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ORIGINAL ARTICLE

EXPERIENCES OF ETHICAL DILEMMAS BY THE SURGICAL TEAM FACED WITH IATROGENES

VIVÊNCIAS DE DILEMAS ÉTICOS PELA EQUIPE CIRÚRGICA FRENTE ÀS IATROGENIAS

EXPERIENCIAS DE DILEMAS ÉTICOS POR EL EQUIPO QUIRÚRGICO FRENTE A LAS IATROGÉNIAS

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ABSTRACT

Objectives: to understand the ethical dilemmas of the surgical team against iatrogenies; describe the measures to prevent ethical dilemmas against iatrogenies. ***Method:*** an exploratory, descriptive study with a qualitative approach in a philanthropic hospital through a semistructured interview with eight professionals from the surgical team. The data was analyzed by the Content Analysis Technique. ***Results:*** the surgical team experiences the ethical dilemmas in relation to the iatrogenies associated to the neglect of the surgical team; lack of preparation and attention in carrying out the assistance; overtime. Prevention measures: team building; work with restraint, attention, and observe scientific criteria and evidence-based practice. ***Conclusion:*** surgical team professionals must qualify in order to prevent iatrogenic actions to resolve the ethical dilemmas that emerge in practice. ***Descriptors:*** Operating Room; Ethics; Surgical Team.

RESUMO

Objetivos: compreender os dilemas éticos da equipe cirúrgica frente às iatrogenias; descrever as medidas para a prevenção dos dilemas éticos frente às iatrogenias. ***Método:*** estudo exploratório, descritivo, com abordagem qualitativa, em hospital filantrópico, por meio de entrevista semiestruturada com oito profissionais da equipe cirúrgica. Os dados foram analisados pela Técnica de Análise de Conteúdo. ***Resultados:*** a equipe cirúrgica vivencia os dilemas éticos frente às iatrogenias associadas à negligência da equipe cirúrgica; falta de preparo e de atenção na realização da assistência; excesso de carga horária. Medidas de prevenção: capacitação da equipe; trabalhar com moderação, atenção e observar os critérios científicos e prática baseada em evidências. ***Conclusão:*** os profissionais da equipe cirúrgica devem qualificar-se a fim de prevenir atos iatrogênicos para dirimir os dilemas éticos que emergem na prática. ***Descritores:*** Centros Cirúrgicos; Ética; Equipe cirúrgica.

RESUMEN

Objetivos: entender los dilemas éticos del equipo quirúrgico frente a la iatrogenia; describir las medidas para la prevención de los dilemas éticos frente a las iatrogenias. ***Método:*** estudio descriptivo exploratorio con un enfoque cualitativo en hospital filantrópico, a través de entrevistas semiestructuradas con ocho profesionales del equipo quirúrgico. Los datos fueron analizados mediante la técnica de Análisis de Contenido. ***Resultados:*** el equipo quirúrgico vivencia los dilemas éticos frente a la iatrogenia asociada a negligencia del equipo quirúrgico; falta de preparación y atención en la implementación de la asistencia; exceso de carga horaria laboral. Medidas preventivas: capacitación del personal; trabajar con moderación, precaución y observar los criterios científicos y la práctica basada en evidencias. ***Conclusión:*** los profesionales del equipo quirúrgico deben se calificar a fin de prevenir actos iatrogénicos para resolver los dilemas éticos que surgen en la práctica. ***Descriptores:*** Centros Cirugicos; Ética; Equipo Cirugico.

