



## Importance of Ethical Decision Making: In Perspective of Case Scenario of a Pregnant Woman

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### SHORT COMMUNICATION

### ABSTRACT

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Healthcare organizations are complex environments where ethical decision-making is essential in clinical practice. Physicians, nurses, and paramedical staff frequently face situations requiring ethical choices, especially in critical cases like maternal health emergencies. Ethical decision-making not only ensures patient safety but also upholds institutional reputation while preventing legal and political complications. Preeclampsia, a pregnancy-related hypertensive disorder, significantly contributes to maternal mortality, particularly in underdeveloped regions. The Sustainable Development Goals (SDGs) aim to reduce maternal mortality rates, yet challenges persist due to limited healthcare infrastructure. In this context, nurses play a crucial role in ensuring patient well-being, as their decisions directly influence outcomes. A case scenario highlights the impact of nursing negligence in a patient with preeclampsia. A full-term pregnant woman scheduled for a C-section suffered complications due to inadequate preoperative preparation by a night-shift nurse. The morning shift nurse identified the issue and initiated emergency care, preventing a fatal outcome. However, she faced unwarranted reprimands, raising ethical concerns about professional accountability. Rest's Four-Component Model—moral sensitivity, moral judgment, moral motivation, and moral character—provides a framework for ethical decision-making. Nurses' role in patient care necessitates recognition of their decision-making abilities. Addressing ethical dilemmas in healthcare requires institutional support, effective communication, and policies promoting professional integrity. Strengthening ethical education and workplace ethics is vital for improving patient outcomes and sustaining healthcare standards.

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### Introduction

Making an ethical decision is a logical progression involving best moral values using systematic perspectives in any situation that brings conflicting choices [1]. Advancement in science and technology is increasing complications in patient's care which is pressurizing the system to fix responsibilities in decision making in nursing care as well [2]. Thus nurses have to face various ethical issues during patient care as they are

a sole member of whole team in surgical and medical care of each and every disease. Negligence of healthcare staff may create serious complications to the patients with manageable routine complications where the role of nurse remains utmost importance.

Negligence of a single person from healthcare team may lead to dishonor the whole institute and take in the whole facility in malpractice. On the other hand ethical decision making in situations of negligence are of great

importance for not only to save the life of patient but also to sustain the honor of institute further avoid various compensations due to malpractice [3].

Preeclampsia is a complication of pregnancy which is characterized by pregnancy induced high blood pressure and symbols of harm to other organs including liver or kidneys. This condition most probably begins after 20 weeks of pregnancy and plays a significant role to increase maternal mortality [4] (Mayo Clinic. 2018). Sustainable Development Goals (SDGs) are set by United Nations to decrease the rates of maternal mortality around the globe with aim to bring it as low as 70/100000 of live births till 2030 [5]. Thus the reduction in maternal mortality was brought down and reported to be 275,000 in year 2015 as compared to 390,000 in 1990 globally clearly showing the success of millennium development goals as maintained by SDGs [6]. A high burden of maternal mortality has been reported to be among under-developed and developing countries especially 22% in southern countries and 66% in sub-Saharan Africa while only 12% mortality is reported in rest of the world [7].

Various studies have reported an incidence of preeclampsia in the range of 4.0%-12.3% among pregnant women living in under-developed countries [8][9]. However these estimates could not represent true incidence as these are based on cohort studies available from different health facilities. In addition, quality antenatal care, unavailability of blood pressure measurement facilities, lack of coverage and variable quality of health information systems in these countries are other related challenges [10].

Pregnancy induced hypertension could be categorized in three major classes; 1) gestational hypertension, 2) chronic pre-existing hypertension, and 3) preeclampsia. A multi-country survey conducted by World Health Organization assessed a total of 313030 pregnant women admitted in 357 health centers of 29 developing/under-developed countries revealed 0.29% cases having chronic hypertension, 2.2% preeclampsia, and 0.28% with eclampsia [11]. Hospital based prospective and retrospective studies on the other hand are presenting considerable differences of hypertension at the time of deliveries as 2% - 3% in Pakistan [12], 6.6% in India [13], and highest of 28.9% in South-West Nigeria [14]. Management of preeclampsia according to its severity could be better explained in Figure 1.

