Ethics and Approach to the Patient in the ICU

prof. PhDr. Ivica Gulášová, PhD. PhDr. Lenka Görnerová MUDr. Ing. Ján Breza ml., PhD.Prof. MUDr. Ján Breza, DrSc.

Summary

Patients in critical condition are sensitive to Ethical issues because they are completely powerless; this means that they do not have any control of their situation. Patients are dependent on Healthcare Professionals and their expertise and their moral qualities which include accountability, accuracy and thoroughness. In patients in critical condition many Healthcare Workers, who in conditions of stress, rotate to make and execute interventions saving patient's life. Therefore, it is necessary to create a good working atmosphere and smooth collaboration between those who control patient's fate. Such work atmosphere is dependent on the high expertise of Health Professionals because essential accuracy comes from them. Following serious operating interventions and in immediately life-threatening conditions, patients can be in a bad mood, sad and/or depressed. Therefore, it is necessary there be constant contact of the staff with the patient to make him/her certain that in any unexpected emergency situation help is at hand. When caring for patients in critical condition, the personal morality of staff is most often revealed. With post-operative conditions, accidents and sudden episodes there is associated acute pain of high intensity. It is unethical if the patient suffers unnecessarily and staff cannot ease the pain because every individual has the right to prevent and minimize his/her suffering and pain in all stages of disease.

Keywords Ethics, approach to patient, ICU, Nurse, Ethical issues in the ICU, Intensive Medicine

Ethics and Approaches to a Patient

Ethics (from the Greek word Ethos - run to the light, course of correct action, right attitude) is thinking about the correctness of morality and its regulations; addressing in particular the accuracy of the requirements of morals in various situations and areas.

• It is the branch of Philosophy that attempts to determine how human activities can be evaluated as right or wrong.

• The Principle of all Morality is to "do good" and "avoid evil".

• It is a discipline whose subject is Morality.

• It is practical Philosophy.
• It is part of the Culture of Society (Anzenbacher, 1994)
Originally Ethics meant living place determined by society or origin.

The Subject of Ethics Can Be Divided into the Following Sections:
• Normative Ethics
• MetaEthics
• Practical Ethics
• Heteronomous Ethics
• Autonomous Ethics - a person alone defines their own Ethical Principles
• Individual Ethics - deals with the moral profile of individuals
• Social Ethics - Ethics of social groups
• BioEthics

Normative Ethics asks questions that are directly related to the criteria and standards of proper and improper (bad) behavior.

MetaEthics is the examination of the second stage of the essence of Ethical Discourse itself.

Practical Ethics examines specific situations and decisions complexly or within the field (Professional Ethics).

Heteronomous Ethics - Ethical Principles are given from the outside, by Social Authority or by Higher Authority respectively (Anzenbacher, 1994).

BioEthics separates discipline that studies the Ethical Issues associated with the creation and end of life and with life itself.

Medical Ethics is Normative Ethics without clear binding Rules and Principles.

Ethics of Law - Theory according to which are first determined Rights or Moral Demands of individuals and then the hierarchy of those Rights. The advantage is the respect to importance of the Moral Rights of individuals; the disadvantage is that this theory does not determine how to proceed if the rights of individuals come into conflict with each other.

Ethical Theory - Process in which we collect information and mutually competing values and interests and formulate a response to the question "What should I do?"

Morality - A summary of the ways in which individuals in a society express all habits, customs, standards, laws and everything that should make human life easier with given decision making formulas and to regulate the way of life of the individual in society. It is a prerequisite for social life; it gives us confidence what we can expect from others; gives borders to our free behavior and acting. It gives us a sense of security.

Ethical Theory aims to create mechanisms to solve our moral problems in which three Principles apply:
• **Value of Life** - the value of the Moral

• **Quality of Life** - a subjective feeling when we ourselves are making an approximate idea which is influenced by our experiences and attitudes

• **Sanctity of Life** - results from religious attitudes (Munzarová, 2005)

The values of people are changing in their lives, mainly with regard Health status and values we consider to be secure; we may not realize that a change can occur.

