In The Name Of God

Some Abstracts of Nursing Section of the Second

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Introduction: one of the basic ethical dilemma in care in every ward, specially in emergency departments, is patient privacy. This issue is very important as basic as the basic principle of human rights. Therefore, it must be considered in the health organizations. Psychologists believe personal privacy is so important that can not be replaced by something else. Ignoring this issue could cause anxiety, stress and violence in patient, and cause them not to cooperate with medical staff. Moreover it could effect patient satisfaction. Patient satisfaction is one of the main goals of health system, since satisfied patients behave differently from unhappy ones. They provide the medical staff with more information, follow their orders and cooperate with them more efficiently.

Respecting patients privacy and patients’ satisfaction are two indicators of quality of care, and they are affected by several factors.

Methods: This work is a correlational descriptive – analytical study that aims to measure respecting patients’ privacy by health care team and its various dimensions in relation with patients satisfaction in emergency department in a selected hospital of Tehran University of Medical sciences(TUMS). Sampling method in this study was convenience and
study samples were 384 patients, hospitalized in emergency department. Tool of survey was a questionnaire consist of demographic data, the level of patients’ privacy and their satisfaction in various aspects; like privacy of information, physical and psycho-social privacy. Questionnaires were filled by researchers in field and data was analyzed with descriptive and Inferential statistics.

**Results:** results show that respecting patients’ privacy in various dimensions has a wide range. They also indicate that some of the demographic variables have a meaningful relation with patients’ privacy.

**Conclusion:** respecting patients’ privacy is one of the basic principles of patient care and an important ethical issue. Therefore, it should be considered by all careers and medical staff.

**Keywords:** patient Privacy, Satisfaction, The medical team, the emergency department

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Ali Akbari, Fatemeh and Taheri, Fatemeh. (2008), Scrutinizing the level of patients’ rights charter observation from the working nurses’ points of view in educational hospitals in Shahr-e-Kord in 2007. Abstracts of the second international conference on Iran medical ethics.

**Introduction:** Patients’ Bill of Rights was developed in order to defend human rights; the patient’s honor and dignity and making sure that he/she receives the adequate care in case of disease, especially during emergency, without any discrimination. Stressing on basic human rights, especially preserve patients' dignity as a human being, is a necessity. Respecting the rights of the patient and setting out its legal framework has a long record in the history of Iranian health and medical care. In Iran, as in other countries, the charter is developed and published in 10 sections by Ministry of Health and Medical Education. Therefore, this study is conducted to scrutinize the nurses opinions concerning the level of its observation.

**Method:** This study is conducted in cross-sectional method on 200 nursing staffs working in Shahr-e-Kord educational hospitals. For collecting data, a questionnaire was used that was developed according to the 10 sections of the patients’ rights charter. The questionnaires were completed by nurses and then, the data collected were analyzed using descriptive and analytic statistical tests of spss software.
**Findings:** The findings showed that 78.8% of nurses believed that the patients’ rights charter is being observed in hospitals. The highest level of observation (93%) was that of observing the right of confidentiality of the patient case information while the lowest level (65%) was that of getting the patient’s consent during his/her examination in the presence of irrelevant persons. No significant relation was seen between the nurses’ points of view and their work experience.

**Discussion and conclusion:** Though observation of the patients’ rights charter can facilitate a good relationship between patients and nurses providing health care and despite of the beliefs of nurses concerning its observation, the studies made show dissatisfaction of the patients with observation of the charter at hospitals. Therefore, further studies seem necessary for exploration of the reasons for this discrepancy.

**Keywords:** patients’ rights charter, nurses, point of view

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Esmailpoor, Mohamad and Salsali, Mahvash. (2008); The religious jurisprudence order of not harming other people and the nurses code of ethics; Abstracts of the second international conference on Iran medical ethics. Tehran University of Medical Science.

Nurse’s ethical codes developed by the American Nurses Association, the Canadian Nurses Association, the International Council of Nurses and others pave the way for nurses in their making ethical decisions in educational, managerial, research and clinical activities. Though little difference is seen in their subject-matters, but all of them stress on ethical principles such as no harm, efficacy, independency, privacy, confidentiality and the dignity of people.

