

## ETHICAL CONSIDERATIONS IN RESPIRATORY THERAPY AND NURSING PRACTICE: BALANCING PATIENT AUTONOMY AND CARE

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### Abstract

Medical professionals face a unique professional obligation to consider and advocate for the needs and rights of the individuals to whom they provide care, while adhering to the principles and purposes of their respective professions. The goals and interventions of these professions aim to benefit individuals in varied and specific ways related to health and quality of life. The medical professions have unique knowledge, skills, and empirical access to important human needs such as health and bodily function. In part, it is these unique responsibilities to society and the sum total of lived human experiences and needs that place constraints and limits on the exercise of autonomy and freedom of individual healthcare practitioners. In the present discussion, we consider some collisions and synergies between the ethical principles of beneficence and autonomy in the specific context of the disciplines of nursing and respiratory therapy. (Looi et al.2021)

Providing medical care and support is for individuals a deeply personal and often intimate experience. Twenty-four hours a day, seven days a week, nursing personnel work with individuals and their families in almost every segment of humanity on the planet, caring for the health status of people at all developmental stages from birth to death. Modern Western medicine also makes great use of technological devices and interventions in diagnosing and treating patients. As nurses and nursing care have evolved through time, even though priorities have changed, nursing has always adhered to an ethic of care, where the welfare and dignity of patients are central to nursing practice. Consequently, nursing students learn early in their education that healthcare is delivered to individuals, and nursing interventions are taught as person- and individual-centered. Nurses have much individual contact with patients and a deep commitment to individual, bedside care. Modern nurses as agents and advocates of patients' well-being reflect beneficence. However, just as nurses' commitment to beneficence is deep, nursing professionals are also committed to helping patients exercise decision-making freedom and self-determination. Thus, the ethical principle of autonomy balances the principle of beneficence in many nursing activities. (Cheraghi et al.2023)

### Keywords

Professional practice, patient autonomy, ethical considerations, nurses, respiratory therapists, ethics committees, autonomy, resuscitation.

## 1. Introduction to Ethical Considerations in Healthcare

At the heart of healthcare is the welfare of the patient, whether it is an older woman with chronic obstructive lung disease or a child allergic to peanuts. Two closely related professional groups, respiratory therapists and nurses, have the primary responsibility to provide direct patient care. The specific individual assigned the duty to respond to the patient is not as relevant as their role in protecting and caring for the person receiving care. Offering assistance and responding to the patient's needs is the foremost objective from the patient's viewpoint, justifiably predicting that everyone working within the healthcare system would feel the same way. To do otherwise – to sacrifice the patient's welfare – is to strike at the fundamental trust in the profession and, indeed, the system itself. (Levine et al.2021)

The underlying value of the patient is paramount – a sentiment repeated throughout the universal ethical codes for the various healthcare professions: medicine, nursing, and respiratory therapy. However, when the principles of these healthcare professions are foregrounded, legitimate social interests may suspend or override individual patient interests and rights. The health of the community as a whole, the orderly function of the healthcare organization, and even the good of the other patients may warrant such limitations. In general, patients are unlikely to object to any limitations, providing their interests are not subordinated to the interest of the professional, to bureaucratic proceduralism, or some arrogantly presumed societal good. To protect the rights of the patient, a more sophisticated relationship model to reframe the principles of patient autonomy and professional standards and to bring balance to their competing interests is essential. (Post & Blustein, 2021)

### *Importance of Ethics in Respiratory Therapy and Nursing*

Ethical considerations have always played a significant role in the healthcare field. Ethical decision-making is thought to be an area wherein different healthcare professionals should be trained adequately. There is a requirement to address this in the entry-level professional education; however, additional professional development training is essential. Healthcare professionals in a multidisciplinary clinical situation also need a mutual understanding of the other professions' ethical obligations. Ethical reasoning is specifically a part of the entry-level competencies for respiratory therapists and nurses. Surely, healthcare professionals require good communication and respect for the patient's autonomy. The essential importance of the work done in a multidisciplinary situation is in appreciating each individual's expertise and caring for all the persons involved with the patient—including family members and significant others. Obviously, healthcare professionals from different disciplines require some mutual understanding of each other's professional ethical opinions and obligations. Particularly for the involved patient care staff, an understanding of one another's ethical tendencies may be important in cooperative patient care provision. (Aumiller, 2021)

