



Category: Applied Research in Health and Medicine

ORIGINAL

Positioning of nursing professionals before the law of dignified death and in patients with irreversible cessation of encephalic functions

Posicionamiento de los profesionales de enfermería ante la Ley de muerte digna y en pacientes con cese irreversible de funciones encefálicas

Camila Guzmán ¹

¹ Universidad Abierta Interamericana, Facultad de Medicina y Ciencias de la Salud, Licenciatura en Enfermería. Sede Rosario. Rosario, Santa Fe. Argentina.

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ABSTRACT

Introduction: Dignified death constitutes a relevant and controversial issue within health care, especially in the management of patients with irreversible cessation of encephalic functions. This concept is linked to the right to health, which includes the possibility of ending life when it is not adequate and of rejecting treatments that artificially prolong life. In Argentina, National Law No. 26742, enacted in 2012, regulates the rights of patients with irreversible conditions and promotes comprehensive health care based on respect for human dignity. Nursing professionals, being in constant contact with patients, play a crucial role in the implementation of this legislation, ensuring the quality of care and respecting bioethical principles.

Methods: A normative and scientific literature review was carried out on National Law No. 26742 and its application in the care of patients with irreversible cessation of encephalic functions. The roles of the medical teams were analyzed, with special emphasis on the nursing staff, in order to identify their contribution in the fulfillment of the rights established by the legislation and in the provision of care aimed at guaranteeing a dignified death.

Results: The review showed that health professionals, particularly nurses, have a significant responsibility in the implementation of care that ensures respect for the dignity of the terminally ill patient. However, deficiencies were detected in the ethical and technical training of personnel with respect to current legislation and applicable bioethical principles. In patients with irreversible cessation of encephalic functions, compliance with regulations was related to a better perception of quality in health care and greater satisfaction of the patient's relatives.

Conclusions: Dignified death is a fundamental right that should be guaranteed through comprehensive and humanized care, especially in patients with irreversible conditions. National Law No. 26742 provides a clear regulatory framework, but its implementation requires healthcare personnel trained

in both ethical aspects and specific care. Nursing professionals should play a key role in the application of these principles, ensuring respect for patient dignity and promoting quality care that complies with bioethical standards. Continuous training and awareness of issues related to dignified death are essential to improve health care in this area.

Keywords: dignified death; palliative care; irreversible cessation of encephalic functions; bioethics; nursing.

RESUMEN

Introducción: La muerte digna constituye un tema relevante y controvertido dentro de la atención sanitaria, especialmente en el manejo de pacientes con cese irreversible de funciones encefálicas. Este concepto está vinculado al derecho a la salud, que incluye la posibilidad de poner fin a la vida cuando esta no es adecuada y de rechazar tratamientos que prolonguen artificialmente la vida. En Argentina, la Ley Nacional N° 26742, sancionada en 2012, regula los derechos de los pacientes con afecciones irreversibles y promueve una atención sanitaria integral basada en el respeto a la dignidad humana. Los profesionales de enfermería, al estar en contacto constante con los pacientes, juegan un rol crucial en la implementación de esta legislación, asegurando la calidad de los cuidados y respetando los principios bioéticos.

Métodos: Se realizó una revisión normativa y de literatura científica sobre la Ley Nacional N° 26742 y su aplicación en el cuidado de pacientes con cese irreversible de funciones encefálicas. Se analizaron los roles de los equipos médicos, con especial énfasis en el personal de enfermería, para identificar su contribución en el cumplimiento de los derechos establecidos por la legislación y en la prestación de cuidados orientados a garantizar una muerte digna.

Resultados: La revisión evidenció que los profesionales de la salud, particularmente los enfermeros, tienen una responsabilidad significativa en la implementación de los cuidados que aseguren el respeto a la dignidad del paciente terminal. Sin embargo, se detectaron deficiencias en la formación ética y técnica del personal respecto a la legislación vigente y los principios bioéticos aplicables. En pacientes con cese irreversible de funciones encefálicas, el cumplimiento de la normativa se relacionó con una mejor percepción de calidad en la atención sanitaria y una mayor satisfacción de los familiares del paciente.

