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Original Article

Bioethics and nursing care in the process of dying and death of critically ill patients*

Bioética e cuidados de enfermagem no processo de morrer e morte do paciente crítico

Bioética y cuidados de enfermería en el proceso de morir y en la muerte de pacientes críticos

Cléton Salbego[I], Priscila de Oliveira Martininghi[II], Graciele Torezan[II], Silvana Bastos Cogo[III], Aline Ost dos Santos[IV], Tierle Kosloski Ramos[III]

[I] Pontifícia Universidade Católica do Paraná, Curitiba, Paraná, Brasil
[II] Centro Universitário da Serra Gaúcha, Caxias do Sul, Rio Grande do Sul, Brazil
[III] Universidade Federal de Santa Maria, Santa Maria, Rio Grande do Sul, Brazil
[IV] Universidade Federal do Rio Grande, Rio Grande, Rio Grande do Sul, Brazil

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Abstract

Objective: analyze the bioethical aspects involved in nursing care during the process of dying and death of critically ill adult patients. **Method:** this is a qualitative, descriptive and exploratory study carried out with six nurses and eight nursing technicians from an Adult Intensive Care Unit in the northeast region of Rio Grande do Sul. The data was collected through semi-structured interviews, from May to June 2022, and analyzed according to content analysis. **Results:** data emerged relating to the following categories: Bioethics from the perspective of the adult intensive care nursing team; the patient-professional-family trinomial at the end of life; Nursing in coping with the death of the critically ill adult patient; and Patient autonomy as a premise of nursing care. **Conclusion:** bioethical aspects are essential in nursing care during the death of the critically ill patient. Nurses face dilemmas and conflicts when balancing ethical principles with the individual needs of patients and their families.
Descriptors: Bioethics; Nursing; Nursing Care; Critical Care; Ethics, Nursing

Resumo

Objetivo: analisar os aspectos bioéticos envolvidos no cuidado de enfermagem durante o processo de morrer e morte do paciente adulto crítico. **Método:** pesquisa qualitativa, descritiva e exploratória, realizada com seis enfermeiros e oito técnicos de enfermagem de uma Unidade de Terapia Intensiva Adulto da região Nordeste do Rio Grande do Sul. Os dados foram coletados com entrevista semiestruturada, de maio a junho de 2022, e analisados segundo análise de conteúdo. **Resultados:** surgiram dados relativos às categorias: Bioética na perspectiva da equipe de enfermagem de terapia intensiva adulto; Trinômio paciente-profissional-família na terminalidade de vida; Enfermagem no enfrentamento da morte do paciente adulto crítico; e

Autonomia do paciente como premissa do cuidado de enfermagem. **Conclusão:** os aspectos bioéticos são essenciais no cuidado de enfermagem durante a morte do paciente crítico. Os enfermeiros enfrentam dilemas e conflitos ao equilibrar princípios éticos com as necessidades individuais dos pacientes e suas famílias.
Descritores: Bioética; Enfermagem; Cuidados de Enfermagem; Cuidados Críticos; Ética em Enfermagem

Resumen

Objetivo: analizar los aspectos bioéticos implicados en los cuidados de enfermería durante el proceso de muerte del paciente adulto en estado crítico. **Método:** se trata de un estudio cualitativo, descriptivo y exploratorio, realizado con seis enfermeros y ocho técnicos de enfermería de una Unidad de Terapia Intensiva de Adultos de la región nordeste de Rio Grande do Sul. Los datos fueron recolectados por medio de entrevistas semiestructuradas, entre mayo y junio de 2022, y analizados por medio de análisis de contenido. **Resultados:** surgieron datos relativos a las siguientes categorías: La bioética desde la perspectiva del equipo de enfermería de cuidados intensivos de adultos; el trinomio paciente-profesional-familia al final de la vida; La enfermería ante la muerte del paciente adulto en estado crítico; y La autonomía del paciente como premisa de los cuidados de enfermería. **Conclusión:** los aspectos bioéticos son esenciales en los cuidados de enfermería durante la muerte de pacientes críticos. Las enfermeras se enfrentan a dilemas y conflictos a la hora de equilibrar los principios éticos con las necesidades individuales de los pacientes y sus familias.
Descriptores: Bioética; Enfermería; Atención de Enfermería; Cuidados Críticos; Ética en Enfermería

