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Caring for Unconscious Patient: Ethical Perspective

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Commentary

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ABSTRACT

Unconscious patients are completely dependent on their care providers. Thus, they are considered vulnerable and prone to harm [1]. Care providers who are not skillful and knowledgeable will impact on patients' quality of care and health outcomes [2]. Strong psycho-motor and intuitive skills are imperative to handle these patients as they cannot verbalize their needs. Healthcare providers must be mindful of these patients and protect them from harm, disgrace, abuse, or violence [3]. Not to harm an individual is non-maleficence a prima facie principle, while to benefit an individual or protect someone from harm is the principle of beneficence. The care providers should deal with the unconscious patient compassionately as they cannot verbalize their needs and feelings. Respecting these individuals and maintaining their dignity is the ethical and moral responsibility of the care providers. This paper presents a case scenario and its analysis through an ethical theory of deontology.

Keywords: Care of patients; healthcare providers; ethics of care; theory of deontology; non-maleficence / beneficence.

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1. SCENARIO

An adult patient was admitted to a hospital. The patient was unconscious and was receiving mechanical ventilator support. It was observed that while providing basic care to the patient; hygiene care and changing dress the care provider moved the patient such that the patient was banged against the side rails on the patient's bed. Another colleague in the unit suggested the care provider be gentle but the response received was that the patient is unconscious and does not feel any pain.

Healthcare providers are ethically responsible for dealing with their patients with respect and dignity and it is the patients' right to receive such care [4]. The goals of care are to provide comfort, well-being, and the best care to the patient [5-6]. However, in the above-mentioned scenario, the care provider violated the principle of ethics. This is further elaborated through the lens of the theory of deontology.

2. THEORY OF DEONTOLOGY

The theory of deontology by Immanuel Kant states that each action's morality is based on the rightness or wrongness of the action that was done, not on the consequences of that action. The action should be morally and ethically right and not depend on the positive or negative result of that action [7]. According to Kant's theory, patients should not be treated as objects. When caring for a patient the care providers should consider that their actions are morally and ethically right [8].

3. NON-MALEFICENCE / BENEFICENCE

Non-maleficence is a principle of ethics that focuses on not harming an individual, while the beneficence principle focuses on benefiting an individual, protecting someone from harm, or removing someone from harm. Commonly obligation of non-maleficence is greater than the obligation of beneficence and non-maleficence can affect beneficence [7].

The rules of non-maleficence and beneficence are violated when the healthcare providers fail to prevent harm, remove from harm, or directly harm the patient as in the scenario above where the care provider violated the principle of ethics, non-maleficence, and beneficence.

Non-maleficence obligates to avoid unnecessary pain, suffering, or any type of physical, emotional, or psychological harm to patients [9]. The health welfare and safety of the patient is the primary commitment of the healthcare providers. This includes their commitment to be caring, compassionate, and protective of patients [10].

4. CONCLUSION

It is concluded that unconscious patients are more prone to be harmed by their caregivers. However, the moral and ethical principles of biomedical ethics guide and also stress the morality of an action that every healthcare provider is responsible for doing the right action. This is the obligation of the healthcare providers to benefit the patients and protect them from harm and violence.

5. RECOMMENDATION

The healthcare providers' curricula should include biomedical ethics courses.

Healthcare providers' capacity building should be through continuous education including clinical scenarios with a focus on biomedical ethics.

Zero-tolerance policy for patient harm should be implemented in every healthcare setting.

Whistle-blowing when witnessing an unethical and harmful practice and protection of the whistle-blower.

CONSENT AND ETHICAL APPROVAL

It is not applicable.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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