In the health structure of Iran, though codes of ethics are not defined clearly, but the high local, functional, religious and faith values constitute the basis for the good deed expressed by nurses.

Familiarity of the ethics investigators in health care fields with the rich principles and rules of the dynamic jurisprudence of Islam such as: damage, causes, fraud, action, etc. and “no harm” can not only end up the big challenge of gaps in the codes, but also it can provide a full model of observance dignity and honor of the man.

The jurisprudence rule of no harm to human life derives from Holy Qoran and Tradition, is supported by reason and is ascribed to a tradition reported from the Prophet, Mohammad. Great jurisprudents such as Sheikh Morteza, Mohaghegh Khorassani, and Imam Khomeini have
studied and stressed on it in social interactions. Iranian Civil Act has endorsed more than 10 Articles based on it.

According to this important rule, causing harm to others is illegitimate. In tests, diagnoses, cure and care one must not cause harm to the patient, voluntarily or involuntarily, since it makes you liable. It seems that telling the truth to the patient, respecting his/her independence in decision making, respecting his/her privacy and other codes of ethics provided by the International Council of Nurses are not allowed if it threaded the health or the life of the patient.

Familiarity with details of this jurisprudence rule and observing its codes in the caregiver-patient relations can provide realistic and logical solutions in conflicts and ethical indecisions and prevent from ethical challenges, which are discussed in detail in this article.

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Esmailpoor, Mohamad. et al., (2008a); Inspecting the informed consent in hospitalized patients in Gilan hospitals of University of Medical Science in 2007; Abstracts of the second international conference on Iran medical ethics. Tehran University of Medical Science

In the recent half century, the responsibility of health caregivers has changed from a patriarchal attitude to a patient-centered one; therefore, the patients’ independence in choosing type of treatment and care has a special importance. The core of this independence is informed consent. Informed consent is beyond a signed paper. It is a process during of which the capable patient (as regards maturity, intelligence and development), after receiving the knowledge and the information necessary, can accept or reject a medical or nursing procedure voluntarily, and make decisions anytime. Though the nurse might be able to explain fully the surgical operation procedure for the patient, but its legal responsibility is upon the physician.

**Purpose:** the purpose of this study is examination of the process of informed consent of patients hospitalized at hospitals of Gilan University of Medical Science. The following aims were examined:

- What are the demographics data of patients who signed informed consents?
- Who takes the signature, who signs and what are the sources of information for the patient?
- How much the patient knows and understands the process of informed consent?
What is the type of received information?

**Method:** for collecting data from the six selected hospitals of Gilan University of Medical Science, a normalized questionnaire was used based on the authors' previous studies. The questionnaire was reviewed by 10 members of the faculty and it was developed. The items were organized in three separate parts: the patient’s demographic data, the patient’s knowledge and understanding of the process of informed consent (9 items) and the amount and the type of the information received (12 items). The sample size was 64 and patients were over 18 years each of whom was interviewed by one of the authors 1-2 days after surgical operation.

**Findings:** the findings showed that the majority of the sample was with males (64.4%) and the majority age group (28.9%) was that in the range of 18-25 years. Most of them (42.2%) had a 9th grade education and 64.4% had no history of surgical operation. The signatory of the consent form was the patient in 42.2% of cases and in other cases; it was his/her spouse, father, elder son and others, in that order. In 44.4% of cases, the signature taker was the hospital’s admission employee. The patient’s knowledge and understanding of the process of informed consent was poor in 51.1% of cases and it was acceptable in 15.6%, and good in only 11.1%. Regarding the type of information received, of the total information on the nature of the disease and the method of treatment, the physician, equipments, facilities, alternative treatments, possible complications and limitations, the highest degree of information (48.9%) received concerned the nature of disease and the method of treatment.

**Clinical application and recommendations:** considering the findings of this study, we recommend that, the Iranian medical and health care policy makers develop a defined process with details and procedures in fixed forms for gaining informed consent and serve them to all medical and health care centers for observing the dignity, the right of choice and the independence of the patient, though there is no need to such a consent in emergency cases. Proving the capability of the patient in giving informed consent is much important. Otherwise, his/her true or legal protector will carry out the formalities. It seems that there is no common understanding of the implementation process and efficiency of the oral and implicit consent at the clinic. At last, getting consent by just a signature without adequate information based on codes of nursing ethics is not justified legally and ethically.

