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ETHICAL DILEMMAS IN THE ACTION/MEASURES OF NURSES DURING CARDIORESPIRATORY ARREST IN INTENSIVE THERAPY

DILEMAS ÉTICOS NO FAZER/AGIR DO ENFERMEIRO DIANTE DA PARADA CARDIORRESPIRATÓRIA EM TERAPIA INTENSIVA

DILEMAS ÉTICOS EN LAS ACCIONES/ PROCEDIMIENTOS DE ENFERMEROS EN PARADAS CARDIORRESPIRATORIAS EN LOS CUIDADOS INTENSIVOS

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Objective: to know the ethical issues experienced in the actions/measures of nurses in the face of cardiorespiratory arrest in the Intensive Care Unit. Method: qualitative research. Data collection was performed in August/September 2016, through a semi-structured interview. Ten nurses who worked in an Intensive Care Unit of a Public General Hospital of a large city in the countryside of Bahia participated. Bardin's Content Analysis was used to find empirical categories. Results: two empirical categories were identified that revealed the ethical dilemmas experienced by nurses: The actions and measures of nurses with regards to reanimating/not reanimating a person in cardiorespiratory arrest in the intensive care unit; Dysthanasia: ethical dilemmas in the actions/measures of nurses during cardiorespiratory arrest. Conclusion: the ethical dilemmas experienced by nurses in the presence of cardiorespiratory arrest in the intensive care unit are associated with: the indication of whether to reanimate a patient according to a prognosis; the moment when the adoption of resuscitation procedures should be continued or interrupted; and the experience of dysthanasia, which only prolongs the process of dying.

Descriptors: Ethics. Nurse. Intensive Care Units.

Objetivo: conhecer os dilemas éticos vivenciados no fazer/agir do enfermeiro diante da parada cardiorrespiratória na Unidade de Terapia Intensiva. Método: pesquisa qualitativa. A coleta de dados foi realizada em agosto/setembro de 2016, por meio de entrevista semiestruturada. Participaram 10 enfermeiros que atuavam em Unidade de Terapia

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Intensiva de um Hospital Geral Público de uma cidade de grande porte do interior da Bahia. Utilizou-se a Análise de Conteúdo de Bardin para chegar às categorias empíricas. Resultados: foram identificadas duas categorias empíricas que revelaram os dilemas éticos vivenciados pelos enfermeiros: O fazer/agir do enfermeiro frente ao reanimar/não reanimar a pessoa em parada cardiorrespiratória na unidade de terapia intensiva; Distanásia: dilema ético no fazer/agir do enfermeiro durante a parada cardiorrespiratória. Conclusão: os dilemas éticos vivenciados no fazer/agir do enfermeiro diante da parada cardiorrespiratória na unidade de terapia intensiva estão relacionados com a indicação de reanimar ou não um paciente frente ao seu prognóstico; com o momento em que se deve persistir ou interromper a adoção dos procedimentos de reanimação; e com a vivência da distanásia, que só prolonga o processo de morrer.

Descritores: Ética. Enfermeiro. Unidades de Terapia Intensiva.

Objetivo: conocer los problemas éticos experimentados en las acciones/procedimientos de enfermeros con respecto a paradas cardiorrespiratorias en la Unidad de Cuidados Intensivos. Método: investigación cualitativa. A los datos se los colectó de agosto a septiembre de 2016, por medio de entrevistas semiestructuradas. Se entrevistó a diez enfermeros que trabajaban en una Unidad de Cuidados Intensivos en el Hospital Público de Enseñanza de una ciudad de gran porte en el interior del estado de Bahia. Se utilizo el Análisis de Contenido de Bardin para encontrar categorías empíricas. Resultados: se encontró dos categorías empíricas que revelaban los dilemas éticos en la experiencia de los enfermeros: Acciones y procedimientos de enfermeros con respecto a la reanimación/no reanimación de una persona con parada cardiorrespiratoria en los cuidados intensivos; Distanasia: dilemas éticos en las acciones/procedimientos de enfermeros en la parada cardiorrespiratoria. Conclusión: los dilemas éticos en la experiencia de los enfermeros en paradas cardiorrespiratorias en la unidad de cuidados intensivos se asociaron a: la indicación de reanimar o no un paciente según cierto pronóstico; el momento en que los procedimientos de reanimación deberían ser continuados o interrumpidos; y la experiencia de distanasia, que solamente alarga al proceso de muerte.