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INTRODUCTION

Ethics is considered an important tool for health professionals, especially in the Surgical Center (SC), since they take care of the life of another being. Therefore, the ethical action of these professionals becomes essential in the care of the perioperative person, in order to prevent the ethical dilemmas experienced in practice. The perioperative period is the period from the moment one becomes aware of the need to perform the surgical process until its recovery.[1]

It is known that ethical dilemmas are experienced daily in the practice of surgical team professionals, because SC is a unit where sick people enter, most of the time, with imminent risk of life, a condition that generates stress in the person, family and staff. Ethical dilemmas occur when there is a need to make a choice, with more than one option, where both seem to be wrong.[2]

Nurses, nursing technicians, anesthesiologists, surgeons and other professionals working in the SC make up the surgical team.[3] This team should be prepared to promote the proper functioning of the unit and provide safety and well-being to the person who will submit to a surgical procedure.

The surgical team has fundamental importance in the SC, since, in this context, it is salutary that there are specialized professionals to attend the people who arrive at risk of life. Thus, the professionals of the surgical team must have scientific and technical knowledge and professional ethics, so that their actions are coherent, minimizing the errors that can occur when performing the care.

In SC, ethical dilemmas occur both individually, when it is related to the person in the perioperative period, and collectively when it occurs with several people in the perioperative period. The ethical dilemma is vulnerable in the practice of SC professionals as they perform activities related to care. In addition, they are performed in this emergency and emergency context, which favors the occurrence of iatrogenies, especially if the surgical team is not prepared technically and scientifically. Faced with the confrontation of ethical dilemmas, ethics is fundamental in the search for the answers that will guarantee the understanding of the human being about the care to be offered with quality, in order to solve this question.[4]

The iatrogenic act is understood as a loss caused by any member of the surgical team, both in sick and healthy people.5 When the ethical dilemma for iatrogenies arises, decision-making is necessary and when ethical and moral principles, can bring moral suffering to the surgical team that experiences it, therefore, "when a situation arises in the SC, where the presence of an ethical dilemma is present, the nurse must have the discernment to make their choice between The alternatives that will be presented, and finally make decisions. " [6: 345]

In relation to the iatrogenies that occur in the SC, the surgical team experiences, as a result, the complexity of attributions that it develops in insufficient time to reflect which decisions to take, causing an increase in the number of perioperative errors.

This article had the motivation to participate in the Interdisciplinary Nucleus of Research and Health Studies (INRHS), of the State University of Feira de Santana, as a volunteer fellow in the Research Project "Experiences of conflicts and ethical dilemmas in the perception of the nursing team in the center surgical". From there, the questioning of research emerged: How does the surgical team experience the ethical dilemmas in the surgical center in the face of iatrogenies?

The objective of this study is the ethical dilemmas experienced by the surgical team against iatrogenies and aims to understand the ethical dilemmas experienced by the surgical team against iatrogenies and to describe measures for the prevention of the ethical dilemmas experienced by the surgical team against iatrogenies.

This theme has relevance for the opportunity to know the ethical dilemmas experienced by the surgical team against iatrogenies and to allow the reflection about the implications that can bring to the perioperative person and the ethical dilemmas that can emerge in this context.

METHOD

Exploratory study with a qualitative approach. The participants were seven professionals of the surgical team, among them: one nurse, two Nursing Technicians, one surgical instrumentalist and three physicians. The criteria for selection were limited to: surgical team professionals; develop administrative and care activities with patients in the SC; not on vacation, removal or leave; Have a year or more of experience in the unit, since it is believed that a contact less than this period of time may not be enough to experience iatrogenies.

The place of study was in a city in the interior of Bahia, in the SC of a philanthropic

hospital. The information was collected in the months of November and December of 2015, through a semi-structured interview. The interviews were scheduled and performed individually, at times and places suggested by the participants themselves. They had three guiding questions: What is your understanding of iatrogeny? Tell me about an ethical dilemma experienced in the surgical center in the face of iatrogeny. How does the surgical team prevent iatrogenies?

After knowing the information provided by the researchers, reading and understanding the information contained in the Informed Consent Form (ICF), this was signed in two ways, by the researchers and the participants of the research and then the interview.