Introduction

The Intensive Care Unit (ICU) is a hospital unit that specializes in caring for high-risk patients who are in critical condition and require specialized care. This care is complex due to the severity of the patients' conditions. For this reason, it is an environment that has the material, human and structural resources to support multi-professional care for patients experiencing serious and/or terminal situations. As such, it is a space that requires professionals to have specific skills and knowledge to deal with clinical and/or surgical situations. Also, in the ICU, the process of dying and death of the critically ill patient is experienced, as well as the family's coping with it.[1-2]

In this context, there is the nursing team, which plays an indispensable role in care, even after the death of a hospitalized person, carrying out tasks such as preparing the body, providing psychological support to family members and offering practical guidance on the next steps. On the other hand, death can be experienced by professionals with feelings of incapacity or failure, as they fight incessantly for the patient's life, as if a cure were the only way to achieve successful care.[3]

From this perspective, how nursing professionals deal with death is identified as a weakness in their training processes. In the health sector, generalist training courses end up not preparing future professionals to deal with the process of dying and death.[2] In this sense, emotions such as sadness, compassion, anger, helplessness, fear and guilt, as well as psychological processes such as denial and detachment, can occur, in addition to stress.[2]

When professionals experience the process of dying and death in the health sector, they can sometimes be impartial and restrict the expression of their feelings. This attitude may be associated with self-defense or denial of the reality experienced; however, it is necessary to reflect that care from a comprehensive perspective must be based on the principle of humanization at all stages of living and dying.[2-3]

Nurses play a role in promoting the well-being and health care of hospitalized patients, spending most of their time by their side. This closeness can generate both positive and negative aspects, especially when dealing with death, which can be emotionally overwhelming. Feelings and thoughts resulting from inadequate mourning can cause suffering and anguish, resulting in a traumatic experience and making it difficult to accept this reality. [4-5]

Death has different concepts and varies according to the experiences, religious beliefs, values and previous experiences of death of each human being. When it comes to health professionals, their fears, frustrations, feelings and even demands must be taken into account in relation to the care provided to the terminally ill patient who has died.5 For nurses, death can be understood as the denial of their purpose in saving lives, and is even more impactful when it occurs in children or young adults, prematurely interrupting the life cycle.[4-5]

Health professionals, including the nursing team, play a fundamental role in multidimensional care, addressing patients' physical, psychological, spiritual and social aspects. In the ICU, it is necessary to establish limits between quality of life and prolongation of life, seeking to minimize suffering and offer emotional and spiritual support.[6-7] This includes ethics and bioethics. Ethics involves moral, cultural and social concepts present in the professional environment and beyond, and it is essential to have a vision linked to the biopsychosocial approach of your patients and your work in

the scientific or care areas. Bioethics arises in the context of health as a field of reflection between human survival and values.[8]

In view of the above, the aim of this research was to analyze the bioethical aspects involved in nursing care during the dying and death process of critically ill adult patients.

Method

Qualitative, descriptive and exploratory study, developed according to the COnsolidated criteria for REporting Qualitative research (COREQ).[9] The participants were six nurses and eight nursing technicians from two adult ICUs, one general and the other coronary, in a hospital in the northeast of the state of Rio Grande do Sul, Brazil.

The intentional and non-probabilistic selection adopted the following inclusion criteria: being a nursing professional and having at least one year's professional experience in the setting. The exclusion criteria were being on leave, on vacation or away from work during the research period.

Data collection was carried out by the researcher from May to June 2022, by means of a semi-structured interview, conducted in a reserved space in the hospital where the participants worked, on previously scheduled days and times.