As healthcare professionals, both respiratory therapists and nurses are preparing for a nurturing career. Nurses not only offer direct care for patients but also aim at improving care by relying on evidence-based research. In addition to the care they offer, nurses advocate for patients in a variety of clinical and non-clinical settings. Nursing practice encompasses actions and responsibilities related to professional elements, including advocacy, responsibility, accountability, and care for the well-being of others. With a focus on preservation and safety, care offered by respiratory therapists is provided to those with illnesses in the acute and chronic stages. Respiratory therapists also offer practical patient and family care that includes methods such as

patient oxygen management and clinical assessments. They follow secure patient care orders and are liable for the care of patients. With a serious commitment to patient care, respiratory therapists must have the ability to think critically and collaborate. Together, the professional obligations of respiratory therapists and nurses are centered on leveraging care and protection for one another. Not only are the obligations of the patients focused on both professions, but mutual obligations are present in workforce care. The mutuality of professional obligations may help clarify interdisciplinary cooperation for healthcare professionals.

## 2. Principles of Bioethics

Case scenarios encountered in clinical practice offer many opportunities for exploration of ethical issues. Indeed, healthcare professionals have an ethical obligation to attend to the needs of patients and their families. But how well are we prepared to respond to these needs effectively? Ethical issues stem from the clash of professional training, personal attitudes, and external circumstances. Each of us naturally carries a unique baggage of life experience that shapes our perspectives on ethical questions. Philosophical theories concerning the development, justification, and application of such values can contribute to our understanding of these perspectives. (Menon & Padhy, 2020)

Ethical theories are investigated through logical argumentation rather than through personal beliefs or opinions. It is important for all healthcare professionals to understand ethical theories to provide a means of sorting through complex ethical dilemmas. By clarifying and expressing a philosophical point of view, one can understand and clarify values, and relate them to professional practice. Similarly, ethical knowledge encourages an attitude of humility and intellectual honesty, which is quite the opposite of arrogance and moral decay. Since bioethics is the discipline of ethics involved with biological and medical assumptions, various schools of ethical thought have been developed and augmented. Each school of thought includes the concepts of respect for persons, autonomy, beneficence, non-maleficence, and justice. Prominent in the bioethics arena is the work that includes the most widely accepted concepts of autonomy, beneficence, non-maleficence, and justice as the four principles of bioethics. Theories are tools used by healthcare professionals to analyze situations involving ethical dilemmas. Ethical theories or approaches provide an important framework for decision making.

### 2.1. Autonomy

Principles that have been developed for bioethics over the past 30 years have focused the most attention on individual autonomy, and with good reason. In addition to the ancient roots of this precept in law, religion, and socio-historical change, the principle of autonomy addresses many of the conflicts between persons and health care institutions, ranging from physicians making decisions without consent, the right to refuse care, and infringements on privacy possible in the computer age. Out of this milieu and specific fear of the dehumanizing effect of ratifying in decision-making only rights and privacies, the consumer movement was born, and patients and consumers have begun to resemble each other. The emergence of consumerism is seen in the rise of advertised community-based health care services, commercialism in research, and professional expectations that moral values will not interfere with patient access to pediatric care, public opinion on euthanasia, and statements in scientific literature about favorable consumer reactions to shared decision making. (Childress & Quante, 2021)

In this respect, consumerism tends to mirror autonomy in a preoccupation with desires or objectives and the schooling to achieve them. Increasing consumer demands for knowledge and skills about health also have a parallel in the comprehensive health education provided to persons considering health-related careers. Schools, particularly those in disadvantaged communities, have the potential to become centers of health promotion. Since general instructional goals encourage taking an active role in situations of decentering, health education can help realize these objectives. However, autonomy raises special concerns about informed consent for subjects either unable to protect themselves or involved in research with particular danger to sensitive body tissues. Health education curricula, therefore, also need to focus on the importance of enhancing and protecting human integrity and dignity.

### 2.2. *Beneficence*

The first positive and paramount ethical principle is often termed "beneficence;" in its largest sense, it means loving mercy and the doing of good deeds. Beneficence is understood as striving to benefit patients without harming others. Respiratory therapists, nurses, and other health care professionals are expected to exercise this duty to provide the best care to sustain and improve patients' quality of life. To provide competent patient care, the health care professional must possess the necessary knowledge and skills. Ethical guidelines have been adopted to ensure that all practitioners are qualified.

Those ethical guidelines also articulate the principles of ethical and professional behavior that provide guidance for good practice by registered respiratory therapists and, therefore, protect patients from harm that results from their care. Obtaining informed consent for treatment is dependent on patients' complete and accurate disclosure of their medical history and review of systems. Regardless of who may elicit this information for the patient, the clinical data in the form of a history and review of systems become an essential component of the patient's medical record. As such, the history and review of symptoms become the responsibility of any health care professional attending that patient. Maintaining standards of care and accurate monitoring are other patient safety aspects of protocols, procedures, and devices. Consistent analysis of the performance and use of protocols, personnel policies, procedures, documents, and devices are necessary to ensure optimal patient care. Compliance with care is overseen by relevant accrediting and quality assurance organizations.

