

Commentary

Caring the unconscious patients; Ethical perspective

Abstract

Care of unconscious patients is a big challenge for nurses because they are dependent on nurses and cannot do anything independently. These types of patients are a more vulnerable group and are prone to harm (1). Nursing care of an unconscious patient with inappropriate nursing skills and knowledge impairs the patient's health outcome and quality of care (2). Strong psychomotor and intuitive skills are imperative to handle these patients because they cannot verbalize their needs. Patients with chronic illnesses are at risk for discrimination so respect and dignity of these patients may be affected so nurses should avoid and minimize harm, disgrace, abuse, or violence (3). The nurse should deal with the unconscious patient in a very companionate manner as they cannot verbalize their feelings. To give respect and dignity to such patients is the ethical and moral responsibility of the nurse.

Keywords: Care of patients, chronic illness, Ethics of care, Theory of Deontology, Non-maleficence / Beneficence.

Introduction

Theory of Deontology

The theory of deontology by Immanuel Kant stated that each action's morality is based on the rightness or wrongness of action that was done, not on the consequences of that action. The

action should be morally and ethically right not depending on the positive or negative result of that action(5). According to Kant, we should not treat our patients as objects. Caring for a patient we should always consider that the action we are doing is morally and ethically right as a nurse and as per the theory of deontology our actions should be morally right.

Non-maleficence /Beneficence

Non-maleficence is a principle of ethics means that not to give any harm to an individual, while the beneficence principle says that giving benefit to the individual or protecting someone from the harm or removing someone from the harm. Commonly obligation of non-maleficence is greater than the obligation of beneficence and non-maleficence can affect beneficence(5).

The rules of non-maleficence and beneficence are violated when the nurse fails to prevent, remove harm, or directly give harm to the patient as in the scenario the senior nurse is violating the principle of ethics; non-maleficence, and beneficence.

Non-maleficence obligates to avoid unnecessary pain, suffering, or any type of physical, emotional, or psychological harm to the patient(6). Health welfare and safety of the patient is the primary commitment of the nurses so caring, compassion, and protection of patient includes in this commitment(American Nurses Association). In critical care, beneficence sometimes conflicts with other principles of ethics, and other principles may be violated.

Nurses are responsible for providing health promotion, protection, safety, and advocacy for the rights of the patient. To prevent harm and promote a benefit to the patient is the legal, ethical and professional obligation of the nurse (6).

Every human has self-respect and dignity and the community as a whole or single person is responsible for giving respect and dignity to every person. In the scenario, the nurse was violating these rules and while giving beneficence to the patient was overriding the principle of non-maleficence.

Conclusion

It is concluded that unconscious patients or patients with chronic illness are may be prone to be harmed by the caregiver. But the moral and ethical principles of the biomedical ethics guide and also stress on all the morality of an action that every HCP is responsible for doing the right action. This is the obligation of the HCP to give benefit to the patient and protect from harm and violence.

Recommendation

There should be seminars and sessions on safe care provision to the chronic and critically ill patients for the HCP in the hospital.

There should be more focus on the course of biomedical ethics in nursing and other medical fields.

The more educated and advanced knowledge nurses should be hired in the critical area for the care of chronic and seriously ill patients.

The zero-tolerance policy for patient harm should be implemented in every health care setting.

The person who witnesses this unethical and harmful practice should be encouraged to disclose this event with high ups.

Scenario

“Once I was sent to another unit as a reliever for duty, a patient in an unconscious state was on a ventilator. The senior staff called me for help to change the patient’s dress and give hygienic care to the patient. While giving hygienic care and changing the dress, the senior nurse aggressively moved the patient to the side and the patient was hit hard on the side rails. I requested him to be gentle, but he replied that the patient is unconscious and does not feel any pain.”

I believe that every patient must be treated and cured compassionately and respectfully as it is the duty of all healthcare professionals and the patient's rights. A major nursing goal is to provide comfort and well-being to the patient and providing the best nursing care to them is his right also (4). Nurses must deal with all the patients as humans in very respectful ways following moral and ethical values while caring for the patient. When a nurse follows one ethical principle, so he or she may violate the other principle of ethics so it is important to consider and follow all ethical principles during the practice. In the scenario, the nurse is ignoring the basic principle of ethics which is obligatory for him to follow. So the position is further supported by some ethical theory and principles as follows.

References

1. Davoodvand S, Abbaszadeh A, Ahmadi F. Patient advocacy from the clinical nurses' viewpoint: a qualitative study. *Journal of medical ethics and history of medicine*. 2016;9.
2. Recio-Saucedo A, Dall'Ora C, Maruotti A, Ball J, Briggs J, Meredith P, et al. What impact does nursing care left undone have on patient outcomes? Review of the literature. *Journal of clinical nursing*. 2018;27(11-12):2248-59.
3. Mthembu TG, Brown Z, Cupido A, Razack G, Wassung D. Family caregivers' perceptions and experiences regarding caring for older adults with chronic diseases. *South African Journal of Occupational Therapy*. 2016;46(1):83-8.

4. Olausson S, Fridh I, Lindahl B, Torkildsby A-B. The meaning of comfort in the intensive care unit. *Critical Care Nursing Quarterly*. 2019;42(3):329-41.
5. Beauchamp TL, Childress JF. *Principles of biomedical ethics*: Oxford University Press, USA; 2001.
6. Kangasniemi M, Vaismoradi M, Jasper M, Turunen H. Ethical issues in patient safety: Implications for nursing management. *Nursing ethics*. 2013;20(8):904-16.

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