The interviews were transcribed in full. Confidentiality and anonymity were ensured by using the abbreviation of the profession of each interviewee followed by numbers in the order in which the interviews took place. The participants' statements were identified using the Nurse - Nur.; Nursing Technician - Nur.Tec .; Doctor - Doc. and the Surgical Instrumentalist - Sur.Inst.Tec. Followed by the order of the interviews.

In order to carry out the analysis process, Bardin content analysis was used as a way of revealing the structure synthesis of the empirical categories. "Content analysis is a set of communication analysis techniques." [7: 37] The study proposed to get the surgical team's understanding of the ethical dilemmas experienced in relation to iatrogenies.

The analysis of the data followed the chronological order: the pre-analysis, constituted by the organization phase itself, which corresponded to a period of intuitions.[7] It began with the choice of the documents that were submitted to the analysis with the intention of substantiating the theoretical reference and the final interpretation. A floating reading of the documents was carried out, analyzing them in order to know each text.

Next, the documents that were deemed necessary to support the study were chosen. At this moment of analysis, the rule of completeness was observed, that is, not leaving aside any document that proves to be of importance to the answer of what was sought. This rule is supplemented by non-selectivity.

In the next step, the material exploration, phase of analysis itself, occurred. "Considered to be long and tedious, it consists essentially in coding operations to know the reason for which it analyzes, and to make it explicit so that one can know how to analyze." [7: 133] The classification of the data was operationalized through an exhaustive and repeated reading of the texts. By means of this exercise, one makes the apprehension of the structures of relevance, from the documents researched. In these structures, the ideas of the author are contained and, with this, the thematic areas were identified. The analysis of the data allowed to make a reflection on the empirical and analytical material, so that they were decomposed into empirical categories.

The last stage of the content analysis occurred with the treatment of the results, the inferences and the interpretation, according to the proposed objectives, allowing to reach the categories: Understanding of the surgical team on iatrogeny; difficulty of the surgical team in verbalizing the iatrogenies in the surgical center; ethical dilemmas experienced by the surgical team against iatrogenies and the prevention of iatrogenias depends on the training and technical-scientific knowledge of the surgical team.

The project was submitted to the Ethics Committee in Research of the State University of Feira de Santana, CAAE: 28656214.9.0000.0053. The procedures adopted in the research are in accordance with the ethical guidelines set forth in Resolution 466/12 of the National Health Council.[8]

RESULTS AND DISCUSSION

The study participants were two nursing technicians, one nurse, one surgical instrumentator and three physicians, four male and three female. Age ranged from thirty to sixty years; the training time of the interviewees ranged from four to forty years and the time of performance in the SC was between two and forty years. The weekly workload ranged from eight to forty four hours of SC activity. Of the interviewees, four reported having another employment relationship. All the interviewees reported that they have training, improvement and specializations, but they are not specific in SC.In the participants' testimonies, the ethical dilemmas against iatrogenies in SC were considered situations that occur daily, since this context becomes propitious for their occurrence, however, it is considered a polemic subject and little known among health professionals.

♦ Understanding the surgical team about iatrogeny

Iatrogeny is a topic that, although old, is still little discussed in the health environment, especially in the SC, since the

rotation of surgeries can potentiate the errors.

In the statements of the Nur.Tec. 01 and 02, it is perceived that they do not know this subject. This fact is clear in the lines:

> *[...] What does it mean? No, I do not know, I'm asking you? (Nur.Tec. 01)I have no understanding of iatrogeny, I want to know [...]. I do not know what meaning is not, for me it is new. (Nur.Tec.02*)

It is possible to notice, in the reports, that the professionals do not know the term iatrogeny. Not knowing can be a factor that contributes to iatrogenic acts occurring in SC. Therefore, knowing about the iatrogenic acts is fundamental in the practice of the professional of the surgical team, as it will help in the minimization of errors and in the realization of a safe practice and of quality, based on the technical and scientific knowledge.

