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Ethical Dilemma in Palliative Care

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Introduction

Palliative care is a new philosophy of care that brings new moral concepts with broader applicability to the healthcare setting. It does not fit well into the traditional biomedical model. Consequently, they contend that a moral dimension unique to palliative care can be identified. As Leslie Bender demonstrates, ethics is giving importance and focusing on care, compassion, availability, dialogue and communication, as well as learning the ability to listen carefully to others and to pay attention to the needs of others.

The phenomenology of care has developed into an ethical framework for the work of healthcare professionals, such as nurses, who view care as essential to the treatment of illnesses and the support of patients in need. Being healthy allows one to completely enjoy life and discover new aspects of it. However, the volatility of life, caught between a previous life and an uncertain future, is felt most keenly when disease strikes. The path ahead becomes uncertain, forced, and unavoidable; in these situations, depending on others is usually necessary and typically results in personal misery.

Paradigm shift

According to this paradigm, care often demonstrates an imbalance between the provider and the recipient, particularly at life stages characterized by increased susceptibility and dependence. When making judgments, especially in end-of life scenarios, this disparity frequently puts medical personnel in difficult situations. In the activity of these experts, cultural and philosophical influences, in addition to individual and collective society norms, generate continuous discussions and ethical quandaries.

These conundrums touch on the limits of therapeutic approaches and are rooted in the fundamentals of patient care. Many of the ethical problems that arise in palliative care stem from the inherent tension between the goal of prolonging life and the objective of giving a high quality of life.

Ethical issues

The ethical tenets of beneficence, non-maleficence, autonomy, and justice form the basis of palliative care practice. One crucial component of autonomy is respecting patients' rights to make knowledgeable decisions about their care.

Common ethical issues include communicating a patient's prognosis and potential treatments, managing pain and other painful symptoms, and deciding when and how to provide life-sustaining medications.

Respect

It is a key component of ethical treatment in these situations. It is crucial to respect the dignity of the person receiving care and to listen carefully to the patient's stated values and desires, free from any preconceptions. Concepts of the ethics of care are also used by Schuchter and Heller. They assert that strengthening bonds and encouraging more sympathetic participation are "the solution" to a moral dilemma rather than evaluating deeds according to moral standards.

Speaking the truth

Speaking the truth is essential to sustaining autonomy. The majority of patients want complete knowledge, albeit this may diminish as their lives come to a conclusion. A physician should be able to determine the patient's wishes and provide information in an open and considerate manner. In today's healthcare system, paternalistic withholding of a life-threatening diagnosis from a patient is unacceptable unless the patient has informally requested it or is incapable of comprehending and using the knowledge.

Respect for individuality and decision-making

Autonomy respect is not the same as choice. "Would you like to die at home. Respecting autonomy is demonstrated by outlining all the ramifications of such a choice, making sure the patient is capable, and making sure they understand all the significant ramifications. Instead of making a simple choice, the doctor must make sure that decisions are founded on autonomous action, requiring complete information, independence from pressure, and the requisite capacity.

Beneficence, Non-Maleficence

While the concept of beneficence mandates that healthcare personnel behave in their patients' best interests, the principle of non-maleficence emphasizes the need of minimizing harm. Treating every patient equally and fairly is central to the concept of justice. When working with complex issues and a diverse patient population, it might be difficult to operationalize these ideas in practice.

Guidelines and a framework for making decisions

Many ethical conundrums begin with an individual's right to self-determination. The Mental Capacity Act of 2005 include attention on patient choice have highlighted the limitations of respecting autonomy. The physician must acknowledge these boundaries while keeping in mind their other obligations to use resources fairly and to help the patient rather than hurt them.

Refusing and discontinuing therapy

Decisions on whether to withhold or withdraw treatments or treatment are frequently at the center of ethical quandaries involving ending handling these conversations in a compassionate manner. -of-life situations. The correct course of action is obvious when the patient and the doctor agree that there is no benefit in continuing or beginning a new intervention; however, the doctor must be skilled.

Dysthanasia

One enters the field of ethical care, which aims to prevent dysthanasia, by making the distinction between required and fruitless actions. The idea that palliative care allows death to occur naturally rather than speeding upon delaying it is a fundamental component of the practice. Dysthanasia is the practice of prolonging a patient's life unnecessarily and causing them needless agony. This has become a major ethical conundrum in the modern day due to the quick advancements in science and technology.

Additional issues

The appropriateness of cardiopulmonary resuscitation for patients receiving palliative care, the prudent use of drugs such as continuous sedation or end-of-life antibiotics, opioid difficulties (from under treatment to overuse and even opioid phobia), and negotiating the complicated waters of patient autonomy through advanced directives (AD), particularly when they clash with family wishes, are some possible problems. Because of the obvious dependency and stark inequality between the care and the beneficiary, the ethics of end-of-life care become especially clear. As observed in patients under profound sedation, the person getting care may frequently sense diminished autonomy or even a total loss.