A full term pregnant women of aged around 27 years with gestational age of 34±1 weeks was admitted in Gynecology and Obs department. Her blood pressure

was maintained along with other baseline indicators like blood sugar level, thrombin & pro-thrombin times, and bleeding time. Thus she was put on caesarian section list of the subsequent day and patient was handed over to the nurse at night shift. The night shift nurse neglected the patient may be due to stable indications or own dawdler nature hence did not prepared her for surgery as advised by the physician and surgeon. Similarly the nurse did not communicated properly while handing over the patient to the subsequent morning shift which resulted in the elevated blood pressure and noted to be around 170/110 with complication of fits and self-tongue bite. Duty nurse immediately announce code blue and patient was shifted in operation-theater for surgery. At the end patient was recovered from the situation successfully and both mother and child were stable after delivery. Team leader who remained concerned during code blue shouted on the nurse after the event. As she has no mistake in this case raised a complaint regarding the issue.

#### *Ethical Decision Making: The Four Component Model*

Nurses sometimes fail to follow the standard set of instructions as is the case in this report while professional decisions cause ethical issues affecting problem solving skills of nurses which may lead to compromise the quality of patient care [16]. Practical guidance during studies of nursing enables them to make right decisions during healthcare and need act as role model during clinical practices. Effectiveness of ethical education though relies on personnel character building to be presented as role model where practical norms, workload, and hierarchy of institution have adverse effects on enthusiasm and ethical behaviors.

Rest, et.al, in 1994 presented four cohesive abilities which determine moral values of healthcare professionals. On the basis of these components, ethical guidelines may be applied to enhance interpersonal qualities and helpful in resolving various ethical conflicts which are as follows;

- 1) Moral sensitivity: Helpful to recognize, frame and contextualize the ethical situation.
- 2) Moral Judgment: This belongs to analyze ethical problem, find options, seek interests of stakeholders, predict consequences, determine accuracy of action, and develop a sound base for the action to be taken.
- 3) Moral Motivation: Relates to ethical priority and commitment to take action with identified grounds according to the ethical codes and professional values.

