

Ethical aspects and communication with the patient

Introduction

Respect for human dignity should be at the heart of all health professionals as one of the main points. They are often so busy that greeting is the maximum personal interaction with the patient. However, patient can be scared, confused in a foreign environment and all new things can be stressful for him. Every patient is a unique being, so the staff of medical facilities should realize that not only their knowledge in the field of medicine and pharmacology comes first. This mean that respecting skin color, social status or religion are also important aspects of maintaining human dignity. Ethics and ethical principles should be taught as well as professional subjects and should never be forgotten. In a study (Martins, V.S.M., et al, 2021) evaluated the conclusion that medical students after completing ethics education show stagnation or regression in moral competence. This could most likely be due to more attention being paid to the technical training of medical and nursing students, with critical judgments and decisions being delayed.

Many publications have been published in which we can find partially explained ethical theories and principles of morality. In this work we summarize the most important basic characteristics concerning ethical aspects with a focus on patient dignity. As part of it will be the characteristics of national minorities, including communication.

Ethical aspects and human dignity

“Ethics is a humanity that deals with normal phenomena in the broadest sense. He focuses his attention on moral values as such, examining their content in detail and justification. Ethics is also devoted to the study of a certain state of morality, both on an individual and social level.” (Fiala, p. 8, 2001)

Ethics has the task of judging good and evil, truth and falsehood, justice and injustice. The basic principle of ethics is to do good and face evil. This must also guide medical ethics, which is a general term for ethical issues in medicine. Medical ethics has the same definition. These disciplines are superior to bioethics, which examines the ethical issues of medical practice. Another term is medical ethics, which deals mainly with medical systems or under it we can include nursing ethics. (Munzar, 2005)

Dignity takes many forms, one of which is respect. Respect for skin color, religion and, in the continuation, interpersonal relationships. Dignity is an essential element of the human being and we must never forget that we are all equal. Some people think, the dignity build during our lives, during our successful careers, our position in society. But this is a mistake, one does not gain dignity in one's life, but is born with it. (Kalvach, 2004; Munzarová, 2006)

Dignity is closely linked to personal identity, especially in the elderly. Searching for the meaning of life can be a difficult and long journey, while the process of losing these values can be very fast. In healthcare, this mainly concerns patients who cannot handle common tasks such as washing and dressing. This disrupts their intimacy, when they may feel ashamed, anxious or humiliated. Therefore, it is very important that health professionals are familiar with these principles and do not consciously or unconsciously damage these basic characteristics of human individuality. In a short time, self-confidence can be broken and psychological damage can occur, which can lead to a loss of identity. (Kalvach, 2004)

In any situation, the healthcare professional should empathize with the patient and treat him or her as an equal partner. The basis is an understanding of his interests, needs, opinions and wishes. The easiest way is to find time to listen to the patient. Through communication we can show that we have our respect for him. (Bužgová, 2008)

Communication

This concept can be understood as mutual enrichment and knowledge, which takes place through the exchange of words, thoughts, feelings and attitudes. In nursing, communication is very important and if problems arise not only in the verbal area but also in the non-verbal area, urgent care can be slowed down and the treatment period can be extended. It is not enough communication skills, which are gain during a lifetime to perform well. Good communication is very important and helps healthcare professionals identify these individual needs. Fortunately, the modern perspective emphasizes that all healthcare professionals and the patient need to work together as a team. (Janáčková, Weiss, 2008; Markides, 2011)

We generally divide communication into verbal and nonverbal. Neither without the other can work well under certain circumstances. Verbal communication includes verbal expressions that can be expressed not only in spoken form but also in written form. Problems can arise not only when you do not know a foreign language, but in many countries we also

encounter misunderstandings if we do not know their culture. Some cultures include fixed communication expressions, while in others it may happen that not a single culture is entirely uniform, even mutually exclusive. (Janáčková, Weiss, 2008)

Already at the first eye contact with another person, we can see the ongoing nonverbal communication. This is done through gestures, facial expressions, kinesics, proxemics, haptics and posturology. (Janáčková, Weiss, 2008)

In the article Effective patient – physician communication from 2014 they are another successful step towards good communication is to adhere to 5 basic points: Acknowledge, Introduce, Duration, Explanation and the simple word Thank you, by which we express our appreciation to the patient for his cooperation. Acknowledge conceals our attention to the patient, including our positive attitude. Introduction means that we have to introduce ourselves to the patient on our behalf, what our position is and what our competencies are. During duration we can explain the complexity of the operation and finally we must make sure that the patient is well informed and instructed.