Conclusiones: La muerte digna es un derecho fundamental que debe ser garantizado mediante una atención integral y humanizada, especialmente en pacientes con afecciones irreversibles. La Ley Nacional N° 26742 proporciona un marco normativo claro, pero su implementación requiere personal sanitario capacitado tanto en aspectos éticos como en cuidados específicos. Los profesionales de enfermería deben desempeñar un rol clave en la aplicación de estos principios, asegurando el respeto a la dignidad del paciente y promoviendo una atención de calidad que cumpla con los estándares bioéticos. La capacitación continua y la sensibilización en temas relacionados con la muerte digna son esenciales para mejorar la atención sanitaria en este ámbito.

Palabras clave: muerte digna; cuidados paliativos; cese irreversible de funciones encefálicas; bioética; enfermería.

INTRODUCTION

A dignified death means considering terminal or dying patients as responsible persons with accurate feelings and perceptions, who should be provided with the necessary material, human, and spiritual means according to their beliefs so that the transition to death is made without suffering, with the necessary support and accompanied by their relatives. Without hastening or delaying death. Dying with

dignity constitutes an essential right of the human being, which should be understood as the right of the sick person to receive quality palliative care with adequate and proportionate measures. (Betancourt Reyes, 2017).

The patient, the central image in the framework of health services, represents the primordial axis in care; when he presents at the hospital with one or more health problems, he also does so as a person, family member, and community citizen. Your needs vary according to your problem, related circumstances, and previous experiences. The nursing team spends the most time with the individual. It may be the one to perceive when treatment is insignificant and intervene to help the family make certain decisions about interventions, as long as they have been given all the information in clear and precise language so that they can make the decision they deem appropriate. One of the most important functions of nursing is to identify the patient's immediate needs and take measures to meet them and provide quality care.

Nurses must be attentive to the problems and practices of their discipline, as this allows them to define their problems that can be investigated. Their main task in research is to contribute to the scientific basis of this practice since studies are needed to determine the effectiveness of interventions and nursing care.

The accompaniment during human suffering becomes a challenge to bioethical reflection due to advanced age, the severity of the disease, the terminal condition, and family abandonment of patients in these situations, and therefore, the dilemma of the usefulness of some procedures and the consequent attitude of the nursing professional. Central to these problems is the awareness of nursing care and the nurse-patient-family relationship in a situation of terminal illness. (Salazar-Gómez, Méndez-Xavier, Ponce-Gómez, & Garduño Ortega, 2018, p.35).

The nursing staff, as long as they manage to have a role in the decisions and get involved in them, must make the family understand that they are not abandoning the person or denying care but that the treatment has another objective: reducing or avoiding suffering from physical, psychological and social damage. It is known that upon admission to an ICU, the family experiences a moment of significant stress when they see the suffering of their relative in a high-tech environment and with the uncertainty of not knowing what will happen. It is where they most need the trust and empathy of the professionals in charge. That is where nursing appears: those who can achieve a therapeutic relationship with active listening, which helps to reduce negative emotions, anxiety, and hopelessness, and being able to acquire skills to understand what is best for the family member.

Because, unfortunately, patients with irreversible cessation of encephalic functions are triggered in the intensive care unit of the public institution, the interest arises to investigate the positioning of the nursing staff based on the law of Dignified Death and in these types of patients. Through this research, it would be convenient to use the information obtained to improve the care provided since theoretical knowledge does not usually imply its practical application, allowing the development of specific skills and competencies to deal with critical and delicate situations. In addition, professionals would benefit from the need for specific training, which would provide them with a deeper understanding of the importance of this topic and how to approach it effectively, thus enriching the care of these types of patients, improving their knowledge of the reality and updating their knowledge in order to build better care proposals.

What is the positioning of nursing professionals based on dignified death and in patients with irreversible cessation of brain functions in the Critical Care Unit of a public institution in the city of Rosario during the period from June to July 2022?

General objective

To describe the positioning of nursing staff based on the law of dignified death and in patients with irreversible cessation of brain functions in the intensive care unit of a public institution in the city of Rosario during the period from June to July 2022.

