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BIOETHICAL ISSUES OF OLDER ADULTS AND THEIR ASPECTS RELEVANT TO NURSING: INTEGRATIVE REVIEW

AS QUESTÕES BIOÉTICAS DO IDOSO E SEUS ASPECTOS RELEVANTES PARA A ENFERMAGEM: REVISÃO INTEGRATIVA

LAS CUESTIONES BIOÉTICAS DE LOS ANCIANOS Y SUS ASPECTOS RELEVANTES PARA LA ENFERMERÍA: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to analyze the scientific production on bioethics focused on older adults regarding aspects relevant to nursing. **Method:** this is an integrative review with data collection carried out from 09/14/2011 to 12/08/2011 and search performed in LILACS, SciELO and PubMed databases from 2007 to 2011. **Results:** we selected 36 articles that highlighted: the ethical dilemmas and autonomy in 13.8% of articles; 11.1% referred to the need for organ transplantation; 8.3 % to the availability of shelters for abandoned older adults; 5,5% referred to the family's role for older adults, 11,1% highlighted the informed consent in ethical decision-making; and 17% the care for hospitalized older adults focusing on their rights. **Conclusion:** the social responsibility of health policies, resource allocation and performance of health professionals need to be regarded in the light of bioethics, taking into consideration these interventions and solutions to moral conflicts involving older adults. **Descriptors:** Bioethics; Older Adult; Aging; Longevity; Nursing.

RESUMO

Objetivo: analisar as produções científicas sobre a bioética voltada ao idoso nos aspectos relevantes à enfermagem. **Método:** revisão integrativa com período de coleta de dados de 14/09/11 a 08/12/11 com busca nas bases de dados LILACS, SciELO e PubMed entre 2007 e 2011. **Resultados:** os 36 artigos selecionados destacaram os dilemas éticos e a autonomia em 13,8% dos artigos; 11,1% referiam-se à necessidade de transplante de órgãos; 8,3% à disponibilidade de abrigos para idosos abandonados; 5,5% referiam-se ao papel da família junto ao idoso; 11,1% destacaram o consentimento informado do idoso na tomada de decisão ética; e 17% o cuidado ao idoso hospitalizado visando os seus direitos. **Conclusão:** a responsabilidade social das políticas de saúde, alocação de recursos e atuação dos profissionais da saúde precisa ser refletida à luz da bioética e considerar a produção destas intervenções e as soluções para os conflitos morais que envolvem o idoso. **Descritores:** Bioética; Idoso; Envelhecimento; Longevidade; Enfermagem.

RESUMEN

Objetivo: analizar la producción científica sobre la bioética centrada en los ancianos en aspectos relevantes para la enfermería. **Método:** revisión integradora con recolección de datos del 14/09/11 al 08/12/11 en las bases de datos LILACS, SciELO y PubMed de 2007 a 2011. **Resultados:** los 36 artículos seleccionados pusieron de relieve los dilemas éticos y la autonomía en 13,8% de los artículos; 11,1% se referían a la necesidad de trasplante de órganos; 8,3 % a la disponibilidad de albergues para ancianos abandonados; 5,5% citaban el papel de la familia con los ancianos; 11,1% destacaron el consentimiento informado en la toma de decisiones éticas; y el 17% el cuidado de ancianos hospitalizados con respecto a sus derechos. **Conclusión:** la responsabilidad social de las políticas de salud, la asignación de recursos y el desempeño de los profesionales de la salud deben reflexionarse bajo la luz de la bioética considerando estas intervenciones y las soluciones de los conflictos morales de los ancianos. **Descriptor:** Bioética; Anciano; Envejecimiento, Longevidad, Enfermería.

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INTRODUCTION

Aging is a universal process that is comprised of a reduction of functional activities and has some tendencies related to illnesses that continuously lead to the development of policies.¹ This way, it is possible to observe an increase in the population of older adults as a result of the decrease in birth rates, increased life expectancy and the development of new technologies that envisioned treatments, which were thoughtless until a few years ago, in a prospective of favorable living conditions with respect to some diseases. We cannot ignore some relevant information that will be pointed out in this article regarding bioethics aimed at older adults.

Understanding bioethics as an epistemological field and the social movement more directly linked to respect for human life in the field of rights, makes it necessary to understand the importance of the singularities this issue has in relation to older adults. Taking into consideration its conceptualization and its epistemological framework, the important role of bioethics is evident in the discussion on older adults' right to dignity and its multiple interfaces, as these are present in issues based on the health-disease process, in gender issues and their social nuances, as well as in everyday situations involving the multiple roles of older adults in society.

