

## Ethical considerations in pediatric nursing

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### Abstract

*Caring for the vulnerable age group for infant and young children creates everyday challenges among pediatric nurses in many situations as child abuse and neglect, dying children, noncompliant of patient and families to the treatment, etc. Practicing ethically begins with being sensitive to the sanctity and quality of human life. Pediatric nurses must examine their own values so they can provide nursing care in an ethical manner. This paper presents ethical issues that may face the pediatric nurse when dealing with children.*

### Introduction

Ethics is the philosophic study of morality and the analysis of moral problems and moral judgments. Ethical issues may arise from a moral dilemma, a conflict involving individual beliefs, social values, and ethical principles. Value differences may also exist between members of the healthcare team caring for the child and the family because of their culture and life experience. Pediatric nursing is the specialty that providing nursing care of children and their families from birth through adolescence within the framework of normal physical, cognitive, and psychosocial development. It is like other nursing specialty and should apply the accepted standards of practice, professional performance, and ethics. Pediatric nurses must examine their own values so they can provide nursing care in an ethical manner.

Caring for vulnerable age group as infants and young children creates every day challenges among pediatric nurses in many situations as child abuse and neglect, dying children, noncompliance of patient and families to the treatment and others. Practicing ethically begins with being sensitive to the sanctity and quality of human life. To consider ethics during practice, the pediatric nurse should use sound reasoning to deal with ethical challenges and become knowledgeable about the moral and legal rights of children and their families and protect and support those rights.

Kingdom Saudi Arabia (KSA) is the second largest Arab state. In 2014, KSA population was 30,770375 including Saudi nationals and non-nationals and 20,702537 for Saudi nationals only. Based on this statistics, more than 10 million from other nationalities and other ethnic groups are living in KSA. Based on that, everyday pediatric nurses encounter families from a wide variety of religious, cultural, and ethnic backgrounds. It is critical to treat each family with respect.

KSA is the birthplace of the religion Islam, which is one of the largest religions in the world. It is also sometimes referred to as “The Land of Two Holy Mosques.” This is because of the two holiest mosques in Islam, the Masjid-e-Nabwi in Medina and the Masjid-al-Haram in Mecca. The country receives a large number of foreigners who are Muslims every year for the Islamic practices of Hajj and Umrah, which are among the five pillars of Islam and must be conducted at least once in a lifetime. There are three sources of sacred law. The two primary sources of Islamic Law are The Qur’an-the Holy Text believed by Muslims to be the direct word of God and the Sunnah of the Prophet Muhammad. The third source is Ijtihad which is the law of deductive logic. The parent-child relationship is discussed in Qur’an and Sunnah and is considered one of the most important of all human relationships. Love, caring, and respect is guiding this relationship. Islam establishes a legal framework and embodies a code of ethics to protect the rights of an individual. For children, security is of utmost importance and the rights of a child begin even before birth; in fact, they begin before conception.

### Ethical principles and pediatric nursing

Ethics includes the basic principles of autonomy, beneficence, nonmaleficence, justice, veracity, and fidelity. The pediatric nurse must understand these principles in order to analyze and respond to ethical dilemmas. Autonomy refers to the right to accept or refuse any medical treatment based on the individual's values, priorities, and preferences. Parents have the autonomy to make health care decisions for their child. In certain situations, adolescents are granted the autonomy to consent to health care procedure. Beneficence refers to the duty of health-care providers to do things that are beneficial or good. In pediatric care, this means the action of kindness that will benefit the child than harming him/her. Nonmaleficence means avoiding causing harm, intentionally or unintentionally.

Justice refers to act fairly to all children and their families. So the treatment decision will not be based on factors such as age, gender, religion, socioeconomic status or ethnic group. Veracity is telling the truth and fidelity is keeping promises and maintaining confidentiality and privacy. The pediatric nurses must consider and balance these ethical principles when dealing with families from a variety of cultural and religious backgrounds that are responsible for making all related health care decisions for their children.

