



CASE REPORT

Ethical Dilemma in a Patient in the Terminal Period: A Case Report

Terminal Dönemdeki Bir Hastada Yaşanan Etik İkilem: Olgu Sunumu

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Abstract

The terminal period is the last part of the life of people who suffer from diseases resulting in death, which refers to an irreversible process that cannot be treated. Ethical problems are frequently encountered in the treatment process of critically ill patients in the terminal period. Nurses frequently encounter ethical concepts due to their position that allows a long-term relationship with the patient and their family, and sometimes they may even be in a decision-making situation. In this case report, we present the ethical dilemma of a nurse to allow or not allow a terminal patient in the intensive care unit to see her 3-year-old son.

Keywords: Case; Ethical dilemma; Intensive care unit; Nursing; Terminal period

Cancer is one of the most critical problems threatening the health of people worldwide and is among the first diseases that cause death.^[1] In cases where cancer cannot be cured, the patient's care in the terminal period gains importance. The term terminal patient refers to patients who have a terminal illness and are expected to die in a not-distant time.^[2] The standard advance directive and the life extension, especially comfort care, are the primary targets for terminal patients.^[3] However, the priorities of these goals may differ in terms of nurses and other health professionals, and these different approaches may lead to a conflict of ethical values in patient care.

An ethical dilemma is a situation where a decision cannot be made quickly, where at least two options must be cho-

sen, and where at least two values conflict.^[4] Therefore, resolving ethical dilemmas is complex, and nurses need to know the basic concepts, principles, problems, and decision-making patterns related to ethics.^[5] In this case, an ethical dilemma experienced by a nurse for a terminal patient is presented. An informed consent form was obtained from the patient.

Case Report

A 31-year-old female patient with a bone marrow transplant developed a rejection and entered the terminal period. The patient, with neutropenia, was monitored in intensive care conditions by wearing a CPAP mask at night due to respiratory distress. She could not see her 3-year-

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old son because she was in the intensive care unit, because of the risk of infection, and children under 10 years of age were forbidden to visit such patients. The patient was an undergraduate banker. Her physician informed her about her illness and the transplant process, and she also conducted research. She stated that she might be living in her last days and wanted to see her son despite the risk to her life. She said, "If these are my last days, I want to spend this time with my son; seeing and thinking about my son makes me forget my illness and connects me to life." In this case, the ethical dilemma arose from the tension between the values of beneficence, which refers to the duty of health care professionals to promote the well-being of their patients, and respect for autonomy, which refers to the patient's right to make decisions about their own care.

The aim of this study is to draw attention to the ethical dilemmas experienced by nurses.

Discussion

In this case, in order to mitigate infection risk, visitor restriction protocol is practiced for intensive care patient. Patient, on the other hand, has autonomy rights. This situation creates a dilemma between the ethical principles of beneficence and autonomy. The health care professionals' duty is to promote the well-being of their patients, which involves taking measures to prevent infection and prolong the patient's life. However, the patient's autonomy and right to make decisions regarding their own care should not be overlooked. Navigating this dilemma requires careful consideration of the patient's medical condition and prognosis, as well as open communication and collaboration between the medical team and the patient and their family. Ultimately, the decision should be made in the best interest of the patient, considering all relevant factors and values. Professional rules and fundamental ethical principles contain specific regulations for such value conflicts. Nurses' decision-making in ethically difficult situations should be based on bioethical principles: respect for autonomy, beneficence, non-maleficence, and justice.^[6]

Beneficence refers to actions aimed at benefiting others. Sometimes, any decision taken by health professionals for the patient's benefit can remove the patient's right to decide for themselves, which is defined as paternalism and brings ethical questions with it.^[7] The most important cause of mortality in stem-cell transplant is respiratory failure, which is due to infection. Nosocomial infections account for 77% of mortality after stem-cell

transplantation in pancytopenia patients who develop rejection. This situation often shortens the patient's lifespan.^[8] However, it has been proven that the main source of nosocomial infections is health care workers. At least the relatives of the patients, whom the patient wants to see, be taken by making necessary arrangements in the intensive care environment. As it has been accepted that the patient is independent and has free will, the decision of whether to accept visitors should be left to the patient. In this context, the visitor ban should be accepted as a paternalistic approach.^[7]

Contemporary ethical understanding considers the principle of nonmaleficence as not causing a worse situation than the current situation. From the point of view of the terminal patient, the problem encountered in applying this principle is: Is everything better than death, no matter what? Undoubtedly, this closely relates to the principle of respect for autonomy because another question is who will determine the harm and benefit.^[9]

Although the patient has the right to decide on their own life, established within the scope of Human Rights and International Declarations, the acceptance of patient visitors is based on the procedures determined by the institutions in the Patient Rights Regulation. The Operating Regulation of Inpatient Treatment Institutions does not allow the visit of children under 10 years of age in this regard.^[10] Based on these, the institution preferred to protect the principle of nonmaleficence at the highest level.

Autonomy means everyone has the right to choose treatment and care based on their values, beliefs, and preferences. In patients with decision-making capacity, the primary decision-makers are the patients themselves.^[6]

On the one hand, prolonging the patient's life by preventing infection is an example of usefulness, while having the patient's right to make decisions about their own care is an example of respecting autonomy.^[6] Restricting visitors due to hospital infections may cause terminally ill patients to not be able to see their loved ones and may cause feelings of loneliness and abandonment. While health care workers are the main sources of nosocomial infections,^[7] the practice of visitor restriction may lead to ethical dilemmas among nurses in the decision-making process. To reduce this ethical dilemma, nurses can discuss patient visits and make decisions in multidisciplinary ethics committees based on bioethical principles. This approach, which considers different perspectives, ensures that the decision made is for the benefit of the patient and their relatives while respecting the moral and ethical obligations of nurses.

Conclusion

Treatment and care for terminally ill patients, patient rights, and ethical issues are sensitive topics that require special attention. To ensure that nurses are equipped to handle these issues, education programs at both the undergraduate and graduate levels should include the following subjects: the concept of death, a holistic approach to care, the roles of health professionals in caring for terminally ill patients, ethical issues, and patient rights. Additionally, preparing ethical guidelines for nursing practice, management, education, and research; establishing ethical committees for consultation; and developing national and institutional policies can help to eliminate potential ethical dilemmas and guide nurses in their decision-making. This can provide a fair and ethical solution for all parties involved and reduce nurses' ethical dilemmas. This study focused on patient-centered ethical dilemmas in the care of terminally ill patients. Future studies could address other dimensions. There is a lack of discussion of ethical dilemmas in the Turkish nursing literature, making this study important in contributing to the understanding of ethical issues in nursing practice and raising awareness among nurses.

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