An interview script was drawn up with closed questions to characterize the sociodemographic profile of the participants, and semi-structured questions, namely: what do you understand about bioethics, citing examples? What do you understand by the end of life? What do you understand about patient autonomy in the process of dying and death? How do you deal with the wishes and desires of patients and their families? What strategies do you use to identify the patient's wishes and desires? How involved is the family in the dying and death process when the patient expresses their wishes and desires?

The interviews were audio-recorded and transcribed using Transkriptor software. Afterwards, the material was revised to maintain the fidelity of the information. The interviews lasted between 30 and 50 minutes.

The data was analyzed using Bardin's content analysis, as it is a technique that allows content to be analyzed in a categorical way and also to infer new meanings and interpretations. Content analysis in the thematic modality was carried out using the following stages: pre-analysis and exploration of the material, by reading and organizing

the findings in order to identify the units of meaning that responded to the object under study, meeting the criteria of completeness, representativeness, homogeneity, relevance and exclusivity. Finally, the data was processed and interpreted based on the literature pertinent to the subject studied.[10]

The study is linked to the research project "Knowledge and practices of the nursing team in Intensive Care about Advance Directives of Will", approved by the Research Ethics Committee, under the Certificate of Presentation for Ethical Appreciation 56829422.0.0000.5668 and Opinion 5.360.816. The participants signed an Informed Consent Form and were informed about the risks and benefits of the study. The anonymity of the professionals was guaranteed by using an alphanumeric system to identify them, such as the letter E (nurse) and the letters TE (nursing technician), followed by a number according to the order of the interviews.

Results

Fourteen professionals took part, six of them nurses and eight nursing technicians. Of this total, 13 were women and one was a man. Their ages ranged from 20 to 50. As for the nurses' training, all had specializations, such as in urgency and emergency, intensive care, palliative care and auditing. The nursing technicians did not report having any additional training.

Bioethics from the perspective of the adult intensive care nursing team

Bioethics plays a fundamental role in the practice of the adult intensive care nursing team, since, in their work context, this concept is linked to different forms of professional action, so that it involves ethical and moral aspects, respecting the uniqueness of each individual and equitable and fair care.

> *It's about taking care of ethical principles, the individuality of each patient, knowledge and technique: [for example] knowing how to handle a piece of equipment or administer a medication and informing the patient what you're doing. (E02)*

> *It's about being ethical, fair and consistent about treatments, guidelines and what to do with the patient in the best way: [example] perhaps not prolonging*

> *the patient's suffering or when to intubate or not intubate the patient. During COVID, we saw a lot of families who didn't want intubation, who didn't understand much about it and/or the patient who didn't want it out of fear [...] everything was discussed with them first, but we ended up following what we thought was best for the moment. If it was an urgent case, we ended up not doing the intubation, unless the patient had decided to do it previously. (E04)*

> *Ethics is your morality; it's conduct. Bioethics would be ethical care. (TE02)*

Bioethics was also associated with the professionals' attitude towards everyday situations in their work, highlighting professional secrecy and the preservation of information inherent to the patient's hospitalization as key points for qualified care. Professional secrecy is a crucial ethical principle for the nursing team, as it protects patients' privacy and confidentiality, guaranteeing an environment of trust for the provision of health care.

> *Ethics means being careful with what we pass on to other people who are not part of our sector. It's everything I take outside my sector that doesn't concern me: [example] the biggest challenge we have is during visiting hours, how family members see us from inside the "boxes", if we have a good posture. It's just that they have a totally different view of our reality [...] having ethics means making them feel more at ease, not hanging around while they talk to the patients. (E03)*

> *It has to do with our responsibility to the profession. We have access to a lot of patient information and we have to maintain ethics and confidentiality. In short, bioethics has to do with our practices. (E05)*

> *It's about preserving the patient, having certain behaviors. Things that shouldn't be exposed. That would be it for me. (TE02)*

An important piece of information expressed in the testimonies is linked to the fragility found in the daily lives of professionals when it comes to practicing the bioethical principles involved in care, and may be related to the lack of formal education on these principles, which results in professionals who are unprepared to deal with ethical dilemmas. But it can also be associated with constant stress, excessive workload and a lack of adequate support, leading to a decrease in the capacity for ethical reflection, which ends up compromising the quality of care provided.