Multiculturality

This word conceals the harmonious coexistence of different cultural and ethnic groups in a society in which each minority has the right to its own culture, as does the majority society. Multiculturalism is part of globalization, whose building blocks are tolerances, rituals, customs or hierarchies of values. (Kutnohorská, 2013)

For more knowledge the most common national minorities living in the Czech Republic are listed here. As has already been said, at least a basic knowledge of foreign cultures is a good precondition for the principles of good communication. Because we also meet foreigners and national minorities in health care facilities, we imagine their most common characteristics.

The Roma are the largest national minority in the Czech Republic. Their literacy is not at a high level, which results in complications not only on the part of health professionals, but also on their own, when many times they do not have confidence in health care facilities, are afraid of rejection or generally do not know which one to choose. (www.romove.radio.cz/en) I know from my own experience at the pharmacy that they respect one of their attending physicians and other health professionals are not an authority for them. They like to pay for

their comfort (slimming products, creams for immediate skin shutdown,...), but if it is a drug (for pain, antibiotics, ..) that they need, they are not willing to pay anything and rely only on public insurance.

On the contrary, the second most numerous national minority are Ukrainians, with whom there is a completely different deal and agreement. Due to the fact that they have a great motivation to integrate into society and also learn the Czech language, there is often no obstacle in the language barrier, which is not only an advantage in health care. Most people can only perceive these citizens as cheap labor, but their typical features are gratitude, unpretentiousness, discipline and, most importantly, a willingness to adapt to the recommendations of health professionals. They are willing to pay large sums for their health, as they know that a work outage is worse than primary care expenses. (Kutnohorská, 2013; Vacková, 2012)

Another nation living in our country is the Vietnamese, who look upon medical staff with humility, respect, and the whole family is usually actively involved in treatment, so it is important to explain the patient's ongoing condition in great detail and as easily as possible. In general, their approach to their health is very different, unlike, for example, the Czechs. Their principle in maintaining a healthy lifestyle is admirable. (Kutnohorská, 2013; Vacková, 2012)

There is usually no problem with both Russians and Slovaks, as they do not make any special demands on treatment, so the cooperation is going well. There is almost no language barrier for Slovaks, it is possible that in a few years a few misunderstandings will arise for younger health professionals, due to a different regime than in Czechoslovakia and the following years. Russians usually adapt quickly, so the language barrier is not a complication either. (Kutnohorská, 2013; Vacková, 2012)

Dehumanization of medicine

Why is all this we have summarized so important to keep instilling and remembering? The trend he describes (Šimek, 2015), called the dehumanization of medicine, forces us to think about whether all technological gadgets are good for our development in the field of communication and human relations. This term does not describe anything other than the distance of the healthcare professional from the patient. This is due to ever more modern

technologies and represents their first negative consequence. This has been observed since the 1960s, when countless new devices were available. The paramedic simply hides behind the devices in front of the patient, and thus all the interaction that would take place without the devices under normal conditions can disappear.

Another major turning point that we can see in recent years is the introduction of an electronic recipe. The patient calls the doctor for a prescription, which sends the code to the ID card or via SMS. Personal contact is not necessary. Here follows one for and the other against. One thing is to speed up and simplify the whole process, but at what cost? The second thing is the downside that a doctor can neglect something. After all, when we had to go in person for a paper recipe, the nurse had at least some opportunity to challenge us, for example, to a preventive examination, which did not take place for a long time. When you talk face to face, it is hard to reject. Now everything is in a hurry over the phone, he issues a recipe and sends it. If there is a call for a preventive check-up, it is much easier to say over the phone that you will call later that you do not have time now.

