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## **ETHICAL APPROACH BY HEALTHCARE WORKERS TO PATIENTS HAVING SPECIAL NEEDS WHILE FOCUSING ON THE MENTALLY ILL INDIVIDUALS**

**Abstract.** Every day, the healthcare workers encounter the patients having special needs and requiring increased health and nursing care. These patients include those suffering mental illnesses, the number of which continues to grow at present. Mental illnesses, especially psychosis, affects the perception of reality, reduces the patients' life quality and, in some cases, they even lead to suicides. Except for the state-of-the-art therapeutic and psychotherapeutic procedures, an adequate ethical approach to mentally ill people also forms essential part of treatment, based on non-mandatory, empathetic and supportive communication. Non-devaluing of a patient in terms of his/her ridiculing and humiliating the human dignity forms part of the given approach.

**Keywords:** mentally ill patient, healthcare worker, ethical approach, communication

## **ETYCZNE PODEJŚCIE PRACOWNIKÓW SŁUŻBY ZDROWIA WOBEC PACJENTÓW ZE SPECYFICZNYMI POTRZEBAMI, W SZCZEGÓLNOŚCI WOBEC OSÓB CHORYCH PSYCHICZNIE**

**Streszczenie.** Pracownicy służby zdrowia codziennie spotykają pacjentów mających specyficzne potrzeby i wymagających zwiększonej opieki leczniczej i pielęgnacyjnej. Do tej grupy należą również pacjenci z chorobami psychicznymi, których ilość obecnie ciągle rośnie. Choroby psychiczne, szczególnie psychozy, wpływają na postrzeganie rzeczywistości, obniżają jakość życia pacjentów, nawet w niektórych przypadkach prowadzą do prób samobójczych. Istotną częścią leczenia, poza najbardziej zaawansowanymi medycznymi i psychoterapeutycznymi procedurami, jest właściwa postawa pracowników służby zdrowia wobec chorego psychicznie, polegająca na komunikacji niedyrektywnej, empatycznej i wspierającej. Częścią takiego podejścia jest opieka nad pacjentem bez poniżania go i naruszania jego godności osobistej.

**Słowa kluczowe:** pacjent chory psychicznie, pracownik służby zdrowia, podejście etyczne, komunikacja

## 1. Patients having special needs

The International Council of Nurses (In: Lin, 2010, p. 340) also recognizes the „respect for human rights and human dignity, as the basic goal of nursing care not differentiated following the patient's race, age, religion, disability or handicap, political, social and economic status”.

The healthcare workers encounter the patients requiring increased health and nursing care, whether in the outpatient or hospital wards and other medical facilities or those where healthcare takes place. Above all, this kind of patients includes children, old people and those oncologically ill, handicapped and dying. Literature often provides instructions for approach and behaviour by healthcare workers towards the patients' groups, as mentioned. However, there has been no general-purpose recipe. A healthcare worker must approach in a sensitive manner and strictly individually, since the groups include the patients having specific problems. This also includes the patients who often suffer from hopelessness, anxiety, uncertainty, and often the lack of interest and attention by the competent authorities. Each of them has the right to receive the services with respect for their human dignity.

Ensuring adequate medical, nursing and social assistance to a person, who finds himself in a state of serious existence threat or emergency due to illness, physical or mental disability or near-death state, has not been a simple or easy task at present. Fulfilling the natural human rights of citizens in relation to health and social security puts ever greater demands on individuals, families, communities, institutional structures, society and the state as a whole. Christianity, together with its patterns, has significantly influenced and still continues to have a significant impact on the Hippocratic tradition of Slovak medicine and healthcare, as well as the profoundly human basis of the moral consciousness and culture of the population living in the Slovak Republic. They consistently require respect for dignity and natural human rights, including the right to life in all members of the human family - especially in those who may be considered weaker or more vulnerable (e.g. children, the minors, physically or mentally handicapped people, chronically sick and the dying) (Glasa, 2005, p. 5).

Gulášová (2005, p. 245) states that „in every man, irrespective of whether an adult patient or a child is concerned, it is, above all, necessary to see a person, who suffers and is therefore entitled to behaviour in a courteous and gentle way by the healthcare workers. It would have been ideal, if they were able to propagate optimism stemming from their own satisfaction and mental balance”.