"*Ethics has to deal with three opponents - with the absence of thinking, with selfish self-preservation and with society.*"  (Albert Schweitzer)

**Intensive Care Medicine** is an interdisciplinary Medical field dealing with the monitoring of patients whose vital signs are failing; with acutely ill patients; with subsequent use of appropriate diagnostic and therapeutic procedures to improve the quality of life. A multi-disciplinary approach in the care and treatment of critically ill patients is required. Health Workers in Intensive Care implement treatment and care of the critically ill and try to contribute to restore a previous state of Health and quality of life (various authors, 2007).

In critical situations, they are very often confronted with the issue of death and dying which require attributes of dignity. The treatment of critically ill patients places increased demands on them and they are at increased risk of mental and physical stress. Nurses working in an Intensive Care Unit (ICU) are put under intense demands because they must be able to respond immediately to any change in a patient's Medical condition which can negatively affect their mental, physical and especially emotional states. Nurses must make interventions which are unpleasant and repulsive and come with pain and death, suffering, depression, uncertainty, and for severely ill patients who expect much more than just a good attitude and effective communication. Long-term effects of chronic stress can have a destructive effect on Nurses. She/he can become unpleasant to the patient; to her/his associates; dissociate from her/his surroundings; withdraw to solitude; reduce working efficiency. These Nurses can feel physically, emotionally and mentally exhausted; social roles become a burden which comes to the point that we can define as **burnout**. It is a serious Psychological and Medical problem affecting quality of life and performance. Its symptom is the loss of energy and ideals which in turn leads to stagnation, frustration and apathy. Burnout causes Nurses to lose interest in the people with whom they work and to emotional dryness in relation to patients. They do not feel pity for the patient and do not have the necessary respect.

**ICU is mainly used for:**

- Children who are staying in hospital and a sudden and serious deterioration in their clinical status occurs during hospitalization.

- Children on whom was performed procedures under general anesthesia (Bronchoscopy, Surgery) and there were complications that require intensive care or emergency treatment

- Patients who were transferred from another Healthcare Facility and need intensive care

- For pediatric patients in limited number from our catchment area.
On ICU are treated patients:

- With diseases of the central and peripheral nervous system
- With neuro-muscular diseases
- With disorders of consciousness and seizures
- With headaches
- With degenerative and demyelinating diseases of the nervous system
- With dementia
- With various causes of dizziness
- With diseases of peripheral nerves
- With neurological damages (Šimko, Babík, 1997)

Types of JIS
Specialized Types of ICUs include:

- Neonatal ICU
- Children's (Pediatric) ICU
- Psychiatric ICU
- Coronary Unit (Coronary ICU) for Cardiac Events
- Cardiac Surgery ICU
- Cardiovascular ICU
- Mobile ICU
- Surgical ICU
- Orthopedic ICU
- Gynecology and Obstetrics ICU
- Internal ICU
- Night-intensive Recovery ICU (for operations with short-term hospitalization)
- Neurological ICU
- Burns ICU
- Accident (Trauma) ICU
- Respiratory ICU
- Geriatric ICU
- Metabolic ICU
- Infectious ICU
- Neurosurgery ICU
ICU Patients (ICU Patient Concept)

As a result of a serious Health condition, a patient placed in such an environment, either as a result of the planned intervention when he is informed ahead about the possibility of ICU hospitalization or suddenly due to the deteriorated Health or other complications requiring surgical intervention.

Perceptions of patients differ mainly in connection with their previous experience with a stay in hospital. For some, the word ICU is characterized as a lot of tubes, monitors and whistling pumps. For another, who has already met this environment, it can be continuous monitoring, noise, direct contact with the Nurse or interference with privacy and intimacy. As a result, it is a most unpleasant experience for everybody.

These patients are usually continuously ECG monitored where electrodes must be attached to the chest; at intervals vital signs are monitored; state of consciousness which is needed to determine whether the patient is disoriented or whether response is adequate; whether the patient does not show dysarthria; failure of expression as a phatic disorder; whether pupils are of the same size; how much the patient drinks and urinates; when he was on the toilet; monitors the condition of his/her skin; and proper hygiene which usually is not done herself/himself but assisted by a Nurse. All these performances are major interventions into intimate spheres of the patient and they can be most disconcerting; she/he is subjected to constant commands of Nurses because she/he agreed with intervention and in this consent without having any idea of what it in the true sense involves (Dobiáš, 2007).