The conceptual and epistemological frame of bioethics is based on the following precepts: its structure must, obligatorily, be multi and transdisciplinary enabling the analysis among the various nuclei of knowledge in different angles of ethical issues about scientific knowledge and technology; the knowledge accumulated historically by the society and the very concrete reality around us and of which we are a part; respect to moral pluralism found in postmodern democracies that must be guided by the balance and the observation of specific social references that guide people, societies and nations towards peaceful coexistence, without imposing moral standards from one to another.²

In addition, there is a need for starting a serious discussion on the existing contradiction between the ethical universe and ethical relativism from the difficulty to establish universal bioethical paradigms (with the exception of human rights). This leads to the need for (re)structuring the bioethical discourse taking into consideration the use of tools, categories and factual dynamics as: communication; language; argumentation;

dialogue; coherence; consensus; and rationality.²

The development of technologies and sciences imposed a mechanistic understanding of the human phenomenon, which results in considering life not as a fundamental value, but the sum of the utility values of its organs. In this sense, in order to regard bioethics and the right to life seriously, the human phenomenon should be understood as a special and singular form of its existence comprising events with multiple senses. The respect that is due to human dignity, as the most consequential implication of reunion of rights with ethics, is supported by the development of the idea of duration: all members of the human species must be equally respected.³

Respect must be ensured regardless of the degree of individual development of human potential. Only by moving away from the mechanistic limitations of technology and science it is possible to affirm that every human being is a person and has rights that emanate from his/her own nature.³

Based on these issues, the following research problem becomes relevant: How can bioethical issues regarding older adults contribute to nursing knowledge through scientific literature?

In view of this question, we can notice the importance of a survey on scientific literature dealing with this subject. Our objective was to analyze the scientific production on bioethics aimed at older adults in its aspects relevant to nursing from 2007 to 2011.

The justification of this study is the need of reviewing the literature in order to disclose how bioethical issues aimed at older adults are being considered. The relevance was also evident in the breadth of the subject, because it involves a multidisciplinary team, and even though it has been reviewed and reported numerous times, it requires an accurate analysis of what is being performed nationally and internationally.

In this sense, we must think of reflections and actions to raise awareness and instruct people to deal with the singularities of older adults, deciding on the types of paths to be taken in order to ensure the dignity of rights on access to several types of treatments. Bioethics can enhance the growing dialogue between older adults, their families and caregivers about treatment options, values and cultural beliefs that influence and give sense and multiple meanings.

METHOD

This study is an integrative review and data collection was carried out from 14th September to 8th December 2011. The justification for this step of data selection was fluctuating reading and the configuration of the analysis. The search was conducted in the following databases from the Virtual Health Library (VHL): LILACS (Latin American and Caribbean Health Science Literature Database), SciELO (Scientific Electronic Library Online), and PubMed international database (United States National Library of Medicine). The choice of these databases is due to their relevant representation in the area of health and nursing in terms of updated publications that provide data for knowledge development.

Integrative review is a method that provides the synthesis of knowledge and incorporates the applicability of results from significant studies into practice.⁴ Another important aspect is that the integrative review is the most comprehensive methodological approach regarding revisions, allowing investigations to include experimental and non-experimental studies to a thorough understanding of the phenomenon under examination. It also combines data from theoretical and empirical literature, besides incorporating a wide range of purposes: definition of concepts, review of theories and evidences, and analysis of methodological problems of a particular topic. The large sample, together with the multiplicity of proposals, should generate a consistent and understandable panorama of complex concepts, theories or health problems relevant to nursing.⁴

The descriptors used were: bioethics; older adult; aging; longevity; and nursing. The inclusion criteria used were: the adherence to the goal and the theme proposed; articles published in Portuguese, English, and Spanish; full articles discussing bioethics related to older adults; and articles published and indexed in the databases mentioned over the last five years (2007-2011).

Exclusion criteria were: published articles that had been repeated; articles that did not address bioethics and older adults; and those that were not published in full and their approach did not contribute to the knowledge in the field of nursing.

The data collection instrument used for organizing content obtained in the references was a chart containing the following items: year; database; publication type and

methods/techniques used; essence of content; and knowledge production.

We performed a fluctuating reading of the references selected through descriptive statistics and obtained a total of 38 articles, of which only 12 articles (33%) were found in LILACS database with adherence to the study and all of them meeting the established criteria. In SciELO database, we found two references (1%), but these had been repeated. In PubMed database we found 24 articles (66%) that had the necessary adherence to the study. Therefore, of the 38 articles, two were repeated in the databases chosen (SciELO). For this reason, we carried out the analysis based on 36 articles.