Despite all this knowledge, he says (Šimek, 2015) that this restriction of communication does not necessarily lead to a deterioration of the biological side of medical care. Meanwhile, the article (Głębocka, 2019) addresses dehumanization as an act of behavior that offends human dignity and undermines the well-being of patients. Therefore, a study focused on nurses was conducted to examine the effect of work stress on dehumanizing behavior. The conclusions clearly show the correlation between work stress and dehumanization in medicine.

Conclusion

Many ethical aspects of the disease are hidden and rarely approached. Therefore, it is essential that patients, professionals and health policy makers are aware of and actively involved in these specific ethical aspects of this very key concept of medicine and healthcare. This is especially true for communication and patient education. (Hofmann, 2021)

One of the ways to face ethical problems in healthcare facilities when communicating with the patient is the timely implementation of ethics subjects in vocational schools. It would then be beneficial to build on this knowledge using more comprehensive teaching methods at universities. This includes developing communication skills in practice. (Martins, V.S.M., et al, 2021)

For health care work and proper communication with the patient, not only those skills acquired during life are sufficient, but they must be developed. It is important to master the behavior with regard to the condition of patients, nationality, religion, in order to minimize problems. We must not forget about lifelong learning either, because the constant development of new knowledge not only in the field of medicine, nursing, but also ethics is unstoppable.

References

- [1] BUŽGOVÁ, R. Etika ve zdravotnictví. 1. vydání. Ostrava: Ostravská univerzita, Zdravotně sociální fakulta, 2008. ISBN 978-80-7368-501-0.
- [2] Effective patient–physician communication. Committee Opinion No. 587. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2014; 123:389–93. ISSN 1074-861X.
- [3] FIALA, Bohumil. Etika. Karviná: Opavská univerzita, 2001. ISBN 82-7248-138-X.
- [4] GŁEBOCKA, A. Stress and Dehumanizing Behaviors of Medical Staff Toward Patients. *Adv Exp Med Biol*. 2019;1133:97-104. doi: 10.1007/5584_2018_308. PMID: 30632115.
- [5] HOFMANN, Bjørn. Acknowledging and addressing the many ethical aspects of disease. *Patient Education and Counseling*, 2021. ISSN 0738-3991. Dostupné z: <https://doi.org/10.1016/j.pec.2021.09.015>.
- [6] JANÁČKOVÁ, Laura a Petr WEISS. Komunikace ve zdravotnické péči. Praha: Portál, 2008. ISBN 978-80-7367-477-9.
- [7] KALVACH, Z., a kol. Respektování lidské důstojnosti: příručka pro odbornou výuku, výchovu a výcvik studentů lékařských, zdravotnických a zdravotně-sociálních oborů. Praha: Cesta domů, 2004. ISBN 80-239-4334-0.
- [8] KUTNOHORSKÁ, Jana. Multikulturní ošetrovatelství pro praxi. Praha: Grada, 2013. Sestra (Grada). ISBN 978-80-247-4413-1.
- [9] MARKIDES, Markos. The Importance of Good Communication Between Patient and Health Professionals, *Journal of Pediatric Hematology/Oncology*: October 2011 - Volume 33 - Issue - p S123-S125. Dostupné z: doi: 10.1097/MPH.0b013e318230e1e5.

- [10] Martins, V.S.M., *et al.* The Teaching of Ethics and the Moral Competence of Medical and Nursing Students. *Health Care Anal* 29, 113–126 (2021). Dostupné z: <https://doi.org/10.1007/s10728-020-00401-1>.
- [11] MUNZAROVÁ, M. Zdravotnická etika od A do Z. 1. vydání. Praha: Grada Publishing a.s., 2005. ISBN 80-247-1024-2.
- [12] ŠIMEK, Jiří. Lékařská etika. Praha: Grada Publishing, 2015. ISBN 978-80-247-5306-5.
- [13] The History of the Roma Minority in the Czech Republic [online]. [cit. 2021-12-12]. Dostupné z: <http://www.romove.radio.cz/en/>.
- [14] VACKOVÁ, Jitka. Zdravotně sociální aspekty života imigrantů v České republice. V Praze: Triton, 2012. ISBN 978-80-7387-514-5.

Zuzana Rezlerová, M200170