-decision makers to be able to provide lawful and ethical care. Nurses should abide by the NMBI Code of Professional Conduct and Ethics (2025), conduct functional capacity assessment, record the decisions in clear documents, and be transparent. HSE National Consent Policy reinforces that the consent should be appropriate to the capacity of the patient and therefore support should be available (HSE, 2022)

Conclusion

I have acquired the essential role of legal awareness in everyday nursing practice. The awareness of relevant laws and professional standards as useful to uphold patient rights and provide safe care.

Action Plan

When working with patients in the future, I will promote the use of timely capacity assessments, adequate documentation of decision-making, and more direct engagement of the multidisciplinary team and family.

Pillar 3 — Ethical Issues in Clinical Practice - *Driscoll Model of Reflection*

What?

Another clinical situation that I was involved with was the care of a palliative care patient, Mr B, who is terminally ill. He said that he wanted to refuse to take additional pain medication, even though the pain was increasing, due to fear of a mental clarity lapse. This provoked a serious moral quandary.

So what?

This state of affairs put into question some ethical principles. The expressed wishes of Mr B must be respected, yet there are chances of his death being caused by a decision that he

made. Also, denying him pain relievers may hurt him, and giving them too vigorously may decrease his life or consciousness. As per Cheraghi et al. (2023), beneficence in nursing is the promotion of well-being, which should be balanced with the elimination of harm. In addition, such ethical dilemmas are typical in palliative care, particularly concerning the quality of life and rights of the patient (Ibrahim et al., 2024).

Considering this, I also learned the effects of the systemic pressures. When workloads are high, it is not always possible to find time to allow patients to explore and find out all possible options. The ethical conflict that was common among many nurses during COVID-19 was a result of the scarcity of resources and prioritising patients at the expense of the principles of justice and non-maleficence, as per Nishara and Asurakkody (2025).

Now what?

Through this reflection, I have learnt to focus on shared decision-making. In the future, I will engage patients such as Mr B in deeper discussions and get him familiar with possible trade-offs. I will also engage the interdisciplinary team, including doctors, palliative care experts, and, perhaps, ethics committees, to establish a compromise that will not interfere with his autonomy but will help him to manage pain effectively. I will also take notes of these discussions in order to clearly state the values and choices that the patient has.

Part B

Introduction

The ethical and legal competence of nurses is crucial to the Irish healthcare system to promote patient rights, dignity, and safety. The Assisted Decision-Making (Capacity) Act (2015) provides a rights-based approach to assist adults whose capacity to decide may be compromised by way of the decision-making assistants, co-decision makers or representatives appointed by the court. Also, the HSE National Consent Policy (2024) establishes the guidelines concerning valid consent, ways of assisting individuals who can be incapacitated.

In ethics, the NMBI Code of Professional Conduct and Ethics (2025) is based on the principles of autonomy, beneficence, non-maleficence, justice, and professionalism in every nursing care. This essay discusses a clinical scenario in which Ms E, who is a patient with early dementia and fluctuating capacity, analyses the ethical and legal issues related to consent and decision-making, and implications for nursing practice with reference to the Irish frameworks.

Discussion

Key Ethical Theories and Principles in Healthcare

There are a few principles on which ethical decision-making in nursing is based. Autonomy is the right of a person to make informed decisions regarding their care. The nurses must do their best to engage people in the decision-making process, even when their capacity is impaired. In the NMBI Code of Professional Conduct and Ethics (2025), respect for persons is also in focus, and nurses are obligated to support and promote autonomous decision-making.

The duty of beneficence requires healthcare providers to act in the best interests of their patients by serving their well-being, whereas non-maleficence requires a doctor not to harm the patient. The two principles can be rather delicate, and in line with this, beneficial treatment

cannot be offered at excessive risk (Varkey, 2021). Justice is addressed to equity in handling and distribution of resources, whereby the patients with cognitive impairment must be treated fairly and without discrimination, which is in line with the standards of conduct in the NMBI Code.

Deontology and utilitarianism are ethical theories which apply to these principles in practice. A deontological approach is centred on the obligations. A nurse must respect the right of a person to make a choice, even when he or she may have a limited capacity to make such a choice. By contrast, a utilitarian approach would look at the consequences. Since a treatment course that benefits the majority of patients could justify more paternalistic interventions, it may be necessary to manage the associated risks (Chukwuneke and Ezenwugo, 2022).

These moral constructs can assist nurses in challenging circumstances to make sure that the decision made is ethically defensible, patient-centred, and professionally appropriate in regard to the healthcare system in Ireland.

Key Legal Principles and Legislation in Healthcare

In Ireland, the Assisted Decision-Making (Capacity) Act (2015) offers the legal framework of the support of an adult who may not be able to make the correct decision. This Act provides a functional test of capacity, which implies that an individual's capacity to make decisions is judged in relation to each particular issue at the moment when the decision should be made. Capacity is being assumed by law, and the healthcare professionals should use all possible means to assist the individual in decision-making, and then arrive at the conclusion that they lack the capacity.