At this point, it is a Nurse who would be closest to her/him and most helpful; in this moment; a Nurse has to look at the patient as at a passive entity who submits to decisions, commands and care of Health Workers.

The most common problem we encounter in those workplaces (open type, e.g. ICU with 6 beds) is to provide privacy. For many of us, as for Health Professionals, it's a normal routine; to the patient the exposure of their body is an unpleasant experience. We apologize that in connecting a monitor, a patient is often uncovered to our eyes for minutes without us realizing our intrusion. Very often, the fact that these ICUs are mixed, with men and women, is ignored and we often forget that we may expose a patient to other patients.

Another common problem is shame. We are people of different natures and thus we are unique individuals. Some patients have problems to share their intimate wishes with anyone they know for only a very short time. This applies particularly to discharge of bodily fluids or matter. A very common problem in this type of open ICU is that patients initially obtain information where they can go to the toilet but after surgery, due to complications, they cannot leave their bed. After the introduction to the bowl they often refuse to eat and drink. It can be a big problem to explain to men that the only way to empty is into the bowl - it is often an humiliating feeling. Unfortunately, our ICUs have not a toilet and it is nearly impossible to ensure privacy for the individual patient. The patient can feel "impossibly" embarrassed in front of other patients and before staff. Often there is also a blunder on the part of Medical personnel who often solves this problem publicly and loudly regardless of
the personal shame to the patient. We can encounter this sensitive subject in the care at every moment (Kapounová, 2007).

During examination by a Doctor, the Doctor takes it for granted to uncover the patient's chest; during the application of permanent catheters is also done during visits which interferes with their discussions; often regardless of whether the patient likes it or not; Nurses should encourage Doctors to support the family of the patient.

There can be a lack of empathy; the ability to empathize with the situation in which patients are confined. It is an art for Health Care Professionals and very few of them ask questions: "How would I feel if I was in that position? What would I need most? What would help me the most?"

Empathy, respect and authenticity are referred to as basic factors for easier building of relationships. For Nurses, these are prerequisites to focus attention on the patient and everything connected with her/him. For a good Nurse, not only would it be the goal that she understands the patient and addresses the patient’s problem, but should think about it as a personal confidence (secret); as something that is shared between her/him and the patient; and the patient should see a human person with approximately equal feelings and needs.

A patient’s revelation is necessary and essential communication. Already, at the first contact with the patient, our behavior matters. The patient comes to the hospital, often for the first time in her/his life; she/he is full of fear, emotions and often perceives surroundings more sensitively than we can imagine.

The Health Professional in Departments moves with complete authority as they are in an environment they are familiar with.

Communication is defined as the human ability to use means of expression, both verbal and non-verbal; to create and maintain interpersonal relationships. Communication is made through media process in which a human being reveals their emotions, will and thoughts and communicates information. Communication with a patient is an important component of professional conduct, which is such form of expression that is characteristic of particular professions and which develops throughout its duration.

A person needs to talk; there needs to be someone who listens; there needs to be is a sense of belonging with other people. Communication often, however, carries risk of misunderstanding, condemnation or disappointment.

Today's Medicine has somewhat shifted the traditional role of the patient and his/her family. From a passive consumer of Healthcare, a person needs to become an active participant in the efforts of Health Professionals to maintain or return to their own Health and self-sufficiency in basic daily activities.

The traditional relationship of Health Professionals to the patient and his family was mostly characterized by an authoritarian approach. This is not the best way if we want to participate
in the recuperation of the patient together with the family. It pre-establishes a relationship of domination and subordination which is antithetical to a healing partnership.