Actions aimed at patient safety may reduce the occurrence of iatrogenic events that occur during care.[9]

In the reports of Nur. 01 and the Doc. 01, 02 and 03, it is noticed that the iatrogeny in the hospital environment occurs due to the work overload and is understood as an error that can cause damages to the people who are being submitted to surgical procedures. It escapes from team's control.

> *They are problems ... Errors that could not happen, but unfortunately they happen, I do not know why! [...] The thing that ... It could not happen right? [...] why there may be a change, it's a patient, here in the surgical center, there are five rooms, and sometimes there are up to thirty procedures a day, and if you do not pay attention, it may even occur, ...]. (Nur 01)*
>
> *Iatrogenies are errors that occur through negligence, recklessness and malpractice, are errors resulting from these factors [...]. (Doc 01)*
>
> *[...]. It is the evil of you to end up causing some harm to the patient, having guilt or not, right ?. (Doc.02)*
>
> *[...] the inevitable iatrogenies that are part of the profession, things that happen without us being in control. (Doc.03*)

It is noticed that iatrogeny, in the eyes of the professionals of the surgical team, is associated with negligence, recklessness and malpractice and that is inevitable in practice in the context of SC. Iatrogeny can happen through malpractice, which is the lack of technical knowledge; of recklessness, which occurs when a professional acts rashly without proper precautions; and negligence, which results from non-fulfillment of duty and omission.

However, it is possible to notice that few health professionals have knowledge about iatrogeny. This lack of knowledge may be a factor that contributes to the iatrogenic acts that occur in SC. As to the concept of iatrogenies, only one interviewee cites clearly, demonstrating that it is necessary to know the professionals of the surgical team about professional ethics. Thus, "health professionals must reflect on the limitations and try to heal them, this search continues through the knowledge can provide advances and expand the studies assisting in professional practice." [11: 35]

Although I realize that there are professionals of the surgical team who do not know how to define iatrogenia, others associate this term as something that will bring harm to the person in the perioperative period. Then, it is shown that, even iatrogenic being little known, there are errors occurring in this environment.

It is believed that scientific and technical knowledge, as well as skill in perioperative care, are sine qua non for preventing errors that can lead to iatrogenies. The surgical team should observe their limitations, try to heal them, seek to provide quality care and observe the ethical and legal principles of the profession.

♦ Difficulties of the surgical team in verbalizing the iatrogenies in the surgical center

Talking about the iatrogenic entry generates discomfort for the professionals of the surgical team who have experienced the iatrogenic act, but can not verbalize.

In the testimonies, the difficulty of expressing experienced iatrogenic situations is evident, which may be related to the fear of exposure and, consequently, loss of employment.

> *It's complicated to cite this because [...]. It moves a lot with the psychological of us, there are situations, like complicated cases of anesthesia, a lot, right? The patient sometimes does not react well, so it's tricky to answer that question, see! [...] It's because we can not comment on these things (softly) ... It's because if not the boss gets it, he sees, it's for God's sake ... I've already experienced an ethical dilemma and I felt terrible . (Sur.Inst.Tec 01)*
>
> *[...] and then everybody gets shocked, right? [...] It is a very dilemma that when we, who are Nursing, we think about that problem and even forget about it .... We wonder if he had the side of that family, the side of that patient and there! [...] Difficult [...]. (Nur 01)*

> *Ah! That's why this situation, alas! I'd rather not answer, then, if it were like that for you and me, I could answer, but not recorded! (Nur.Tec 02)*

The fear was explicit in the reports not only of the surgical staff, but also in their facial expressions. At the time they were being interviewed, they kept asking if there was anyone else listening to what they were saying. Given the above, it is observed that the moral judgment about the attitudes taken by the people who live in this context will often receive a look of satisfaction or another of dissatisfaction. This occurs in the relationships involving the surgical team, whether on the part of the patient, the nurse, the nursing technician, the surgeon or anesthesiologist[2]: 1159.

