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## RESPECT FOR THE DIGNITY OF THE SICK - AN ESSENTIAL ATTRIBUTE OF MEDICAL ETHICS

**Summary.** Respect for the dignity of the sick has been one of the healthcare workers' fundamental work aspects, as the representatives of the so-called helping professions. It has been one of the priority and the most important attributes of humanization in medicine and healthcare since it increases care for the sick at the higher quality level, eliminates pain, maladaptation symptoms in patients and makes their lives more meaningful. It has been one of the priority and the most important attributes of humanization in medicine and healthcare since it increases care for the sick at the higher quality level, eliminates pain, maladaptation symptoms in patients and makes their lives more meaningful. Dignified approach to the sick not only serves as an indicator of health care quality, but it also measures the ability of healthcare professionals to empathize with patient's troubles and their efforts to solve these problems. Respect for the dignity of patients acquires a specific significance in patients handicapped in any way, in those after radical therapeutic interventions (in particular, surgery ones), transplanted or the mentally ill and dying patients. The author presents the ways and means of respecting the dignity of patients by health workers, especially by physicians and nurses. At the same time, the author appeals to the recipients of healthcare to respect the right of health workers to dignity.

**Keywords:** dignity, medical ethics, patient, healthcare professional.

## POSZANOWANIE GODNOŚCI CHORYCH – PODSTAWOWY ATRYBUT ETYKI MEDYCZNEJ

**Streszczenie.** Poszanowanie godności chorych należy do podstawowych aspektów pracy pracowników opieki zdrowotnej, jako przedstawicieli tzw. profesji wspomagających. Stanowi jeden z priorytetowych i najważniejszych atrybutów humanizacji medycyny oraz ucłowiecznionej opieki zdrowotnej, ponieważ pozwala na przesunięcie poziomu opieki nad chorymi na wyższy jakościowo poziom, eliminuje cierpienie, objawy maladaptacji chorych i daje ich życiu większy sens. Godne podejście do chorych służy również jako wymowny

wskaźnik jakości opieki zdrowotnej oraz zdolności pracowników opieki zdrowotnej do wczucia się w problemy pacjenta i ich starań do rozwiązywania tychże problemów. Poszanowanie godności chorych ma wyjątkowe znaczenie w przypadku pacjentów z jakąkolwiek formą upośledzenia, po radykalnych zabiegach terapeutycznych (zwłaszcza operacyjnych), po transplantacjach, chorych umysłowo, lub konających. Autorka przedstawia również możliwości i sposoby poszanowania godności chorych ze strony pracowników opieki zdrowotnej, przede wszystkim lekarzy i pielęgniarek. Równocześnie podkreśla prawo pracowników służby zdrowia do respektowania ich godności ze strony odbiorców opieki zdrowotnej.

**Słowa kluczowe:** godność, etyka zdrowotna, pacjent, pracownik służby zdrowia.

## Introduction

In terms of training and specific professional performance, medical profession belongs among the most demanding professions. Healthcare professionals must realize that they should not only focus on the patients' medical condition or the affected organ, but paying attention to patients' mental state, helping them adapt to the disease-changed health condition and increasing quality of their lives through human approach has also been that important. At work, healthcare professionals attach great importance to the compliance with the desirable forms of ethical conduct and behaviour where respect for the dignity of the sick dominates in any circumstances.

Nemčeková<sup>1</sup> claims that dignity could be understood as "the concept of moral consciousness expressing the ideas about the value of individual human beings as peer (at the same value and significance level of others), equal (equal rights and obligations), free (freedom to choose alternatives and make decisions) and autonomous (possibility of of deciding for themselves)". Fobelová<sup>2</sup> also draws attention to the need of respecting the dignity, and says that "it is necessary to support efforts that will lead to such modern rationality and ethical paradigm which will reflect strong values, such as human rights of man, dignity and respect for human".

### 1. Dignity of a sick person

A sick person cannot be easily identified with his/her diagnosis – pneumonia or diabetes  
A sick person is the person having his/her own life path, values, attitudes, persuasions and

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<sup>1</sup> Nemčeková M et al. 2004, p. 36.