This partnership is characterized by (according to Křivohlavý, 2002):

- Authority and truthfulness in relation to the patient and those close to her/him
- Dignity and respect to the patient and those close to her/him
- Understanding and empathy for the patient and his loved ones

A Nurse must realize the distortion of stereotype by hospitalization; separation from loved ones; change in eating habits have a negative impact on patients. From this implies that treatment for patients puts extraordinary physical and mental demands on Nurses. What approach constitutes proper provided care? Nurse activates patients due to their reduced self-sufficiency and often satisfies their biological needs. It is important to support them in their state of helplessness, emotional suffering and psychological burden to awake in them again a taste for life.

When it comes to Medical Staff, there arises the demand for an individual approach to patients. If an individual approach is missing, work of Medical Professionals loses efficiency and Healthcare Professionals cannot take advantage of their contact with the patient in effective treatment. In relations to the patient, Medicine is limited by orientation on the technical aspects of treatment; routine paperwork; often associated with a lack of thoughtfulness; expertise and superiority to professional fatigue and stress (Gulášová, 2008). This leads to problems, failures, conflicts and disagreements. Very often there appears a vicious circle of routine ways of working; tapered dealing with patients; problems in relationships with them; unmet performance results; discontent over themselves and with the work performed.

Nurses and Ethical Issues

The assessment of whether Nurses solve Ethical Problems also is difficult because it is not easy for them to determine what the Ethical problem actually is. When questioned what Ethical Issues they face, Nurses have problems to answer; they do not know exactly; and they do not perceive many problems as Ethical problems. A typical example of a conflict of values when treating patients is the positioning of patients against their will. Nurses questioned over this issue spontaneously did not think about it; they usually do not use the terminology of principles and values but are following nursing standards, treatment procedures or prevention of pressure ulcers.

Nurses feel that if they have to make decisions in cases of so-called "great moral dilemmas" such as questions of euthanasia; disconnecting of life-sustaining apparatus; abortion; organ donation; assisted reproduction; etc., they should have the power - "No one asks them and the Doctor there always eventually decides". On the other hand, they perceive that Doctors sometimes decide against the wishes of the patient or they do not provide patients with the ability to make decisions or to choose different options.
Nurses can of course use and combine different methods when solving problems. They can use the usual method of solving problems when providing the care through the nursing process or they can use models that offer assistance in examining the values and defining of needs of the client.

The Issue of Whether Nurses Address Ethical Issues Can Be Viewed From Two Angles:

• Whether Nurses systematically participate in the searching and identifying of problems; carry out analysis; plan interventions; implement activities that would lead to the solving of a particular problem or to prevent further problems (Gulášová, 2008).

• Slang expression of the fact that something is bothering me; that I cannot put up with it; that I am thinking about it; I'm not sure if I have enough power or powers to deal with this situation (Linhartová, 2007). In problem solving procedures, Nurses, of course, can use and combine different methods. In providing care, they can use a routine method of solution using the nursing process or can use models that offer support in examining the values and defining of needs of the client.

The most common problems reported by Healthcare Professionals are lack of time; the attitude of Doctors toward patients and Nurses; the general behavior of Nurses toward patients and toward each other.

Most Nurses in the Czech Republic do not recognize the theoretical models of Ethical Deliberation. Nurses solve Ethical problems in their daily practice. We can then say with certainty that our sisters "deal" with Ethical problems, at least in the sense that they reflect on the behavior of Health Workers, although they often judge more critically the behavior of 'others' than their own behavior. From my own experience they are familiar with the sense of moral distress.

The term moral distress was first used in 1984. Author Andrew Jameton defined moral distress as the suffering experienced by Nurses when the circumstances or environmental conditions of the work environment do not allow them to act as they feel is Ethically correct (Vacínová, Langová, 2011). In the Czech Nursing Literature, the term moral distress does not appear, but it is, however, well known as burnout which is one of the manifestations and consequences of moral distress. Foreign Literature shows that Nursing Ethics, in addition to Abstract Principles, mainly deals with relationships between Health Professionals and patients and the Health Professionals themselves. Verena Tschudin in her book Approaches to Ethics - Nursing Beyond Boundaries states:

All nursing care is Ethical care and even the way we greet the patient counts.

