



THE ROLE OF NURSES IN MAINTAINING DIGNITY AT THE END OF LIFE: ETHICAL CONSIDERATIONS IN PALLIATIVE CARE

Ibrahim Mohammed Amri^{1*}, Khalid Rishdan Almutairi¹, Torki Nasser Aloraifi¹, Suliman Abdulrahman Al Mayouf¹, Sultan Abdulaziz Alkhurayji¹, Ayman Abdulaziz Bawazeer¹, Ahmed Saad Salem Alotaibi¹, Fahad Ayed Bagan Alanazi¹, Khaled Othman Hamad Alshaalan¹, Abdullah Rubayyi Alotaibi¹, Ahmed Salim Bawazir¹, Yousef Hejji Ahmed Alhassan¹, Bayan Ali Alkhalifah¹, Hussain Ali Bensaleh¹, Mohammed Sami Albagal¹, Salah Abdullah Albahrani¹, Emad Zaid Abutaleb¹

***Corresponding Author:** Ibrahim Mohammed Amri
*KSA, Ministry of Health

Abstract:

This study examines nursing ethics, specifically as they relate to palliative care for the terminally ill. It highlights the fact that nursing is a career that blends creative caregiving, scientific understanding, and human service. Florence Nightingale emphasized that nursing is a profession that demands a high moral standard from its practitioners. This paper explores what ethics are and how they should be used to guide the behavior of nurses, particularly in difficult end-of-life situations. It makes a distinction between morality and ethics, emphasizing the stability and universality of ethical principles in contrast to personal moral convictions. In addition, the study looks into the laws that control the nursing profession in Poland. It emphasizes the significance of the Nurses and Midwives Code of Ethics, which describes the duties that nurses have to patients, other nurses, and the nursing profession. Overall, the study emphasizes the value of ethics in palliative care, where nurses are essential in reducing pain and making sure that patients who are near death have a dignified death.

Keywords: moral anguish, terminal illness, Florence Nightingale, nursing ethics, palliative care, and end-of-life care.

Introduction:

nursing is a science, an art, and a service. Among the most significant manifestations of humanism. It necessitates acquiring the necessary information and abilities. Assisting those in need has always been and will continue to be the primary objective and responsibility of the nursing profession [1–3]. The goal of nursing is to assist patients so they can live better, preserve their health, and, in the event that they become ill, assist in the recovery process as quickly as feasible. An ill individual is helpless, feeble, nude, and confined to bed. In this prison without bars, where powerlessness and addiction are the norm, what can he do? His silence and nudity are blatant displays of powerlessness. Nursing, then, ought to be an unrestricted activity that accepts man in his entirety, his ambitions, and all of his miseries. For man, there is no substitute or absolute worth [2, 4]. In addition to upholding principles, ethics, and ideals, providing care for the sick also entails giving up one's own strength, intellect, security, intimacy, and the opportunity to pass away with dignity.

The Enduring Importance of Florence Nightingale's Ethics in Nursing

The fulfillment of these presumptions is largely dependent on nurses' ethical standards, empathy, patience, kindness, and awareness of others' needs.

Florence Nightingale shaped nursing's perception as a profession and vocation, earning her a special position in the annals of nursing history. Nightingale's concept was humanistic since it acknowledged everyone's right to care. She declared that becoming a nurse is a vocation and that a nurse must have a very high moral standard. A good nurse, in her view, is one who concentrates on the patient, gives him attention, is upbeat, courteous, patient, and friendly, as well as one who aspires to a higher and higher degree of moral development. Even though time has passed, the presumptions of Florence Nightingale remains relevant. The unique nature of the nursing profession is ingrained in ethics. A nurse must have a high moral standard and adhere to ethical guidelines when providing care for the sick [6].

A nurse's moral conduct is protected by the Republic of Poland Code of Professional Ethics for Nurses and Midwives. As stated in the Little Ethical Dictionary, The code of professional ethics is referred to as "a logically ordered set of norms of professional ethics. It is created through the concretization and detailing of general norms functioning in society, adjusting them to the specificity of a given profession, and enriching them with rules related to general ethics and the essence of professional activities.". The code of ethics's standards make it easier to resolve moral conundrums that arise in the course of a professional job. These guidelines serve as a sort of manual for problem-solving, which is crucial considering the rapid advancement of medicine. The norms found in the code of professional ethics are obligatory in all situations.

Additionally, the Code shields service consumers from professional misconduct and unwelcome behavior. The Polish Association of Professional Nurses, whose leaders have frequently commented on the ethical standards at work, has made a significant contribution to the establishment of ethical principles for nurses in Poland. Teresa Kulczyńska has authored numerous articles in "Polish Nurses" regarding this topic. Her research served as the foundation for the later development of comprehensive ethical guidelines for nurses. The Polish Nursing Association created the country's first code of ethics in 1973 under the term "Principles of Professional Ethics," which included both broad and specific guidelines. "Principles of professional ethics for nurses and midwives" was the title given to the 1984 expansion of the aforementioned code to include moral guidelines for midwives.