Descriptores: Ética. Enfermero. Unidades de Cuidado Intensivo.

Introduction

In intensive care units (ICUs), the participation of nurses in direct patient care is highly demanded, since there is a constant demand for procedures with high technological complexity in this environment, which require the actions of specialized nurses[1].

Referrals for ICU care take place when a situation of imminent death is detected, which demands constant attention from the professionals for the maintenance of life in a context of uncertainty and complexity[2]. It is worth to note that the nurse who works in the ICU works in situations where, evidently, life and death are involved, which means that ethical dilemmas may be experienced during the care provided, as well as in the relationships between the family members and between the members of the interdisciplinary team that works in this unit. Patient death generates suffering and distress in these professionals, in addition to the fear of the reaction of the family, which often motivates them to avoid interacting effectively with the family[3]. It is important to emphasize that, in addition to these difficulties, nurses still experience traumatic and stressful situations regarding human and material shortages and excessive workloads. Experiencing ethical dilemmas in the face of these situations can interfere with their actions/measures when caring for patients with cardiac arrest.

Ethical dilemmas emerge during the care of a sick person when the professional needs to evaluate and decides to apply or follow a certain procedure without violating ethical norms and precepts[4]. One of these dilemmas experienced by nurses working in ICUs is whether or not to reanimate a person in cardiac arrest, especially since Brazilian legislation does not provide the elements that indicate situations in which resuscitation should not happen or can/should be interrupted. The lack of legal support causes health professionals to apply cardiopulmonary resuscitation and reanimation (CPR) techniques in all cases, until death is unquestionable[5].

In addition to the dilemma of deciding when or for how long to insist on cardiopulmonary resuscitation, there are also the therapeutic actions used in resuscitation that often only prolong the process of dying and, consequently, result in the prolongation of the suffering[6]. This, however, raises the question of the actual efficacy of the therapy employed, which, instead of benefiting the individual, may unnecessarily prolong the transition to death, leading to discussions on ethical and legal precepts[7].

Thus, in order to minimize ethical dilemmas and have a responsible attitude, the actions and decisions of nurses should comply with the protocols for offering care for ICU patients and be made jointly with other professionals who work in the unit. To do this, there must be a continuous communication in the work environment so that dialogue prevails[8].

Considering the above, the following research question emerged: Which ethical dilemmas are experienced by nurses caring for people in cardiac arrest in the ICU?

In order to answer this question, this research aims to know the ethical dilemmas experienced in the actions/measures of nurses in the face of cardiorespiratory arrest in the ICU.

Method

This is a qualitative research, part of the monograph entitled "The Experience Nurses Regarding Ethical Dilemmas in the Care for People in Cardiopulmonary Arrest in the Intensive Care Unit", presented in the Nursing graduation course of the State University of Feira de Santana in 2017.

The study was carried out at the Intensive Care Units (ICUs) I and II of a Public General Hospital, located in Feira de Santana, Bahia. The ICU I has 10 beds and 12 nurses to attend clinical and surgical critical patients of all specialties. The ICU II has 8 beds and assists clinical and surgical critical patients of all specialties, in addition to having a bed to perform hemodialysis sessions and 9 nurses.

The research participants were 10 nurses. The inclusion criteria were: to work for more than one year in the ICU; be in full labor activity; and to have cared of patients over 18 years of age with cardiac arrest. Were excluded those who did not act directly on the assistance/care.

The research was approved by the Committee of Ethics in Research with Human Beings (CEP), of the State University of Feira de Santana, according to CAAE 57578316.0.00000.0053.

At first, the nurse coordinator of the units was contacted in order to facilitate the meeting with the nurses of the ICUs. They received clarifications regarding the research theme, its objectives, justification of the topic, and were then invited to participate and be interviewed. After agreeing to participate in the survey, the participants were instructed to read and sign the Free and Informed Consent Form (TCLE).

Data collection was performed by one of the researchers and took place in August and September of 2016. The interviews were carried out according to the availability of participants in the unit's nursing coordination room, a quiet and noise-free environment, which allowed the research to be carried out with no interference.