Many pediatric institutions have adopted a "bill of rights" for children's health care. This might include the right:

- To be called by name.
- To receive compassionate health care in a careful, prompt and courteous manner.
- To know the names of all providers caring for the child
- To have basic needs met and usual schedules or routines honored
- To make choices whenever possible
- To be kept without food or drink when necessary for the shortest time possible
- To be unrestrained if able
- To have parents or other important persons with the child
- To have an interpreter for the child and family when needed
- To object noisily if desired
- To be educated honestly about the child's health care
- To be respected as a person for all physicians to respect the child's confidentiality about his/her illness at all times. (Carman S. & Kyle T. 2013)

However, the pediatric nurses should consider the Islamic principles when dealing with Muslims children and their families regarding ablution and bathing, prayer and dietary principles. As all Muslims need to pray 5 times a day and to perform ablution with water or Tayammum (if water is not medically allowed) before praying. Muslims are also should wash with water after urination or defecation. Furthermore, Muslims are must follow halal food and not permitted for all Muslims to eat pork or pork products and use the right hands for eating as prophet Mohamed guidelines.

### **Beginning of life**

Islam established children rights and made it clear that they have rights even before birth. In Islamic culture when parents learn they are expecting a child, religious beliefs determine that parents-to-be should show no preference to the sex of a child as the Prophet Mohammed states that both genders are favored equally and that whenever a child is born to him, he would not ask the sex of the child but ask if the child was healthy or not. Furthermore, at birth the first words said to the infant's right ear are Allah –O- Akbar (Allah is great), and the remainder of the call for prayer is recited.

The Islamic religion is more than simply a spiritual alliance or religious worship. It is a civilization, a culture and a social system by which Muslim people choose their way of life. Consequently, with the birth of a child, health care providers need to extend particular sensitivity to the child and their families' cultural and religious beliefs. This can create particular ethical issues when nurses are attempting to strive for patient's confidentiality when extended family are often brought into the hospital environment and may challenge the benefits of

medical care in contrast to traditional Muslim care customs (Nursing and Midwifery Council, 2008). However, as the Nursing and Midwifery Council (2008) stated that it is crucial that nurses act in the best interests of the child and offer care that reflects the particular cultural needs of the child, which may incorporate the family's traditional care customs.

Whilst Muslim beliefs may seem alien to those from different cultural backgrounds; it is vital that decision-making process around the beginning of life is understood and made with cultural consideration so that patients' choices and wishes are respected and valued.

### **Breastfeeding and weaning**

More than 1400 years ago, Islam recommended every mother to breastfeed her infant up to the age of two years if the lactation period was to be completed. In Islam, breastfeeding is considered a child's right. Islam supports the scientific view that breastmilk offers the best nutrition for an infant. After that and with an increase in medical knowledge, a lot of evidence support the great physical and psychological benefits of breastfeeding to the infants and the mothers.

### **Abortion from Islamic perspective**

In Islam, abortion after a period of 4 months is not allowed because the fetus is believed to be the complete human soul. Abortion is considered later for a fetus with serious and complex congenital anomalies. However, the rights of the mother in Islam precede those of an unborn child. As a consequence of such conditions, if the unborn child poses a threat to the life of the mother, Islam would request the death of the child to preserve the mother because her life is more valuable than the child. This poses particular ethical dilemmas for nurses who are supporting the woman in labor and antenatal. They might not be able to legally, personally and professionally justify carrying out a purposeful abortion the infant to save the mother. Nurses often experience difficulties in making care decisions when the ethical principles of beneficence (acting in the patient's best interests) and malfesance (preventing risk) are incompatible.

### **Informed consent**

Children younger than 18 years of age generally require adult guardians to act on their behalf. Parents ultimately are the decision maker for their children. The pediatric nurse should always identify the relationship between the child and the accompanying adult to make sure that he/she is the parent or the legal guardian. Minor or major surgeries in addition to certain procedures (for example lumbar puncture, bone marrow aspiration) require informed consent.

Consent must be given voluntarily and prior to the procedure or research. The pediatric nurses' responsibilities related to informed consent include the following:

- Making sure that the parents or guardians understand what they are signing.
- Ensuring that the consent form is completed with signature from the parents or legal guardians
- Serving as a witness to the signature process

Pediatric nurses must be aware of the policies and procedures of the health care agency. Treating the children without obtaining proper informed consent may result in charges of assault, battery or negligence. But in Islamic rules, the father is always the guardian (*Wali*) of the child (Rafiq A. 2014).

### **Assent**

In pediatric health care, the term assent refers to the child participation in the decision making process about health care. According to growth and development, by the age of 6 years, a child is able to understand concrete explanation while by the age of 11 years, a child's abstract reasoning and logic are advanced and by age 14 years, most adolescents can weigh options and make decisions regarding consent as capable as an adult. The American Academy of Pediatrics recommends that children and adolescents be involved in the discussions about their health care and kept informed in an age-appropriate manner and proposes that a child with an intellectual age of 7 years or older is competent to understand participation in research and provide assent.