During the process of selecting the references, we noticed that there was a significant increase of publications on bioethics with emphasis on older adults. This fact drew our attention in order to conduct a more accurate analysis of the data.

RESULTS

For analysis of the references, the information obtained was organized according to the following items: year; database; publication type and methods/techniques used; essence of content; and knowledge production.

According to the publication date, the 36 articles selected were classified as follows: 1 article (1%) in 2011; 8 articles (22%) in 2010; 9 articles (25%) in 2009; 9 articles (25%) in 2008, which was the greatest percentage; and 8 articles (22%) in 2007. Regarding the databases, the largest number of articles was obtained in PubMEed, with 24 articles (66.5%) and 12 articles (33.5%) were found in LILACS. With respect to the language of publication, there were 22 articles (61%) in English, 12 articles (33.4%) in Portuguese, and 2 articles (5.6%) in Spanish.

In order to analyze the type of publication and methodological approach, the articles were selected and grouped as follows: 12 articles (33%) of qualitative studies; 13 articles (36%) of quantitative studies; and 11 articles (31%) of quantitative-qualitative studies. Regarding case study type, we selected 1 article (1%) and as instrument of data collection, there were 4 articles (11%) of in-depth interviews and 6 articles (17%) of semi-structured interviews. There were 6 articles (17%) related to experience report and 8 articles (22%) of literature review. With respect to retrospective mode, there were 11 articles (31%), including: the varied regression model (1%); probability (1%); prevalence

(8.3%); cross-sectional study (14%); and random sample (1%).

With regards to the essence of content and knowledge production, issues related to ethical dilemmas regarding the everyday problems of older adults stood out in 5 articles (13.5%). Autonomy was discussed in 5 articles (13.8%); 4 articles (11.1%) dealt with the need for organ transplants for older adults; 1 article (2.8%) discussed the importance of medical training on bioethical issues for older adults; 3 articles (8.3%) addressed the availability of shelters for homeless older adults; and 2 articles (5.5%) discussed the importance of providing assistive technologies to older adults in order to improve their quality of life.

Still, regarding the two topics above mentioned, 2 articles (5.5%) addressed the role of the family for older adults; 4 articles (11.1%) emphasized the informed consent of older adults in ethical decision-making; 2 articles (5.5%) regarded palliative care as a human issue in older adults care; 1 article (2.8%) focused on older medical doctors who become patients; 6 articles (17%) mentioned interventionist bioethics related to care for hospitalized older adults by taking the credibility of their rights into consideration; and 1 article (2.8%) regarded ethical care for older adults as relevant.

Concerning authors' recommendations, we obtained the following results: positive communication between doctors and patients; the need for adequate services that stimulate smoking cessation and quality of life for diabetic older adults; the importance of social integration of older adults in the community; access to the technologies for the benefit of the older adult population; the need for medical sensitivity while caring for older adults; the discussion of older adults' vulnerability regarding the preservation of their autonomy as an ethical concept; the creation of a code of ethics for gerontologists; and bioethical discussion on acquired immunodeficiency syndrome (AIDS) in older adults, aiming at interventions in terms of citizenship and rights. Each of these, with 2.8% respectively, comprised a total of 8 articles.

In addition, 3 articles (8.3%) discussed an educational program for families in the process of organ donation; 3 articles (8.3%) dealt with the importance of supporting a proper social policy for family consent; 3 articles (8.3%) addressed care for preserving the rights of older adults patients; 3 articles (8.3%) discussed the abandonment of older

adults in the streets; and 3 articles (8.3%) discussed bioethics aimed at older adults.

Other relevant recommendations in a larger number also occurred on issues of appropriate medical conduct concerning the autonomy of older adults, and the proper use of medications in clinical practice was discussed in 4 articles (11%). Access to palliative care was addressed in 4 articles (11%); and the ethical dilemmas (communication, family conflicts, futilities, as well as the goals of the treatments offered, the doctor-patient relationship and the mental competency evaluation for decision-making), that should be taken into consideration by the health team, were also other relevant occurrences in 5 articles (13.8%).

DISCUSSION

When we conducted the analysis considering the essence of content, ethical dilemmas related to older adults stood out. With respect to this issue, authors highlighted autonomy in several aspects, such as the autonomy of older adults or their obstacle to family autonomy.