While approaching to patients, the healthcare professionals should adhere to certain principles, which will allow patients to adapt more easily to new circumstances conditional to the disease arisen. Gulášová (2005) defined the principles as follows:

- Take care of every patient with interest, patience and human understanding of his difficulties.

- Keep respect, maintain both professional and human interest and act in a courtesy manner to the patient.
- Pay increased attention to new patients admitted to the hospital and help them adapt to the hospital environment.
- Perform everything that is in the patient's favour in a conscious, accurate, responsible and reliable way.
- Be attentive to the patient's needs; treat him with patience and peaceful determination.
- Have the ability to answer the patient's questions in a natural and friendly manner and inspire confidence in healing or elimination of health problems in him/her.
- Respond tactfully, address criticism on the patient's side with discretion, and try to enforce legitimate requirements.
- Be honest with the patient and maintain confidentiality in terms of professional secrecy.
- Behave in a collegial manner, assure good relationships with colleagues and refrain from criticizing them before the patients.

In Verešová's opinion (2007, p. 168) „the healthcare workers' role is to reduce the negative impact of the disease on human's overall condition, respond to the needs of people with disrupted health, as well as the disabled and incurably ill people, when providing care focused on the disease”.

Humanity represents an essential feature of care for diverse groups of patients, which shall also take place in the approach by health workers. We can also supplement these words by Gluchman's opinion (1999, p. 48, p. 55), where the humanity represents „one of the fundamental moral values within the value structure of the social consequences ethics. In addition to the values of human dignity, moral rights of man, as well as in the context of efforts in implementation of positive social consequences, this forms the root values within the ethical concept. Humanity together with the human dignity represents very closely related values as the essence of the moral good contents. A man is supposed to achieve these top values by his/her actions”.

It is a human approach with a man standing in its epicentre as a patient, which should be a necessity in health workers when approaching the patients of different ages, diagnoses or disability.

## 2. Patients with mental illness

*„The wandering pilgrim feels ease in the changing country; indeed, a hope to find a new way out is emerging on each side. But the one who got lost in himself doesn't have much room to move, and soon he notices his being trapped in a circle from which there is no escape”.*

Søren Kierkegaard

A mental disorder or psychiatric disorder is a psychological pattern or anomaly, potentially reflected in behaviour, that is generally associated with distress or disability, and which is not considered part of normal development in a person's culture. Mental disorders are generally defined by a combination of how a person feels, acts, thinks or perceives. This way be associated with particular regions or functions of the brain or rest of the nervous system, often in a social context (Stuart, 2016).

The Report on the human rights situation, released in the Czech Republic in 2001, shows that the mental disorder or illness diagnosis means a considerable social stigma for the patient because irrational prejudices and inadequate awareness of the mental illness nature and treatment continue to have a strong influence on the attitudes in the part of the public. Therefore, patient often doesn't feel relief by timely diagnosis of a mental disorder, instead, he/she encounters other problems. The surroundings (sometimes even the healthcare professionals themselves) perceive the patient with mental illness as an incompetent person unable to make decisions on his/her own and they also treat him/her accordingly (Rybová, 2009, p. 42).

The situation mentioned above has not just been typical only for the Czech Republic, but the attitude towards the patients with mental illness, presented by Rybová, also occurs in other countries, including Slovakia. A physically suffering person will search for a relevant expert - a specialist - no matter whether under the influence of acute and chronic illness or injury. A psychologist or psychiatrist has been an expert in treating psychological or mental pain, affliction and illness, and the patients often deem visiting these experts a „stigmatization". In the eyes of the surroundings, he/she becomes an odd „fellow" or a „crazy" in the worst case.

Bártlová, Matulay (2009, p. 99) also share the identical attitudes, who say that „even today, we have been experiencing a society's negative attitude towards the psychiatric patients having social status much lower than that in the stigmatically ill". According to the authors „a mentally ill person often acts under the influence of his/her own inferiority and thus encourages the surroundings to perceive him/her as the inferior".

