

Ethical Problems Experienced by ICU Nurses Caring For Patients with DNR Orders: Opinion



Jae in Jang¹ and Ji Yun Lee²

¹Department of Nursing, Munkyeong College, Mungyeong City, Korea

²Department of Nursing Graduate School, Kangwon National University, Korea

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*Corresponding author: Jae in Jang, Department of Nursing, Mungyeong University, Korea, Tel: +82-54-559-1251; Email: vivianje@hanmail.net

Opinion

The purpose of this study was to identify the ethical problems experienced by the nurses in the ICU nurse and to understand the ethical value of the nurses.

Introduction

The development of biotechnology and medicine has raised new ethical problems that challenge the preconditions of traditional ethics [1]. As a result of these changes, ethics problems cannot be solved by the oath or code of ethics because ethical rules and personal ethics perceptions can vary in various nursing situations. Therefore, it is necessary for nurses to present ethical conflicts on the basis of philosophical basis, and it is necessary to establish the ethical value system of nurses themselves. In particular, the ethical problems faced by ICU nurses caring for DNR patients are frequently encountered in the nursing field, and the difficulty of resolving the ethical problem is accepted or institutionalized. There is no support for the problem, and it does not give concrete directions for problem solving.

Although there have been studies on the ethical dilemma for the development of nursing profession and quality of care [2], researches to identify the ethical problems of DNR patients and to clarify the values and behaviors of nurses about them. The purpose of this study was to identify the ethical problems related to the nursing care of the DNR patients in ICU and to understand the behaviors according to the ethical values and values of the nurses related to the problems.

Opinion About the Status After Implementation 'Hospice Palliative Care and Survival of Patients in the Stage of Death', in Korea

On February 18, 2008, a grandmother suffering from irreversible brain damage was hospitalized at Severance Hospital. According to the grandmother's request, the Supreme Court ruled that family members who demanded the removal of the ventilator by medical staff should stop using the ventilator. As a result of this incident, social interest in the quality of life and nursing care and death has been heightened, and it has been continuously argued that a meaningless life - saving treatment

should be discontinued in order to guarantee the right to dignified dying patients.

Therefore, in January 2016, Korea passed the "Hospice Relaxation Medical Care and Medical Care Decision Making Act in the course of the dying process" to allow the patient to finish life dignifiedly. On February 4, 2018, the "Hospice," the Health Care Decision Act for the patient's longevity and medical care at the stage of palliative care and dying, was enacted [3].

As the number of pre-registered medical intentional librarians designated by the university hospitals and nursing hospitals increased, the number of persons (19 years or older) who filled out and registered the intentional medical intent was 12,244, and the patient's consent was obtained. According to the health care decision, 1664 patients (18:00 on March 16) did not receive medical care or discontinued medical care. About 35% of the cases were made through the health plan, about 25% were confirmed by the statements made by two family members, and about 40% [4].

Despite the fact that the system is in its infancy, the interest is that the people are interested in the dignified finishing of their lives and that the patients and their families have waited for the establishment of standards and procedures for medical care. However, problems are also being raised. Internationally, only one of the three standard forms, the Advance directives (AD), the Lengthening Medical Plan (POLST), and the CPR Agreement (DNR), are required. However, in addition to AD and POLST, and to make additional copies of the patient's consent form and the transcript of the decision on the decision to suspend the medical service [5]. In particular, these documents are difficult requirements for small-scale medical institutions (such as nursing hospitals) because they require confirmation by more than one physician.

Korea is a culture in which the family takes over all the rights of the patient in terms of cultural characteristics. However, when the patient family is involved in the decision making process, it is imposed a responsibility to make the doctor confirm the family status through the "family relationship certificate" It is also a

problem to make. Domestic health plan should allow not only the person but also the guardian (family, agent, etc.) to substitute health care decision. In other words, it must be improved with an uncomplicated procedure that anyone can easily approach.

In addition, patients who do not want to be actively treated, such as those who cannot find a guardian of a patient who has no relatives without a law settled by the law, or those who cannot find an irreversible consciousness, suddenly lose consciousness, Procedures for the case should also be made. Not yet implemented, the average citizen or the elderly do not know much about this law in actuality. It is necessary to educate and publicize healthcare decision-making system for medical practitioners and the general public. In addition, it is necessary to make a rapid improvement to the longevity medical decision method and the longevity medical information processing system.

Now that we have reached the Fourth Industrial Revolution, where the elderly should become a robot and a family, apart from

these laws, we now have the right to die in dignity, to die in respect of dignity and value as human beings. A social atmosphere that can be open and talk able should be spread. Therefore, nursing for DNR patients is also a time when nursing methods need to be changed. In each hospital, education, structural system improvement, facility and manpower reorganization according to nursing methods for DNR patients should be established quickly. Nurses should be careful not to have any pain or guilt due to ethical problems when nursing DNR patients.

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