Respiratory Therapists’ Involvement in Ethical Decision Making

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Introduction
Ethical decision-making refers to the process of evaluating and choosing among alternatives in a manner consistent with ethical principles (Blunk.ucsd.edu, 2018). In making ethical decisions, it is necessary to perceive and eliminate unethical options and select the best ethical alternative. In the hospital setting, healthcare practitioners face ethical decisions on a daily basis. These situations can be as simple as giving all patients fair and equal care regardless of their background, or as complex as deciding to discontinue treatment to a terminally ill patient. In today’s medical facilities, there are many different strategies to approach ethical dilemmas. One technique is to enlist the guidance of a consultant who is more experienced and has a better knowledge of managing patients on a case by case bases, a study shows the effectiveness of ethical consultation concluded that the implementation of ethical consultation in the Intensive Care Unit (ICU) has a positive impact in improving patient outcome and solving conflict among healthcare providers (Schneiderman et al., 2003). An important factor for ethical decision making is having appropriate knowledge about ethics. Data from a study conducted in Barbados showed that there is a lack of ethical education among health care providers (Harisharan, 2006). Two main complications or ethical decisions that are faced regularly in a healthcare environment are “Do Not Resuscitate (DNR)” and “End of life decisions”. DNR is a medical order written by a doctor which instructs health care providers not to do cardiopulmonary resuscitation (CPR) if a patient’s breathing stops or if the patient’s heart stops beating (Order, 2018). When it comes to DNR, nurses are involved in making recommendations, but the ultimate decision is made by a physician (Eliauson et al., 1997). Paramedics also are not involved in the decision making however they tend to feel that DNR’s contradict their duty as paramedics to resuscitate and save lives (Guru, 1999). It should also be mentioned that there are many studies done regarding ethical decision making in the nursing field which concluded that nurses are not involved in end of life ethical decision making (Inghbrecht et al., 2009 & Festic et al., 2011). The presence of restrictions legally, religiously, culturally and socially has a significant impact on decision making in different parts of the world (Rebagliato et al., 2000). In addition, moral distress and less collaboration can lead to inaccuracy in the decision making (Hamric and Blackhall, 2007, Truong et al., 2008 & Santiago, 2011). Due to the lack of studies conducted on respiratory therapists and ethical decision making, the extent of their participation and influence is not always clear. This fact also applies to Saudi Arabia where the field of respiratory therapy is still growing.

Aim of the Study
The goal of our study is to investigate whether respiratory therapists are involved in ethical decision making in Saudi Arabia.

Material and Methods
The study was approved by the Internal Review Board (IRB) of the Scientific Research Unit at Inaya Medical College. A descriptive study conducted using a self-made survey that will collect general information about Respiratory Therapy practitioners that include: highest degree attained in the field, number of years in the field, number of ICU beds in the hospital. Further questions on involvement in ethical decision making are also outlined in the survey. Inclusion criteria include practicing Respiratory Therapists who encounter situations where the medical team is required to make decisions pertaining to end of life, resuscitation, escalation-de-escalation of care. Exclusion criteria include Respiratory Therapy students and/or interns. The survey was tested for validity and reliability by administration to a pilot group of non-Respiratory Therapists. Data are presented as raw score or total possible percent of raw score. Level of significance will be set at p value < 0.05.

Results
Total respondents to survey was 102. Male respondents represented 90 and females were 12. Those with Saudi Council for Health Specialties license represent 79.4% and 20.6% do not have such license. Most respondents 47.1% indicated that they work in an ICU with more than 45 beds. 1% of them work in ED, 46.1% work in Pulmonary and 43% work in other settings.

E. Involved in End-Of-Life decision making season.
F. Port of the multidisciplinary medical team for decision making.
G. Should share the responsibility of decision with the multidisciplinary team during ethical discussion.
H. Ethics are neglected in Saudi hospitals.
I. Believe that the ICU is the hospital they work in is committed to a high ethical standard.
J. Satisfied with their involvement in ethical decision-making.

Conclusion
Based on our study we conclude that most of the respiratory therapists have adequate knowledge about ethics and ethical dilemmas. Furthermore, the majority of respiratory therapists are given the opportunity to participate in ethical decision making. Our study states that when it comes to ethical decisions such as withholding therapy, respiratory therapists are mostly involved unlike Do-Not-resuscitate (DNR) which shows that a large portion of respiratory therapists are not involved in its decision making. Respiratory therapists are also not involved in End-Of-life decision making. Respiratory therapists are part of the multidisciplinary medical team for decision making, and they are satisfied with their involvement in ethical decision making.

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References