> *These ethical issues are very difficult, especially here in intensive care, because we see different outcomes in the conduct and treatment of patients and staff. It's very complicated, chaotic: [for example] we see the difference in treatment between patients, the way we call patients, nicknaming them, doctors*

nicknaming patients. (E06)

Bioethics has also been identified in professional-patient-family communication from the perspective of the use of discourses that emphasize respect for the patient's rights in relation to their state of health, their treatment and any pertinent information about their illness. It is important to promote a culture of open and honest communication, in which the patient and family feel free to express their concerns, ask questions and actively participate in decisions related to health care.

> *These would be the patient's rights regarding everything we say or don't say to them. There are a lot of things that sometimes we tell the family member and not the patient. I really believe that it's the information and security that we pass on to the patient: [an example] would be every application of medication that we do to the patient, always explaining, because sometimes the patient looks at us with a doubtful face. [...] there was a patient who I was explaining the procedure to, which was pain medication, and he said to me: "Wow, you're the first person to tell me what you're doing to me!". I've been here for four days and you're the first person to tell me what you're doing! (TE01)*

The patient-professional-family triad at the end of life

Communication between professional-patient-family was identified as an important factor in the context of interpersonal relationships in intensive care. In this environment, effective communication plays a fundamental role in mutual understanding, emotional support and collaborative involvement in decision-making. In other words, when there is some kind of bond between the parties, as well as a relationship of trust, it is easier to institute therapeutic limitations, and this only happens when there is an understanding of the disease and its prognosis by the patient or the family, as in the following statements:

> *Within intensive care, we have resources and we can only offer certain things to the patient when we have established a relationship of trust: [for example] when the patient is admitted and has an advanced underlying disease, the doctor can talk to the family to institute some therapeutic limitation or say that certain measures won't help the patient and that, yes, this is a patient who is entering terminal illness. When we have a family that knows about the disease, we can limit some things, but if we don't, unfortunately we can't, because it's a serious patient and sometimes there's no time to make this bond. (E01)*

> *I think it's the respectful approach, having good communication. We even form a bond, usually because patients don't stay in an ICU for long periods of time. We*

> *create a friendship, a companionship, and we always try to maintain common sense. (T07)*

The use of assertive language, in which speech is direct and easy to understand, is a relevant method used when it comes to dialog between health professionals and the patient's family. Open and receptive communication helps to clarify family and patient doubts and questions, promoting a positive experience for everyone involved in the care process.

> *We try to be clear and objective: [for example] I only answer what they ask me so I don't go any further. Sometimes they end up understanding what they want? We give them one answer; they end up understanding something else. It's important that, for this type of family, we are clear and objective in our answers. Did you ask? We answer, and we try to comfort them. (E02)*

> *I think it's always offering all the information the family wants, because we know that at least it wouldn't be a scary environment for some people. Always being available to answer any questions. I think this is a time to welcome, not just release the family member. I think it's also about explaining a bit so that they are aware of what's going on, why their family member is using it. (E05)*

Empathetic, compassionate and sensitive communication is essential to provide emotional support to the family and the patient. The intensive care team must be able to recognize and respond to emotions and concerns, offering comfort, encouragement and understanding. This can help reduce anxiety and emotional stress for families during such a difficult time.