This fact shows how important ethical action is, since ethics helps to reflect on the best decision to be made, reducing the suffering of professionals. In addition, knowledge of ethics may help to report the fact to the family, since the family and the person in the perioperative period are the most impaired in the process.

The difficulties of surgical team professionals in discussing ethical dilemmas regarding iatrogenies may be related to the fear of reporting that they were silent about the occurrence, as well as the power relations existing between the surgical team compel the other professionals to compact with the error, because they fear that the conflicts can bring negative consequences, harming the relations and their employment.

The prevention of iatrogeny should be taken seriously by the staff of the surgical team, as these errors can cause harm to the perioperative person.

♦ Ethical dilemmas experienced by the surgical team against iatrogenies

Ethical dilemmas constantly permeate the practice of surgical staff. In the reports, it is evident the difficulty of the participants to express the ethical dilemmas associated with iatrogenies for the fear of being considered as a complaint.

> *I have already experienced some facts, [...]; Here, years ago, had a problem with a boy that the doctor called the surgical center by name, the mother came and handed the boy, when he put in the room and went to do the surgery; When we went to find out, he was not the patient [...]. That she will experience that family, that problem, only the mother, because she is a lay person; The doctor called and told her that her son also had another problem and had first solved it, and then solved the problem of the crooked foot and then the mother, being a lay person, accepted, right? [...]. (Nur.01)*

> *One dilemma is you do iatrogenic, but you try to do the best for the patient, try to fix the mistake you made, right? What can happen, sometimes, is you [...], of the doctor hiding the iatrogeny that was made and that is one thing without any hypocrisy that you will ... Do you understand? Not that you will lie, but you will omit something, it is not a dilemma, but I think one is a dilemma, but, let's say, an ethical dilemma. Faced with this is you do the iatrogeny and you try to do the best for the patient, for you to fix your mistake, that's it. (Doc 02)*

> *I think that the biggest ethical dilemma of people in the surgical center is when we are faced with an iatrogeny that was a consequence of the performance of a colleague and that we know that acting was an iatrogeny that could have been avoided, there really is a ethical dilemma because we do not know ... It is ... How to proceed, the resolution of iatrogeny is fine, but how to proceed with the communication of this iatrogeny or not, I think it is the biggest dilemma, right? (Doc 03*)

The testimonies demonstrate that the ethical dilemmas occur in the SC faced with the errors of the surgical team professionals who are sometimes omitted. Health professionals are uncomfortable talking about the mistakes they have made, and few recognize the ethical obligation to disclose these errors to patients.[12] It is observed that the iatrogenias that occur in SC are caused by the lack of attention or knowledge of professionals of the surgical team and this fact is evident in Nur 01. speech.

These situations can have negative consequences not only for the sick person, who is vulnerable to suffer the iatrogeny, but also for the professional responsible for the act and the others who have experienced it. Professionals of the surgical team experience an ethical dilemma when they perform care that is not in accordance with their principles or omit harmful situations for the patient.[11] The occurrence of iatrogenic care events often has an economic impact and significant losses to the patient and the hospital. [9]

It is noticed that professional ethics, although it is a subject of extreme importance, regarding the decision-making regarding the ethical dilemmas experienced after the occurrence of an iatrogeny, is little experienced in the practice of the professionals of the surgical team. The speeches reveal that there is knowledge, albeit in a superficial way, of what ethical dilemmas are.

"The problems we face today are so complex that we sometimes have difficulty making decisions, particularly in the health area, because it covers the various facets of human existence." [13: 60]

In the experience of the surgical team, it may encounter bioethical difficulties with which, sometimes, it is not prepared, which makes difficult its positioning. The lack of it, in these situations, can cause damages in the care and attention of the clients.[14]

Surgical team professionals, for fear of bringing consequences to the hospitalized person and his family, are silent when these situations occur. These consequences can pose serious risks to patients, as well as interfere with their treatment, resulting in unnecessary costs for patients and the health system.[15]

As for reporting the occurrence, it is noticed that the professionals of the surgical team, while experiencing the iatrogenies, omit, in order not to harm the career of the colleague. Then they find themselves in the dilemma whether or not they reveal the fact experienced. "Situations that generate great ethical dilemmas can lead patients (if conscious), family members and professionals to meet the need for decision-making ..." [16: 151]

The reports show that practitioners in practice experience ethical dilemmas in the SC environment, as iatrogenies are becoming more and more present in the care of the sick person.

