مراقبت‌های منتشر صدها: هایچال‌شی کاربرد مفهوم یا در پرسنیاره‌های دانش‌می‌دری می‌باشد و این، در علوم ایران دانشگاه تهران، تهران، ژانکی، e-mail: nahid.nayeri@gmail.com
تعاریف متعددی از عبارت مراقبت بیهوشی شده که بسیاری از آنها به‌مدت مشخص نمودن مرزهای این مفهوم با درمان و معاشه انجام یافته است. از جمله مراقبت بیهوشی به حالت اطلاق شده که انجام مداخلات و درمان‌های حفظ حیات، فاقده بالقوه‌برای گرفتگی بیمار نداشته و نیز توان و ایستگاه بیمار به مراقبت پزشکی را خانه‌دهد (۵). همچنین مراقبت بیهوشی مجموعه اقدامات بدون ایجاد شانس منطقی و معقولی برای سودسازی به بیمار (۶)؛ نهایتی برای دستیابی به اهداف ویژه (۷)؛ استفاده قابل توجه از سه‌ناب، بدون داشتن امید منطقی به بهبود نسبی در استقامت و تعاملات بیمار با خود و محیط (۸) و یا پیشرفت در وضعیت سلامت بیمار تعیین شده است. آنچه از این تعریف بر می‌آید این است که مراقبت بیهوشی، دلالت بر مفهومی ذهنی (۱۰)، بی‌پیدا (۱۰.۵۱۰۱۱۰۱۰۱۰۱۰) می‌باشد و غیرقطبی (۱۲) و مبتنی بر قضاوت‌های فردی (۱۲) دارد. جالب توجه آن است که در برخی تحقیقات داخل ایران این مفهوم به عنوان ارائه خدمات بالینی غیرمرتب با کار پرستار تعریف شده است که خود کارشناسی و ابهام استفاده از این مفهوم را نشان می‌دهد (۱۴). با توجه به این که مراقبت صرفنظر از تابعیت لازم و ضروری است و خود مراقبت هدف است که صرف‌اً وسیله‌ای برای رسیدن به نتیجه‌ای که مراقبت تویت بیهوشی باشد. به هر حال با توجه به موارد چاپ شده بالا این سوال مهم مطرح می‌شود که مرزهای بین مراقبت و درمان در چایی که بیهوشی معنا نمی‌پذیرد و آیا اگر درمان و یا روش‌های بیهوشی تشخیص داده شود، مراقبت از بیمار در این حین نیز بهبود خواهد بود یا خیر؟ این سوالی است که به‌نوعی در مثنوی پاسخ داده نشده است.

منابع


Futile Care: Challenges of Applying Futility Concept in Caring Domain

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Letter to Editor

Caring is the most central concept in nursing. This concept distinguishes nursing from other health professions. However, according to some experts’ opinions, caring is not an only-nursing concept; it is defined as the heart of all health professions. Caring is entered in the philosophy, vision and mission of several health organizations (1) and is introduced as the essence of nursing and the fourth complementary concepts of nursing Meta paradigm (2). Caring, as a central concept in nursing, has led to developing various caring theories. The most popular ones involve the cultural care theory of Leninger and the human care theory of Watson that were presented in the 1970s. In addition, the theory of Roach was developed in the 1980s. Another theory was presented by Boykin and Schoenhofer in the 1990s. These theories can be compared in some aspects including origin, domain, and definition of caring, description of nursing and other key components (3).

Futility is another concept that has been introduced in recent years due to advances in technologies and equips of the critical care units. In other words, today’s world of treatment and care is mixed with a concept called futility. However, what are more doubtful and controversial are: Whether the treatment could be futile? Whether applying futility concept in caring is correct? Or the futility is a concept that can only be used in treatment issues. Thus, its application in nursing is faced with some ambiguities.

We face to some statements in hospitals like: “what are these futile tasks that we have to do for the patients?”, “the patient doesn’t need the diagnostic measure or such treatment”, and “why this futile action was done for the patient”. In this regard, this question arises that if the treatment or procedure is done inappropriately
unethical and without consequences, is patients caring process during these procedures futile?

Reviewing the literature shows that despite widespread use of the futile term in context of medicine and nursing, there are no clear and comprehensive evidence in this area (4) to show what do health providers mean by futile care? And what is the definition of futile care from their views?

Various definitions of the futile care are presented. Most of them have not clear boundaries with the concept of the treatment, including the word of futile care called to a condition that intervention and treatment of maintaining life has not potential benefit for the patients’ quality of life and they cannot end patients' dependence on medical care (5).

In addition, futile care was defined as set of measures without making any reasonable chances for benefits to the patients (6); inability to achieve specific objectives (7); significant use of resources without any reasonable hope for improvement in the patients’ independence and their interactions of with the environment (4,8), and without improvement in their health. What these definitions show is that futile care implies to a mental (9), complex (5, 10 and 11), vague and uncertain concept (12), and based on personal judgment (13). It is worth noting that some Iranian researchers have defined this concept as providing clinical services not related to nursing. This show ambiguity and broadness of using the concept (14). Regardless of the results, caring is necessary, and it is the goal rather than the means to achieve results, therefore care cannot be futile.

The main question is that what are the boundaries between care and treatment and if a treatment or procedure is futile, will caring of patients on those situations be futile? This is a question that still has not been answered in the literature.

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