> *Talking to them, trying to comfort them, trying to give them a word of affection and a word, maybe even trying to make them understand this phase a bit too, but I can, yes, I can have a good chat with the family. (T03)*

> *I try to comfort them, pass on the word of comfort. (T04)*

> *I accompany them, I go into the box with them at the first moment, I introduce myself, I talk a little, both with the relative and with the patient. I ask what the relative is, I pay attention. We pay attention to the family member at that moment, because they'll realize that we're not there, it's not just that we're there. Yeah, I think that if I give them attention at that moment, they'll realize that it's the same attention, the same care that I give them when they're not there. (T06)*

> *I always try to talk to the relatives, to give them hope. If the family member is aware that it's a palliative, that there's no turning back, they insist, they don't accept it. They insist on saying that there is still hope. I try to comfort them, to tell*

> *them to look to God to accept the situation, that no one is forever, that unfortunately it's sad, but that's life, you have to accept it. (T08)*

Nursing in coping with the death of the critically ill adult patient

Nursing staff face the death of a patient in different ways. Some believe that acceptance of this moment varies according to the professional's experience or length of service, while others mention emotional involvement and the bond created with the patient as hindering this act.

> *I think that, over the years, we work to be able to better accept what happens to clients. When you're a recent graduate or just starting out in your career, this happens more often. But over many years, it becomes easier to work with. (E02)*

> *I don't usually get emotionally involved with my patients at the moment. So that's not to say that I don't feel it, but I don't think it's to the point where it destabilizes me emotionally. (E03)*

> *At first, it was more difficult, but we begin to see the death of a patient in a different light. We see a cycle breaking. I already work with adults because I end up understanding better why an adult dies, but when a child dies, it's totally different, we don't understand why a child leaves. (T01)*

> *The feelings expressed by professionals are varied and very individual. There are reports of understanding the end of the patient's life as a natural process in the human biological cycle, as well as other situations in which there is denial of the patient's death.*
> *Some people understand that there is no judgment of age and illness and that there is a terminality happening, and other people on my team within this context don't have this understanding. Some people manage to deal with it in a very natural way, understanding that it's a pathophysiological process of life, and there are other people who don't so much. I think this feeling of how it happens is quite individual. (E01)*

> *I see it as the person's time to go, because we're just passing through here; everyone has their own time. One day it's him, another day it's you, another day it's me. So I see that everyone has their own time. (T03)*

> *There are people and people. Every death of a patient or a client is different. It's a mixture of feelings. There's no way of explaining it. (T07)*

The testimonies highlight the professionals' acceptance of the death of people with terminal illnesses or of advanced age, explaining that they are closer to the event. Acceptance of death does not mean insensitivity or devaluing life. On the contrary, by acquiring a mature and balanced perspective on death, health professionals can

become valuable resources for supporting people on their final journeys, as well as comforting the bereaved family.

> *I can't accept the death of a young patient, but older patients who we already know have had a life, who have a different family background, we accept a little better. We talk to each other, but I can accept the death of older patients a little better. We don't stop doing anything for them, but what we accept is when they leave. (E04)*

> *It depends. If it's a patient who has a bad prognosis and we don't expect it, but we predict that it's going to happen, and it's also different from that patient who is here like us, but suddenly something happens that wasn't expected. (E05)*

Faith and spirituality are important for nursing staff when facing death. They can provide comfort, emotional support and a sense of purpose. By understanding and respecting patients' religious beliefs, staff can offer sensitive and individualized care. However, it is essential that spiritual support is voluntary, not imposed, respecting the diversity of perspectives and ensuring that each individual receives appropriate support, regardless of their personal convictions.

> *Death is a mystery. It's a mystery to me. I think it doesn't end here, that it has to have a reason, a meaning. Because you see things here that nobody would believe if you told them. Only those who are there in the ICU can see. We often go and say a prayer. Faith involves a lot, I'm a person of great faith, I believe in God a lot. (T02)*

> *I usually go into the box, say a prayer with the patient there and then I leave. (T06)*

Patient autonomy as a premise of nursing care

Autonomy, from the perspective of the participants, is the ability of the rational individual to make a decision, and this concept is understood and reported by most of the professionals interviewed, being based on the ethical principle of respect for the person, recognizing the individual's ability to make decisions about their own health and well-being.

