

Nursing Case Study: Refusal of Care in a Patient with Diabetes

I. Introduction

This nursing case study examines the ethical and clinical challenges faced when a patient refuses essential medical care. It focuses on a 60-year-old male with Type 2 diabetes who declined insulin therapy despite high blood glucose levels. The goal is to demonstrate how nurses balance respect for patient autonomy with professional responsibility to promote health and prevent harm.

2. Patient Description

- **Name:** Mr. B. (pseudonym used for confidentiality)
- **Age:** 60 years
- **Gender:** Male
- **Marital Status:** Widowed
- **Occupation:** Retired electrician
- **Living Situation:** Lives alone in a suburban home
- **Medical History:** Type 2 diabetes for 15 years, hypertension, diabetic neuropathy
- **Lifestyle Factors:** Sedentary lifestyle, inconsistent diet, occasional alcohol use

3. Clinical Presentation

Mr. B. was admitted to the outpatient clinic after experiencing dizziness, blurred vision, and increased thirst. Blood glucose levels measured at 365 mg/dL. He appeared tired but alert. When the physician recommended starting insulin therapy, Mr. B. refused, stating he did not want “to depend on injections for life.”

4. Patient Assessment

Assessment revealed dry skin, delayed wound healing on the lower leg, and tingling sensations in both feet. The patient admitted to skipping metformin doses and consuming sugary snacks daily. Emotional evaluation showed fear of needles and distrust toward long-term medication. His understanding of diabetes complications was limited, and he believed dietary changes alone would reverse his condition.

5. Nursing Diagnoses / Problems

1. Ineffective health management related to refusal of insulin therapy
2. Knowledge deficit regarding diabetes and long-term complications
3. Risk for unstable blood glucose levels related to poor adherence
4. Anxiety related to misconceptions about insulin and loss of control
5. Risk for infection related to impaired circulation and high glucose

6. Nursing Care Plan

Goal 1: Address misconceptions and reduce fear about insulin use

- Provide simple, factual explanations about insulin's role in glucose control.
- Use visual aids to show how insulin supports rather than replaces natural function.
- Discuss side effects and safety measures openly to build trust.

Goal 2: Encourage informed decision-making

- Allow the patient time to express beliefs and concerns without interruption.
- Provide educational materials in written form for home review.
- Offer follow-up appointments for further discussion.

Goal 3: Support alternative management while maintaining safety

- Reinforce consistent use of prescribed oral medications.
- Educate about meal timing, carbohydrate control, and hydration.
- Monitor glucose regularly and track trends for future evaluation.

Goal 4: Promote psychological comfort and empowerment

- Encourage emotional support through counseling or diabetes support groups.
- Reinforce patient independence in decision-making.
- Focus on collaboration, not confrontation, to maintain rapport.

7. Implementation and Documentation

The nurse initiated multiple education sessions using diagrams and real-life examples of diabetic care. Each visit included glucose checks and discussions on daily habits. The patient was encouraged to record blood sugar levels in a home log. Emotional reassurance was provided to reduce fear of injections. All education, patient responses, and follow-up plans were documented in detail.

8. Evaluation

After two weeks, Mr. B. continued to decline insulin but demonstrated improved adherence to diet and metformin. Blood glucose levels decreased slightly to an average of 250 mg/dL. He expressed willingness to reconsider insulin if lifestyle changes did not achieve desired results. The outcome reflected progress in understanding and self-management, though full adherence remained incomplete.

9. Ethical Considerations

This case presented a direct ethical conflict between autonomy and beneficence. The patient's right to refuse treatment was respected, but education and guidance continued. The nurse maintained professionalism, ensuring Mr. B. understood potential risks without coercion. Informed refusal was documented after confirming comprehension. Empathy and honesty guided every interaction.

10. Reflection

Refusal of care challenges the nurse's role as both educator and advocate. The experience showed that persistence with respect often leads to gradual change. Building trust takes time, and effective care sometimes means accepting slow progress rather than immediate compliance. Autonomy, when honored thoughtfully, strengthens the therapeutic relationship and encourages future cooperation.