

Ethical Dilemmas in Critical Care: Review

Yoğun Bakımda Etik İkilemler

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Geliş Tarihi/Received: 15.08.2012
Kabul Tarihi/Accepted: 10.12.2013

*This review was presented as a poster at
4th RICCNa Congress & FSAIO Congress,
24-26 March 2011, Copenhagen Denmark.*

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ABSTRACT Ethics is the branch of philosophy investigating the values in the relationships between people, the nature and foundations of what is morally good or bad, right or wrong. Ethics is “the philosophy of values”. Ethics affects every aspect of health care. During its historical development, ethics has developed first through medical ethics and then through nursing ethics. Today, the rapid progress in technology and dramatic improvements in pharmacology have made it possible to provide medical support previously considered impossible. However, since ethical approaches about how and when these opportunities are to be used have not yet been clearly determined, ethical dilemmas have arisen. Especially in developing countries such as Turkey where financial resources affect health policies, it is important to develop and clarify guidelines. Ethics is also extremely important for doctors and nurses to understand patients’ values and to recognize that the decisions they make have an ethical aspect. Critical care nurses should know the roles of patients, put themselves in the place of patients, identify patients’ physical and psychological status and cooperate with their families. Critical care nurses should defend patients’ rights while fulfilling their professional responsibilities. In order for nurses to be able to decide what to do when they encounter ethical dilemmas in an intensive care unit, they should have enough knowledge regarding ethical principles and use ethical codes as base during their applications. In this article, ethical dilemmas faced by nurses in intensive care units and issues regarding applications are discussed.

Key Words: Ethics; critical care; nursing

ÖZET Etik insanlar arasındaki ilişkilerin temelinde yer alan değerleri, ahlaki bakımdan iyi ya da kötü, doğru ya da yanlış olanın niteliğini ve temellerini araştıran felsefe dalıdır. Etik “değerler felsefesi”dir. Etik sağlık bakımının her alanını etkiler. Tarihsel gelişimde etik, tıp etiği, ve daha sonra hemşirelik etiği üzerinden oluşmuştur. Günümüzde teknolojiye hızlı ilerleme ve farmakolojideki çarpıcı gelişmeler daha önceleri imkansız olarak düşünülen tıbbi desteğin sağlanmasını mümkün kılmıştır. Ancak bu olanakların ne zaman ve ne şekilde kullanılacağı konusundaki etik yaklaşımlar belirlenmediğinden etik ikilemlerin oluşmasına yol açmıştır. Özellikle mali kaynakların sağlık politikalarını etkilediği Türkiye gibi gelişmekte olan ülkelerde bakım rehberlerinin geliştirilerek açıklık kazanması önemlidir. Sağlık hizmetini yürüten hekim ve hemşirelerin hastalarla ilişkilerinde, alınan kararlarda etik bir boyutun olduğunu kavramaları; hastalara ait değerleri anlamaları; değerlerin sağlık hizmetinde farklı seçenekler üzerindeki etkilerini belirlemede etik son derece önemlidir. Yoğun bakım hemşireleri hastaların rollerini bilmeli, kendini hastasının yerine koymalı, hastaların fiziksel-psikolojik durumlarını tanımlamalı ve ailelerle işbirliği yapmalıdırlar. Yoğun bakım ünitesinde hemşirelerin etik ikilemle karşılaşması durumunda karar verebilmesi için etik ilkeler hakkında bilgili olması ve uygulamalarda etik kodları temel alması gerekmektedir. Bu makalede yoğun bakımda hemşirelerin karşılaştığı etik ikilemler ve buna yönelik yapılan uygulamalarla ilgili konular tartışılmıştır.