Psychosis has been one of the most serious mental illnesses, where the individuals' disrupted ability to behave and act in accordance with normal circumstances is concerned. The survival of the individual towards the surroundings, even towards themselves, undergoes changing. In the course of psychotic illness, a change occurs in all the basic areas of the sick's life to a different extent (Marková et al., 2006).

Schizophrenia, and schizoaffective disorder which becomes more and more frequent from the point of view of prevention at present, has been a typical representative of psychoses. For patients suffering psychoses, the disturbances of perception have been typical, especially hallucinations but also thought disorders - delusions. At times, an individual loses the ability to think and act in a sense-making way. In many cases, he/she becomes dangerous not only for himself/herself, but also for the surroundings.

In many mentally ill individuals, we also encounter suicidal activities in terms of both demonstrative and accomplished suicide. In Kašpárček's opinion (2008) „a schizoaffective disorder, feelings of hopelessness, preserved insight into the disease, abuse of alcohol and psychoactive substances, previous suicide attempts, depressive and anxiety symptomatology belong among the most common predictors of suicidal behaviour".

Just depression belongs among most difficult mental illnesses. In Li's et al. opinion (2016) „the incidences and the risk factor for depression might vary with the definitions of depression and the exposure changes, or vary in samples from difficult gender, follow-up durations, and geographic regions".

Long-term remission (recovery), social integration and maintaining patient cooperation have been the goal of the prolonged prophylactic treatment. It is important to monitor the undesirable effects of long-term pharmacotherapy and somatic state (higher prevalence of somatic diseases, e. g. in schizophrenia) (Kolibáš, 2010, p. 154).

Neuroses, which do not interfere with patient's ability to reasoning and acting in an inductive way, have been very common mental illnesses. The patients with dependencies of different kinds, difficult to be therapeutically influenced at times, form a special group of patients.

### **3. Ethical approach to the mentally ill patients**

Identification and solving the ethical issues related to mental illnesses and patients hospitalized in psychiatric wards should be subject to greater urgency and more intense interest shown by the competent authorities, in comparison with the somatic hospital wards, just for specific pathophysiology, symptomatology and therapy of mental illnesses.

Patient co-determination in treatment is one of the sensitive topics concerning care for the mentally ill patients. The nurses form the most numerous group within this field. They spend much time with the patient and can make a significant contribution to maintaining or restoring patient's autonomy. The nurse's workload lies in active involvement of the patient and his/her close relatives into the treatment, support of motivation, co-decision and responsibility for their health (Petr, Marková, 2014).

In Lajkep's and Prudil's opinions (2006, p. 301), there have been basically three ethically problematic areas and tasks:

1. Patients' protection from inappropriate treatment and interference with their freedoms.
2. Emphasizing the patient rights and have the mental ill patients make decisions on themselves and their way of life as much as possible.

3. An effort to change society's attitude towards the psychiatric patients, cultivation of behaviour in professionals executing psychiatric care, cooperation between health service and public administration (administration and judicial system) in favour of the sick.

We consider Kořenek's opinion (2004, p. 97) as essential. He says that „mental illness is capable of causing a critical judgment failure, will or the mentally ill person's actions and such a person has neither been capable of taking care of himself/herself nor carrying out legal acts and commenting on his/her treatment. To protect the mentally ill patients' rights, the special procedural rules should be adopted”.

Involuntary hospitalization also poses a specific ethical problem which has particularly been necessary in cases where a mentally ill patient threatens himself/herself or poses danger for his/her surroundings. The court shall be informed of this situation and a physician must specify the reasons and circumstances associated with involuntary hospitalization. This procedure also applies to patients being hospitalized on voluntary basis, however limited in movement or contacts with the public. In the cases like this, incorporation of the favouring principle into care for mentally ill patients (even though the patients do not realize this) is concerned, since the healthcare professionals protect both patient and others in their vicinity.

Most often, the outpatient form has been applied in health care for mentally ill patients. The stay in day care centres operating at bed psychiatric wards also helps patients. If the above mentioned procedures are not capable of managing patient's problems, the patient must be hospitalized either at an enclosed acute psychiatric ward or its components where more liberal and less strict rules apply.

The team of physicians, nurses, psychologists, psychotherapists, special pedagogues eventually physiotherapists or ergotherapists ensures care for the patients.

