

ETHICAL AND PROFESSIONAL ISSUES IN CHILD HEALTH NURSING

Abstract

Ethical guidelines are frequently written for adult patients and may be difficult to apply to children and families. Unusual considerations are required to comprehend the child's ability to make treatment decisions, conflicting legal and moral measures related to the treatment of children, contrasting necessities of children and their relatives, and the extraordinary vulnerabilities of children. The nurse should adhere to ethical principles and be well-versed in nursing legal safeguards. To provide quality care to her paediatric patients, the paediatric nurse must be aware of the various rights of children as well as acts related to child welfare. The nurse should be aware of the ethical concerns of both children and the dying.

Key words: Ethical guidelines, Legal safeguards, Pediatric Nurse.

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I. INTRODUCTION

Medical care is a combination of science and art. Utilizing the science of the most recent medical knowledge, we should make decisions regarding patients. Knowing what to elicit from patients and when to do it. While providing them with the proper aid to enable them to maintain their health is the art of medicine. The art also demonstrates the requirement for adequate communication abilities and a patient-inclusive mindset. Medical ethics is a crucial component of both the research and the practice of medicine. When we use irrational reasons for medical decisions, when we do not update our knowledge, when we are not analytically and scientifically rational, when we do not attempt to communicate effectively or adequately, and when we are discriminatory for whatever reason, we are practicing unethical medicine. Children are a particularly vulnerable group of people, so every clinical choice must be made with specific consideration for the child's needs. As a health professional, it is our responsibility to stand up for and defend the rights of children.

This is especially true when it comes to moral dilemmas concerning minors and individuals incapable of making their own decisions. While the needs of the patient should always come first and any personal, cultural, and religious prejudice should be eradicated, it is also important to consider how the patient's expensive treatment may affect the available healthcare resources. Establishing a morally acceptable code of behavior is critical in order to provide a reasonable and objective management strategy for the child as well as society as a whole, regardless of culture

II. GENERAL ETHICAL PRINCIPLES

By applying the following generally accepted decision-making principles, the ideal code of morally acceptable activity can be approximated, if not entirely realized.

- 1. Respect of the individual's autonomy:** It denotes the freedom for everyone to actively and independently participate in decision-making. For this to happen, patients must be properly informed and understand the significance of their medical condition, treatment, side effects, and outcome. However, most children lack the ability to be truly informed and must rely on others for guidance.
- 2. Respect of the individual's competence:** It represents the child's level of comprehension, which enables him or her to analyze, integrate, and make an informed decision based on the ethical considerations provided by a therapeutic setting. Young children usually struggle with this level of awareness, which emphasizes how crucial it is for parents and the medical staff to act as knowledgeable advocates on their behalf.
- 3. Respect beneficence:** It established the Hippocratic Oath, which states that physicians must always uphold the medical concept of "do no harm." Benefit and harm are regularly traded off in medical practice, especially when it comes to interventional procedures and drug therapy, although the balance should always favour "benefit." As a result, beginning high-risk therapy in a person who is fully aware (or his or her advocate) may be totally appropriate in practice, provided there is a reasonable likelihood that it would be beneficial.

4. **Respect of the truth:** Willfully lying to patients is never justified. Similarly, withholding or omitting information from patients is rarely justified.
5. **Respect of patient confidentiality:** Every patient has the right to privacy. However, in any situations where failure to report could result in a greater disadvantage to patient, disclosure of confidential information without consent may be justified (e.g. physical abuse).
6. **Avoidance of paternalism and bias :** When counseling or treating children, practitioners should strive to remain truly objective and avoid any personal, racial, cultural, religious, or other bias. Personal prejudices and preconceived notions must never be allowed to influence the provision or denial of medical care to patients, regardless of socioeconomic status or pre-existing impairment. Regardless of personal bias, the wishes of parents and guardians must also be respected.
7. **Restricting any potential conflicts of interest:** Always prioritize the needs of the child over the needs of any third party. Doctors, parents, guardians, extended family, and society are all involved.
8. **Respect to the limitations of medical care:** In order to help the patient and meet their unique needs, medical care must take into consideration any challenges or disabilities. It is morally reasonable to place more weight on achievable goals for medical care than it is on unrealistic or exaggerated aspirations. As a result, "treatment at all costs" and "playing god" are both wrong.
9. **Informed consent:** Informed consent is a formal authorization for an invasive surgery or research involvement. Consent must be given voluntarily, and parents, as the legal guardians of minor children, are asked to provide informed consent on their child's behalf. When parents split, either parent may provide informed consent. Both children and parents must be aware that they have the option to refuse therapy at any moment. In an emergency, consent is not required for treatment to save a person's life or limb. Children under the age of 18 or 21, as applicable, may provide informed consent in the following instances, according to state law. When they are the patient's minor parents. When they are children with legal standing (self-supporting adolescents under eighteen years of age, not subject to parental control). When they are 16 to 18-year-old teens looking for contraception, mental health counseling, or abuse therapy. In some places, mature minors (adolescents between the ages of 14 and 15 who are able to comprehend treatment risks) have the option of giving permission for treatment or declining it.
10. **Solving ethical dilemmas:** Making decisions in ethical issues may appear simple, yet the solutions may not be acceptable to everyone. A lot of organizations establish bioethics committees to help with decision-making in particular cases, educate the public, and develop policy for ethical problems. These committees are made up of a variety of experts, including clergy, nurses, doctors, and social workers. The child and family are also involved in the decision-making process. Sometimes the outcome of ethical quandaries contradicts what is legal in their field and place of practice.

