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Non-Maleficence concept in palliative care patient in ICU: A concept analysis

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Abstract

Background: Non-maleficence is one of the main ethical principles that is important in the implementation of patient care. The principle of non-maleficence is still ambiguous and is often confused with the principle of beneficence. Research on the principle of non-maleficence has been widely conducted, but study on the principle of non-maleficence in palliative care in the ICU is still rare and unclear even though on-maleficence as one of the ethical principles is needed by health workers in making palliative care decisions on patients in the ICU.
Purpose: To find a clear definition of the concept of non-maleficence in palliative care patients in the ICU.
Method: The analysis approach is based on the Avant concept, which was obtained from online databases namely PubMed and Google Scholar using the keywords "non-maleficence", "palliative care" and "Intensive care unit" or "ICU". The collected literature was published in the last two decades, namely in 2003-2023.
Results: This concept analysis show the concept and operational definition of the non-maleficence in palliative care patients in the ICU. We determines the attributes, antecedents, consequences and empirical referents of non-maleficence in palliative care patient in ICU.
Conclusion: From this concept analysis, an operational definition of non-maleficence is produced, namely the prohibition of taking actions that can harm or worsen or cause harm to patients. With the principle of non-maleficence in palliative care patients, nurses can make the best decisions, not hurt patients, and provide patient comfort to patients which results in improved patient quality of life.

Keywords: Concept Analysis; Non-Maleficence; Palliative Care.

INTRODUCTION

Ethical principle is a broad term that encompasses the study of the nature of morals and the specific moral choices that must be made. Ethical principles consist of 4 main principles, namely beneficence, non-maleficence, autonomy and justice. It is important to always apply ethical principles to patients in order to create trust and satisfaction between patients and health workers. A relationship of mutual trust can increase patient confidence in the services they receive (Varkey, 2021; Fadhillah & Jannah, 2017). Concerns about how many types of care and what care is understandable for someone with a low life expectancy are the most frequently raised ethical issues in care. Conflicts often occur between health workers, patients and family members regarding appropriate care, especially when the patient is approaching death (Fromme, & Smith, 2020). Basic ethical principles must be well understood by health workers in order to reduce the risk of malpractice and negligence. Health workers must respect the patient's survival by not causing physical, social or psychological harm or injury due to the patient's treatment, which is usually called the principle of non-maleficence (Faozi & Dolifah, 2024). Non-maleficence is one of the main ethical principles that is important in the implementation of care for patients. Non-maleficence is the most important

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principle in the decision-making process (Rastogi, 2017). The principle of non-maleficence refers to Hippocrates' statement regarding the principle of patient care, namely primum non nocere, which means first, do no harm. Non-maleficence is an action that does not cause harm to patients and others. This principle allows patients, their guardians and healthcare professionals to accept or reject an action or therapy after weighing the benefits and barriers in a given situation (Rastogi, 2017; Suryadi, & Bioetika, 2009). The principle of non-maleficence is still ambiguous and its understanding is often confused with the principle of beneficence where the principle of beneficence is a principle that requires nurses to provide useful and best care for patients (Akdeniz, Yardımcı, & Kavukcu, 2021). Non-maleficence is more than just a moral principle but is also a principle of social justice that is included in medical ethics. The motivation not to commit crime makes this principle an alternative in social justice literature (Bufacchi, 2020).

Study on the principle of non-maleficence has been widely conducted, but research on the principle of non-maleficence in palliative care in the Intensive care unit (ICU) is still rare and unclear even though non-maleficence as one of the ethical principles is needed by health workers in making palliative care decisions for patients in the ICU. Palliative care means optimizing patient care to improve quality of life which includes handling physical, emotional, spiritual, social, patient autonomy rights and patient life choices. Palliative care is provided from the beginning of the disease until the end of life and does not stop after the sufferer dies, but continues to provide support to bereaved family members (Hurai, Laksono, Rokhmiati, Febriana, Fitriyanti, Natalia, & Widhawati, 2024). In contrast to patients in regular wards, patients in the ICU are very dependent on health workers, especially nurses and doctors. Among the many reactions in ICU patients, the most frequent is anxiety caused by the intensive environment. Fully conscious patients who are treated in the ICU often have a negative perception of their life safety (Saragih & Suparmi, 2017). The main purpose of the ICU should not only be for critical care but also to provide palliative care as a facility for patients and families to make appropriate end-of-life decisions. With palliative care, health workers can focus on improving the patient's quality of life and then providing support to the patient's family (Huriani, Susanti & Sari, 2022). Palliative care is closely related to end-of-life care issues. Respecting patient preferences for treatment is a key component of ethical behavior that will minimize the possibility of ethical problems arising for patients, their families and the doctors who treat them. At the time of diagnosis, the doctor has the opportunity to introduce the concept of palliative care into the treatment plan and decision making together with the patient and family (Kinlaw, 2005).

