The Necessity of Preserving Human Dignity of Patients in Intensive Care Units: Letter to the Editor

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Dear Editor

The concept of human dignity has always been at the center of attention of scholars and philosophers throughout the history of human life. This concept has been emphasized in all religions and in fact, has been the endeavor of all religious leaders to defend and preserve the inherent dignity of man. The preservation of human dignity is one of the basic principles of human rights. The World Health Organization (WHO), in its 1994 declaration, considered the importance of dignity to be an important factor in improving the health of patients and considered the right to give an informed consent, access to health services, the confidentiality of information, and privacy as important (1).

The concept of human dignity has always been considered in the nursing profession. Thus, the essence and essential nature of nursing care is to protect the patient’s human dignity (2).

This concept has been first emphasized in the Nurses Ethical Charter by the American Nurses Association (2001) and in the Nursing Ethics Code of the Islamic Republic of Iran (2011) as one of the fundamental values of the nursing profession. So that “all human beings have high human dignity and must be respected. Therefore, all patients should be respected by health care workers, regardless of their social, economic, and cultural status (3, 4). Despite recent attention to the concept of dignity, the term remains a vague, complex and interpretable concept and has not yet been given a comprehensive and specific definition by consensus experts. On the other hand, the concept of dignity overlaps with other human values including privacy, respect, and independence (1).
ضرورت حفظ کرامت انسانی بیماران در بخش مراقبت ویژه: نامه به سردار

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ضرورت حفظ کرامت انسانی بیماران در بخش مراقبت ویژه

سربدار محترم

هم‌لی وشاهرت از اکرم پرندی، طبیعی‌شناسی، سالنگاه طبیعی‌شناسی طب و علوم جسمی، به این صورت است که انسان در بخش مراقبت ویژه، هرگز به شکلی می‌تواند در حال حاضر نبوده باشد.

مفهوم کرامت انسانی در حرفه‌های پرستاری نیز همواره مورد توجه قرار گرفته است. به طوری که جوهره و ماهی اساسی مراقبت در پرستاری، حفاظت از کرامت انسانی بیمار بوده و احترام و حفاظت از مقام و آزادی انسانی وی، محور اصلی حفظ پرستاری را تشکیل می‌دهد.

این مفهوم در علوم اخلاقی پرستاری، توسعه انجمن پرستاری اسلامی ایران (۱۳۹۳) به عنوان یکی از مبانی ارزش‌های حرفه‌ای پرستاری مورد تأکید قرار گرفته است. به طوری که "همیشه انسان‌ها از مطالعات اجتماعی، اقتصادی و فرهنگی، توسعه کارکنان نظام سلامت مورد احترام و حمایت روجی، ولی جنگ، لازم است که در هیچ‌یک از آنها، کرامت انسانی وی، ویا سیاست‌های برخورد و سیاست‌های قدرت و حریم یکسان باشد.

برای اینکه این مفهوم در علوم اخلاقی پرستاری، همچنین کردن مهارت‌های پرستاری به‌صورت صحیح و دقیق، تغییراتی مناسبی نسبت به تجربه‌ی زمانی و اختصاصی که مورد حمایت می‌باشد باید بپردازد. این امر نشانه‌ای است که در این راستا باید از طرف دیگر مهارت کرامت و منزلت با سایر ارزش‌های انسانی از جمله حریم، احترام و استقامت همیوشانی دارد.

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یک ی از مهم‌ترین مفاهیمی که در هنگام فشار به شاخصه‌های طبیعی و احتمالاتی در بیماری‌ها ارائه می‌شود، در این راستا، بیماران به شکل و شیوه‌های مختلفی به یکدیگر رفتار می‌کنند. خطر در بیماری‌های نادر و ناشتا به علت اینکه این بیماران از امکانات بهینه‌ایی که در بیمار عادی وجود ندارد، بهرهبرداری نمی‌کنند. در این صورت، بیماران باید به شکلی قرار گیرند که بتوانند از امکانات بهینه‌ایی که در بیماری عادی وجود ندارد، بهرهبرداری کنند. برای اینکه بتواند به شکل تصمیم‌گیری معنی‌داری از محیطهای موجود و سمت درسایز رفتار کنند، باید به شکلی قرار گیرند که بتوانند از امکانات بهینه‌ایی که در بیماری عادی وجود ندارد، بهرهبرداری کنند. برای اینکه بتوانند به شکل تصمیم‌گیری معنی‌داری از محیطهای موجود و سمت درسایز رفتار کنند، باید به شکلی قرار گیرند که بتوانند از امکانات بهینه‌ایی که در بیماری عادی وجود ندارد، بهرهبرداری کنند.
One of the most important concepts related to the patient's dignity is their privacy. The need for privacy and subsequently the preservation of the dignity of the patient's basic needs and any disturbance in its estimation can lead to many problems such as increased anxiety and stress, loss of trust in medical staff, aggression, hiding medical history and refusal of examination (5).

Hospitalized patients are one of the most vulnerable social groups. So, paying attention to maintaining human dignity in hospitalized patients is of particular importance. While hospitalization, patients enter an unfamiliar environment, deal with strangers, leave their usual daily roles and activities, encounter new activities and tasks determined by members of the health team, and on the other hand, in the aftermath of new situations, they usually face a combination of new needs and expectations. At the same time, there are many situations and conditions in the clinical setting that can potentially threaten the human dignity of patients (6).

Therefore, treating patients with respect and dignity is a broad and complex concept, and its manifestations may depend on the type of healthcare setting or population in question. Due to the purely technical nature of the Intensive Care Unit (ICU), the critical condition of patients, the concerns and anxiety of family members, and the important decisions made during hospitalization in this unit, as well as the high level of environmental stress, the unique complexities it creates, can as a result threaten respectful treatment for patients and their families (7). Patients hospitalized in the special wards of hospitals are at high risk of injury due to specific and stressful conditions, such as pain, dependence on multiple devices, use of tubes and catheters, and complete bed rest (8).

According to studies, 7-72% of patients admitted to the ICU had experienced delusions, confusion, hallucinations, lack of awareness of time and place. Also, physical barriers such as mechanical ventilation had caused many problems for providing comprehensive and holistic care based on human dignity. Also, given the complex and critical conditions of the care environment that always require rapid action, it may interfere with the efforts of health care professionals to maintain patient dignity (9).

Therefore, paying attention to patients' needs and respectful behavior can affect the dignity of patients and their families. So, according to studies, if the patient's dignity is maintained, he or she will feel comfortable, confident, and valued. As a result, patients with an appropriate level of consciousness along with their families can make appropriate decisions about their care process. On the contrary, if their human dignity is neglected they experience uncertainty, inferiority and shame, their care outcomes are overshadowed and as a result, their hospitalization gets longer (6).

Due to the long-term contact of nurses with patients, maintaining the patient's human dignity depends on the way the nurses interact and communicate with respect to the components of human dignity. In other words, nurses 'view of patients' human dignity and respect for it is directly related to the type of their insight into their personal and accepted ethics. In other words, nurses can be regarded as ethical agents who have the knowledge and ethics necessary to respect human dignity. It is based on these ethical principles that nurses decide and act ethically in acute and critical situations (10).

Many studies have shown that dignity-based care in clinical settings is an
important aspect of patient care. Despite the importance of this issue, there is still insufficient information on how to treat them with respect in clinical settings, especially in the ICU, and in particular in patients undergoing mechanical ventilation. Therefore, more investigation and clarity is needed to ensure that all patients and their families in the ICU are treated with respect.

منابع