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Esmailpoor, mohamad. et al (2008b); scrutinizing the professional ethics status in Gilan Nurses’ daily activities in 2007; abstracts of the second international conference on Iran medical ethics. Tehran University of Medical Science.

Introduction: there is the common belief that nurses always encounter ethical challenges in their daily care activities. However, there are few studies concerning the type and frequency of these challenges, their causing factors, nurses’ strategies in coping ethical distresses and headings and educational resources required for improving ethics.

Therefore, the objectives of this study include: 1) determining demographic characteristics of nurses who are faced with ethical challenges in their daily care activities, 2) studying the familiarity of Gilan nurses with code of nursing ethics, 3) determining the most important sources of education for code of nursing ethics, 4) determining the most important factors for the onset of ethical challenges, 5) studying the strategies of nurses in coping with ethical distresses and at last, 6) setting out the educational headings of code of ethics required for nurses.

Method: to achieve the above six objectives, a 11-question questionnaire in the form of 36 items was developed based on previous studies of the authors that was reviewed by 10 authorities in code of ethics. 60 nurses were interviewed by one of the authors, After coordination with the relevant officials of the university in six selected hospitals of Gilan University of Medical Science.

Findings: The findings showed that 94.7% of the interviewees were females with mean age 25-46 and SD of 3.34 years, with an average work experience of 14 years. 80% of them were nurses or head nurses, holding a B.S. in nursing. 94.9% of them stated that they had no ethics committee in their hospitals. 88.3% knew religious and faith teachings as the most important sources. Regarding the frequency of ethical challenges, 71.7% stated that they faced them at least once per day. Regarding causes for the onset of ethical challenges, 80.1% knew nurse shortage as a factor and in other cases, lack of adequate division of work among nurses, lack of coordination between the care and cure teams, physician shortage, materials and drugs deficit, treatment costs, lack of insurance coverage, etc., in that order. In case of conflict and ethical distress, 38.3% consulted with their experienced colleagues, 23% shared ideas with their head nurse or matron, 11.7% consulted the patient and his/her family and in other cases, they had either no reference system available. The nurses interviewed, stated the headings of the code of ethics required to be learnt as fair distribution of resources in 46.9% of cases, and learning religious
and cultural values in 35.1% of cases. In other cases, they stated the patients’ rights, ethical decision-making, observing the patient’s independence, and representing the patient, as important factors, in that order.

**Clinical application and recommendations:** clearly, the clinical nurses encounter ethical challenges more that any other health care staff considering the long contact they have with the patient. Lack of education in code of nursing ethics, and lack of committees for code of ethics as guiding agents for ethical decisions of nurses at the clinic; lead into application of personal preferences and onset of ethical conflicts. Ethical conflicts always lead into emotional, psychological and physical disorders, job burnout, etc.

Therefore, for optimal use of the artistic taste of nurses in providing humanistic care to the clients, revising the headings of courses on nursing ethics and rules, developing code of ethics based on the community’s religious and cultural values, revival of committees for ethical codes with set out functions and directing some conferences in universities and hospitals towards ethical concepts are recommended for improving the quality of ethical decision-making.

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Hassanian, Marzieh.; patient’s rights in hospital wards (2008). Hamedan University of Medical Science; abstracts of the second international conference on Iran medical ethics; Tehran University of Medical Science.

**Introduction:** The rights of a person are based on his/her needs. The state specifies given rights for the individual. A police system, penal and civil laws have the power to protect these laws. Generally, one’s rights define the other’s responsibilities, therefore the rights of a patient are the duties of his/her nurse, physician, and other health care professionals. The rights of a nurse are the duties of her/his employer. The rights of a patient are human duties of individuals. The right to choose, the right to know, the right to be valued and the right to determine his/her destiny are among the rights a patient has.