A physician might be warranted in either withholding or discontinuing a treatment that ultimately leads to death in these circumstances: the patient has autonomously chosen to refuse consent for a life-preserving intervention the negative effects of a treatment surpass any possible extension of life the proposed treatment is deemed ‘futile’ – it will not fulfill its intended purpose (though, by strict definition, a genuinely futile treatment would, in fact, not affect outcomes).

Moral obligations

No matter their expertise, doctors have always had a moral obligation to provide palliative care, which is the thorough, organized, and focused alleviation of pain and suffering in patients who are terminally ill or incurably sick. This moral duty is now more crucial than ever for a number of reasons: The Supreme Court has expressed unwavering support for adequate pain relief, even though it denies a constitutional right to assisted suicide, doctors continue to provide insufficient pain relief, public opinion is growing more accepting of assisted suicide when patients are thought to be in unbearable pain, and palliative medicine has emerged as a field of expertise in and of itself.

As frontline healthcare professionals who attend to patients' physical, emotional, social, and spiritual needs, nurses play a crucial role in the delivery of palliative care. The intricacies of palliative care may lead to moral conundrums that profoundly affect nurses' judgment and interactions with patients. Therefore, to improve the care provided in these settings, it is crucial to learn how nurses see ethical concerns, quality of life, and adherence to patient.

Challenges

The principles of ethics posed difficulties in understanding the complex ethical issues in a developing country with a traditional background. Ethical issues need to be handled delicately and sensitively in palliative care settings, within the framework of the traditions and culture of the society and financial constraints. The possible role of ethics committees in palliative care settings to help decision-making needs to be studied and discussed.

Lack of Uniform rules for guidelines

Health care organizations frequently lack uniform rules for guidelines, systematic ethics education, and frameworks of ethical support for their staff people who are responsible for making the decisions, despite the growing demands for competent ethical judgments. Given this, it is not unexpected that a large number of medical professional's experience stress-related illnesses.

Influence of family members

It was noted that patients' preferences and decisions are influenced by family members. Dilemmas leave the professionals and families confused about how ethical their actions have been. Specific ethical issues were noted in relation to the availability and use of oral morphine for pain relief, spiritual care, lack of adequate palliative care services, and palliative care education.

Crucial role of Advance Directives (ADs)

Regardless of the underlying diagnosis or stage of sickness, palliative care is a comprehensive approach that seeks to improve quality of life by relieving pain and other painful symptoms, according to the World Health Organization (WHO). Therefore, this expansion necessitates the creation of advanced care techniques that handle a wider range of palliative care ethical challenges while respecting patients' choices and enhancing their well-being.

Advance Directives (ADs) are one of the most useful tools for people who are unable to communicate their thoughts. These provide a means of obtaining and respecting the patient's particular desires with regard to medical decisions. In order to help the patient, make informed decisions, creating such directives requires a thorough grasp of the condition and candid communication with medical specialists to remove any doubts about possible interventions and treatments.

Summary

The ethical standards made it challenging to comprehend the many moral dilemmas in a growing nation with a traditional heritage. In palliative care settings, ethical issues must be handled with tact and consideration, taking into account societal customs and cultural norms as well as budgetary limitations. It is necessary to research and talk about how ethical committees could support decision-making in palliative care settings.

It is the doctor's duty to cultivate and uphold an efficient method of making moral decisions and the ability to carry out the right moral course of action. Experience and understanding of specific conditions and their effects, as well as superior communication and teamwork abilities, are essential components of this process.

It is clear from the insights offered that ethical quandaries in caregiving behaviors arise from worries about the nature of human existence, which result from one's innate fragility and dependencyAs a result, interpersonal ties and a trans individual viewpoint give rise to the ethics of caring.

Ethical care is the result of acts that are customized to meet the needs oof another person, with an emphasis on their general well-being and quality of life.

When one is forced to select between options that are equally desirable or undesirable, an ethical dilemma occurs. Before a decision is taken, each circumstance must be analyzed, discussed, and reflected upon. These conundrums are frequently seen as an unavoidable part of healthcare, frequently transcending deontological frameworks and including the individual experiences of every practitioner.

It might be challenging to identify the essential requirements for a person's wellbeing toward the end of their life. Encouragement of patients to describe what they consider to be a dignified and serene life is the best course of action.

Mortari asserts that the fundamental nature of ethical care is proactive and protective, with an intrinsic tendency toward the larger good. As a result, forceful therapeutic approaches that only prolong life—while intensifying pain and suffering—are avoided in the context of ethical care.

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