Specific elements of support reported were significantly associated with the consent to donate, as for example, the donation of organs. Donors' families had different perceptions of quality care for themselves and their loved ones. Receiving comprehensible information about organ donation was the strongest predictor of consent. Specific conclusions on support behaviors, as reported by families of potential donors, were significantly associated with the consent for donation. These behaviors lead to training and educational programs for these families. Such interventions are essential not only for family members of older adults patients with brain death, but also for the public as a whole.⁵

In addition, with respect to the issue of organ transplantation, the literature highlighted medical training in detriment of assistance to older adults and its ethical approach. One of the possibilities is the use of personalized medicine, an approach based on quantifiable and scientific factors that determine the risk of rejection for each patient.

Even though this approach can improve the effectiveness of transplants, at the same time it raises a number of ethical issues. One is the possibility that patients may be excluded from transplantation, which represents a significant ethical issue. This approach is not seen as something entirely new, given the fact that medicine is becoming more scientific and evidence-based. Although transplants

incorporate scientific data, doctors believe that there should always be clinical trials and doctor-patient relationship.⁶

Another relevant discussion in the literature analyzed referred to bioethical issues of older adults from disadvantaged cultural and socio-economic backgrounds. Homeless older adults are extreme examples of these neglected population, because they have the greatest risk of death and face barriers to health care and lack of resources and relationships assumed necessary for proper care.⁷

Explore older adults' desires and concerns will provide an overview for the care of this vulnerable and disadvantaged population. The concern is focused on the performance of social services, health promotion, prevention and care for these people, because they are older adults who had some familiar outcome leading to the incursion in the streets and some survival strategies.^{8,9}

In this sense, older adults' access to technologies stood out because they prompt improved quality of life. The availability of these technological resources is a topic for bioethical discussion because it involves health demands to which not all older adults patients have access in their homes and in health units.

In order to remedy the gaps that still exist in relation to health and living conditions of older adults with an emphasis on technologies, actions, policies and more effective programs are required. The approach of ageing should be included as an integral part of the strategies assumed in order to strengthen the development potential of older adults in a systematic and focused way.¹⁰

The informed consent given by both the family and the older adult patient is a discussion of relevance in health care. Regarding these aspects, the topics for discussion are: provided information; advice; and the acceptability of the family. Within this focus, the most important issue was ethical decision-making in relation to older adult patients with dementia (Alzheimer's disease) and the cases of organ transplants.

In addition, another issue of emphasis and bioethical discussion is palliative care, which have evolved over time as this philosophy of healthcare has been developed in different regions of the world. Palliative care has been defined by having the evaluation of a likely diagnosis and possible special needs of sick people and their families as reference. For this purpose, the following principles are taken into consideration: maintain an optimal

level of pain and symptoms management; face death as a natural process; do not hasten or postpone death; integrate psychological and spiritual aspects of patients; offer a support system to patients and their families; help the families cope with the illnesses of the patients and with mourning; team approach; and seek the improvement of the quality of life.¹⁰

Regarding these issues, the importance of interventional bioethics aimed at protecting the rights of older adults through public policies for accessibility to health was highlighted among other services for prevention and protection of health with a view to quality of life. Therefore, the importance of health professionals' knowledge on ethical care provided to this portion of the population stood out in the literature.

In view of these aspects, it is necessary that health services take this issue into consideration and that the Code of Ethics of Nursing Professionals could be more widespread among professionals. It is also a need that the rights of older adults patients are disclosed among patients and their families, in order to ensure that those involved in care know and exercise their rights and obligations.¹¹

In this regard, the recommendations of the authors surveyed bring some relevant aspects and deserve discussion, as for example the positive communication between doctors and patients, which is a significant interaction. In addition, according to the authors, there is the need for adequate services that stimulate smoking cessation and quality of life for diabetic older adults, i.e., the effectiveness of health programs in the daily lives of older adults.

The constant discussion of bioethics highlights the importance of social integration of older adults in the community for a constant autonomy with a view to reducing its institutionalization in order to boost a higher quality of life.¹² This way, for the success of these premises, the access to technologies for the benefit of the older adult population is highlighted, in so far as that is concerned with the development of policies that deal with aging in all sectors, from education to health and social development.

The need for medical sensitivity in care for older adults brought into question their vulnerability regarding the preservation of their autonomy as an ethical concept. The awareness of vulnerability is important to feed the critical reason, pointing out that vulnerability must be conceived dialectically, as another arm of autonomy regarding decision-making capacity and protection.