> *I believe that patients who are aware of their illness can decide for themselves. Not that they decide, but that, in a way, they define what they want and what they don't want. (E05)*

> *They have the right to choose their treatment. Of course, he has to have all the information, all the doubts answered by the medical team: "Look, if you don't do this, this will happen". In short, they have to be clear about what's going to happen, even if they don't want to have the procedure. I think that's it, it's patient autonomy. (E02)*

It can be seen that the nursing team's understanding permeates the concept of patient autonomy, in which nursing professionals strengthen the therapeutic partnership between them and patients, promoting patient-centered care and respecting their dignity as a human being. In addition, respect for patient autonomy is aligned with the ethical and legal principles that govern nursing practice, as well as with the promotion of quality, evidence-based care.

> *I think it's the patient's choice, the family's choice. (T03)*

> *I believe he has an opinion on what needs to be done in his treatment or not. (T01)*

> *I think he has the right to choose. It's up to him to decide how far he goes, how far he doesn't go. (T02)*

> *I understand that, depending on his age, according to the law, he has the right to choose his treatment and everything else, but this only applies if he's not sedated or if he's not confused or if he's elderly, not delirious and everything else. (E06)*

> *I understand that it's a resource for improvement, asking them what's important to them, because I might think that something is fundamental for that patient, and for them it's something else. It's the patient who will tell me what's most important to them. (E01)*

> *I understand that, as far as he is lucid, he has the right to choose. If he wants to be intubated, if he doesn't want to be, if he wants to evolve to stay in his room with his family or not. (T05)*

> *It has to be a patient who is lucid and can decide. They can have the autonomy to decide what they want to do in the ICU. A patient in an ICU, I think they can have the autonomy to decide whether or not they want to undergo any treatment. (E03)*

Respecting the patient's autonomy means seeing them as a human being who has their own place of speech, values and competence to make decisions that are consistent with their own body, in other words, autonomy is about the individual's choices. It is a fundamental principle in health care, promoting respect for the dignity and freedom of the individual.

> *I think it's about being ethical with the patient, with the family, within what we're allowed. We always respect the patient's wishes first and foremost, their autonomy, and if they can't speak, we'll listen to the family. [...] I think autonomy is the power to make decisions. I think it's respecting their wishes, because autonomy is everyone's main right in life. Everyone should have the right to decide certain things. And the first thing we lose when we go into hospital is autonomy, and that's very difficult for a lot of people. (E04)*
>
> *I think every patient has to have respect! They have to understand why they're there. (T08)*

Based on the findings of this research, the bioethical aspects involved in nursing care during the process of dying and death of the critically ill adult patient are closely related to the ways of acting professionally, based on ethical and moral aspects, valuing and respecting the human being.

In the context of the end of life, professionals may have different ways of coping, which vary according to the bond established with the patient and their family. In these relationships, the patient's autonomy needs to be preserved whenever possible, allowing them to (re)signify the humanity that exists in the end of life.

Discussion

Today, remarkable progress in the medical sciences has made it possible to rescue existences that were once considered unattainable. However, this same trajectory of evolution reveals a disturbing discovery: in certain circumstances, these advances can extend life in a painful and distressing way. This reality raises bioethical questions regarding assistance, care and the rights of patients and their families.[11]

Ethical issues related to the practice of professionals have an emphasis on the responsibility of nurses. They must take into account the consultation and prescription of nursing care, using their skills; this highlights the importance of considering ethical principles when making decisions to provide adequate care.[11-12]

Bioethics presents itself as a comprehensive challenge that involves fundamental issues such as dignity, vulnerability and humanized and palliative care. The delicate issue surrounding the end of life encompasses defining the treatment of terminally ill patients, and the process of death and dying brings with it ethical dilemmas and legal challenges. This reality prompts not only health professionals, but also scholars from

various fields and even the lay public to reflect critically on the ethical and legally appropriate conduct in the face of the finitude of human existence.[13]

In the context of the ICU, nursing staff are often faced with situations that require constant ethical consideration and debate, although they are not always prepared to deal with incurable, terminal illnesses, loss and the bereavement process.[11-12] It is noteworthy that the participants in this research, even though they were unaware of the exact meaning of the word bioethics, gave reports on this concept that directly corroborate the definition.

