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Ethical Concerns within Intensive Pediatric Medical Care

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Introduction

Every day, nurses, doctors, and other healthcare professionals working in pediatric critical care must strike a careful balance between providing advanced technical treatment and compassionate, moral care to very sick children (McAndrew et al., 2018). According to an article by Shenoi et al. (2018), ethical implications in the pediatric critical care unit frequently involve instances of conflict marked by the dispute over judgments, such as whether to perform CPR on a patient, rescind or discontinue "futile" therapeutic interventions over the disapproval of the patient or family, or allocate scarce or pricey assets, like the last pediatric critical care unit bed. All medical professionals, including doctors, must follow a code of ethics.

As a set of rules for medical workers, the first code of medical ethics was formally approved in 1874. Caring for juvenile patients adds another degree of complication when it comes to permission, legal guardians, and parents with perhaps divergent perspectives about treatment; the pediatric critical care specialist ethics code is particularly complicated. Every code of ethics has many different aspects, which are relevant and significant. According to the article by Shenoi et al. (2018), ethics is a moral duty that establishes what is right and wrong and offers a sound philosophy for judgments requiring the capacity to distinguish between what is morally good and the will always to act morally.

Reasons for the existence of ethical issues in critical pediatric care

When providing medical care, nurses often run into moral snags. There are several types and causes of ethical quandaries. Patients or their dear ones must make life-or-death decisions, the patient refuses intervention, nursing appointments may conflict with cultural or religious beliefs, and the presence of nursing peers who exhibit ineptitude are the major reasons nurses encounter ethical issues in pediatric nursing. Pediatric ethical issues are often encountered by nurses and doctors caring for children. Most of these difficulties are connected to religion and cults, but certain ethical issues are also connected to public health regulations and socioeconomic factors affecting child care, protection, and treatment.

Ethical Rights of a Minor under pediatric care

The use of contraceptive methods, pregnancy consultation, prenatal care, screening and treatment for sexually transmitted diseases, drug abuse treatment, and mental illness therapeutic interventions and counselling are all permitted in some states for mature and emancipated minors without the knowledge or consent of their parents. All patients can decline medical care, but in the case of a child, the guardians have the legal authority to determine whether or not to seek treatment. Minor minors under 18 need parental or guardian approval before receiving medical treatment. This presents a serious moral conundrum, particularly in light of opposition to using growth hormones in the case study by(Chung et al., 2018). In such instance, using the nurse's knowledge and the family's assessment of the treatment's advantages and disadvantages.

Principles governing padeatric care ethics

Beneficence

According to the publication by (Beykmirza et al., 2019), beneficence guides the nurse in giving appropriate care to patients. Beneficence provides therapeutic value while weighing the advantages against the risks and downsides. A nurse who uses beneficence in patient care is dedicated to actively supporting the patient's condition and well-being and is aware that patients, household members, and other licensed practical nurses may perceive advantages and dangers differently. Providing a patient pain medicine as quickly as feasible and putting up side rails on the patient's bed to avoid falls are two examples of beneficence.

Nonmaleficence

This reduces causing damage, and the physician should strive to avoid inflicting harm, preventing injury, or reducing the danger of harm wherever feasible. Nonmaleficence would entail stopping a patient's medicine if it is known to trigger harm or has the potential to cause damage. Another illustration would be not administering a drug known to be ineffective. Medical treatment should help the patient and be personalized to the individual's requirements, including any difficulties or limitations. It is morally reasonable to value realistic objectives that medical treatment can attain rather than overblown or unrealistic expectations. As a result, 'treating at all costs is as unacceptable as 'playing god.'

Autonomy

The preponderance of youngsters cannot be fully educated and must depend on others for direction. This arrangement as reiterated by (Brooks et al., 2017), if anything, emphasizes the physicians' obligation to guarantee actual informed consent, albeit via third parties. The nurse should offer patients and families the knowledge and support they need to make educated choices that are best for them, which may entail cooperating with a range of professionals to care for the patient effectively. Giving a patient information regarding a procedure, and that patient perhaps chooses not to have surgery because of the dangers involved, or agrees to undergo surgery after evaluating the advantages and risks involved, is an example of autonomy. This arrangement, if anything, emphasizes the physicians' obligation to guarantee actual informed consent, albeit via third parties. The nurse should offer patients and families the knowledge and support they need to make educated choices that are best for them, which may entail cooperating with a range of professionals to care for the patient effectively. Giving a patient information regarding a procedure, and that patient perhaps chooses not to have surgery because of the dangers involved, or agrees to undergo surgery after evaluating the advantages and risks involved, is an expression of autonomy.

Justice

Distributive justice is an important ethical principle in nursing care. The nurse should give each patient or client their due and act fairly while recognizing subtle instances of bias and discrimination(Mooney-Doyle et al., 2019). Nurses must make fair and impartial medical decisions no matter the patient's sex, ethnicity, economic status, or sexual orientation. An example of justice would be for the nurse to care equally for all their assigned patients on a medical-surgical floor.