METHODS

Type of study / Design

The approach of the project is quantitative and non-experimental. It is an observational study because the variables are studied as they are in reality, without manipulation, descriptive, because it describes phenomena and situations. It is cross-sectional because the variables are studied simultaneously at a given time since it will be measured only once in time.

Participants

Population

The population of participants of the present study is composed of a total of 70 nursing professionals (licensed nurses and technicians) working in the intensive care unit of a Public Hospital in the city of Rosario during the months of June to July 2022.

In order to carry out the field study, the following inclusion and exclusion criteria were determined.

Inclusion criteria

- licensed nurses and technicians working in the intensive care unit of a public hospital in the city of Rosario during the months of June to July 2022.
- all nursing personnel belonging to the intensive care unit who agreed to participate in the study.

Exclusion criteria

- licensed nurses and technicians who are not working in the intensive care unit of the hospital of the city of Rosario in the months of June to July 2022
- nursing staff in management who do not perform nursing care.

Sample

For the present research study, a sample was selected using simple random sampling of 35 nursing professionals working in the Intensive Care Unit.

Study area

This research was carried out in a multipurpose public hospital in the city of Rosario, a third level hospital that provides highly complex surgical services with an intensive use of human resources and high technology and equipment. More precisely, it was carried out in the Adult Intensive Care Unit. This therapy has a total of 20 useful beds, four of which are located in two rooms for patient isolation (only one has negative pressure and is intended more precisely for patients with infectious and contagious respiratory diseases and the other is assigned to transplant patients).

The ward has a schedule of 10 nursing staff (with a 2:1 ratio, two patients and one nursing professional) and a medical team made up of three staff professionals and two residents (who rotate every three months and some come from other institutions as interns). The medical service is in charge of an intensive care chief physician and a chief resident physician, the nursing service is in charge of a chief nurse in the 12 to 18 shift and two nursing coordinators, one in the 6 to 12 shift and the other in the 18 to 24 shift from Monday to Saturday; the 00 to 06 shift and on weekends the service is in charge of the hospital's nursing supervision.

Techniques, procedures and instruments

For the following research, a self-made questionnaire was used, exclusively for this work and validated in class by the professor, who reviewed it and made suggestions until achieving an instrument that was easy to understand and simple to fill in. With multiple choice mode, where in each item the participant had to mark with a cross. This instrument compiled six (6) items (questions and concepts) designed to respond to the objectives set. Questions 1 and 2 allowed the identification of knowledge about patients with irreversible cessation of encephalic functions and their perspective of care, then questions 3, 4 and

5 continued with questions and concepts that sought to specify the knowledge about the law n° 26742 dignified death, and ended with number 6 that referred to their position on dignified death in these patients. They were given a maximum of 24 hours to return the data collection instrument with the marked answers for subsequent analysis and interpretation of the results.

Ethical considerations

The instrument was anonymous and given to the participants after they had signed an informed consent form. Voluntary and informed participation was guaranteed at all times and the confidentiality of the data and their exclusive use for the present investigation was assured through the delivery and completion of the Informed Consent document (see Annex). This document was given to the participants selected in the sample and who formed the group under study.

RESULTS

A total of 35 questionnaires were obtained from nursing professionals (graduates and technicians). All of them were analyzed to describe the positioning of the nursing professional based on the law of dignified death and in patients with irreversible cessation of encephalic functions.

To this end, a series of specific objectives were established.

The first was to determine the characteristics of patients with irreversible cessation of encephalic functions. The results were unanimously obtained, which reflected that 100% recognize the characteristics of the individual, i.e., that they can identify the particularities of these subjects as a whole.

Due to their condition, patients with irreversible cessation of encephalic functions require care, especially at the end of their days, by qualified personnel, so much so that when asked if they feel sufficiently qualified to accompany them at the end of life, 54% indicated no, while 46% did.

Figure N° 1



Source: author's questionnaire to UTI nursing staff in June-July 2022.