Anahtar Kelimeler: Etik; yoğun bakım; hemşirelik

Ethics is derived from the Greek word *ethos* (custom, tradition, habit). Ethics studies the values underlying the relationships between people, the characteristics of what is morally good or bad, right or wrong and the philosophical principles underlying interpersonal relationships.¹ According to another definition, ethics is a systematic analytical thinking process that produces value judgments on human actions.²

In its historical development process, ethics was first developed as medical ethics then as nursing ethics, and medical ethics and codes of nursing ethics constituted the basis for ethics.³ As in medicine, ethical codes in nursing have been based on social and religious values for centuries. Strict rules have been established and these rules should be fulfilled. The first set of ethical codes of nursing was established on Florence Nightingale Pledge. Nursing Codes of Ethics were first defined by the American Nurses Association (ANA) in 1950 and then by the International Nursing Council (ICN) in 1953, and a different perspective was introduced and it was emphasized that nursing is a profession. Today, new variations in the position of the profession make it necessary to re-determinate the ethical values underlying the purpose of the profession. Nursing codes of ethics were re-defined by ANA in 1976, by ICN in 1975 and 1987, by the Canadian Nurses Association in 1980 and in 1983 in England.⁴ A profession with no basis for ethics or rules of ethics cannot be defined as a profession and is unlikely to maintain its autonomy and dignity.⁵

Health care ethics is a concept concerning physicians, nurses, midwives, health care staff and health technicians all of whom provide health care. Ethical principles of health care affect all areas of care.⁴ Ethical principles are the rules governing our activities directly or indirectly and accepted by society. They help determine which decision is best for the patient and the community, and provide a systematic point of view for nurses to solve ethical problems. The key principles of ethics are autonomy, non-maleficence, beneficence, justice.^{4,6} Most of the nurses are not aware of the theory of ethics, ethical principles and professional ethics, and therefore cannot benefit from the ethical principles in their practices.⁷

Ethics is of extreme importance in relationships between patients, and doctors and nurses who carry out health care. It is also extremely important for doctors and nurses to understand patients' values and to recognize that the decisions they make have an ethical aspect. Ethics also plays an important role in determining the effects of values on different alternatives in health profession.⁸ Nurses are health professionals who are in closest contact with patients. They could see the most sensitive, weak, intimate and private sides of the patients and witness their painful, sad moments and feelings of hopelessness and loneliness, which sometimes makes it necessary to decide or act on behalf of them and thus it becomes necessary to base a very simple decision on an ethical judgment.⁹ Ethical and legal responsibilities of critical care nurses have increased over the last decade. Critical care nurses should know the roles of patients, put themselves in the place of patients, identify patients' physical and psychological status and cooperate with their families. Critical care nurses should defend patients' rights while fulfilling their professional responsibilities.¹⁰

While providing professional care for patients, nurses should apply ethical principles and while applying them should recognize and use the codes of ethics. While providing health care, nurses face various problems affecting the results of the care due to such causes as a constantly growing technological society, premature births, longer life span, commonplace organ and tissue transplants, changes in the structure of a community and consumers' increasing demands.^{4,8}

ETHICAL DILEMMAS IN CRITICAL CARE

Circumstances related to ethical problems appear in two concepts: "dilemma" and "violation". Dilemma is the problem of choice a decision maker experiences. Violation is the infringement of standard rules regulating the act. Ethical dilemmas are encountered when there is a conflict between two or more ethical principles. In some cases, if left unresolved, ethical dilemmas may lead to distress in the decision maker in many ways. Such circumstances as medical decision-making, informed con-

sent, euthanasia, resuscitation, brain death and organ transplantation and fair sharing of medical resources in an critical care unit are among the ethical dilemmas.¹⁰⁻¹²

During decision-making processes aiming to overcome ethical dilemmas, whereas one or more of the basic principles of medical and nursing ethics are favored, some of them can be violated or disregarded. There is not a steady hierarchy between principles, thus, in order to determine the principle to be adopted as a guide to overcome a dilemma, assessment should be conducted in the light of the prevailing situation. During the evaluations, it should be considered whether there is an important reason that would justify the violation of a principle.⁴