### 2.3. *Non-maleficence*

A principle that is closely related to beneficence is non-maleficence, whereby healthcare professionals are not to inflict harm intentionally on a patient either through act or omission when proceeding with treatment. It is not surprising that this principle causes much ethical concern among healthcare professionals since while the cause of healing is aimed at improving patient outcomes, the reality is that the methods used to treat the problem come with a variety of bodily, psychological, and emotional risks. For example, the chemotherapy that is administered to bring about cancer remission presents patients with a variety of life-threatening and life-changing side effects. Prolonged intubation is used as respiratory support for seriously ill patients, but the process of prolonged intubation presents risks such as damage to the vocal cords, tracheal stenosis, and ventilator-associated pneumonia. Non-maleficence conveys to trauma team members the ethics of staying at a patient's side, despite the patient's refusal to continue life-sustaining therapies.

Withholding the final covering to a 'Do Not Resuscitate' (DNR) order is another instance where the principle of non-maleficence may be in conflict with the principles of respect for patient autonomy and caring for the patient's best interest. Even though these principles appear to be straightforward and consistent with one another, DNR directives create an ethical dilemma when, for example, a patient may have a poor quality of life and shows signs of suffering but has not consented to a DNR. Data documenting in-hospital cardiac arrests can demonstrate a low survival to discharge rate, and those who experience survival to discharge are reported to have a high likelihood of poor neurological outcomes. DNR directives exist because patients have told healthcare professionals that they do not want to receive cardiopulmonary resuscitation at the time they are in cardiac or respiratory arrest. However, in this scenario, the person is still very much alive, and the care team is prohibited from administering CPR. If professionals respect the need to perform CPR and the patient codes under the wrong conditions, the healthcare team may be faced with a variety of legal responses from 'nothing said' to criminal charges.

#### *2.4. Justice*

Justice plays an important role in the ethical treatment of both patients and healthcare professionals. It is not just an ideal, but it is part of the actual ethical fabric of healthcare practice. Simply put, justice in healthcare broadly outlines the distribution of resources and the application of laws and policies that create fairness in all healthcare practices. Additionally, justice is based upon the principle of equality; that is, equal patients with equal conditions being treated the same way. Similarly, justice also involves fairness, not giving someone more than he or she is due or privileging someone to make an already biased situation even more favorable for them.

One important question that justice needs to address is how much treatment is due to whom or what. The definition of the term "just" in this principle differs, depending upon the type of ethical system utilized. Under a rights ethic, the term is grounded in the equality of each individual. On the other hand, "just" has the most to do in application with a free-market system. However, those participating in a free-market-based system must be provided an environment where everyone is given a fair chance. Ethical issues with justice in this realm include healthcare reform and environmental regulation of flu vaccine distribution. With the flu vaccine situation at present, who should get this care first or who should be the first to be compensated for the flu shot crisis? To a certain extent, every healthcare professional needs to find personal satisfaction and social responsibility in bringing about a just resolution to issues related to the healthcare of their patients.

### **3. Patient Autonomy in Healthcare**

Individual autonomy in healthcare is a concept based on a person's fundamental right to self-determination and is derived from the principle of autonomy. This ethical principle is also the only one that is grounded completely in actual legal parameters, primarily the right to life. This principle obliges healthcare providers to assess care and recognize a patient's right and capacity to make decisions regarding their health and healthcare. To make decisions autonomously or independently implies that the individual has the ability to choose according to their own knowledge, values, and preferences, based on clear and complete information that is well understood and as unbiased or uncoerced as possible. The provider, in turn, has certain obligations to the patient with autonomous capacity, primarily to provide the necessary clinical information and to respect patient decisions made in accordance with their own values. (Linnet and Jørgensen2023)

In the healthcare field, the principle of autonomy is the one that encounters the greatest number of limits and is often disregarded. Autonomy without accountability results in paternalism towards the patient, ignoring required or dictated care and care management, to the detriment of the patient. Healthcare providers often assume that they know what is best for their patients, have the intellectual capacity to deduce treatment regimens, and comprehend the nature and possible evolution of diseases. In other words, care must be provided as dictated by the best knowledge in order to achieve the best physical results and to optimize life, health, and well-being. The concept of the primacy of patient welfare should be the main principle that governs all clinical decisions in every ethical context. This postulate is generally accepted through the implementation of a paternalistic stance, such a stance not being considered problematic, only unethical in its most negative aspect when caregivers decide without knowledge of or in disagreement with what the patients want, believe, or value.