♦ The prevention of iatrogenies depends on the qualification and technical-scientific knowledge of the surgical team

The constant training of the professionals of the surgical team is necessary for the prevention of the iatrogenias in the SC. Another necessary condition for the prevention of iatrogenesis, when caring for the person in the perioperative period, is the scientific and technical knowledge in performing the perioperative procedures. For the participants of this study, the ability is considered important for the prevention of iatrogenias. Testimonials reveal measures that can minimize such errors.

> *[...] we have to be empowered and we have to know what we are doing so that these mistakes do not happen. (Nur.Tec 01)*
>
> *[...]. Working in moderation, with timing and with caution, within scientific criteria, within evidence-based medicine, one can avoid [...]. (Doc.03)*
>
> *[...] we have to be very attentive to this service [...]. (Nur 01)*
>
> *[...] because we do not know ... is ... How to proceed, the resolution of iatrogeny, okay, but how to proceed to the communication of this iatrogeny? Or not, I think it's the biggest dilemma, right? (Doc.02*)

The professionals of the surgical team place caution and scientific knowledge as factors that may decrease the rates of iatrogenies, especially in SC, in which the turnover of surgeries daily is great, which may contribute to the occurrence of these errors. Health care should be a safe act and free from adverse events. "However, what is observed in daily practice is an excessive exposure to factors that endanger the physical and mental health of the health professional" [17: 117.

The scientific and technical knowledge of the professionals in the SC, during the accomplishment of their attributions, are presented as barriers of protection for the occurrence of iatrogenies. Allied to them, there is the realization of care with attention. However, it is important that professionals develop their practices based on the ethical and legal principles of the profession. Ethical principles can help professionals to reflect and critically analyze ethical situations present in their workplace.[18]

The ethical dilemma presents itself when it is necessary to choose between two options that involve an ethical situation. In this way, the surgical team is faced with more than one path, having to choose one of them: therefore, it can be ensured that it has a conflict between two or more possibilities.[19]

The resolution of the dilemma, therefore, is not always easy to solve, since it requires, from the professionals of the surgical team, knowledge based on the ethical principles to choose an option, since they are dealing with the life of a person.

CONCLUSION

The results of this study demonstrate, from the perspective of the professionals of the surgical team, that the ethical dilemmas experienced in practice in SC, in the face of iatrogenies, occur, however, they feel difficult to understand and express how they experience them.

The study showed that it is difficult for surgical team professionals to address the iatrogenic issue. It was observed the omission of the colleagues in what concerns to report the errors caused to the person during the surgical procedure.

For the prevention of iatrogenies, the study pointed to the ability of the surgical team, continued training of professionals, work in moderation and caution, supported by

scientific principles, and conduct evidence-based medicine.

The ethical dilemmas regarding iatrogenies are related to the negligence of the professionals in the surgical center, to the lack of preparation and attention in the accomplishment of the care, overload of hours and situations that are related to the hospital institution.

This study may contribute to the construction of new researches with the theme, ethical dilemmas in relation to the iatrogenies that show the challenge to the ethical reflection of the professionals of the surgical team on the responsibility and commitment of their actions within the scope of the surgical center.

It is suggested that the professionals of the surgical team be prepared to prevent iatrogenies and to be able to take decisions in the face of the ethical dilemmas experienced in practice. The limitations of this study include the difficulty of finding studies with this theme and the lack of preparation of professionals to discuss the experiences of ethical dilemmas against iatrogenics in the practice of a surgical center.

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