RESEARCH METHOD

An analytical approach based on concepts developed by Avant's. Concept analysis is used to clarify a concept and is one of the foundations for creating a theory. Based on Avant's concept analysis approach, there are 8 steps that must be taken: selecting concepts, determining analysis objectives, determining determining attributes, identifying case models, identifying borderline cases, identifying separating cases, identifying antecedents and consequences, and determining empirical references (Avant, 2014).

In this concept analysis, the literature obtained came from online databases, namely PubMed and Google Scholar, using the keywords "non-maleficence", "palliative care" and "Intensive care unit" or "ICU". The collected literature was published in the last two decades, namely in 2003-2023.

RESEARCH RESULTS

Select a concept: Palliative care is one type of care that is quite popular, but sometimes many people still misinterpret that this care is end-of-life care without any treatment. Palliative care is defined as an approach to improve the quality of life of patients and their families in dealing with problems related to life-threatening diseases, reducing pain, and other health problems related to physical, psychological, and spiritual(World Health Organization, 2023). According to WHO data, every year an estimated 56.8 million people need palliative care, but only 14% of people can receive palliative care (World Health Organization, 2020). One of the units implementing palliative care is the intensive care unit or ICU. Palliative care in the ICU has been regulated in the Decree of the Indonesian Minister of Health no 812/Menkes/SK/VII/2007 (Ministry of

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Health of the Republic of Indonesia, 2007). Palliative care in the ICU must be provided to critical patients until the patient dies and in its implementation must apply the ethical principles of beneficence, non-maleficence, justice and fidelity (Pan, Shi, Zhou, Chen, & Pan, 2023). According to the ethical perspective, in palliative care, it is the patient who must make the best decision regarding limiting treatment or treatment that does not provide a cure but prolongs life for a while. However, if the patient is not competent and able to make their own decisions, the family or palliative care team must make decisions regarding the care to be provided to the patient (Akdeniz et al., 2021). In this situation, health workers as a palliative care team will find difficulty in making the best decision for the patient. Non-maleficence as one of the ethical principles is needed by health workers in making palliative care decisions for patients in the ICU. Based on this phenomenon, the author establishes a positive concept, namely non-maleficence.

Determine the aims of analysis: The purpose of non-maleficence concept analysis is to refine ambiguous concepts, obtain operational definitions of non-maleficence in palliative care patients in the ICU, and evaluate existing instruments or obtain appropriate and new non-maleficence instruments in palliative care patients in the ICU.

Identify the defining attributes: The attribute characteristics obtained are harm, prohibition, action, worsen, patient and harm/loss. From the attribute characteristics obtained, an operational definition of non-maleficence can be formulated, namely the prohibition of taking actions that can harm or worsen or cause harm to patients.

Identify a model case: Mr. B, 55 years old, was diagnosed with Chronic Obstructive Pulmonary Disease (COPD) and lung cancer metastasized to bone 10 years ago. The patient was brought to the emergency room by his family due to pneumonia. The physician sent the patient to the ICU because the patient needed intubation and a mechanical ventilator to assist his breathing. The nurse and doctor in charge told the patient and family that the patient's chances of returning home were minimal because the ventilator weaning process was difficult to do so the focus of Mr. B's care was currently palliative care. Mr. B's current focus is palliative care to improve the patient's quality of life, the patient and family have understood and agreed to carry out palliative care. Mr. B was prescribed morphine rapid infusion as an analgesic to reduce pain. Mr. B told his wife that the patient felt very painful and had difficulty breathing. Mr. B's wife, who saw her husband in pain, asked the nurse to increase the dose of pain medication because she could not bear to see her husband in pain. Then the nurse conveyed this to the doctor in charge to be discussed together. The doctor in charge decided to give morphine drip titration only as high as needed for analgesics. The team agreed that providing pain control in palliative care patients should be considered so that patients do not suffer.

Identify borderline cases: A 60-year-old Mrs. T was admitted to the ICU for severe COPD with pneumonia and sepsis. The patient was intubated and mechanically ventilated. For the past 2 years, the patient has been using continuous oxygen. In the last 1 year, the patient has been admitted to the ICU twice with intubation and mechanical ventilation. The patient is currently in a coma. Doctors and nurses provided education to the family regarding palliative care and the family agreed to palliative care for the patient. The doctor prescribed several antibiotics, crystalloid hydration infusion, and vasopressors to maintain the patient's blood pressure.