Healthcare professionals, especially nurses, must be particularly sensitive when admitting a patient to the psychiatric ward. The patient can be both verbally and non-verbally aggressive, which is considered even more dangerous. In this regard, it is highly desirable that the staff maintains their safety also in accordance with responsibility ethics. When searching of the patient focused on discovering objects, which may pose danger not only to themselves but also to their surroundings, it is also important to maintain adequate verbal communication and eye contact with the patient.

Adequate supportive communication by healthcare professionals forms the basis of care and ethical approach to mentally ill patients. This motivates the patient to treatment, adherence to curative measures, spontaneous cooperation with the staff and allows the patients to express their emotions and anything that hurts them. Partner communication strengthens patients' trust in healthcare professionals as a significant fruitfulness factor of all the therapeutic interventions.

In psychiatry, the human approach is based on non-directive approach to patients; we refrain from using their Christian names when addressing them, mocking them and devaluing their dignity in an authoritarian manner.

Patient-mediated information should be unambiguous, comprehensible and expressed in a quiet tone. It is necessary to verify whether the patient has understood the information and whether he behaves and acts accordingly. Patient communication contents can undergoes alternation under the influence of delusions and hallucinations to which we listen, but never give the lie to it since the patient could have reacted aggressively if there is a risk of attacking the staff. At the same time, we need to realize that aggression in mentally ill patients is not a maladaptation gesture, instead, the part of their illness. A certain ethical problem can cause the use of restrictive measures, however, it has also been the must in aggressive patients to ensure safe environment in terms of legislation. The measure shall be entered into the patient's documentation.

The mentally ill patient must have the opportunity to talk. In this case, the fact that the word has a significant therapeutic effect applies twice. The diverse psychotherapeutic approaches, implemented either in the form of individual or group psychotherapy, have proven to be effective. However, if the patient prefers solitude, we should not forcedly put him under social contacts and, on the other hand, respect his need to be alone. Nonverbal communication has also been important, especially mimics and appropriate gestures, together with haptics not necessarily perceived by every mentally ill patient in a positive manner.

Two basic documents („Declaration" and „Action Plan") on mental health were adopted at the WHO Conference of European Ministers, held in January 2005, Helsinki. These documents define the main priorities and areas of implementing the programs to promote and develop mental health in the period of 5 - 10 years ahead. This includes, among others, the collective impact on stigma and discrimination, the support of mentally ill people and their families or active inclusion of these groups into the process. The leaders of Regional Association of Patients and Relatives are supposed to be trained for defending the rights, needs and interests of mentally ill people within their region in order to meet the challenging tasks (Barová, Vránová, 2006, p. 26).

In the Slovak Republic, the League for Mental Health has been operating for 15 years. It seeks to help the individuals suffering from diverse mental illnesses and to eliminate the resulting prejudices. The League staff prefers the most modern and effective way of integrating the mentally ill into the society of „health" individuals, i. e., the intact society. This is an inclusive approach which helps overcome the prejudices and mitigates the stigmas accompanying mental illness.

In July 2016, the Slovak legislation had undergone amendment even in the context of the aforementioned, however neither professionals nor uninformed public showed unambiguous support therewith. Based on the above adjustment to the legislation, the mentally ill individuals have the privilege to be partially restricted on conducting the legal acts. Compared to the past, when many mentally ill individuals were completely deprived of competency to perform legal acts, this means a move forward in understanding and implementation of the rights of mentally ill individuals in everyday life.

## 4. Conclusion

In conclusion, we can say that adequate care for psychiatric patients rests on three pillars:

1. Knowledge of professional issues and the ability to apply this positive knowledge in practice.
2. Finding a way in basic legislation and regulations.
3. Respect for ethically legitimate claims of patients and susceptibility to ethical problems of psychiatric care (Lajkep, Prudil, 2006, p. 302).

The mental illness brings insecurity, fear, sadness, anxiety and worries to the family. So far, the routinely managed situations become a source of misunderstandings and conflicts that many times hurt all those involved. Especially, the care based not only on the latest psychopharmacological drugs, effective psychotherapeutic procedures, but also an adequate ethical approach to the patients makes a guarantee of improving both the patients' and their families' quality of life.

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