<sup>2</sup> Fobelová D., Etická dimenzia ľudských práv v kontexte najnovších modelov spoločenskej zodpovednosti. In Kuzior, A. (ed.) Globalne konteksty poszanowania praw wolności człowieka. Katedra Stosowanych Nauk Społecznych, Organizacji i Zarządzania Politechnika Śląska, Zabrze 2013, p. 62.

multiple needs. He/she has always been a peculiar, unrepeatable human being in its bodily, mental, social and spiritual dimension of existence.<sup>3</sup>

The dignity attribute has not only been disrupted by the disease itself, but also by numerous disease-associated difficult diagnostic procedures and often the traumatic and therapeutic interventions deeply extending into patient's intimacy to a greater or lesser extent. Damage to an individual associated with his/her visible stigmatization, radical surgery or dying represent a significant attack on human dignity. This also proves the fact that the loss of human dignity features the second most common cause of requests for active euthanasia in the countries where legislation allows it.

The disease affects not only the patient's affected organ, but it affects the whole personality and often requires adaptation to new circumstances. It affects not only an individual suffering from the disease, but depending on the disease severity, it also affects his/her family, friends and contacts. The disease has been seen as a source of threats and restrictions on various types. Under the influence of the disease, both man's self-conception and common life manner undergo violation which forces them to change current life style, goals and plans. The disease often leads to the individual's stigmatization affecting his/her dignity, which appears to be troublesome not only for themselves but also for their immediate surroundings. For this reason, the dignity attribute represents an important phenomenon in many areas of medical ethics, in particular, thanatology (the science of dying), biomedical research or patients' rights and it closely corresponds to the human health threats under the influence of disease or other circumstances.

In relation to ethics hospital environment, Křivohlavý<sup>4</sup> lays stress on health service humanistic viewpoint, i.e. care to ensure that a patient remains in good mental state, not to emotionally collapse and to become actively involved in the therapeutic process.

The respect for dignity is a key ethical factor in nursing care within the hospital environment and maintaining the patients' dignity is a crucial factor in their recovery. In the developed countries, compliance with dignity in care for patients has also been focused, but not limited on respecting bodily intimacy, ensuring privacy in the area, providing sufficient time frame, provision of emotional support to patients and patient care as a whole. Those attributes are key components of professional medical and nursing care and there is an evidence that compliance helps faster convalescence in patients.<sup>5</sup>

At work, most doctors, nurses and other health care personnel undertaking the medical care of a patient within the hospital environment prefer improvement of the patient's health, quality of their life and care in terms of acceptance of patients' rights. Understood in this way, health care helps reduce pain, physical and mental suffering of the patient and contributes to the fact that the patients see their life as valuable and meaningful.

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<sup>3</sup> Šoltés L, 1998, p. 211.

<sup>4</sup> Křivohlavý J., *Psychologie nemoci*. Prague: Grada Publishing, 2002. p. 200.

<sup>5</sup> Lin P.Y., 2010, p. 346.

The above ideas are in close context with the words of one of numerous modern nestors providing nursing in Slovakia, Hanzlíková<sup>6</sup>, who says that "technically perfect instrumentation is indeed very important in medicine, but human approach, love for the profession and the relationship to the people can not be replaced. Humanistic approach has been characteristic for helping professions, an essential step to achieve not only a higher quality of care but it has also been the future of the entire health care. Humanistic approach takes into account everything which we know in an individual - their thinking, sensitivity, values, experience, as well as love, hope and behaviour. It should have been blended together with health care carried out by any healthcare professionals".

Respect for the dignity of the sick should not only be one of the aspects of medicine humanization, but also a symbol of considerate and human nursing care. Health care conceived this way helps eliminate pain, physical and mental suffering of a patient and makes patient's life more meaningful. Respect for the rights of patients has been one of the most important elements of human access to the sick. Confidentiality, respect for the right to privacy, quality and continuity of health care significantly contributes to the respect for the dignity of patients.<sup>7</sup>

The dignity of patients is an integral part both of the Ethical Codex for Healthcare Professionals and the European Charter of Medical Ethics issued in 2011. Each doctor, nurse and other healthcare professionals have a moral duty to implement health care based on respect for the dignity of the patient. The Patients' Right document describes the right to respect for human dignity and quality of health care implemented by healthcare professionals.

### **1.1. The attributes of dignified approach by healthcare professionals to patients**

What is the ethics of today's healthcare professional?