The principles of bioethics are fundamental in guiding the actions and decision-making of nursing professionals, as they are in close contact with patients and their families. It is through these precepts that it becomes possible to recognize and provide safe, ethical, responsible and appropriate care. Having this knowledge enables professionals to act in a conscious and informed manner, taking into account the needs and values of patients, fostering a comprehensive and respectful approach. Bioethics involves moral aspects in decision-making and is intrinsically linked to life sciences policies and health care.[11-13]

Another important factor in this research is that all the nursing professionals interviewed cited patient autonomy as a necessary principle to be preserved. Advances in biotechnology and the biological sciences have brought to light different visions and conflicting interests, because while some value extending life and postponing death, others emphasize the importance of living and dying with dignity. This involves preserving the autonomy to decide which treatments to seek or reject, as well as choosing how and where the end of life will take place.

Patient autonomy and respect for their rights to make decisions about their own treatment are elements of bioethics. The principles of justice and beneficence are essential in medical care, guiding decisions based on dignity, respect and consideration for the patient's values and preferences. It is crucial that healthcare professionals value and promote patient autonomy, allowing them to actively participate in decisions related to their health and medical care. This establishes a solid ethical basis for the relationship between the patient and the healthcare team, contributing to quality, patient-centered care.[11]

Studies[14-15] show that health professionals who receive training in end-of-life care show greater confidence in their care practice and report less moral distress when faced with the complex issues involved in this period, such as Advance Directives. This specialized knowledge allows these professionals to offer more adequate and empathetic care to terminally ill patients, respecting their preferences and wishes expressed in advance.[15]

Nursing, understood as a science specialized in care, is based on ethical principles to ensure respect, values, dignity and individual or collective responsibility. In this case, the quest to train professionals with the ability to analyze and resolve ethical dilemmas emerging from practice becomes challenging.[16]

These ethical issues that are at the forefront of nursing practice in the ICU are linked to the terminality of patients, since it is in this sector that these processes of “death and dying” are most experienced.15 With regard to these processes, it is common for people to have difficulty accepting this outcome, especially when they are directly involved in palliative care. After the medical diagnosis indicating probable death, their perspective changes and they become more vulnerable, with their foundations shaken.[6]

The study highlights the need for nurses to understand that patients and their families feel vulnerable when dealing with a diagnosis of terminal illness. Therefore, in this context, nurses must seek to ensure excellence in care, closely monitoring the patient's process of terminal illness and providing emotional, physical and spiritual support, not only for the patient, but also for the family. Authors emphasize comprehensive care, which aims to provide as much comfort and quality of life as possible during this delicate phase for the patient, in the same way as for their loved ones during the bereavement phase. In addition, the welcoming process often involves conversation and listening skills, and due to the complexity of intensive care and the prevailing culture, this care can be neglected. It is important to recognize these aspects and ensure that they are incorporated into patient care, in order to promote a more humane and compassionate environment.[6,17-18]

The feelings of nursing professionals during the processes of dying and death of the patient are the most diverse, and each one brings out a manifestation, and this

validates research related to the subject.[16-17] The process of coming to terms with the end of life is challenging for everyone, regardless of age. This can arouse uncomfortable feelings and disturb inner peace.

In this context, it is the fundamental role of the nursing professional to apply their comprehensive knowledge and skills to provide comfort and assure patients and their families that they are receiving the best possible care. The interviewees present an idea that directly confronts the literature in which death is seen as something natural in old age, while other forms of dying are considered contrary to nature and therefore avoidable. This causes a range of emotions in health professionals, as sudden death in children and young adults can cause frustration, to the point where it is understood that it could have been avoided.[2-6]