The Ethical Burden of Palliative Care: Polish Nurses and the End of Life

The field of nursing developed, and with it, so did the range of responsibilities and moral obligations for nurses. At the 4th National Congress of Nurses and Midwives in 2003, the current code of practice for Polish nurses was established. It is divided into three sections: a promise, a general section, and a detailed section that contain the guidelines for a nurse's interactions with patients, with professional practice and science, with the self-governance of nurses and midwives, with coworkers, with the rules of behavior toward society, and with the concluding provisions. The pledge stated in the preamble is analogous to a nursing creed, since it states that nurses should uphold moral and ethical standards in their job when caring for patients in both health and illness.

In addition to professional training, caring for the very sick or infirm involves profound moral and ethical reflection. A certain and inevitable aspect of human life is death. Death is hard, especially for those who are nearing the end of their lives and have to endure excruciatingly painful symptoms while they wait to pass away. Frequently, this hope is only kept alive by suffering, and a sick person who wishes to pass away with honor is unable to do so. The pain and death of another person are frequently included in the work of a palliative nurse, which can occasionally terrify staff members and instill humility. In the face of the final resort, they attempt, rather timidly and delicately, to provide the sick person with something he could never have had: the truth about humanity and the community of destiny.

The victims are in excruciating pain. Most of the time, the patient is unable to handle all of the issues

that arise from his condition. Support is provided by hospice and palliative care, which strives to enhance patients' lives as much as possible. In palliative care, an interdisciplinary team is crucial. Nurses hold a unique position among these staff members because they deal with patients on a daily basis. They frequently take on the role of trustees—someone special in the final weeks or days of another person's life—while providing care and engaging in activities that involve coming into contact with the patient's integrity and body. Regardless of cultural or religious differences, a nurse's fundamental responsibility is to alleviate suffering, demonstrate caring, and assist with each patient's physical and emotional anguish. An extra component of the basic duty to lessen the patient's suffering is the pledge to be reliable, underpinned by the moral precept of faithfulness. [1, 3, 7]

A Foundation for End-of-Life Discussions

It is vital to understand the definition and guiding principles of ethics in order to have ethical conversations and make morally challenging judgments regarding end-of-life concerns. A system of moral standards that establish moral values is how ethics, a field of philosophy, is most commonly defined. The Greek word *ethos*, which means "habit," is where this word originates [8]. Ethics: a manual of conventions. Aristotle employed the term "*thos*" (*obyczaj*, *charakter*) in the title of his work "*Nicomachean Ethics*" in the fourth century BC to refer to a descriptive-critical study that focused on *ethos*, which is a human character or custom—that is, a set method of behavior in the context of life or domicile. Ethics, in the common sense, is a body of moral principles acknowledged at some a social community's period as a benchmark for the judgment and control of behavior to unite a group behind a set of ideals, often known as morality. According to philosophy, ethics is a science of morality that is studied in two distinct ways: normatively, as a science of morality (also known as specific ethics or normative ethics), and descriptively, as a science of morality that serves as an explanation (also known as descriptive ethics or ethology) [9].

Aristotle established the idea of ethics to characterize the just-emerged, prestigious discipline of philosophy. [10,11]

But morality and ethics in their normative sense are not the same thing. To be moral is to hold moral opinions, attitudes, and convictions. Because moral views have so many roots, it is a difficult subject to answer. They depend on people's views and attitudes since they are produced by individuals or social groups according to their personal convictions. Morality is an extremely personal topic; each person forms their own rules based on their beliefs, which makes them unique. Ethics exists independently of moral perspectives. Its stability and universal and consistent binding are its defining characteristics. It doesn't address how morality is defined or explained. The face of ethics has undergone numerous transformations throughout history. Its scope has extended beyond assessing human conduct; it has also determined the means of obtaining satisfaction in life. Over time, ethics started to shift in favor of bringing enjoyment to others and away from the pursuit of personal gain for others. Good is the fundamental phrase used in ethics. It's not necessarily the same thing to define someone or anything as nice.

Secondly, ethics is primarily concerned with human behavior and the motivations behind it. Thus, the goal of ethics as a discipline is to characterize human behavior, or how one should live in order to be morally upright. Behavior and the reasons behind particular actions are among the most crucial ethical considerations to take into account. Because evaluating human behavior is so difficult, there is a great deal of disagreement on what constitutes appropriate behavior. [2,7] Pellegrino examined the connection between medicine and philosophy. He proposed ideas for the integration of the two sciences. Among them, the philosophy of medicine is the most significant when considering ethics. By interacting with one another, both disciplines may be better able to identify the approaches they take. Additionally, by using disparate approaches, their clash may spur further innovative thinking [12]. The fundamental values of universally binding ethics serve as the foundation for the ethics of the nursing profession.