Definitely, it clearly depends on an individual, the medical equipment and its operation, material conditions, the whole society and its culture. The society has established the framework for human behaviour. It's human to make mistakes and a medic has only been a human. It is therefore possible to tolerate small mistakes, provided that it fundamentally does not endanger the society fundamental values, such as health and life. However, the protection principle of these values does not allow the flagrant or intentional violation of rules to tolerate, which aims in preservation and protection of health and life. It's not just a matter of causing any harm, but especially actively do good or bring benefit proportionally to their capacities and capabilities and not far below them. Such an approach of healthcare

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<sup>6</sup> Hanzlíková A., Profesionálne ošetrovatel'stvo a jeho regulácia. Martin: Osveta, 2011. p. 105.

<sup>7</sup> Rapčíková T., Práva pacientov v etickom a ošetrovatel'skom kontexte. Banská Bystrica: Agentúra MP, 2013, p. 17.

professionals can help many individuals to live full life that is meaningful and possibly the healthiest.<sup>8</sup>

The above approach helps the sick to handle not only the physical pain and limitation resulting from the disease, but also bravely face the impact of the disease on the individual's mental condition. It is a key determinant which helps carry the pitfalls of changes in the health status in a worthy way at each stage of the disease - from its onset to cure or natural death.

To respect the dignity of a patient by healthcare professionals, it is necessary that considerable emphasis is placed on:

1. respect for the rights of patients – the right to confidentiality, privacy and nursing care continuity and quality,
2. respecting the autonomy and independence of a patient – their free and informed decisions related to health care provided,
3. alleviating pain and suffering – not only through administering drugs, but above all via considerate access to patients by healthcare professionals (such an approach is a significant determinant of the dignity of life, especially in its terminal stages),
4. respectful communication with patients, which expresses emotional support – patients involvement in discussions about both small and big problems,
5. identifying and meeting the full spectrum of patients' needs, including kind and compassionate approach.

Because healthcare professionals do not forget to care for the patient's mental state and the contacts with their relatives, they allow them to feel as full-fledged human being at the same time. Gruman said: „Patient's participation in treatment, the relationship between a healthcare professional and a patient, as well as confidence that healthcare professionals do everything as best as they can, delivers power and hope to the patient to live his/her life as long and well as possible“.<sup>9</sup>

## 2. Respect for the dignity of healthcare professionals

It is necessary to remember that not only patients but also healthcare professionals have their dignity and self-esteem needs, often disparaged by public through underestimating the difficulty of their profession and tremendous responsibilities associated with caring for the sick.

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<sup>8</sup> Adamczyk R., Etika pro život - aktuální problémy zdravotní péče. In. Florence, 2011, volume 7, No. 9, p. 21.

<sup>9</sup> Gruman J., What does dignity mean to patients? KevinMD.com [cit.2016.07.05.] Available on the Internet: <http://www.kevinmd.com/blog/2014/.../dignity-patients.ht...>

Respect for autonomy, dignity acceptance, demonstrating respect for anyone who is involved in the health care leads to increased self-confidence and to the knowledge that life has its value and work of healthcare professionals has desired effect also thanks to these attributes.

In this context, we consider necessary to support as follows:

- adequate relationship in interacting between superior and subordinate,
- adequate interpersonal relations,
- assertive behaviour towards patients – not to get emotionally manipulated and blackmailed,
- increase overall social award healthcare professionals for their demands complexity of their profession and immense responsibility for human health.

### **3. Dignity of access to the specific sick**

The International Council of Nurses also considers „the respect for human rights and human dignity a fundamental objective of nursing care which cannot undergo differentiation on the basis of race, age, religion, illness or disability, political, social and economic status of a patient“.<sup>10</sup>

Healthcare professionals have been daily faced with patients requiring increased medical and nursing care whether in the outpatient or inpatient part of hospitals and other health facilities or those carrying out health care. In particular, children, the elderly, chronic and cancer suffering patients, disabled individuals and the dying belong to this patient group. The literature often provides guidance on the approach and behaviour of healthcare professionals to these groups of patients. However, there has been no universal recipe. A healthcare professional must proceed sensitively and strictly individual, since the patient groups having specific problem areas have been concerned. This also includes the patients who often suffer from hopelessness, anxiety, insecurity and lack of interest and attention by the competent personnel. Each of them is entitled to be provided with the services with respect for their human dignity.

#### **3.1. Dignified approach to the mentally ill**

Bártlová and Matulay emphasise, that „even nowadays, we encounter negative opinions towards psychiatric patients by the society, whose social status has been much lower than that in the somatically ill“<sup>11</sup> and they state that „a mentally ill person often acts under the influence

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<sup>10</sup> In: Lin P.Y., 2010, p. 340.

