

The ethics of care rationing within the current socioeconomic constraints

Evridiki Papastavrou

RN, MSc, PhD, Assistant Professor, Department of Nursing, School of Health Sciences, Cyprus University of Technology

The recent economic and financial crisis has weighed heavily on fiscal positions of many countries in the European Union and especially Greece. These pressures as well as a clear need to contain public spending on health care^{1,2} will make nursing a constant target for cost reduction. Nursing practice involves a variety of tasks and when resources are limited, nurses are forced to ration their attention across patients, minimize or omit certain duties, thereby increasing the risk of adverse patient outcomes.³ Lack of resources and time constraints have been reported as causes of rationing and poor patient outcomes including patient falls, nosocomial infections, pressure ulcers, high mortality rates and low patient satisfaction levels. Similarly nurses' outcomes of rationing are reported, such as low job and occupational satisfaction and intention to leave.³⁻¹⁰

A considerable amount of nursing literature offers an additional perspective of rationing, placing the issue within the ethics of care and the moral relevance of balancing and prioritising between the differing and competing needs of

patients.¹¹⁻¹⁴ Much of the Norwegian literature mentioned above indicate that individual aspects of nursing care are under severe strain in contemporary health care and documented lack of adequate attention to important needs especially of the old patients. Elderly people are particularly vulnerable and at risk of neglected and being discriminated against when nurses prioritize their work. Lack of time and scarcity of resources were cited as barriers to the use of appropriate forms of address, listening, giving people choices, including them, respecting their need for privacy and making them feel valued.¹⁵ The philosophy of care that refers to the personal beliefs, values, and ideals of nurses and what nursing tries to achieve¹⁶⁻¹⁷ may also be influenced by these constraints. For example, nurses who have access to limited resources in health care may feel that humanistic and holistic care is not realistic and may subsequently develop their own personal standards of care to cope with such limitations.^{11,13,18} Such standards can be heavily influenced by a biomedical ethos. This could partly explain why nurses

focus on clinical tasks first emphasising 'medical' needs at the expense of holistic and individualised care.¹³ However, none of these studies has produced any evidence linking the concept of philosophy of care to rationing.

On the other hand, Nortvedt et al.,¹⁵ in their article "The ethics of care: Role obligations and moderate partiality in health care" give a pessimistic prophecy by saying: "If the conditions of caring for specific patients are constantly impoverished, the basic structure of professional knowledge as well as respect for and protection of patients, is jeopardized". We hope that despite the current financial situation, the commitment of Greek nurses open to collaboration with all health care agencies will succeed in the common goal of providing every patient with the proper care respecting human dignity.

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