III. ETHICAL CONCERNS IN CHILD HEALTH NURSING

- 1. Cessation of treatment:** The decision to discontinue treatment is fraught with ethical quandaries, which appear to be exacerbated when the client is an infant or child. Children who would have died without life support can now have their lives extended. Parents must be involved in the decision-making process as soon as possible and informed of the available options. Parents in some states can make advance directives for their minor children under state law.
- 2. Terminating life support:** Parents typically form relationships with their primary care nurses and request that the nurse be involved in the decision to withdraw a child's life support. A nurse in the neonatal critical care unit might encounter this situation while caring for a teen patient.

A team meeting should be organized with parents, primary nurse, physician, and a hospital staff attorney who is familiar with the applicable laws in that state in case of a premature baby with a congenital heart. When families get together, issues can arise. Physicians and nurses have different ideas about what is best. When to first discuss the concept of cardiopulmonary resuscitation, mechanical ventilation, and do not resuscitate orders with adolescents is always a sensitive issue. Adolescents who have reached the age of majority must consent if they are of sound mind. In most states, minority status expires at eighteen years old.

- 3. Gender sensitization:** Gender and sex are some factors that affect decision making. Sex refers to the biological phenotype classified into two broad categories male and female. Gender describes legal, social, and economic disparities resulting from biological sex differences. The male female ratio has gradually changed through the years with an unnatural decrease in female children. The reasons are female infanticide, pre-birth elimination of females by antenatal determination of sex.
- 4. Decisionmaking:** Fundamental character attributes like dependability, accountability, respect, justice, compassion, and good citizenship are the foundation for making ethical decisions. Making ethical choices results in ethical behaviours, which form the basis of morally upright corporate practices.

5. Steps in making ethical decisions

- **Collect information**
 - What decisions are needed?
 - Who are the key persons involved?
 - What information will make the situation more clear?
 - Are there any legal constraints?
- **Identify the ethical issues or concerns of situations**
 - What are their historical roots, religious and philosophical positions?
 - What are the current societal views of each issue?

- **Define the personal and professional moral positions on the issues?**
 - What personal constraints are raised by the issues?
 - What is the professional code for guidance?
 - Are there any conflicting loyalties or obligations?
 - What are the moral positions of the key individuals involved?

- **Identify any value conflicts**
 - What is the basis for the conflict?
 - What is the basis for the resolution?

- **Decision making**
 - Who should make the decision?
 - What are the possible actions and their anticipated outcome?
 - What is the moral justification for each action?
 - Which action fits the criteria for this situation?
 - Decide on a course of action and carry out?

- **Evaluate the results of decision action**
 - Did the expected outcome occur?
 - Is a new decision needed?
 - Is the decision process completing?

IV. GENERAL ETHICAL ISSUES OF A PEDIATRIC NURSE

Pediatric nurses must often professionally resolve conflicts involving a family's personal values, which can be difficult at times.

- 1. Coping Skills:** When a child is recently diagnosed with a serious condition, both the child and family members may feel overwhelmed. A pediatric nurse is responsible for assisting both parents and children in learning to cope with a serious illness.

- 2. Restraining a Child:** Certain procedures require pediatric nurses to confine a kid. In some circumstances, it is absolutely necessary to preserve their safety; for example, if a youngster requires sutures but refuses to hold still, the technique must be retrained.

- 3. Refusing Treatment:** Despite the fact that children are minors, the parent has the absolute right to decline therapy for their child. As a result, it can be difficult for a nurse to withdraw a kid from life support or deny some therapies that could aid in their recovery even when the nurse believes it is ethically proper to do so.

- 4. Religious Beliefs:** Regardless of pediatric nurses spiritual or religious beliefs, she must follow the family's beliefs and not let her emotions get in the way.

- 5. Reaccepting reality** Losing a child can be the most difficult experience a family will ever have. A pediatric nurse, on the other hand, must help family members understand when there is nothing else that can be done to save the child. In some cases, parents refuse to accept this and insist on additional treatments.