At the end of life, respect and the promotion of comfort are crucial factors in establishing relationships between the professional and the family or patient. This is well explained by the interviewees who, in light of this, report the creation of bonds between these subjects in order to establish relationships of mutual trust which, consequently, favor care in the face of the therapeutic limitations imposed in this situation. In relation to care aimed at a dignified death, it is essential to follow principles such as sincerity, respect and solidarity, as well as ensuring that people's will and autonomy are considered throughout the treatment process, taking into account the relationship between the costs and benefits of therapeutic interventions in order to prevent possible problems and avoid abandonment.[11]

Peaceful end-of-life theory and palliative care share fundamental concepts, such as comfort, pain relief, proximity to loved ones, promotion of dignity, respect and the experience of peace. Both approaches aim to provide compassionate and comprehensive care to patients at the end of life, seeking to ensure maximum physical, emotional and spiritual comfort during this delicate period.[16]

Spirituality is also an approach to care that seeks to improve the quality of life of patients and their families in the face of a clinical condition that threatens the continuity of life. continuity of life, and is exposed by the professionals who make up the survey. It focuses on the prevention, assessment and treatment of pain, as well as offering psychosocial and spiritual support. It is recognized that spirituality plays a crucial role in

well-being and coping with challenging situations, providing comfort, hope and a sense of purpose and meaning. By integrating this dimension into medical care, it is possible to promote a holistic approach, meeting the emotional, social and spiritual needs of patients and their families, resulting in a better quality of life and a satisfying care experience.[16-18]

This study focused exclusively on the intensive care nursing team of a specific hospital, which can be considered a limitation as it restricts the scope of the results. Although the nursing team plays a central role in the direct care of critically ill patients and in the management of bioethical issues, the exclusion of other health professionals, such as doctors, physiotherapists and psychologists, and the limitation to a single hospital institution may not represent all the experiences and practices related to the dying process in different intensive care contexts.

It is essential to emphasize that bioethics offers an ethical and moral framework that helps nurses make complex and delicate decisions when caring for critically ill patients. From this perspective, knowledge of bioethics is essential for ICU nursing professionals, as it helps them to deal ethically and responsibly with the challenges and potential inherent in intensive care. In view of the above, this study contributes to the nursing team being able to deal ethically and less painfully with the processes addressed, and an understanding of bioethics helps nurses to promote humanized care, respecting the dignity and values of patients and their families. This includes ensuring informed consent or refusal, respecting privacy and confidentiality, and providing adequate emotional support during difficult times, such as facing death and making decisions related to end-of-life care.

Conclusion

This study reinforces the importance of bioethics as a central element in the practice of ICU nursing staff. The professionals recognize bioethics as guiding their actions, highlighting the importance of principles such as patient autonomy. This autonomy is understood by the nursing team as the patient's ability to actively participate in decisions about their own care, as long as they are in a position to do so, respecting their values and wishes. Promoting autonomy strengthens the therapeutic

partnership between professionals and patients, resulting in person-centered care and respect for their human dignity.

However, the challenges related to formal training and institutional support for dealing with ethical dilemmas remain significant. Transparent communication and collaboration between the team, patient and family are essential, especially in terminality contexts. In this sense, there is a need to include the subject in institutions' continuing education programs. Future research could explore different contexts and include other areas of health, broadening the understanding of ethical challenges in the care of critically ill patients.

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Authorship contribution

1 – Cléton Salbego
Corresponding author
Nurse, PhD – cletonsalbego@hotmail.com
Research conception and/or development and/or manuscript writing; Review and approval of the final version

2 – Priscila de Oliveira Martininghi
Nurse – priimartininghi@hotmail.com
Research conception and/or development and/or manuscript writing

3 – Graciele Torezan
Nurse, Master – graci_torezan@yahoo.com.br
Research conception and/or development and/or manuscript writing; Review and approval of the final version

4 – Silvana Bastos Cogo
Nurse, PhD – silvana.cogo@ufsm.br
Review and approval of the final version

5 – Aline Ost dos Santos
Nurse, Master – line.ost@hotmail.com
Review and approval of the final version

6 – Tierle Kosloski Ramos
Nurse, PhD – tierleramos@hotmail.com
Review and approval of the final version

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