MEDICAL DECISION-MAKING

One of the most important problems in medical decision-making is that the patients' tendency about the right to medical decision-making has been increasing faster than has the society's information about medical issues. Despite the increase in their demand to take part in decision-making, patients' lack of knowledge about technical possibilities (e.g. treatment, quality of life), the concept of critical illness and prognosis are just a few examples. Clinical decisions should be made on many issues such as what a patient's illness is the prevalence rate of the disease, tests conducted, treatment options, and follow-up periods of a patient after discharge and education to be provided for patients. It must be taken into account whether the patient is likely to suffer harm from the consequences of these decisions. In decision-making, methods of reasoning and judgment such as induction, deduction and the interpretation of the evidence are used in addition to personal skills such as experience, learning and intuition.^{10,13} An ethical decision-making process includes four phases: 1) identification of the ethical problem, 2) patients' demands 3) identification and selection of alternative decisions 4) justification of the ethical decision.¹⁴

Since an critical care unit is a place where many of the emergency interventions are performed, health personnel often have to make ur-

gent decisions. Therefore, if the health team considers that they have not been objective while making decisions, they either discuss their decisions with their colleagues, or consult the ethics committee in the hospital if available in Turkey.¹⁰

INFORMED CONSENT

Informed consent is a phrase used to indicate a patient's consent which allows the medical team to perform diagnosis and treatment processes regarding his/her disease on his/her own free will and autonomy. However, this consent is not just a piece of paper signed by a patient. It must be obtained only after the patient has been informed about the possibilities of these processes as clearly as possible so that he/she can understand what is likely to happen.¹³⁻¹⁵

Critical care nurses take care of complex patients. Critical care nurses face many ethical problems because the importance of patients' involvement in treatment decision-making process regarding their acute, life-threatening diseases has greatly increased. Consent is based on autonomy. That is, the decision to accept or reject the treatment should be made by an adult patient himself/herself. Informed consent has three elements: competence, voluntariness and knowledge.⁴

Patient competence is based on the concepts of patient's autonomy and voluntariness. This means that the patient is autonomous. The right to approve or refuse the treatment or intervention is one of the leading elements of the principle of respect for autonomy. Therefore, misinforming a patient about a medical decision might result in a situation in which the patient's right to make an autonomous decision is violated.¹⁶

Since the mental capacity of critical patients is usually insufficient, health care providers should evaluate the patient's capacity in detail. Consent information must include information about the patient's diagnosis and status, the duration and purpose of the treatment, treatment procedures, and possible complications during treatment and nursing care, risks, alternative treatments and the effect of the treatment on the prognosis.⁴

In order for a consent obtained after the patient is informed to be valid, a number of conditions must have been provided. However, information provided should not be misleading. While giving consent, a person should not be forced in any way. In order to discourage a patient from not giving consent, hiding or underestimating the risks of the medical procedure proposed, exaggerating the advantages of the treatment, or overstressing the harms that may arise if the treatment is not performed is considered intervention in his/her decision.⁴

Another requirement for the validity of consent, the person who will give consent should have the competence to understand and evaluate the information provided, to reach a decision in the light of the information after he/she has understood and evaluated, and to implement his/her decision. Providing information about the treatment for people in accordance with their level of competence and trying to help them to take part in decision-making process, even though to a limited extent, are appropriate ethical approaches.⁴

Training on procedures frequently performed in critical care units (Central venous catheter, intubation, etc.) should be given to health personnel only after permission is received from patients' relatives. Except for life-threatening cases, the concept of informed consent must be strictly observed.¹⁰ When the contents of Regulation on Patients' Rights in Turkey (1998/23420) and the new Turkish Penal Code (2005/5237) are reviewed, it is seen that the attitude towards informed consent is defined clearly.¹⁵

In a study by Uysal, 73.2% of the nurses stated that informed consent should be obtained before nursing practices, 53.8% of them stated that it should be obtained before invasive procedures and 67% of them stated that it should be obtained from other family members if the patient was unable to give informed consent.¹⁷ In a study by Zencirci, it was found that the great majority of the nurses (97.6%, n= 248) used physical restraint without obtaining informed consent.¹⁸