The data collection instrument was a semi-structured interview script divided into two parts: the first one referred to the characterization of the participants and included the following variables: gender, age, place of birth, educational degree, time since graduation, time working in an ICU sector, ICU weekly work hours, other jobs, and other sectors of activity. The second part presented three guiding questions related to the ethical dilemma situations of nurses in the care of people in cardiac arrest in the ICU: 1. What do you understand by ethical dilemmas? 2. How do you carry out nursing care for the person in a cardiorespiratory arrest? 3. Tell me about the ethical dilemmas experienced while carrying out measures in a case of cardiac arrest in the ICU.

In order to ensure the legitimacy of the study, data continued to be collected until theoretical saturation was achieved. The interviews were

recorded after the participants authorization and were later transcribed.

For data analysis, the technique proposed by Bardin[9] was used. It is divided in three phases: the first, pre-analysis, consists in the organization of the material and corresponds to a period of intuition, to lead to a precise flow in the development of successive operations, in a plane of analysis. At said moment, the reading was carried out vertically, with the full reading of the answers of all the points addressed in the guiding questions, and horizontally, with the approach of each topic separately, analyzing the answers obtained in the semi-structured interview, in order to to know each text and to raise units of meaning. In the next stage, the material exploration, data was classified after an exhaustive and repeated reading of the texts, in order to understand the relevant structures of the collected interviews and to decompose them into categories that would help in the analysis. The last step, the content analysis, referred to the treatment of the results. At this moment, the inferences and interpretations related to the objectives proposed were made.

To ensure the anonymity and privacy of interviewees, protecting them from the possibility of future reprisal, while also giving each speech a clear identification, the participants were identified with the following flower names: Rosa, Tulipa, Orquídea, Bromélia, Cravo, Hortência, Hibisco, Margarida, Jasmim e Lavanda.

Results and Discussion

Ten nurses were interviewed, eight were female and two were male, with ages from 27 to 54 years. The time since formation was from 7 and 28 years and the time working in the ICU, was between 1 and 15 years. The workload comprised 30 to 48 hours a week. Of the nurses surveyed, nine had other formal jobs, and seven had a title of specialist in internsive care.

Reading the interviews made it possible to identify two empirical categories: The actions and measures of nurses with regards to reanimating/not reanimating a person in cardiorespiratory arrest in the intensive care unit; and Dysthanasia: ethical dilemmas in the actions/measures of nurses during cardiorespiratory arrest.

The actions and measures of nurses with regards to reanimating/not reanimating a person in cardiorespiratory arrest in the intensive care unit

The reports indicated as conditions that lead to ethical dilemmas during the actions of nurses: the poor prognosis of the hospitalized person that caused doubts about the condition of resuscitating or not resuscitating; and the existing doubt regarding how long to persist in resuscitation without disrespecting the ethical principles of the hospitalized person.

In Rosa's report, it was found that, sometimes, when the patient had no indication of resuscitation or had already been revived other times, the ethical dilemma of professionals arose: to revive or not to revive? For Tulipa, a situation that generated ethical dilemmas during the cardiac arrest was the taking of conducts that were not according to protocol, such as in situations where they should use defibrillation and cardioversion. It was also evidenced that the act of reanimating a patient without indications and of not reanimating a patient with indications consisted in a dilemma.

> [...] *this is what we experience. The patient is a patient* [...] *that has no prognosis, a patient who has already been reanimated two, three times* [...] *the team* [...] *comes to the conclusion that there is no point in reviving; that the patient no longer has a condition of resuscitation. So a decision is made about whether to reanimate.* (Rosa).

> [...] *instead of defibrillating, with a cardioverter defibrillator, a patient and take actions that are not in accordance with what is established in the arrest protocol. So this is also an ethical dilemma or, as I said at the begging, and ... to reanimate a patient who has no indication, or not to reanimate a patient who has an indication. So this is also an ethical dilemma.* (Tulipa).

In the reports of Rosa and Tulipa, it was possible to perceive that the professional conduct regarding resuscitating or not the patient in cardiac arrest was related to their prognosis. Those who had a poor prognosis, that is, were not able to improve with the intervention,

often led the professional to experience ethical dilemmas in their actions/measures regarding the ideal choice for the clinical case.