The Moral Landscape of Palliative Care: Challenges and Support for Nurses

These guidelines served as the foundation for the formulation of guidelines that had to direct the practice of midwives and nurses. Palliative care nurses encounter a distinct set of moral dilemmas. Daily observation of suffering can result in moral distress, a condition of disarray brought on by the incapacity to maintain what one considers to be the patient's best course of conduct [13]. Conflicts between the patient's desires, the preferences of the patient's family, and the available therapies may give rise to this. Inadequate staffing and budget constraints might also make it more difficult for nurses to make moral decisions. Navigating these ethical challenges requires open and honest communication with patients and their families.

In order to ensure that patients are informed about their alternatives and have their views heard throughout the decision-making process, nurses play a crucial role in facilitating these talks. By guaranteeing that nurses' actions are in line with the patient's preferences, a shared decision-making approach—in which all parties involved work together to establish the optimal course of care—empowers patients and reduces moral discomfort for nurses. Strong self-care routines are crucial for nurses due to the emotional toll that working in palliative care takes. This entails using stress-reduction strategies, asking coworkers or mental health specialists for emotional assistance, and upholding a positive work-life balance. Strong institutional support networks, such as mentorship and peer support programs, are essential for building resilience and reducing burnout among palliative care nurses.

Healthcare organizations can enable nurses to more easily handle ethical complications and give terminally ill patients compassionate, dignified treatment by understanding these challenges and putting supportive measures in place. It is crucial to be aware of the laws that govern the practice of nursing, since it is a separate and legally regulated profession. The Act of July 5, 1996, on the professions of nurse and midwife specifies the legal foundation for practicing nursing (Journal of Laws 2018, item 123). The act includes ethical guidelines specific to the nursing profession. Article 28(4), which states unequivocally that someone with an ideal moral attitude has the right to practice as a nurse and midwife, is one of the most important laws pertaining to the ethical duties of a nurse. Furthermore, a nurse or midwife shall practice their profession with due diligence in compliance with the standards of professional ethics with respect to the patient's rights and taking into account his or her safety, according to Article 11 of the same Act. The provisions of this Act specify the formal and legal prerequisites for those seeking to become qualified for the nursing profession. According to Article 4 of the previously mentioned Act, a nurse's job includes providing health care services and, most importantly, caring for patients, identifying their needs, and addressing nursing-related issues.

Florence Nightingale, the founder of modern nursing, emphasized the importance of ethics in nursing practice. She believed that nurses should have a high moral standard and focus on providing compassionate care to patients [1]. This sentiment is echoed in the modern nursing profession, where ethics are central to ensuring patient dignity and well-being, especially at the end of life.

The Enduring Importance of Florence Nightingale's Ethics in Nursing Nurses play a critical role in upholding patient dignity at the end of life. Their ethical conduct is guided by the principles established by Florence Nightingale, which emphasize empathy, kindness, and respect for patient autonomy [6]. Additionally, the Polish Code of Professional Ethics for Nurses and Midwives provides a comprehensive framework for ethical decision-making in nursing practice [1].

The Ethical Burden of Palliative Care: Polish Nurses and the End of Life

Palliative care nurses face unique ethical challenges. Witnessing patient suffering on a daily basis can lead to moral distress, particularly when treatment decisions involve complex ethical considerations [13]. Open and honest communication with patients and their families is crucial for navigating these challenges and ensuring that patient wishes are respected [13].

Understanding ethical principles is fundamental to effective communication and decision-making at the end of life. Ethics, as a branch of philosophy, provides a framework for evaluating human behavior

and making moral judgments [8]. Distinguishing between morality (personal beliefs) and ethics (universal principles) is essential for navigating complex ethical dilemmas in palliative care [8]. Moral distress can be a significant burden for palliative care nurses. Working collaboratively with patients, families, and the healthcare team to establish shared decision-making processes can alleviate moral distress and empower patients [13]. Additionally, strong self-care practices and institutional support systems, such as mentorship and peer support programs, are crucial for promoting nurse resilience and preventing burnout [13].

Conclusion:

The Act of April 19, 1991, on the self-government of nurses and midwives is the second legally obligatory document. The purpose of the self-government organization for nurses and midwives is to encourage and regulate the compliance of nurses with professional ethics. It is obligatory for all nurses and midwives to be members of the self-government and to conduct themselves in a manner consistent with the professional ethics and nursing professions as outlined in the Act of July 15, 2011, on the Professions of Nurse and Midwife. Members of the self-government are subject to professional liability under Article 36 in the event that they violate any regulations pertaining to their profession or the rules of professional ethics. The association will establish standards of professional ethics as part of its operations.