It is a reality that the nursing professional is the one who spends the most time with the patient and, therefore, can identify whether the treatment is favorable or not. Having the ability to act quickly puts him in a better position. However, it is necessary to have continuous learning that allows him to be competent in any situation since all staff are trained to care. However, the specialized one will attend with more optimal care than the one who is not. The constant technological advancement due to modernity and the supplies used in sick people's care requires professionals to be trained continuously to provide appropriate treatment or care.

The nursing professional, at all times that provides care, must put into practice the principles of bioethics; the application and knowledge of these ethical and bioethical approaches are essential to

modify ideas, habits, and ethical behaviors related to the professional practice as well as to raise the level of quality in the care of the individual. (Corilloclla-Guillermo & Pérez-Riquelme, 2017)

- Principle of beneficence: This principle is based on not harming or doing good, but fundamentally, the ethical values are given in understanding; it means seeking the patient is good in therapeutic terms.

- Principle of non-maleficence: In praxis, it means avoiding harm, avoiding impedance, imprudence, and negligence. It refers to the harmlessness of medicine and is found in Hippocratic medical ethics.

- Principle of justice: This means to attend first to the neediest of those who can be attended; it requires treating all people equally, without discrimination of race, ethnicity, age, economic level, or schooling, to properly prioritize the actions to be performed, to make rational use of material resources to avoid lacking them when they are most needed.

- Principle of autonomy: reflects that the priority in decision-making regarding the disease lies with the patient, who decides what is convenient for him/her during the health-disease process. Decision-making is a right that requires adequate information, known as informed consent.

Although patients suffer encephalic death, they deserve comprehensive care since the body is handed over to the family and must be in the best condition. Beyond being lifeless, the subject should be treated compassionately, respecting the person he/she was, as a principle of human dignity, without forgetting that he/she deserves the same treatment as any other UTI patient. The quality of care provided at the end of life should not be under any circumstances a privilege but rather a right.

When analyzing the second objective, which sought to evaluate the nursing staff's knowledge of Law No. 26742 referring to "dignified death," the results indicated that 54% said they were aware of it (46% were not).

Figure N° 2



Source: author's questionnaire to UTI nursing staff in June-July 2022.

However, in the questions aimed at assessing the degree of knowledge, the findings were in the opposite direction. Thus, only 32% answered correctly that the autonomy of will can be revoked, and 29% answered correctly when asked which procedure types can be rejected according to the statute. Thus, about one-third of the respondents had a clear knowledge of the regulations, highlighting the difference between knowledge of the law and its content.

The objective and training of nurses have changed over time due to scientific and technological progress and the demands of society.

Their lack of knowledge may be because some professionals were trained before the law's enactment (May 9, 2012) and did not perform subsequent updates in this regard. The scarce knowledge that nursing personnel have about the legal aspects concerning patient's rights can be understood as a great disadvantage to positioning themselves in front of other health professionals to advocate for the rights of individuals in vulnerable situations. The training and updating of this nursing competence becomes indispensable to provide quality care to the subjects of attention, so it is necessary to have alternatives

that help recognize how valuable and influential it is to continuously reinforce the cognitive, technical, and humanistic knowledge in daily practice. In her article "Nursing updating, a professional responsibility," the renowned teacher Cordera (1934-2005) refers to the fact that among these alternatives, the most important from the point of view of constant updating is self-taught learning since it is present the intention of the person to resort to the sources of knowledge in the process of permanent inquiry and with the interest of finding the scientific basis for daily experience. It also mentions that updating is understood as the application of advances in knowledge to new care procedures and should be a constant program that generates personal motivation and benefits the patient.

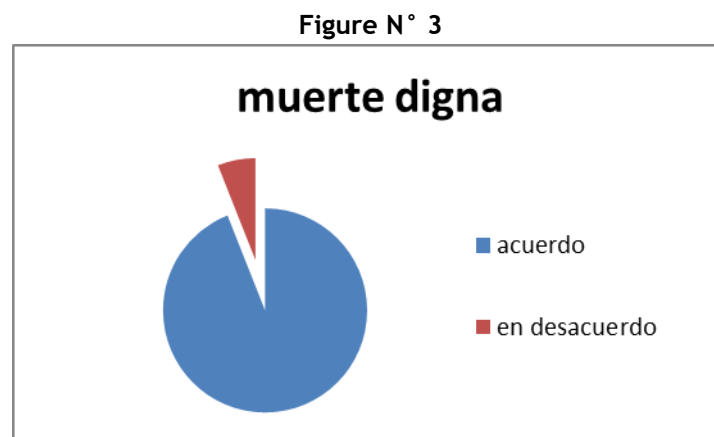
It is vitally important for nurses to have adequate training to provide quality care since they are in a privileged position. They are in continuous interaction and are the personnel who spend the most time with patients and their environment. In addition, this makes them capable of identifying failures in their daily work and the consequences that this may generate.