The practice of cardiorespiratory resuscitation (CPR) is recommended for every person in cardiac arrest, if there is a potential clinical situation that recommends it. However, in some cases, not to perform the maneuver is in accordance with the ethical and moral principles of the individual, since, based on the analysis of the clinical situation, it is evidenced that the execution of this procedure will not offer benefits to patient health. Thus, ethical dilemmas will be prevented[10].

The reports by Orquídea and Margarida show that, if the resuscitation does not lead to survival, because the patient's prognosis is reserved or severe, the ethical dilemma in the actions/ measures among professionals is identified with regards to the decision to reanimate or not.

> *An ethical dilemma is whether to reanimate a patient, when his prognosis is reserved, or when the severity of the case is already ... is already ... In such a way that he would not have a ... One would reanimate, but the patient would not have a survival perspective, right?* (Orquídea).

> *And another ethical dilemma very evident in our practice is... whether to reanimate* [...] (Margarida).

The person without a prognosis of cure is considered, in most cases, to be at the end of her life, since there is no possibility of improvement of the clinical context. The therapy used is only aimed at maintaining end of life quality. The omission of procedures that would lead to the prolongation of life, such as CPR, would avoid unnecessary suffering for the hospitalized person. Thus, in the case of a patient with a poor prognosis, it is necessary to consider the adequate measures to respect the autonomy and the right to die in a dignified way without causing unnecessary suffering to the hospitalized person[11].

A situation that should be evaluated during CPR are the cases of high probability of death, observed in patients at the end of life that make resuscitation useless. Resuscitation, in the face of these events, is inadequate and does not provide dignity at the end of life, in addition to causing harm to both the hospitalized person and the professional who provides the assistance[12].

The nurse, in addition to experiencing the ethical dilemmas inherent to the care provided, regarding the process of resuscitation or non-resuscitation, also experiences them from the moment they need to decide when they continue to revive.

The decision to stop CPR should be based on a consensus among the multiprofessional team and may happen due to contraindications to initiate the maneuver as a result of the clinical situation presented by the patient during its execution, since CPR may cause neurological complications, if a long period of hypoxia occurs[13].

If an incurable condition is detected, if a delay to begin the maneuvers of more than 10 minutes is observed, or if it is found that even with CPR no cardiac electrical activity is detected, the suspension of the procedure is acceptable according to ethical principles. However, decision-making, when analyzing if resuscitation should continue, leads professionals to experience ethical dilemmas in taking actions/ measures during cardiac arrests in ICU units, due to the individual characteristics of each professional[12].

For Bromélia, Cravo, Margarida and Hibisco, the team experienced the ethical dilemma in situations where there was doubt as to how long should the CPR last, that is, until when they should continue with the resuscitation, considering that this conduct would depend on the diagnosis, the patient's prognosis, age, among other factors that led the professional to feel discomfort in making a decision.

> *Some cases where the team, it is not really the nurse, but it's the team, yes ... or we take part in the dilemma as far as it goes, right? How long do we persist in the case of cardiac arrest? Until when can we do what is being done? So it's more in that sense really.* (Bromelia).

> *Well ... an ethical dilemma that I think, it would be at what time we should stop or not resuscitation. That* [...] *depends on the diagnosis of the patient, the prognosis, the age, a series of factors, and this is often what ... it causes a certain discomfort, right?* (Cravo).

The main ethical dilemma I experience on a daily basis is when to stop resuscitation, right? Or if you have an indication of resuscitation. (Margarida).

What I remember that can happen in this sense is, for example, when to stop doing a resuscitation, right? Sometimes you come to reanimate a patient who has no prognosis at all, should not be resuscitated, or is already using a lot of drugs, which means that that resuscitation will not be effective. (Hibisco).

The ethical dilemmas experienced by nurses involving cardiac arrest in the ICU tend to question their work activities, whether to perform the maneuvers or not, and when to stop the therapy or initiate it. All persons in cardiac arrest should be resuscitated, except those with clinical contraindications regarding a poor prognosis[14].

For Hortencia, in every patient who is viable, the resuscitation should be performed; when there are no conditions, the team professionals should discuss the reasons for reanimating or not.