EUTHANASIA

Euthanasia is a word derived from Greek words "eu" (good) and "thanatos" (death) and means good death.¹⁹ Euthanasia refers to the practice of ending the life of a patient at his/her request in a manner which relieves pain and suffering.²⁰ Euthanasia is divided into two types: active euthanasia and passive euthanasia. Active euthanasia refers to the realization of the death of a patient with a direct action or to someone else's act with intent to terminate the life of the patient. Passive euthanasia refers to the death of a patient by withholding medical care or by switching off life-support machines when his/her life is extended beyond his/her will.⁵ Defending euthanasia reflects the negative dimension of an individual's right to live and defenders of euthanasia argue that a person's freedom to choose not to live should be regarded as autonomy.²¹

In different countries of the world, euthanasia associations have been established and with the active efforts of these associations, in many countries, it has been accepted that a patient should have a right to terminate his/her life as much as he/she has a right to live.²⁰ When domestic laws are considered, euthanasia is regarded as criminal homicide in some countries (France, Argentina, Brazil, Bulgaria, Yugoslavia, Sweden, Russia, Hungary, etc.) whereas it is considered a crime in some other countries (Greece, Finland, Norway, Germany, Poland, etc.). In some states of the United States, passive euthanasia can be performed upon the request of an individual only after a court's permission is granted while the practice has not been considered as a crime in the Netherlands since 2001 and in Belgium since 2002.²²

When the legal aspects of euthanasia in Turkey are considered, there is no law regulating euthanasia. However, when the "Crimes against life" section of the Turkish Penal Code Law No. 5237 dated September 26, 2004 is examined, it is seen that some of the articles of the law cover active and passive euthanasia, and in case euthanasia is performed, those who perform euthanasia can be sentenced up to life imprisonment. However, if eu-

thanasia is performed on the person's own will, it is considered as a mitigating factor. In addition, Medical Deontology Regulations effective since 1960, in particular article 11, deal with active and passive euthanasia, and bans euthanasia.¹⁹

In a study by Denier et al., nurses reported that while the decision of euthanasia is taken, it is important to talk with families about the condition of the patient, to define what euthanasia and palliative care are, and to provide information about the palliative care alternatives and legal euthanasia procedure. In the same study, nurses also stated that talking with the patient's family could be useful in order to confirm the patient's request for euthanasia.²³ In a study by Kaya and Akçin, 71.9% of nursing students stated that nurses should not actively participate in euthanasia.¹⁹

CARDIOPULMONARY RESUSCITATION AND DO-NOT-RESUSCITATE ORDERS

Technological developments in the field of health are of great importance in human life and in the treatment of diseases, in cardiology, mortality, conflicts arising during legal processes, terminal stages of diseases or conditions leading to these stages play an important role in processes in which the decision, whether the medical treatment should be continued or terminated, is made.^{4,24}

Once a decision has been reached between the patient or surrogate and ICU health care team to limit or withdraw medical interventions, the desired level of support must be defined and documented. This usually is accomplished by creating a "Do not resuscitate" (DNR) order. A DNR order, however, often encompasses more than just cardiopulmonary resuscitation (CPR); it can refer to withholding or withdrawing many different life-sustaining therapies, such as mechanical ventilation, vasopressors, dialysis, antibiotics, fluids, blood products, and parenteral nutrition. From this decision, one can determine which treatments are compatible with the defined goal and which are not. Cardiopulmonary resuscitation is administered to patients whose spontaneous respiratory and cardiac functions are impaired. Patients with brain death

are kept alive through clinical methods. Searching for answers to questions such as "In which situations should cardiopulmonary resuscitation be used?" "How long should cardiopulmonary resuscitation be continued" raises ethical issues? According to American Heart Association (AHA) (1997), if cardiopulmonary resuscitation and acute cardiac care interventions do not improve (correct) respiration and heart function, if the patient's vital functions worsen despite the treatment and if the patient cannot be treated on the basis of previous experiences, then the decision to terminate the treatment can be taken.³ If a patient in the last stage of a chronic disease who has a "Do-Not-Resuscitate" order on his/her chart in case he/she suffers respiration and heart failures, cardiopulmonary resuscitation is not administered even in case of emergency. The decision not to resuscitate is taken in the following three cases: 1. If a patient who has enough information about CPR and who has intact decision-making capacity has clearly indicated that he/she does not want CPR in case of cardiopulmonary arrest 2. If a relative or a proxy designated to make decisions on behalf of the patient refuses CPR administration 2. If the physician decides not to administer CPR as a result of his/her evaluation based on medical criteria.²⁵