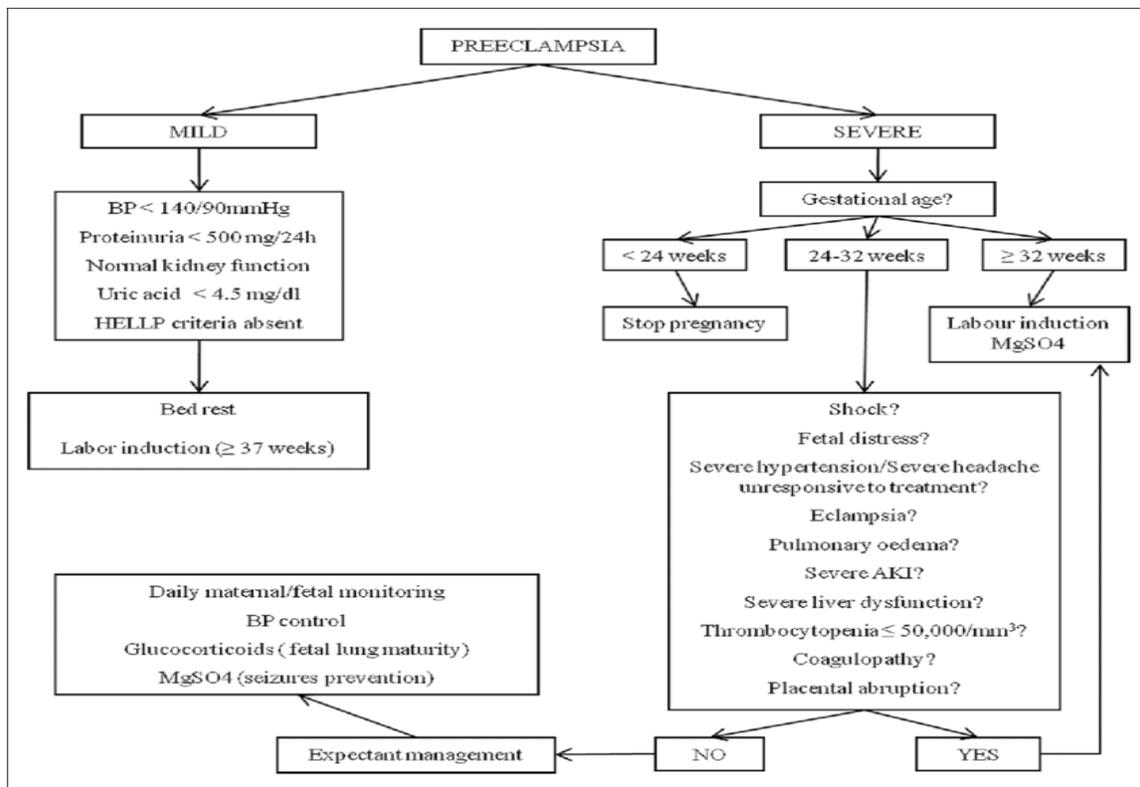


Figure 1: Management of Preeclampsia [15] Case Scenario

4) Moral Character: This clause narrates to implement ethical action, consists nerves to convict the responsible, determine barriers and obstacles, demonstrate opposition effectively, and lead from the front.

#### Moral Intensity

All the four cohesive abilities in the model of Rest, et.al, [17] as mentioned above are interrelated to make the moral intensity. All of them are important to act in combination for making a valid and valuable decision which should be based on protection of ethical values of both patient and healthcare workers. Various factors affect the decision making on the other hand as depicted by dreamtime in Figure 2.

There two situations in this case scenario one is the negligence of nursing staff in preparation of patient while scolding of senior to wrong person. Issues of negligence are fixed on night shift nursing staff but scolding of morning shift nurse is unlawful and unethical. Though this attitude is not new, but scarcely reported while a recent study showed an average score regarding relationship and collaboration of physician-nurse in Iran [18].



Figure 2: Factors affecting decision making

#### Nurses Role in Decision Making

The on duty nurse must be appreciated to raise code blue at its earliest for the sake of saving patient's life instead of managing the issue herself. While her admonishment by the physician, could suppress her to make a good decision, in future. Role of nurses in decision making could not be denied being an important component of healthcare team, spend more time with patient, observe, assist and understand the patient more closely, and

therefor recognize the medical treatment options [19]. Decision making by nurses has not been recognized from so long in many studies supposing that they underestimate patient's needs, inability to diagnose effectively, and are considered only in context of core part of health professional team [20]. However nurses care for others and need to be demonstrated the limits of their practice or improve the level of qualification for the sake of participation in ethical decision making.

## Results & Discussion

Personal agony has been reported to be felt from nurses in situations when patients are severely ill, difficult to manage, and/or expected to close to death. There are four conditions a nurse could present when there is a difficult case including 1) cope the situation, 2) undergo personal distress, 3) show emotional detachment, and 4) predictable death of patient [21]. Negligence has been reported to be found in six conditions of health facility levels in an older study including acute care health facilities, patients with long term health issues, psychiatric health facilities, home health clinics, independent practitioners, and advanced nursing practices [22].

Keeping in view health facilities coping with acute health issues have high burden of patients which ultimately reflect the efficiency of workers and nurses. American healthcare system is also suffering from lack of nursing staff and therefore suffering from heavy workload upon them and this imbalance reported to decrease efficiency by increase overtime and reduced patient stay in hospital [23]. Workload or any personal reason may be the reason for negligence of patient from nurse and all the factors must be considered to make any decision.

## Conclusion

Ethics has become an important aspect of decision making now a days. Moral issues could be appropriately handled by taking the ethics in consideration. There are various core elements belong to ethics for patients which are beneficence, autonomy, non-maleficence, veracity, and fidelity. Involvement of the family members and level of understanding and perception of respondents also play a vital role in decision making. As it is pertinent that decision making involves choosing one from different available options while, decision making has brought new features of managerialism in healthcare. Thus unit base thinking has been strengthened whilst

managers on first line operate as core in the center and deal the people individually rather than in groups.

## Authors' contributions

ICMJE criteria	Details	Author(s)
1. Substantial contributions	Conception, OR Design of the work, OR Data acquisition, analysis, or interpretation	1 1,4,5 2,3,5
2. Drafting or reviewing	Draft the work, OR Review critically for important intellectual content	1,2,4 3,4,5
3. Final approval	Approve the version to be published	1,2,3,4,5
4. Accountable	Agree to be accountable for all aspects of the work	1,2,3,4,5

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## Availability of data and materials

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

## Declarations

### Ethics approval and consent to participate

The University of Lahore, Lahore IRB had approved the study. All participants gave their written consent before enrollment in the study.

### Consent for publication

Not applicable.

### Competing interests

The authors declare no competing interests.

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