<sup>11</sup> Bártlová S., Matulay P., Sociológia zdravia, choroby a rodiny. Martin: Osveta, 2009, p. 99.

of his/her own sense of inferiority, thus encouraging environment to consider him/her as inferior".<sup>12</sup>

To identify and resolve the ethical issues related to the mentally ill and the patients hospitalized in the psychiatric wards, the patients should be subject to greater urgency and increased interest by the competent persons, as compared with the somatic hospital wards, just for the specific pathophysiology, symptomatology and treatment of mental illness.

We consider Kořeneka's opinion as essential, who says that „mental illness may cause a malfunction of critical judgment, the will and actions by the mentally ill, who fail to take care of themselves, perform legal acts and also to respond to their treatment. To protect the interests of the mentally ill, the specific legal rules shall be applied“.<sup>13</sup>

An adequate supportive communication by healthcare professionals forms the basis for care and ethical approach to the mentally ill, which motivates a patient to treatment, compliance with the treatment measures, effortless collaboration with the staff and allows the patients to express their emotions and anything that bothers them. Partner communication strengthens the patients' confidence in healthcare professionals, as an important factor in the success of all therapeutic interventions.

In psychiatry, the human approach is based on a non-directive approach to the patient, we use formal addressing in communication, we shall not ridicule in them and devalue their dignity in an authoritarian manner, where the patient suffers from a disorder of perceptual disturbances typical for delusions or thinking along with creation of miscellaneous delusions.

Decent treatment of psychiatric patients rests on three pillars:

1. knowledge of scientific issues and the ability to apply this positive knowledge in practice,
2. orientation in the basic legislation and regulations,
3. respect for ethically legitimate demands of patients and responsiveness to ethical issues in the field of psychiatric care.<sup>14</sup>

### **3.2. Dignified approach to the cancer patients**

The physical issues arising from pre-existing disease, other unpleasant diagnostic procedures, emerging signs of the disease itself, as well as the significant side effects of invasive treatment at times enhance a wide range of patients' psycho-social issues stemming from the mere fact of existence and outbreak of cancer. All these factors multiply the physical and mental pain in human, increase his/her anxiety, fear, uncertainty, helplessness and fundamentally change survival and behaviour in the cancer patient.<sup>15</sup>

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<sup>12</sup> Ibidem.

<sup>13</sup> Kořeneka's opinion as essential (2004, p. 97).

<sup>14</sup> Lajkep T., Prudil L., Etika a právo v psychiatrii. In Psychiatrie pro praxi, 2006, volume 7, No. 6, p. 302. [cit.2013.12.13.] Available on the Internet: <http://www.solen.cz/pdfs/pra/2006/01/03.pdf>

<sup>15</sup> Grežďová I., Etické princípy v psychosociálnej podpore onkologicky chorých pacientov. In: Ralbovská, R., Knezović, R., Etické aspekty práce pomáhajících profesí v oblasti zdravotnictví a sociální péče. Prague: Evropské vzdělávací centrum, 2010, p. 19.

Medical care has been focused on eliminating suffering, pain and other accompanying cancer symptoms determining the quality of life, which is fully in line with the ethics of utilitarianism. Moreover, this group of patients also requires dignity-based professional and ethical approach as a basic care ethics attribute, apart from professional assistance. However, there has been a fairly large number of healthcare professionals who only marginally devote to the ethical and psychological aspects of cancer and focus their interventions solely on the medical aspect of the problem.

Kořenek<sup>16</sup> states that „a person can lose their dignity under the influence of long-term illness. We cannot see the long-term sick and hospitalized patients in geriatric age, many of whom are terminally ill, as the people for whom life has no longer any value. On the contrary, healthcare professionals should care for such patients based on the highly valued ethical approach, i.e. solidarity with those weakest in the society“.

### **3.3. Dignified approach to the geriatric patients**

Healthcare professionals must keep in mind the human approach and respect for the dignity of patients in post-productive age, despite the continual development of technology and proliferation of new and effective drugs, which, undauntedly, contribute to prolongation and improvement of human life quality. This group of individuals has special needs resulting in the specific care for geriatric patients.