It is important to raise awareness of the relevance of knowing and being updated on legal aspects (they occupy a priority place) since it allows distinguishing between what "is done" and what "should" be done, thus avoiding negligence, always remembering that citizens are always informed about their rights and obligations and how to abide by them. The competence of nursing professionals, which is based on pertinent, excellent, and constant care, in addition to meticulous care and protection of users' rights, obliges them to obtain professional responsibility in daily practice.

Considering that the staff does not know about the legal aspects and this has repercussions in the routine, it is necessary to be trained in these topics and/or to have adequate advice on issues that concern them.

Nursing dedicates much of its science to helping maintain and improve health, prevent and cure diseases, and promote rehabilitation after a condition, so it is ideal to investigate and generate new knowledge to know what to face regarding administration and management in the future.

Finally, about the third objective, their position on dignified death, the results indicated that 94% favored it, while 6% disagreed.



Source: author's questionnaire to UTI nursing staff in June-July 2022.

When asked about their position on providing care for some time, 42% disagreed, and there was agreement with 29% who agreed and those who remained neutral (neither agreed nor disagreed). Of those who agreed (11), eight answered for some time, ranging from 3 days to a maximum of 6 months. Three varied according to suffering, quality of life, and general condition. As for providing care indefinitely, 60% disagreed, 34% agreed, and the remaining 6% neither agreed nor disagreed.

The results showed that the great majority agreed with the defense of death with dignity.

That is to say, almost all of them are in favor of the patient having a death without pain or suffering, without falling into incarceration.

Virginia Henderson (1897-1996) defines the role of nurses as “to assist the healthy or sick individual in carrying out activities that contribute to their health, recovery or to achieve a dignified death.”

It is more than evident that contributing to providing a dignified death is a fundamental role of nursing, but it should be noted that there are some obstacles to achieving this goal; among them, for example, the environmental factors of intensive care units are some of them because they make it difficult to provide one hundred percent intimacy, another example is the impossibility of allowing the permanence of a family member next to the subject of care during 24 hours, as it is uncertain how long the “process” may last.

Finally, after analyzing the results of the surveys, it can be seen that nursing professionals favor dignified death but are unaware of the legal issues.

CONCLUSIONS

The present research conducted on the positioning of nursing staff about the Law on dignified death and patients with irreversible cessation of encephalic functions in an intensive care unit in the city of Rosario between June and July 2022 provides an overview of several key aspects. The specific objectives, well defined and treated with strict methodology, allowed us to obtain important conclusions on the knowledge and position of the nursing staff on this delicate subject.

On the one hand, the specific characteristics of patients with irreversible cessation of encephalic functions were identified, providing a detailed vision of the clinical situation of these individuals. This knowledge is basic to provide adequate and accurate care for these patients in the intensive care setting.

Next, the nursing staff's knowledge of Law No. 26742, “Muerte Digna” (Dignified Death), was evaluated. Although a significant proportion claimed to know the Law, the results showed an inequality between informed knowledge and effective understanding of its contents. This highlights the need for continuous and specific training on legal aspects related to patients' rights.

Finally, the position of nursing staff regarding dignified death was analyzed, finding strong support in favor of guaranteeing a death without pain or suffering for patients; similar to the ethical principles of the nursing profession, differences emerged regarding the duration of care at the end of life, which highlights the complexity of this issue and the importance of approaching it from a multidisciplinary and ethical perspective.

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FINANCING

None.

CONFLICT OF INTEREST

None.