When the difference between vulnerable and susceptible is established, the aging process—cross-cutting issue to humans—is framed by assuming an innovative approach in clinical practice.¹³

Another topic of the authors' recommendation deals with the bioethical discussion about Acquired Immunodeficiency Syndrome (AIDS) in older adults, aiming at interventions with regard to citizenship and rights. There is evident inequality and deprivation of freedom as to the sexuality of older adults and their nature, which from the point of view of justice, as a principle of bioethics in its completeness, is very deficient.¹⁴

Regarding family issues in detriment of older adults, an educational program on the process of organ donation was proposed, as well as support for a proper social policy for family consent with respect to human dignity. To that end, the literature highlighted care in preserving the rights of older adults patients, appropriate medical conduct regarding the autonomy of older adults with the proper use of medications in clinical practice, and access to palliative care.

There is also the proposal of drawing up a deontological code for gerontologists, in which it is argued that this innovative plan must be based on empirical, theoretical and conceptual research as a guarantee of applicability, functionality and credibility of regulatory deontological principles for health professionals. Currently, there is not a bioethical and deontological science applied to the processes of aging. Gerontologists have difficulty in finding ethical guidelines in their professional conduct, since there are no consistent proposals for a deontological code based on philosophical conceptions, concerns of professionals, and empirical research on aging. Thus, gerontologists in Portugal, as in Western countries in general, govern their professional conduct through the informal adaptation of deontological codes of other healthcare professions.¹⁵

A relevant bioethical issue was related to the abandonment of older adults in the streets, which shows a familiar outcome leading to the incursion in the streets and survival strategies. We highlight the importance of this issue, because the demands of homeless older adults require responses in a biological, economic, and social environments, as well as cultural recognition.⁹

The ethical dilemmas about older adults occur through lack of communication, family conflicts, as well as the goals of the treatments offered, the doctor-patient

relationship and the mental competency evaluation for decision-making, that must be taken into consideration by the health team. There are three axes that focus on this issue and require constant study: population aging; technical and scientific development; and the emergence of bioethics with its own methodological analysis to broaden understanding of the dilemmas characteristic of this stage of life.¹⁶

Finally, the discussion of bioethics focused on old age positions itself addressing the problems and ethical dilemmas involving older adults, their insertion as citizens in society and the idea of healthy aging by stimulating the practical involvement with the creation of resources and projects that can encourage these people deprived of concrete actions. There is discussion regarding the actions of new professionals as agents of a bioethical transformation in current society. In addition, bioethics enables to carry out further studies on the issue (older adults), as well as developing public policies to support older adults, their families and their caregivers.¹⁷⁻⁸

CONCLUSION

In view of the results found through the analysis of the scientific literature on bioethics aimed at older adults in its aspects relevant to nursing from 2007 to 2011, we can affirm that the public and the private sectors need to turn their attention to the health of older adults. The methodology for the achievement of this research objective was appropriate because it examined the main highlights of the productions on this issue by showing their evidence relevant to future research in the area of nursing.

The limitations of this study include the absence of discussions and research focused on the assumptions of bioethics concerning accessibility issues. Studies highlighted in this study involved issues like autonomy and vulnerability, as well as legal and ethical issues (ethical dilemmas), but the discussion on access to rights of older adults population was scarce.

Increasing the offer of services for health problems of older adults, with actions directed to the surveillance of risk factors for illnesses, training of health professionals and building awareness of those responsible for creating health policies in Brazil and in the world can provide special care for the most vulnerable older adults, while ensuring the universality of access, and the integrality and equality of nursing care in its specificities, as well as with respect to other areas of knowledge.

The prevention and protection of older adults' health in the bioethical discussion require increasingly integrated and thought actions on the part of governmental and non-governmental institutions, universities, research institutions, the media, and other sources. Only knowledge shared and thought in a collective way can offer improvement within the framework of ethical dilemmas already installed regarding older adults.

The social responsibility of health policies, resource allocation and performance of nursing professionals need to be considered and reflected in the light of bioethics. Besides clarifying that bioethics was created as a tool to understand and assist the biomedical practice and the management of public health services, we must consider that the production of these interventions and solutions to the moral conflicts that involve older adults may have consequences for the population as a whole.

As a contribution, this study will certainly be a source of consultation and reference for other studies on nursing workplaces, since the literature on this issue is considerably scarce. In addition, it is important to develop more targeted studies to assist older adults, enhance their accessibility to technological developments and address the problems linked to autonomy and vulnerability.

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