It is also important to remember Patient’s Rights. Patient’s Rights are derived from Basic Human Rights. The Universal Declaration of Human Rights was issued in 1948 as a guarantee that there was no repetition of the abuse of Medicine which occurred during World War II. Patients’ Rights were defined in 1950s of the 20th Century in the USA and Western Europe. The reasons were economic growth; education of the population; the interest of patients in information. Simultaneously, these aspects led to the fact that a personal approach
to the patient was lost; the disclosure of sensitive information; the related issue of protection of personal data of patients.

Basic Regulations that govern the issue of Patients' Rights in the Czech Republic is The Convention on the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine from 1997 (in force from 1 October 2001). This Convention contains basic Principles such as respect for human dignity; protection of the integrity of the individual; patient's consent with the intervention; privacy; prohibition of the use of the human body and its parts for commercial or other purposes.

We also consider it necessary to remember other legislation that relates to the position of patients; The Declaration of Basic Rights and Freedoms; notably the right to life, personal integrity and privacy; personal freedom; human dignity; and Health protection (Kyasová, Chalupová, 2001). Let us remember them.

**Fundamental Rights of Patients**

- The right to free choice of Doctor
- The right to accept or refuse treatment after he is adequately informed
- The right that the Physician will respect the confidential nature of his Medical and personal details
- The right to die with dignity
- The right to expect that the hospital, according to its ability, adequately accommodates the patient’s request to a degree appropriate to the nature of the disease
- If necessary, the patient can be transferred to another Healthcare Facility or transported once she/he has been given full information about the justification and necessity of the transfer and other options that may exist. An institution that should take over her/him must first approve it.
- The right to expect that his treatment will be conducted with reasonable continuity. She/he has a right to know which Physicians, in which surgeries, in which working hours, and at what place is available to her/him.
- The right to accept or decline spiritual and moral comfort
- The right to detailed and comprehensible explanation if the Physician decides to use an unusual procedure or experiment. Written informed consent of the patient is a prerequisite for the initiation of therapeutic and non-therapeutic research. The patient may at any time and without cause withdraw from an experiment when she/he has been informed of the possible Health consequences of such a decision
- Close to the end of life, has the right to sensitive care from all Health Professionals who have to respect her/his wishes if those wishes are not in conflict with applicable laws.
• The right and responsibility to know and follow the rules of Medical Institutions where they are treated (Hospital Rules). The patient will have the right to check her/his billing account and require justification of its items regardless of the source of payment.

It is worth recalling that in Article 9 of The Convention on Human Rights and Biomedicine it is written: "There will be taken account of the patient's previously expressed wishes relating to a Medical intervention if a patient is at the time of the intervention in a state to express her/his wishes." (Gulášová, 2009)

What Can We Say in Conclusion?

Perhaps we can recall some words from The Code of Ethics for Nurses:

A Nurse has a duty to take care of Health, to prevent illness, to restore Health and to alleviate suffering. An essential part of Nursing is respect for Human Rights, as the Right to Life, to dignity and to be treated with respect. We should not forget that Nursing Care is not limited to age, gender, skin color, nationality, political affiliation or social status. A Nurse respects confidentiality, protects confidential patient information and shares this information only with the consent of the patient and the Doctor. She is involved in the initiation and promotion of activities aimed at the fulfillment of the Health and social needs of citizens. She follows the rules of etiquette, is required to provide the highest possible level of Health care, etc.

Conclusion

It is necessary to highlight the need for an individual approach to each patient/person; it is necessary to identify needs and assist in their satisfaction; ensure security and safety; know the whole person, her/his background, interests, abilities from which she/he derives their dignity, self-determination and self-confidence; promote his/her self-sufficiency and independence; have respect for his/her privacy and intimacy.

Each patient is an individual, and during hospitalization, a partial degradation of his personality occurs.

Every day, we should think about the fact that a woman/man who lies before us also has her/his own feelings and wishes; that we are not just robots set to the same program; it is not any shame to show our understanding. We will be support to these patients and no scarecrow for other days. Sometimes where our patients are there, we can be there, too.

Everybody should endeavor, in the environment in which she/he lives, to manifest to her/his surroundings the true humanism on which the future of humanity depends!

References

ISBN 80-7113-111-3