V. SOCIO CULTURAL DIFFERENCES AND THEIR IMPLICATIONS FOR CHILD HEALTH NURSING

The future of any society is dependent on its children. Culture plays an important role in children's socialization agendas through specific views of parenting and child development. A child's perception of health, wellness, and illness is shaped by culture. Culture is a set of assumptions and practices that frame or guide a group's outlook and decisions unconsciously. A culture is composed of people who share a set of values, beliefs, practices (language, dress, diet, and health care), social relationships, laws, politics, economics, and behavioural norms. Culture is a worldview and set of customs that a specific social group employs and transmits to future generations.

Understanding why people react to health care in different ways requires understanding their cultural and background values. Cultural values are frequently influenced by their surroundings. The norms are a group's typical values. Taboos are actions that are not acceptable. Values of

Respecting socio cultural values is important in child health because child rearing is a time in life surrounded by many cultural traditions. Nurses can better provide multicultural care by understanding cultural concepts and sociocultural influences on families.

Social roles: Children's self-concept is formed by their perceptions of their social roles. Because roles are cultural constructs, culture prescribes patterns of behaviour for people in various social positions.

VI. CHANGING CULTURAL CONCEPTS

Assimilation or acculturation refers to this trade of ethnic traditions for those of the dominant culture. By adopting the concepts of the dominant culture, cultural expression is lost during the assimilation process. Ethnocentrism can lead to prejudice because the feelings and ways of other cultures cannot be understood or appreciated without the philosophy that the world is large enough to accommodate a diversity of ideas or behaviours can lead to prejudice.

- 1. Cultural competence continuum Cultural destructiveness:** The process of forcing everyone to conform to the same cultural pattern and excluding those who do not is known as forced assimilation.
- 2. Cultural blindness:** Do not recognize or accept intercultural differences. Everyone appears to be the same.
- 3. Awareness:** Being conscious of how our cultures impact our identities and how we all live and work within them.

4. **Cultural sensitivity:** Accepting and understanding diverse cultural values, attitudes, and behaviours.
5. **Cultural competence:** The incorporation of cultural elements to improve communication and collaboration is strongly encouraged. It is critical to consider and respect people's cultural differences when planning nursing care.
6. **Socio cultural assessment:** Assessing families to determine whether socioeconomic or cultural influences exist that necessitate special care considerations .The composition of the family, as well as its functions, roles, and actions, must be investigated.
7. **Communication patterns:** Not only does culture influence what people say, but also how they say it. People who only associate with members of their own culture who speak their native language may find it difficult to provide health history in English to a health care provider. Language barriers can be particularly challenging when the child is ill and their ability to cope and express themselves is impaired. Stressed people may have difficulty recalling English words for symptoms like nausea or dizziness. Children who are embraced or afraid to speak may simply not speak, leaving their needs unmet.
8. **Cultural shock:** Cultural shock refers to the feelings of helplessness and discomfort, as well as a state of disorientation that an outsider experiences when attempting to comprehend or effectively adapt to a different cultural group due to differences in cultural practices, values, and beliefs. Cultural shock is defined as the inability to respond to or function in a new or strange situation. Nurses are challenging to overcome cultural shock and develop cultural sensitivity, which is an awareness of cultural similarities and differences. As a result, nurses were able to provide culturally competent care.
9. **Use of conversational space:** Different cultures make different uses of their surroundings. As palpation is part of the examination, examinations of children in the Western world must be conducted in a very small (intimate) space. The conversation, on the other hand, occurs at a range of 18 inches to 4 feet. Examinations of children in the Western world must be conducted in a very small (intimate) space because palpation is part of the examination. The conversation, on the other hand, takes place at a distance ranging from 18 inches to 4 feet. Eastern cultures may be uneasy at the same distance. Knowing that space use is determined by culture allows us to respect space use for clients.

VII. IMPORTANCE OF CULTURE AND RELIGION TO NURSES

Nurses and other health care providers should be aware of their own cultural values and how those beliefs their thoughts and actions. Those who are aware of their own culturally founded behavior are more sensitive to cultural behavior in others. Cultural standards and values the family structure and function and past experiences with healthcare influence a family's feelings and attitudes towards health, their children and health care delivery systems. Being aware of one's own feelings and as well as respecting those of the family is essential to a helping relationship and achievement of nursing goals. Rather than attempting to change long-held beliefs, it is critical to make an effort to adapt ethnic practises to the health needs of the family. Bridging cultural gaps in delivery of health care to children requires the

establishment of a close relationship with families and other influential persons in the community.