When obtaining assent, first help the child to understand his/her health condition depending on his/her level of development. Then, inform the child of the treatment planned and discuss what he/she expects. Then, make sure

that the child understands the situation. Lastly, determine the willingness of the child to participate in the treatment or research. The child must also know that he/she can say no (dissent). The pediatric nurse must assess the child's developmental level to determine how much of a role the child should have in the decision – making process. However, the parents make the final decision regarding the treatment or research participation. The child's dissent to participate should be respected.

#### **Child abuse and neglect:**

Child abuse and neglect is a huge global problem with a serious impact on the victims' physical and mental health, well-being and development throughout their lives – and, by extension, on society in general. Pediatric nurses interact with children and their families and caregivers in many pediatric settings; it is very important to be able to test her personal attitude and value and be able to decide to report about an abused child.

From an Islamic perspective, any form of sexual, physical, and emotional abuse of children is prohibited in Islam. Children may at times need to be disciplined, and this may on occasions involve physical punishment that does not lead to any fracture or bleeding. As Allah (SWT) gives us children as wealth and beautifications for the life of this world So, all Muslims should protect and kindly treat their children. Also, Prophet Mohamed reported that all Muslims are shepherds (responsible) and we all shall be asked about our responsibilities, and children rearing is one of our responsibilities as Muslims.

#### **Organ transplantation**

Nowadays, organ transplantation has become an accepted therapeutic option for some life-threatening conditions. Organ transplantation has created numerous ethical dilemmas as which parents on the waiting list should receive the organs available? Should a child with multiple congenital anomalies, severe disabilities be eligible for a transplant? Each institution performing organ transplants should develop guidelines for ethical decision making regarding these questions.

In Islam, the permissibility of organ transplantation and donation is not specifically mentioned in the main sources of reference, namely the Qur'an and Sunnah. This is because organ transplantation and donation are recently in the medical field. The discussion around this issue started since the 1950s. The Islamic perspective regarding organ transplantation is Ijtihad in nature. From Islam perspective, Organ transplants are performed to replace non-functional or diseased organs in order to cure patients. It is permissible to transfer whole or part of organs from a deceased to another person if the need for such a transplant is critical. Live organ donation is also allowed if the recipient is in urgent need of the organ. This is consistent with the objectives of the Shari'ah that privileges human welfare and interest, as well as the preservation of human life.

#### **End of life**

The pediatric nurses who are supporting Muslim children's end-of-life care should take into consideration, respect cultural values and beliefs in order to make appropriate care decisions around whether it is ethically justifiable to cease further medical treatments that whilst may prologue the child's life may impact upon their quality of life (Silberman et al., 2012). Whilst nurses must base all care decisions in objective clinical data, patients and parental values in the cases of young children who are unable to voice those views. It is important to ensure the best ethical decisions are made. There has actually been little research undertaken around the end of life care decisions from an Islamic perspective (Padela and Mohiuddin, 2015). Studies have found that the actual religious beliefs of nurses and health practitioners can impact at the end of life care decisions made, which highlights that such ethical decisions are not only impacted upon by policy but also personal attitudes and beliefs (Christakis and Asch, 1995, p.367; Kaldjian et al., 2004, p.501; Lawrence and Curlin, 2009, p.214; Stern, Rasinski, and Curlin 2011, p.806). This can create difficulties, and ethical issues where Muslim parents wish medical treatment to cease particularly in cases where the condition is terminal and treatment is therefore futile with parents' reconciling their child's death as 'God's will' (Islamic Organization for Medical Sciences (IOMS) 2005; Yusuf al-Qaradawi 2011). Health professionals from a Western perspective may challenge such views, focusing instead on their professional duty of care to treat patients and prolong life (Padela, and Mohiuddin, 2015). However as the quality of life is an inherent consideration within the current nursing practice, ethically it may be argued that the child's best interests may be served by facilitating a death that respects the child and families cultural values and reduces the further suffering that can detrimentally impact upon the child's quality

of life.

In conclusion, nursing care for children raised particular ethical issues due to child part caption and required parental consent; however cultural sensitivity is necessary to ensure that care is offered in the context of the child's and families' cultural and religious values and beliefs. Whilst Muslim beliefs may seem different to those from other cultural backgrounds; it is vital that decision-making process around the end of life care is understood and made with cultural consideration so that patients' choices and wishes are respected and valued.

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