Critical care units are places where life support practices are most frequently restricted or terminated. The basic principle for the restriction or termination of life support treatment is that all possible treatment methods that will benefit the patient have been employed. For example, it is very unlikely for an acidotic and hypoxemic patient connected to ventilator and administered multiple high-dose vasopressors to respond cardiopulmonary resuscitation. Therefore, in case the patient develops cardiac arrest, not to administer cardiopulmonary resuscitation might be the right decision.¹⁷ Today, it is being argued whether "Do Not Resuscitate" orders, end of life care and further directions should be given by patients themselves from an ethical viewpoint. The decision to continue life-support or to terminate it is an ethical and legal matter and it is taken by the physician, nurse and patient's family altogether, and it should

be documented. In this process, the critical care nurse should follow whether the patient is in the terminal period, give complete and accurate information to the patient and other healthcare professionals, know the patient's and his/her family's will about whether life-support should be continued or withdrawn and support them.⁴

Physicians should adequately inform the patient and his/her relatives about DNR in advance and discuss with them whether they will give a DNR order. Patients' relatives' wishes to stay in the intervention room during resuscitation must be appreciated and reassured. The decision to terminate resuscitation should be taken by the chief of the team and should be told to the patient's relatives in a specially arranged room clearly. Today in many countries, in the practice of DNR orders, the use of DNR order guidelines prepared in accordance with the needs of hospitals has been increasing.^{3,26}

As pointed out by Uysal, in a study conducted in two critical care units in the United States, the death rate due to the restriction or termination of life support was determined as 51% (114 of 224 deaths). In a study conducted in tertiary critical care units in London and Cape Town, in 81.5% of the patients who died treatments were restricted and in 86.7% of them treatments were terminated. In another study conducted in France, 53% of the deaths observed in the critical care unit occurred as a result of the restriction or termination of life support treatments.¹⁷

BRAIN DEATH AND ORGAN TRANSPLANTATION

Brain death can be defined as the irreversible loss of brain functions. As a result of developments in transplantation surgery, early diagnosis of brain death has become important. In our country, legal regulations regarding brain death are regulated by the 11th and 12th Articles of Law No. 2238 dated 29 May, 1979 on the Removal, Storage and Transfer of Organs and Tissues⁴. In terms of medicine, death is determined unanimously by a board of four physicians: a cardiologist, a neurologist, a specialist in neurosurgery and a specialist in anesthesiology

and reanimation. In addition, the physician who provides treatment for the recipient and the physicians who are to remove, store, graft and/or transplant the organ or tissue are banned from being the members of the board of physicians to make the decision of death. Since brain death is not defined in this law, brain death criteria designated by the 'Regulations on Organ Transplant Centers No. 21674 published in the Official Gazette on 20 August, 1993.²⁷ In the study by Hot et al., it was determined that 24% of nurses do not accept brain death as actual death.²⁸

Organ transplantation is the replacement of a failing organ with a functioning one and it is performed after brain death decision is made. Developments in surgical methods and in treatment with immunosuppressive drugs have enabled successful organ and tissue transplantations. Even if a potential donor has a donor card, there exists a need to prepare regulations regarding the patient, family and demand for transplantation. During organ and tissue transplantation, the donor, the recipient and families might face some ethical problems such as the use of the human body, harm done to the human body and making a brain death decision in a clinical environment which is the most complicated one. Critical care nurses are in contact with patients and their relatives more than the other members of the team are. This strong communication gives nurses an opportunity to pave a suitable way for talking to the relatives of the brain-dead patient about organ donation.⁴