VIII. ETHICAL ISSUES OF NURSES WORKING IN DIFFERENT SETTINGS OF PEDIATRIC UNIT

- 1. Preoperative nursing:** Pediatric preoperative nurses deal with a variety of ethical dilemmas on a regular basis. Some of these issues necessitate quick decisions. Attending ethical, legal, and clinical conferences, reading ethical papers in nursing, medical, legal, and ethical publications, and discussing ethical issues with coworkers are all resources and methods that nurses can use to gain the knowledge necessary to make ethical decisions. Ethics advisory committees, ethicists, and other ethical experts can offer advice. In order to critically analyse arguments, reflect on decisions, and examine positions, nursing students must be able to recognise ethical issues and how ethical decisions are made. Nurses must be able to recognise and resolve conflicting personal and professional values. Preoperative nurses must accept responsibility for their actions and make decisions based on ethical reasoning when providing patient care. If these nurses are aware of ethical issues and how to address them, they will be better prepared to provide comprehensive nursing care to all patients and families.
- 2. End of life care of children:** The death of a child can have a significant impact on the child's parents, family members, and health care providers. Parents of seriously ill children face special challenges because they must serve as the legal authority for decisions regarding health care for children under the age of 18, while also considering the child's wishes. Social workers must balance core social work values, bioethical values, and psychosocial issues presented by such situations. While doctors and nurses have researched ethical issues in pediatric end-of-life care settings, little is known about how social workers deal with these conflicts. The Palliative and End-of-Life Care Standards of the National Association of Social Workers (NASW, 2004) are used in this article to demonstrate potential ethical dilemmas in this situation and to explore solutions. These short stories offer descriptions of potential responses in this situation and can serve as a starting point for further investigation of ethical issues in the care of children who are near death from the perspective of social work.
- 3. Pediatric dialysis unit:** Over last 50 years, advances in pediatric dialysis have simplified the decision for the vast majority of pediatric patients to begin dialysis. However, the decision to proceed with dialysis is far more contentious for certain groups, such as children with multiple chronic conditions, children and families with limited social and economic resources, and neonates and infants. We will examine the best available data on dialysis outcomes in these populations, as well as the critical ethical considerations that should guide dialysis decisions for these patients, in this review.
- 4. Care of children with mental health:** There has been little theoretical and empirical attention paid to ethical issues in pediatric mental health care. Twenty Pediatric Mental health Registered Nurses (PMHRNs) describe the ethical issues they believe arise from the care they provide to school-age and adolescent children in this exploratory ethnographic study. The interviews reveal three major themes. To investigate these themes, as well as the PMHRNs' relational roles, their role as advocate facilitators, and their perception of the milieu as an extension of the family, several ethical theories are

used. The sufficiency of these ethical theories is evaluated, and an argument is made for the use of relational ethical theories in investigating pediatric mental health ethical issues as well as general pediatric nursing practice.

- 5. Care of children with cancer:** The main ethical considerations were about limiting autonomy, choosing the appropriate level of treatment, and resolving divergent viewpoints that made it difficult to work together. To address ethical issues, professionals valued collaboration and reflection, and they needed resources to do so.

Nursing staff members encountered ethical dilemmas when providing care for children with cancer, and they had to decide how to handle them. As a result, they felt strong emotions and moral uncertainty. The challenging question presented by the research is how many conflicting viewpoints, a lack of interprofessional consideration, and impediments linked to parental involvement may be "turned around," that is, contribute to a thorough grasp of ethics in pediatric cancer care.

- 6. Bed side care of children:** Every day at work, pediatric nurses face difficult ethical situations. Although several studies have shown that pediatric nurses have ethical problems, we don't believe that these problems have been thoroughly examined from their own perspective. We must create plans to handle moral dilemmas at the institutional level. Pediatric nurses must be able to discuss ethical dilemmas with other nurses and medical personnel. Furthermore, developing pediatric nurses' moral, ethical, and philosophical thought patterns necessitates immediate continuing education in nursing ethics at the site of clinical nursing, time to discuss ethical dilemmas, and other supportive measures. We should also improve the ethical climate and empower nurses by increasing their ethical sensitivity and autonomy.
- 7. Pediatric palliative care:** It investigates the hypothesis that because of the particular dynamics of palliative care in pediatrics, when a child has a life-limiting illness, interpersonal boundaries between the patient, the patient's parents, and the health care team members differ from conventional provider, patient, and parent boundaries. A quick survey regarding working in pediatric palliative care and the difficulties maintaining professional boundaries faced by new palliative care clinicians was completed by staff members of the Journey's Palliative care team at Albany medical center. The numerous issues were raised by the Journey team can be better understood by looking back at survey responses and reviewing pertinent literature. Future studies may follow the conclusions of providing comprehensive, morally upright palliative care services.

IX. CONCLUSION

Management is a contentious subject, and medicine is never pure science. A single, simple solution to an ethical problem is extremely unlikely in medicine, especially in patients who are either too young or unable to comprehend the complexities of treatment.

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