### *3.1. Definition and Importance*

Nurse-patient covenants underpin knowledge, skills, compassion, and trust that constitute good nursing practice and treatment decisions congruent with patient wishes and values. Shared ethical principles and attitudes, responsibility, loyalty, personal integrity, detachment, discretion, openness, and broad-mindedness are determinants of nurse-patient covenants. Rationales for autonomy-supportive professional ethics of nursing behaviors and goals for the nurse-patient covenants are health policy implications and attractive features of the nursing professional role. Moral and motivating rewards of treating patients in concert with their values and goals are received by nurses whose behaviors and care goals are largely autonomy-supportive, depending on individual and collective wishes and values of patient-nurse relationships. Dependents of physicians, patient satisfaction, and adherence are determinants of health outcomes and are abundantly documented. Recent government mandates for nurses to fulfill their professional obligations to patients and administrative data regarding the scarcity of nurses who deliver autonomy-supportive care with more positive physical health outcomes and lower health service costs are considered from an administrative data standpoint. For human and health status, relations between the nature and degree of nurse-patient covenants and the nursing professional role have implications. Ethically, the reasons and methods by which a well-being synthesis among patients who receive support for their autonomy benefits are also indirectly financially obvious.

### *3.2. Legal and Ethical Considerations*

Legal and ethical considerations in the dispute between the rights of patients and their own best interests have implications for respiratory care and treatment decisions, both from the perspective of patient self-determination and the perspective of patient well-being. Concerns involve respect for privacy, informed consent, and patient self-determination. Privacy is a basic value and ethical consideration that applies to all patients in a healthcare situation. Practitioners are best able to address the principles of respect, autonomy, and patient self-determination by respecting the values, beliefs, and customs of all patients and by recognizing that the role of the specific patient is important in making decisions for him- or herself. Patients other than these groups may be anxious about any knowledge of underlying continuous appliance therapy, such as noninvasive ventilation or 24-hour invasive mechanical ventilation delivered via tracheostomy tubes. Their personal connection to the patient, however, cannot be disregarded. Traditionally, respiratory therapists often provide physical care for these patients without possessing accurate, in-depth knowledge concerning the patient and without being able to effectively understand or communicate with the patient. Data suggest that a significant percentage of respiratory therapists

expressed negative attitudes toward large-for-date infants or infants with prenatal diagnoses expected to cause significant malformations. To establish intimacy and personal involvement safely when caring for the patient, it is necessary to understand the patient. The therapeutic model for patient care, in particular, obligates nursing to provide quality patient care that is goal- or relationship-focused. Nursing today serves as an advocate for patients, assisting them with negotiating complex levels of care. This supports important principles reflected in regulatory standards.

#### 4. Challenges in Balancing Patient Autonomy and Care

4.1. Challenges in Balancing Autonomy and Care In a holistic sense, healthcare is a complex mix of bioscience. But doing it, not just knowing it, requires both an attitude—a healing, caring spirit—and skills for attending to a patient. Put another way, healthcare involves both a medical-aesthetic attitude and a medical-scientific competence, and to this combination must be added ethical sensitivity, not just resource or economic considerations. We always care for the person in the patient; we do not just attend to his or her different pathologies. Ethical principles must always arise from the person to be cared for. In concrete healthcare practice, we should note that we must observe what the patient expects of us by recognizing his or her autonomy. This is doubtless part of the active participation stipulated in the figure of the patient today. We must also remember that healthcare organizations cannot exist without the help of patient associations, good patient care, or the recognition of patients' rights. These rights are not just related to health; they can also be extended to the patient as a person and vary depending on different cultures and ground values of equitable justice. This degree of complexity makes it difficult to apply ethical principles as the sole tools for better practice. There are not many absolutes in relevant biomedicine. Our ethical principles are only part of the process and mean we must consider the aforementioned plurality of values, cultures, and institutions that surround and give meaning to the lives of each of our patients. In particular, these ethical aspects call for shared, protocolized healthcare. In the ethical dimension, welding the patient's good and autonomy hand in hand with other values means that ethical reflection is centered on interim mediating proposals. It must embrace all the social buildings, norms, and feelings available and be able to suggest adaptive methods that configure trust in a context that is by definition one of uncertainty. (Varkey, 2021)