The approach by healthcare professionals shall get across all the specifics resulting from the disease and health condition in geriatric patients and encourage them in terms of involvement in satisfying the biological and other needs. In communication, the expressions of empathy as the carrier attribute of virtue ethics must be ensured and provide the patient with room to express their concerns and difficulties. Infantile conduct that disparages respect and dignity of the elderly shall also be avoided. A healthcare professional shall also keep in mind the sensory analyzers in the elderly, especially hearing, therefore louder and clearer communication is necessary. In communication with the elderly, non-verbal contact, especially haptic (touch), whose therapeutic efficacy is obvious, shall also be applied.

### **3.4. Dignified approach to the dying**

Both birth and death have been an integral part of human existence. The healthcare professionals have been confronted with these two milestones of human life on a daily basis - rightfully considered a great opportunity for the manifestation of their character traits.

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<sup>16</sup> Kořenek J., *Lékařská etika*. Prague: Triton, 2004. p. 111.



Kuzior provides a specific view of respect for human dignity. She claims that „there are lots of considerations and studies, both of philosophical and legal character, which coincide in the necessity of respecting the dignity of the living. She also asks: What about the dignity of man after his death?“<sup>17</sup> She further notes: „The answers to this question vary. Some claim that dignity ends at the moment the man dies, others say that the dignity has persisted after death“.<sup>18</sup>

The approach to this group of patients stands for the basic ethical issues of dying and death. Actually, the human approach and respect for human dignity at all stages of dying to natural death forms basis that the person doesn't die mentally, socially and spiritually but rather physically and has not sought early termination of life t. j. euthanasia. The above mentioned approach has not been just a privilege of healthcare professionals, but the entire society, whose maturity undergoes judgement depending on its approach type to the most vulnerable and most vulnerable citizens.

The dignity for the dying, their physical and mental integrity shall be respected under all circumstances and the efforts to promote and maintain the relative quality of life are the must. However, the access to the dying is highly individual and there will always be certain situations where the behaviour in an ethical way will differ from the generally accepted principles and recommendations. The access to the dying also depends on whether the dying process is slow in a patient and he/she suffers greatly, or the patient dies of a chronic disease but doesn't suffer physically and mentally so much.

According to professor Krčméry „Dying has been the most severe assistance in health care. The doctors and nurses behaving in an ethics way, able to respect the personality of the dying and also able to express them deep participation are more beneficial for the patient, such as technology with the most modern equipment. Only the one who is satisfied can calm others. Only the one who is strong can strengthen others“.<sup>19</sup>

## Conclusion

The respect for the dignity of patients is one of the essential quality features and professional health care. Failure to apply this phenomenon in the care for those who neither can nor take care of themselves, we cannot characterize health care as professional. In fact, healthcare professional's professionalism lays not only in the theoretical knowledge and

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<sup>17</sup> Kuzior P., Poszanowanie godności człowieka po śmierci – przypadek trupiej farmy. In Kuzior, A. (ed.) Globalne konteksty poszanowania praw wolności człowieka. Zabrze: Katedra Stosowanych Nauk Społecznych, Organizacji i Zarządzania Politechnika Śląska, 2013, p. 257.

<sup>18</sup> Ibidem.

<sup>19</sup> Krčméry V., Etické problémy ošetrovateľskej starostlivosti v onkológii. In: Moderný medicínsky manažment, 1997, volume 4, No. 1, p. 6.

practical skills but the ethical framework meaningfully enhances implementation of the dignity of access to the suffering.

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## **Omówienie**

Artykuł podkreśla znaczenie holistycznego i partnerskiego podejścia pracowników zdrowotnych do pacjentów w procesie diagnostyczno-terapeutycznym, z poszanowaniem godności – od narodzin aż po naturalny koniec. Poszanowanie godności, zawarte w dokumentach dotyczących praw pacjentów, to jedna z najważniejszych cech jakościowej opieki zdrowotnej. Jest też moralnym obowiązkiem każdego pracownika służby zdrowia, niezależnie od okoliczności. Szczególną uwagę należy poświęcić specyficznym grupom – dzieciom, chorym umysłowo, po transplantacjach czy z chorobami nowotworowymi, osobom starszym i konającym. Autorka podkreśla fakt, iż pracownicy służby zdrowia również mają prawo do ochrony swojej godności i potrzeby poczucia własnej wartości. Respektowanie autonomii, akceptacja godności, przejawy szacunku wobec każdego, kto zaangażowany jest w opiekę zdrowotną, umacnia samopoczucie i pozwala poznać, że właśnie dzięki tym atrybutom życie ma swoją wartość, a praca zespołu prowadzi do pożądanego efektu.