In their study, Göz and Gürelli determined that 78.2% of critical care nurses considered organ donation as an important issue, and 60.9% of them stated that they might donate their organs.²⁹

FAIR SHARING OF MEDICAL RESOURCES

In their regulations on the rights of patients, World Health Organization and the World Medical Association adopt an approach which gives importance to social justice and fairness for the distribution of health resources. However, it is difficult to implement this approach because it is not possible to provide expensive and limited medical resources and

facilities for all patients. Therefore, there are serious problems regarding the fair distribution of medical resources. This is because some ethical problems such as who would make the decision of distribution and who would receive health care arise during the allocation of medical resources. In recent years, a procedure, in which a balance is established by considering each patient's needs and medical benefits, and the distribution of facilities and resources, has been widely accepted. In decisions regarding the distribution of limited resources, as in all medical decisions, not only professional and personal values but also social, economic, political and cultural conditions play a role.³⁰ It is a well-known fact that distribution of income and wealth between individuals is not fair both in our country and in other countries. Poverty resulting from income inequality is considered a more serious problem in less developed and developing countries than in developed countries. While the poor make up the 40% of the population, the lowest share of the total national income (only 13.5%) accrues to them (1994). The "Medical Institute" states that the equal distribution of health care is among the topics aiming to improve the health care system within the 21st century and defines the equal distribution of health care as that the quality of care provided should be equal regardless of the patients' race, gender, color, geographical location and socio-economic status.³¹ Nurses have a critical role in providing care for poor people. First, a nurse should be aware of his/her personal opinion, value and information regarding the poor recipients of health care. Poor individuals should be evaluated in their whole environment.³²

Training the personnel who employ modern medical practices and the production of the tools used in these practices are extremely costly. Such structuring inevitably leads to shortage when the demand for the resources increases and to the problem of how to distribute the limited resources best. In critical care units, there are complex devices used to support and monitor patients, but when the number of patients who need these devices increases, a problem arises: to whom are the re-

sources available to be allocated first? Allocation of the resources to as many patients as possible and selection of the patients who would get the most benefit are the important points which should be focused on.¹³

What is anticipated during the construction of an critical care unit is to use the equipment in ICU as much and as effectively as possible, but this is not always possible because the devices require constant maintenance and frequent repairs, which greatly contributes to the continuation of the problem. In order to overcome equipment inadequacy, temporary solutions such as referring patients to other institutions, transferring patients whose health is better to the wards in clinics or following a patient in another critical care unit are used but these temporary solutions bring about other problems.¹³

In critical care units where qualified staff work, problems regarding the team might arise too as a result of equipment problems.¹⁸ In order to assure fair sharing of resources in an critical care unit, the following should be observed: precautions should be taken to reduce demand for critical care units, alternative options (e.g. intermediate care units) should be sought, patients and physicians should be trained about the benefits and the main idea of critical care, and withdrawal of life support should be on the agenda more often.^{10,13}

CONCLUSION AND RECOMMENDATION

Critical care nurses face ethical dilemmas. Therefore, when critical care nurses confront with an ethical dilemma, should find responses to the following questions: Have there been changes in the patient's condition?, Is there a conflict or dilemma about cases?, Should changes in conventional practices be prevented?, Should the practice be confidential?.^{4,9}

In case of ethical dilemmas, critical care nurses should be aware of the reasons for the dilemmas, should be able decide about the ethical problems which have arisen, should determine whether there is a need to implement additional interventions. While health care is being provided, decisions taken about nursing care practices should be logical and should comply with ethical principles.^{4,9}

In Turkey, nurses are not informed on ethics sufficiently during their undergraduate education, there are some shortcomings in the clinical management regarding ethical dilemmas and decision-making processes, and authorized personnel lack knowledge and interest; therefore, taking part in this matter is limited.

However, establishment of hospital ethics committees, different ethical issues patients and their families encounter, introduction of general standards in legal regulations and obligation of institutions to comply with these standards make it necessary for critical care nurses to participate in ethical decision-making processes.

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