Identify contrary cases: Mr. K, 77, was admitted to the ICU with a diagnosis of COPD and prostate cancer 8 years ago. The patient and family were informed by the nurse and doctor that the patient needed intubation and mechanical ventilation as well as antibiotic therapy. The nurse also explained the possibility of failure of the ventilator removal process and the possibility that the patient could not go home due to the patient's condition, the nurse also provided education about palliative care. The patient and family agreed to intubation and mechanical ventilation. The patient also expressed his wish not to have cardiac resuscitation (DNR). Then the patient was intubated mechanical ventilation was installed and the administration of antibiotics was successful in the patient. However, after 3 weeks the ventilator weaning process was unsuccessful, a few days after the failure of the weaning process, the patient told the nurse his desire to remove the ventilator device because he was no longer strong and felt pain. Then the nurse informed the doctor about this and then the doctor agreed to remove the mechanical ventilation device.

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Identify antecedents and consequences:
Antecedence Concept Consequences:

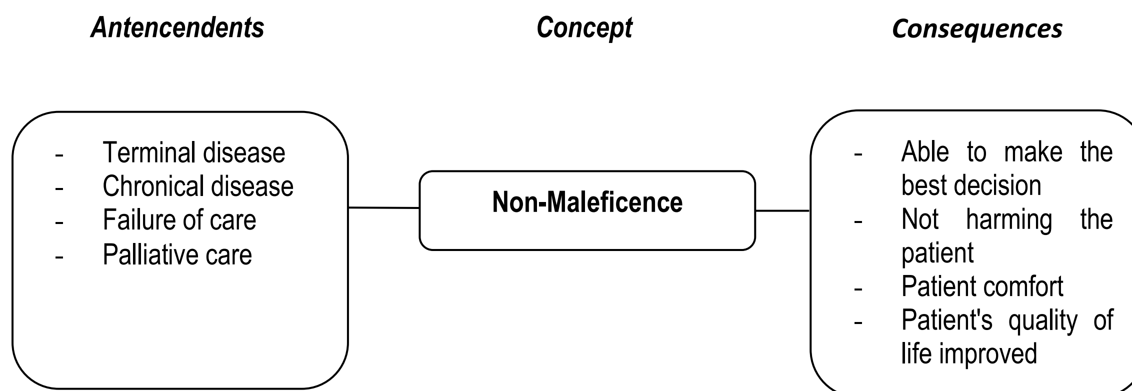

Figure 1. Overview of antecedents, attributes and consequences of non-maleficence concept in palliative care patient in ICU

Define empirical referents: Empirical referent is a term in research for measuring aspects that represent an observed concept (Brush, Kirk, Gultekin, & Baiardi, 2011). Another definition of empirical referents is a means of being able to recognize and measure defining characteristics or attributes, not the whole concept. In essence, empirical referents are a tool or measurement instrument that helps measure a concept (Avant, 2014). The results of the identification of the attributes and concepts of non-maleficence, the empirical referents are actions, no harm, patients and quality of life.

DISCUSSION

After obtaining empirical referents, the appropriate instrument that can be used to measure the concept of non-maleficence in palliative care patients in the ICU is the *Palliative care quiz for nurses* (PCQN) which is used to measure the cognitive level of nurses related to palliative care. This instrument can be used in various palliative care settings such as hospitals, cancer centers, and communities. The PCQN consists of 20 question items with correct, incorrect, or don't know answer options. The domains in this instrument are philosophy and principles of palliative care, pain and symptom management and psychosocial and spiritual care. Currently, there is an Indonesian version of the PCQN instrument, namely PCQN-I, which consists of 20 question items (Hertanti, Wicaksana, Effendy, & Kao, 2021; Ross, McDonald, & McGuinness, 1996). In this instrument, the concept of non-maleficence can be measured through questions regarding decision-making by nurses regarding the care of palliative care patients who are not harmful to patients. The concept of non-maleficence can be found mainly in questions in the philosophy and principles of palliative care domain.

CONCLUSION

The results of this concept analysis resulted in an operational definition of non-maleficence in palliative care patients in the ICU, namely the prohibition of taking actions that can harm or worsen or cause harm to patients. The appropriate instrument to measure the concept of non-maleficence in palliative care patients in the ICU is the Palliative care quiz for nurses (PCQN) which is used to measure the cognitive level of nurses related to palliative care which consists of 4 domains and 20 questions.

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