##### 4.1. *Conflicting Values and Beliefs*

The demanding realities of professional practice are replete with conflicting values and beliefs. For example, additional curricular experiences in the health professions, pharmacy, medicine, and nursing curriculum, focusing on the "art of caring," may place value on the nurse or respiratory therapist's assessment of a potentially harmful practice. Programs in basic art, music, and dance can and should foster in graduates the recognition and support of what nurses and respiratory therapists regard as "beneficent" value-laden, hands-on care. Comes now the brighter student, anxious to practice competently on behalf of the patient, already prepared to articulate the values with which he or she was raised, and committed to what he or she has just learned, and the speaker from the air and dance studies program is asserting based on tradition and experience. Unilateral decisions are anathema to the value of patient autonomy. Yet, autonomous control is practically inevitable in the wake of fear, loss of hope, and crisis. Our patients want to feel that everyone in the room is doing something meaningful. They ask for "heroic" measures, ostensibly not really knowing what those requests might involve—secondary gain being the overwhelming intent. Differences in the value systems and beliefs in every facet of a conflict are played out daily under conditions of stress in real health care institutions. Ego, generated by knowledge and

competencies, stifles growth in patience, understanding, and sensitivity in nursing and respiratory therapy graduates in recognizing ever more subtle nuances of feeling and etiology in the patient's and family's words and desires. Meeting their relative's homeward gaze, each professional asks themselves, "Do I dare to defy tradition, theory, expertise, and moral distress? How can I, should I, and will I achieve the air and music of care in word and action?" (Martin & Muller, 2021)

## 5. Strategies for Balancing Patient Autonomy and Care

Practitioners can employ various strategies to assist in striking the appropriate balance between exercising patient autonomy and providing patient care. From an ethical perspective, patient autonomy is the right of every patient to have a say in what happens to him or her, yet the goals common to both patient ethics and practitioner nursing and respiratory therapy practices are to aid in healing and achieving the goals of the patient. First, this tenet must be continuously emphasized and respected by all licensed practitioners, especially those in training who may be prone to speaking over patients or denying their rights. (Molina-Mula and Gallo-Estrada2020)

Second, while patient override should be approached with a very critical eye, practitioners must realize that the potentially inextricable nature of an imposed denial of personal choice and other forced, ultra-invasive care may have significant and long-lasting, even harmfully lasting, effects on the construct of the concept of self for the patient involved. Also, to make it easier for the patient to be compliant and an active participant in his or her care plan, they and their families need to be informed and educated about the reasons behind the recommendations for specific treatments and other critical care that they are being asked or told to undergo, and to have their inputs solicited and sincerely weighed. Used together, employing these strategies should enable respiratory therapists to practice with a specially compassionate, listening ear that remains focused on each individual patient and their specific personal rights and needs.

### 5.1. Shared Decision-Making

Shared decision-making refers to a process in which patients, their families when desired, and members of the healthcare team work together to make healthcare decisions based on the best evidence available. The evidence-based concept of shared decision-making developed in response to widespread concerns that patients might not be fully informed about the nature of their medical conditions, about all the possible treatment options available to manage them, and about the potential consequences of these options. It developed as a way to help optimize patient outcomes while at the same time respecting patient autonomy.

The development of shared decision-making evolved within the broader context of the work of others and the HealthDialogue Foundation. This school of thought focused on the transformation of the traditional benign paternalistic paradigm in healthcare, where doctors would decide what was wrong with a person, any necessary treatment, and the outcome. Then the patient and family had the task of compliance. According to some, "As long as other people make critical value judgments about the objectives and process of treatment, the personal and intimate nature of the physician-patient relationship will remain compromised and medical decisions will be made from the vantage point of the physician's world, not the patient's." As such, models have developed that many feel work better for clinically complex and chronic conditions, avoiding the problems of overutilization, underutilization, and misuse, and better respecting patient autonomy and choice.

## 6. Conclusion

In summary, striking a balance between supporting patient autonomy and engaging in compassionate, care-based patient interactions in both nursing and respiratory therapy is a challenging ethical issue. Ensuring that patients have all the key information, with opportunities to ask questions and express their preferences, and that they do so free from coercion, is an important facet of both ethical care and the provision of person-centered care. Group needs should also be assessed and met without shaming or creating blame. A dual focus on both patient autonomy and person-centered care, as an ethical approach grounded in compassionate care, is likely to lead to high-quality interactions that are both nurse- and patient-centered, especially because nurses have the greatest potential to influence patient outcomes via their role as patient advocates. By both modeling and empowering compassionate relationships, while also employing appropriate language and behavior consistent with the patient's preferences, individuals in both professions can create a healing environment and help patients heal themselves. Engaging in care-based interactions provides the opportunity for both shared connection and shared understanding and is capable of meeting what patients value most. (Qadir)(Hertzberg et al.2024)

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