But every patient that is viable, we do resuscitating techniques, and when they are not, we talk to the team about why we will not reanimate that person anymore. (Hortência).

The knowledge of the patient's prognosis allows the team to predict the actions and potential intercurrences in the ICU, such as cardiac arrest. This behavior allows to anticipate the articulation of health professionals as to the resuscitation or not of the hospitalized person, guaranteeing a consensus regarding the decision being made[10].

The lack of materials, according to Hibisco, also provokes an ethical dilemma regarding the actions/measures of the nurse in regards to the person in cardiorespiratory arrest in the ICU. She reveals that she has already witnessed the death of a patient in cardiac arrest as a result of the lack of adrenaline in the unit to conduct reanimation procedures.

An ethical dilemma that we have a lot in public hospital, because of the crisis that we have of material, is the lack of material even for resuscitation, lack of carbonate... lack of glucose, lack of adrenaline. I've seen a patient die, because we did not have the adrenaline to do the reanimation. So it's an ethical dilemma in that sense. (Hibisco).

Providing the ICU with equipment and consumables in appropriate conditions and number is a basic premise of the accreditation process, which, in relation to resources, is able to guarantee a coherent execution of tasks[15]. Thus, the lack of material resources in the ICU not only causes nurses to experience ethical dilemmas, but also puts the person in cardiac arrest at risk.

Respect for others and dialogue among the multidisciplinary team are alternatives to develop harmony in the work environment and facilitate the decision-making process in the ICU. To reanimate the person in cardiac arrest, or even when to continue with the resuscitation, are situations that condition the nurse to experience ethical dilemmas in their practice.

Dysthanasia: ethical dilemmas in the actions/measures of nurses during cardiorespiratory arrest

The nurses reported that the ethical dilemmas experienced during cardiac arrest were related to the practice of prolonging life, that is, the practice of dysthanasia. A set of therapeutic approaches used in cardiac arrest in certain cases lead to the prolongation of the person's death process and suffering, since treatment no longer has the expected clinical efficacy[6].

Hortência said that the experience of dysthanasia was linked to the prolongation of life. However, in the ICU, among people who could not recover, that possibly would evolve to death, the resuscitation was not indicated. This procedure would lead to the development of the therapeutic obstinacy, since the treatment would not bring clinical utility, but only the prolongation of suffering.

So often, we have this dilemma, right? How long must we prolong life? So there are people who are no longer able to recover [...] *The people in the ICU have an acronym "IISS" – "it stopped, it's stopped"* – [...] *it is a person who will evolve to death; or else, we would be doing something called therapeutic obstinacy, dysthanasia. So, often, the team does not understand this, up to what point we will spend energy with that person, then there's this conflict, this dilemma, among health professionals.* (Hortência).

It is understood that, when encountering patients who are no longer able to recover, nurses tend to experience the ethical dilemma and,

consequently, the dysthanasia in their practice. Hortência reported that, in addition to the ethical dilemma, conflict was also experienced among health professionals during decision making and the choice of unnecessary prolongation of assistance.

The nurses experience of dysthanasia in the face of conducts involving the prolongation of death is complex, since it bypasses the ethical and legal precepts of the profession and goes against their personal values[6]. For Hibisco, a condition found in the care that generated the dilemmas in the treatment of cardiac arrest, was present when the team reanimated a palliative care patient only to give satisfaction to the family, since that conduct would not offer any benefit to the patient. Thus, it was clear that the indication or not was a primordial condition for the nurse to experience the dilemmas during cardiac arrest in the ICU.

> *When the patient was in palliative care, and we reanimate only to give some satisfaction to the family, to say that we did something. On the other hand, some patients would have an indication. I think that's pretty much about the indication, right?* (Hibisco).

Resuscitation of patients in palliative care leads to the application of a therapy that is not viable to improve the clinical status. Considering Hibisco's speech, it was found that the indication or not of resuscitation is the situation that leads the nurse to experience the dilemmas during cardiac arrest in the ICU.

Palliative care consists in the adoption of therapeutic procedures with the purpose of alleviating stressful conditions of the patient, in order to guarantee an end-of-life with quality. However, the adoption of therapeutic approaches among people with poor prognosis does not improve their clinical condition[6].