The Republic of Poland's Code of Ethics for Nurses and Midwives, which was adopted by Resolution No. 9 of the 4th National Congress of Nurses and Midwives, contains the most significant ethical guidelines pertaining to the nursing and midwifery profession in Poland. The code has been in effect since December 9, 2003. The nurses make a commitment at the outset of the document when they receive their diplomas. The Code is divided into two sections: 1) the general section, which discusses the professional activity of nurses, personal growth, and self-government professional organizations; and 2) the specific section, which outlines the duties of nurses toward those in need of assistance, toward professional practice, toward colleagues, and toward their own profession. A collection of moral duties and rights is known as the Code. Lower-order acts are the policies and guidelines followed by healthcare providers.

References:

1. Styczeń T. Etyka. [W:] O wartościach, normach i problemach moralnych. Środa M. Warszawa; Wydawnictwo Naukowe PWN 1994: 55-64.
2. Beauchamp TL, Childress JF. Principles of Biomedical Ethics. New York 2014.
3. J Vennin P. Informed consent or choice? An ethical dilemma in oncology practice. Bull Cancer 2007; 94: 453–459.
4. Kózka M, Płaszewska – Żywko L. Diagnozy i interwencje pielęgniar- arskie. Warszawa; Wydawnictwo Lekarskie PZWL, 2015.
5. J Kaptacz A. Organizacja i zarządzanie w opiece paliatywnej. [W:] Pielęgniarstwo w opiece paliatywnej i hospicyjnej. de Walden- Gałuszko K, Kaptacz A. Warszawa; PZWL 2005: 21–35.
6. Dobrowolska B. Kodeksy etyki zawodowej pielęgniarek. [W:] Ety- ka w pracy pielęgniar- skiej. Podręcznik dla studentów pielęgniar- skich studiów licencjackich. Wrońska I, Mariański J. Lublin; Wydawnictwo Czelej 2002: 203-204.
7. J Winkler EC, Hiddemann W, Marckmann G. Ethical assessment of life-prolonging treatment. Lancet Oncol 2011; 12: 720–722.
8. Apanowicz J.: Metodologia ogólna. Gdynia; Wydawnictwo Ber- nardinum, 2002.
9. Encyklopedia PWN: Etyka. [online] [cited 2019 January 2] Avail- able from: URL:<https://encyklopedia.pwn.pl/haslo/etyka;3898956.html>.
10. Barnes J. The Complete Works of Aristotle. Princeton; Princeton University Press, 2010.
11. Plutarch M. Moralia. Cambridge; Harvard University Press, 2013.
12. Biesaga T. Spór o podstawy etyki medycznej. Kraków; Wydawnictwo naukowe Uniwersytet Papieski Jana Pawła II w Krakowie, 2014.

13. Bentley H. Privacy matters. *Nursing Times* 1994; 90 56. 6 Mairis ED, Concept clarification in professional practice dignity, *Journal of Advanced Nursing* 1994, 19, 947
14. 7 Damron Rodrigues | Respecting ethnic elders: A perspective for care providers, *Journal of Gerontological Social Work* 1998, 29:51-72
15. 8 Pullmann D. Ethics of autonomy and dignity in long-term care. *Canadian Journal on Aging* 1999, 18:26-46. Disch R. Dignity, cultural power and narrative redemption
16. Aging male writers confront the medical system. *Journal of Gerontological Social Work* 1998; 29 93-109. Scherer YK, Janelli LM, Kanski GW, Neary MA, Morth 10
17. NE. The nursing dilemma of restraints, *Journal of Gerontological Nursing* 1991, 17: 14-17.
18. 11 FitzGerald St. Seniors come home. *Anisted Living Times*
19. 2000, 7:25-27. 12 Saner H. [The dignity and rights of the patient. *Bulletin der Schweizer Akademie der Medizinischen Wissenschaften*, 1990, 36: 235-247 (in German).
20. 13 McQueen A. Nurse-patient relationships and partnership in hospital care. *Journal of Clinical Nursing* 2000, 9: 723-731. 14 Van Manen M. *Reuwiching Lival Experiences*. London: State University of New York, 1990.
21. 15 Rogers A, Karlien 5, Addington Hall J. "All the services were excellent. It is when the human element comes in that things go wrong: Dissatisfaction with hospital care in the last year of life. *Journal of Advanced Nursing* 2000, 11: 768- 774
22. 16 Matiti M. Dignity. A study of preoperative patients. *Nursing Standard* 1999; 14:32-35.
23. 17 Walsh K. Ontology and the nurse patient relationship. *American and New Zealand Journal of Mental Health Nursing* 1994, 3: 113-119. 18 Leder D. Medicine and paradigm of embodiment, *Journal of Medicine and Philosophy* 1984, 9. 29-43.