Consent from guardians in critical pediatric care

According to (Beykmirza et al., 2019), informed permission is one of the critical factors in the pediatric intensive care unit's plethora of ethical quandaries. Previously, the law has regarded children as incapable of making medical choices, and society has empowered legal guardians to act on their behalf (Beykmirza et al., 2019). Children are more proficient in engaging in their medical choices than previously considered, according to empirical research. Some academics now believe that parents possess the right to offer informed consent and that experts should seek the child's consent in many situations. Physicians in the critical care unit should carefully explore discussing teenage adolescents' treatment trajectories and solicit younger patients' advice in appropriate situations. While the doctors and other staff's opinions are important, the final decision is ultimately in the hands of the authorized medical decision maker.

(Nold & Deem, 2020)holds that there are severe and unusual cases in which intervention (or non-treatment) is judged either morally necessary or prohibited, and a particular choice may be legally imposed on the decision maker. However, most medical choices involving children with severe, long-term medical and developmental disorders fall into the ethical "grey area." As long as medical decision-makers can establish that a choice is morally proper and in the kid's best interests, and there is no obvious conflict of interest, medical practitioners are typically compelled to follow those desires, even if they disagree. Situations like this sometimes lead to conflict: in some, clinicians may believe that the suffering surpasses the advantages and that halting intensive treatment would be compassionate and unselfish; in others, providers may believe that a decision maker is prematurely "given up" on a kid. In such unusual and difficult circumstances, morally sound judgments might cause significant moral pain and conflict.

End-of-life decisions

According to an article by (Brooks et al., 2017), Dealing with end-of-life issues for pediatric patients is difficult, owing to the intricacies of their diseases, their young age, and the individuals involved in making choices. The family bears the responsibility of making choices and caring for the ill. If a pediatric child is admitted to the hospital, the primary care clinicians must maintain close contact with the family. This involves alerting them about the patient's health and medical treatments. Pediatric patients who are in critical condition need hospice care. This includes hospital clinicians providing support and medical care to dying children and their families and specific facilities and houses. Having children with patients with end-of-life concerns has a particular impact on their families. Competence denotes the patient's degree of comprehension, which enables them to analyze the ethical problems raised by a therapeutic setting, absorb them, and make a reasoned conclusion. This level of understanding is often an issue in young children, heightening the responsibilities of parents and the team of doctors to act as effective advocates on their behalf (Brooks et al., 2017).

Unwillingness to get immunizations

Paediatricians and nurses with limited bio-ethics training are often intimidated and embarrassed when dealing with such patients, particularly in casual settings with little or no chance for previous preparation (Nold & Deem, 2020). A casuistic approach to certain situations of vaccine rejection endangers young infants. Disagreements between the doctor and the parent might paralyze their relationship, leading to the physicians pursuing child protective services, which are often ineffective. The parents' incorrect belief system on religious or cultural elements has a detrimental impact on the medical practitioners' choices. It would be critical to situate these examples of parental denial of a recommended vaccine or therapy in the context of other considered situations, such as parental refusal of a life-saving organ transplant or blood transfusion.

(Beykmirza et al., 2019) raises the issue that ethical issues connected to vaccination and end-of-life care are strongly tied to the consequences of health care innovation and technology; this usually necessitates a reassessment of moral and ethical elements. When teaching ethics in paediatrics, there are specific places where greater attention should be given to assisting doctors instead of childhood vaccination. This would reduce the number of preterm infants, reduce impairments and severe deformities, enhance treatment futility, and improve palliative care responsiveness.

Although doctors face problems and hurdles when dealing with pediatric ethical quandaries, it is morally appropriate for them to interfere despite any parent's desire to deny vaccines to preserve the child's health. (Shenoi et al., 2018) necessitates the development of appropriate abilities for dealing with such circumstances so that the doctors' choices may benefit the child's health care. Informed consent isrequired to meet medicolegal criteria as it is also a critical problem regarding patients' "free choice" and active engagement in their care. It is loaded with difficulties for the competent adult and far more difficult for youngsters. True informed consent may exist only when patients are properly educated to consider all of the benefits and drawbacks of therapy, and their agreement is voluntarily provided without compulsion.

Conclusion

Medicine is never a pure science, anddisputes exist. Ethics education based on everyday ethical quandaries may assist medical practitioners in placing themselves in such ethical circumstances, enabling them to focus on their critical role in obtaining a resolution. Pediatric ethics resolution may be accomplished via various steps: identifying the ethical quandary, using a series of ethical analysis methodologies, and having sufficient knowledge and access to bioethics resources. Medics may now access various bioethics services, such as clinical ethics consulting and Web-based materials.

Educational initiatives should be developed to aid in effective, ethical thinking and decision-making on vaccination in children among medical professionals to equip them with information in cases of pediatric ethical quandaries. Ethical issues concerning public health policy and socioeconomic situations need a careful and steady approach. Such techniques should be connected to the teaching of community activities, but first, professionals should be educated on recognizing ethical quandaries in their professions.

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