Text: The word, “Right” and its derivatives are stated in 60 chapters of the Holy Qoran, most frequently in Bagharah (24 times). The rights of a patient are his/her physical, mental, spiritual and social rights in legitimate and reasonable form in special conditions. The norms of having a right or lacking it, its truth and untruth are enforced by the community, by legislatures or religions to provide happiness for the
individuals. Based on Gean Thierot’s theory, the norms of ethics include the value of life, goodness or truth, justice or fairness, truthfulness and individual freedom. They serve as an orienting agent. The patient’s rights, such as freedom of choice, the right to know, the right to be valued and the right to determine the density of self are among the human rights of individuals. Enjoying careful and sufficient care as an individual, being respected, discharging the hospital as soon as possible in a state better than that when admitted, not being injured due to defects in the building, equipments or inappropriate care are among the rights a patient has.

Discussion and conclusion: In this paper, the patient’s rights in different aspects, receiving careful and adequate care, involvement of the patient or his/her family in treatment, reading and informed signing of consents by the patient or his/her family, the right of the patient to refuse treatment or to request for changing the treatment model, introducing the patient with the treatment environment and the ward’s personnel, confidentiality of the care- treatment program and the personal data of the patient, his/her rights in human studies, shall be discussed and analyzed, taking note of some Islamic references and the studies made hitherto.

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Jolaee, Sodabeh (2008); Introduction to patient’s rights charter and suggestions for improving them in Iran; abstracts of the second international conference on Iran medical ethics; Tehran University of Medical Science.

Paying attention to the patient’s rights, in branches of the medical group, has a long history. Continuance of paying attention to this phenomenon, in medical science texts and studies, has been developed more, especially during the recent decades, and has devoted much discussion on health care to itself. Despite of the fact that in Iran, with its rich culture and its literature being full of humanitarian messages along with ethical teachings of Islam, there is a background for paying attention to the human rights generally, and the patient’s rights specially, and much efforts have been made for that purpose in these years, concerning attention to code of ethics in medical science, but still no significant result has been obtained for improving the patients’ rights. “Despite the sanction of patient’s rights by the Ministry of Health and Medical Education, enough consideration on the patients’ rights has not been provided so far and its most noticeable inadequacy is that in its compilation, patients' attitudes and those of involving groups, nurses and doctors, were not considered”. In addition, a brief study of its sections reveals the fact that observing some of them entails some preconditions
that may not be satisfied in the social-economic background of our society. Also, in the framework of our cultural learnt-outs, there are cases to which the charter has no response. In this study, we have analyzed the patients’ rights charter in Iran in the present condition of health care system and suggestions that made for improving patients’ rights in Iran.

**Keywords:** Patients’ rights, patients’ rights charter, Iran

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Negarandeh, Reza. (2008)." patients advocacy" and the necessity of national ethical codes for nurses; abstracts of the second international conference on Iran medical ethics. Tehran University of Medical Science.

Virginia Henderson (1977), one of the nursing authorities, explains the role of the nurse as follows: “the unique function of the nurse is helping ill or normal persons, in carrying out the set of activities contributing to their well-being or healing (or their calm death); which, if he/she had the ability, the will or the required knowledge, he/she wanted to do them without seeking help from others”. Therefore, nursing includes activities being done by the nurse to help the patient with what is involved in his/her health. When the patient is unable, the nurse does it for the same. Therefore, the protective role of nurses is defined within the role of nursing itself.

The supportive role of the nurse is confirmed in national guidelines of some states as well as in the international code of nursing ethics, declarations as well as standards for professional performance. In the code of ethics of the American Nursing Association (ANA) for nurses (2001), the advocacy role is explained as follows: The nurse must be careful and take the appropriate action, for any case of inadequate, non-ethical or illegal act by any member of the health care team or the health care system or acts committed by others leading into jeopardy of the rights and benefits of the client.

John Stone notes that “In any part of the world, the nurses should be well-aware of applying formal and accepted codes of ethics so as to be careful in their activities”. He believes that “codes of ethics play an important role in the general model of nursing ethics to the level that they can provide a public declaration on types of ethical standards and values the patient and the community expect from nurses for advocacy. This way, nurses can obviously be responsible for their actions.” Therefore, considering the cultural and value differences between our Islamic nation and the west, it is necessary that codes of ethics for nurses be developed
and announced based on values and ethical norms acceptable at a national level, so that nurses, who constitute the majority of the human power in the health care system, follow them in providing appropriate care for their patients.