Due to the lack of communication between ICU professionals and the family, experiencing ethical dilemmas related to cardiac arrest occurs through the use of therapies only to "disguise" an effective care, which contributes to the nurse's experience of dysthanasia. Margarida reveals that the ethical dilemmas emerge when deciding when to stop the resuscitation, because the longer the arrest time the patient stay, the more likely is the outcome of death.

> *When we are in a resuscitation, during the cardiac arrest, up to what point should we go, right? Because we know that, over time, there is a higher chance of mortality, right? There is a greater risk over time depending of the minutes of cardiorespiratory arrest.* (Margarida).

The different behaviors of the health professionals, in the care of the person in CRP, to reanimate or even when to continue in the resuscitation, lead the nurse to experience ethical dilemmas in doing / acting. For Lavanda, the nurses also have ethical dilemmas when they witness young patients in cardiac arrest that do not have a good condition of survival. Even so, the team tries resuscitation maneuvers. The practice of doing or suspending treatment alternatives to cardiac arrest is a common practice, but it is understood that by choosing to suspend resuscitation maneuvers, the professionals are not promoting euthanasia, but rather practicing the appreciation of human dignity in the end of the life process[13,16].

> *I think we have ethical dilemmas when we see a young patient. We see that there is no more condition* [...] *It is no longer compatible with life, some situations that are no longer compatible with life, but we still try. Even so, we still reanimate ... This is an ethical dilemma* [...] (Lavanda).

Often the team chooses to prolong life in the search for a cure, even knowing that a hospitalized person does not have a good prognosis. Constantly, the multidisciplinary team does not discuss clinical conditions, causing the nurse to experience the practice of dysthanasia[17].

The decision related to the suspension or maintenance of cardiac arrest procedures is made by the medical professional. However, the nurse, as the collaborator who knows the clinical condition of the hospitalized person, tends to facilitate the dialogue between the team and the family, being able to choose the best conduct[7].

In this context, it was possible to identify that the experience of dysthanasia as an ethical dilemma in the actions/measures by nurses is frequently observed in the ICU, when there is a cardiac arrest situation. However, when developing the dialogue among the members of the multiprofessional team, often the practice of

therapeutic obstinacy can be avoided, provided that, during the assistance, precepts of bioethics, such as non-maleficence, beneficence, autonomy, and justice are respected.

For the development of this investigation, there were difficulties related to the scarcity of studies on the subject in scientific data bases. Nurses were also unavailable to participate in data collection, since the demand from the ICU often does not favor the removal of this professional from the unit to participate in interviews, meaning these had to be rescheduled frequently.

Conclusion

This study made it possible to know the ethical dilemmas experienced by nurse's in the care of a person in cardiorespiratory arrest in the ICU. The research revealed that the main ethical dilemmas experienced by nurses consist of frequent and common situations seen in the unit, since they directly affect the quality of care provided to the person with cardiorespiratory arrest, and are mainly related to the indication of resuscitation or not according to the prognosis – patients who are not able to survive – and how long to persist with resuscitation procedures. Another dilemma evidenced concerns the experience of dysthanasia, that is, the resuscitation of a person who has no conditions for recovery. In these cases, the procedure has no clinical efficacy and only prolongs the process of dying.

In view of the results found, it was possible to find that the experience of ethical dilemmas in the nurse's actions is a situation that frequently takes place in the ICU, since this professional, when trying to use the resources to establish a holistic care and maintain the life of the hospitalized person, experiences ethical dilemmas that may directly interfere with the quality of care.

Other studies involving the subject would be very promising, since they would contribute to the improvement and knowledge of nurses about the ethical dilemmas experienced in the actions/measures related to the person suffering from cardiac arrest in the ICU.

Collaborations:

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2. writing of the article and relevant critical review of the intellectual content: Quécia Lopes da Paixão, Marluce Alves Nunes Oliveira, Elaine Guedes Fontoura and Kátia Santana Freitas;

3. final approval of the version to be published: Quécia Lopes da Paixão, Marluce Alves Nunes Oliveira, Elaine Guedes Fontoura and Kátia Santana Freitas.

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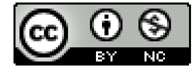

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