The Act also defines the Decision Support Service (DSS), which is in charge of the decision-making support, like the decision-making assistants, co-decision makers and decision-making representatives (DSS, 2025). Such arrangements need to manifest the

personal will and preferences, and the intervention should be as minimal as possible. The Act also allows the establishment of advance healthcare directives where individuals express their preference on the kind of medical care to receive in future.

This legal framework is complemented by the HSE National Consent Policy (2024), which outlines how valid consent may be obtained even in the case of people who may not have the capacity. The policy describes the way that information should be conveyed, offered, and recorded with the help of a functional approach to capacity assessment.

Additionally, the HSE Implementation Plan of the Act asserts that health services are required to integrate a rights-based, person-centred approach within the implementation of the decision. This demands that staff ensure the decision-support arrangement is in place (HSE, 2022a). Professional accountability is also supported by the NMBI Code of Professional Conduct and Ethics (2025). This guides nurses to evaluate capacity, offer consent, and facilitate decision-making within the bounds of the Act.

Clinical Scenario From Practice

One of the surgical ward placements allowed me to work with a 75-year-old patient, Ms E, who had early vascular dementia and was admitted because of a hip replacement. Ms E was not very sure of the procedure in the preoperative assessment, and she refused to sign the consent. Her adult daughter, legally stipulated as a co-decision maker by the Assisted Decision-Making (Capacity) Act (2015), was with her.

The medical staff feared going ahead without a proper and legally binding consent. The case brought about legal concerns of capacity determination, validity of consent and of decision-support persons. The conflict between autonomy and beneficence was also an ethical issue because the surgery was supposed to enhance mobility and quality of life. However, it also involved such risks as postoperative delirium. Close evaluation, communication, and

documentation of this scenario were needed to make sure that the rights, preferences, and safety of Ms E were not violated.

Ethical Analysis of the Scenario

The situation is marked by great ethical dilemmas. First, the most important one is autonomy. The variable capacity of Ms E implied that she could partially take part in the decision-making process. The NMBI Code of Professional Conduct and Ethics (2025) mandates nurses to engage patients as much as possible, even in the face of capacity impairment. Her rejection or disorientation cannot be overlooked, and morally, she should be included in decision-making.

Beneficence required that the surgical team recommend the hip replacement because it would help relieve pain, increase mobility and improve the quality of life. On the other hand, non-maleficence requires close consideration of the risks, such as anaesthesia complications and postoperative cognitive impairment (Wood, 2022; Nikolay, 2023). The moral dilemma was to be able to put these principles into place and, at the same time, adhere to the wishes of Ms E.

Justice is also applicable. Ms E should be treated fairly, even though she is not cognitively intact. The role of her daughter as a co-decision maker gives her a voice to speak. However, the ethics of the matter are the preferences of the patient. Also, professionalism involves transparency, communication and protection of patient dignity in line with the NMBI Code.

Ways to approach it involved explaining things more than once, using simple language, providing written and oral, as well as involving her daughter in the decision-making. Balanced decisions may be further reinforced with the help of ethics consultation or multidisciplinary

discussion. Also, ethically justifiable action should respect autonomy, well-being, not harm, and fairness.

Legal Analysis of the Scenario

In law, the Assisted Decision-Making (Capacity) Act (2015) regulates the case of Ms E. The ability to make a particular decision to consent to surgery has to be evaluated on the functional test (understand, retain, weigh, communicate). The presumption was made that she was capable unless it was proved otherwise.

Since Ms E has a co-decision maker, who is appointed by law, her daughter participates in decision-making. The choices should be made concerning the will and preferences of Ms E; it should be least restrictive in terms of interventions. The nursing staff should inquire about the existence of a decision-support arrangement with the Decision Support Service (DSS, 2025).

The HSE National Consent Policy (2024) demands the validity of consent, which is adjusted to the cognitive abilities of Ms E. Communication of information should be made out and assistance should be given to be understood (HSE, 2022b). The NMBI Code of Professional Conduct and Ethics (2025) makes sure that nurses can determine the capacity, engage decision-support persons when required and record all the measures.

According to the law, the team acted within the Irish laws in terms of capacity assessment, involvement of the co-decision maker, consideration of patient wishes, and recording the process. The inability to adhere to these processes may amount to professional misconduct or a violation of the law.

Conclusion

This case exposes how Irish ethical and legal systems interplay in the nursing practice. Assisted Decision-Making (Capacity) Act 2015 offers a solid, patient-focused model of evaluating and assisting the process of making decisions, whereas the National Consent Policy of the HSE guarantees informed, valid consent. Morally, autonomy, beneficence, non-maleficence, and justice, as well as professional accountability based on the NMBI Code, are used to make nurses provide care that is safe, fair, and respectful.

Ms E's case showed the significance of the participation of the patient and her co-decision maker, the priority of patient autonomy over beneficence, and recording decisions in a strict manner. In practice, it goes to support the necessity of systematic capacity assessment, decision support, ethical reflection, and open communication in the future.

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