

Examining the Consent Process for Anesthesia in Emergency Caesarean Section

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Abstract: Cesarean section is a very effective protective measure for mother and fetus, as it could solve obstructed labor and some cases requiring timely delivery. Spinal or epidural anesthesia does not require intubation and could effectively reduce the risk of aspiration of gastric contents, which is considered to be the best anesthesia for cesarean section. However, in special situations such as fetal distress, general anesthesia is often adopted by anesthesiologists because of its quick and powerful effect. Adverse effects of general anesthesia include reflux, aspiration, postoperative nausea and vomiting, hypoxemia and insufficient ventilation, which are not good for the mother and the fetus. Before signing the consent form, the anesthesiologist should explain the advantages and risks of each type of anesthesia to the mother and her family. However, in the case of emergency cesarean section to buy time for the operation, anesthesiologists may adopt paternalistic style and tandemly explain the risks of anesthesia to the puerperal, thus ignoring the informed consent and decision-making rights of the puerperal and her family members. It is a challenge for anesthesiologists to ensure maternal autonomy while ensuring the safety of the mother and fetus. This paper discusses the thinking mode and key points of anesthesiologists and nurses in the course of anesthesiologists' and nurses' roles in order to avoid violating ethics in practice.

Keywords: Consent Process, Emergency Caesarean Section, Anesthesia

1. Introduction

Cesarean section is an important operation, which can timely solve dystocia and some cases that need to progressing delivery in time. It is a very effective safeguard measure for both maternal and fetus. Generally speaking, spinal cord or epidural anesthesia (spinal cord and epidural anesthesia are collectively referred to as neuraxial anesthesia, NA) is used in elective cesarean delivery [1]. NA is considered the best choice for cesarean section because it does not need endotracheal intubation, reduces the risk of aspiration of gastric contents, and is easy to operate [2]. In the face of emergency cesarean section and cannot cooperate with NA or maternal with contraindications of NA, general anesthesia will be used [3]. However, in the case of fetus distress, general anesthesia (GA) may usually be used. General anesthesia has a rapid onset and relatively strong analgesic and muscle relaxant effect, which can effectively

help cesarean section puerperal to inhibit the corresponding surgical stress response, remove the fetus as soon as possible, and improve the safety of puerperal and new burns [4]. However, there may be many complications during general anesthesia, such as reflux, aspiration, postoperative nausea and vomiting, hypoxemia, and insufficient ventilation [5].

In emergencies, the anesthesiologist should strive for the shortest possible time to complete the anesthesia operation on the mother to maximize the safety of the mother and the fetus. In other words, general anesthesia will be used instead of conventional spinal anesthesia. However, changing the method of anesthesia requires the woman to sign an informed consent. Before signing the consent form, the anesthesiologist should explain the risks of general anesthesia to the woman in detail. It takes a lot of time. Guaranteeing maternal informed consent and autonomy in this context is a challenge for the anesthesiologist. At the same time, nurses will participate in the whole process of anesthesia and surgery. From the perspective of nurses, what

ethical problems will exist? Therefore, the theme of this paper is to explore the anesthesia consent process for emergency cesarean section. The authors will critically discuss the ethical issues related to this topic, including informed consent principles, autonomy, paternalism, and codes of conduct.

2. The Ethics of the Anesthesia Process

According to the National Consent Policy of Ireland, medical examination, treatment, service or investigation can only be conducted after the consent of the clients. That is to say, the pregnant woman needs to sign the anesthesia consent before the operation is determined. Under normal circumstances, anesthesiologists will explain the anesthesia risks to the pregnant women and their families one by one, so as to ensure that the pregnant women are aware of the whole anesthesia process and possible anesthesia accidents. But when the fetus is in distress due to hypoxia in the maternal body, it is very important to strive for every minute of the operation. This means that anesthesiologists may not be as calm and perfect as they are under normal conditions when explaining anesthesia risks. They may choose some representative terms to explain to make the pregnant woman understand the meaning as quickly as possible, so as to avoid delay and carry out the operation as soon as possible.

The National Consent Policy of Ireland stipulates that the consent of the patient should be obtained before any medical intervention, even if the intervention is in the best health interests of the patient. The principle of consent is important for the pregnant woman because her choice could represent her own beliefs and values, which will guide her to make choices and decisions [6]. An adult has the right to accept or refuse treatment because adults are supposed to be able to make judgment calls. Even if medical workers think such decisions are irrational and incorrect [7]. However, the general principle of consent applies to all decisions about care: from treating minor and self-limiting diseases to major interventions with significant risks or side effects. But in reality, in many cases, the message will be reduced.

The principle of informed consent ensures that patients do not simply agree with the proposed intervention measures, but are educated patients about the intervention measures, and make informed and rational decisions on whether to continue treatment [8]. If there are sufficient reasons to suspect that the service object does not have the ability to make a decision, it should be evaluated instead of arbitrarily deciding to ignore its rights. Without consent, the doctor commits an infringement and is liable for damages. Emergency medical care without informed consent occurs in comatose or incapacitated patients [9]. Pregnant women have the ability of judgments and decisions during the whole process of delivery. Therefore, the pregnant woman reserves the right to decide in the process of delivery and delivery and cannot be treated without their consent. Even well-intentioned decisions for maternal and fetal health [9].

The principle of informed consent is to protect the patient's

physical autonomy and medical decision-making power; however, childbirth complicates this paradigm. The process of childbirth is tiring and painful, in addition, the expectant mother often takes a variety of drugs during pregnancy, which will lead to the maternal itself becoming more emotional. functional test for capacity states that decision-making is based on the persons' ability to understand and make a decision at that point and time. The emotion accumulated during the whole pregnancy, the changes in hormones in the body, and the excessive attention to the fetus in the abdomen may affect her cognitive acuity, which will damage her decision-making ability [9].

In medical or legal literature, it has not been fully discussed under which conditions a birth could be considered an emergency within the meaning of informed consent. Priority is given to women's subjective perception, the perinatal process of being informed and involved in decision-making, and what they experience. We believe that these subjective views are reasonable and valuable in themselves. If patients are not aware that they are informed and involved at the same time, we think that it is not valuable to judge information provision and patient participation by external standards [10].

Nurses have the knowledge and ethical principles, on this basis, they need to reflect on their role as moral agents. Nurses can act as moral agents in their work with patients. How to embody moral behavior is still a controversial topic [11]. In fact, in many cases, some staff members chose to stand by. Although he saw the whole process in his eyes, he knew right and wrong, but he would not come forward to remind, him because the whole thing had no direct relationship with him. In order to avoid diffusion of responsibility, he chose to do nothing, so that he could be in the area of moral safety [12]. In the case of general anesthesia in an emergency, nurses are easily trapped in this moral dilemma. Because the process of signing the agreement is the interaction between the anesthesiologist and maternal, it has no direct relationship with nurses. Nurses may consider their advantages and disadvantages of them and make a choice of whether to express their opinions. The opinions of not being afraid, favoritism, and positive reporting of any bad behaviors against users are being promoted.

However, due to the lack of leadership and decision-making ability, nurses' status will be limited. The moral identity of nurses can be comprehensively reflected by how the public treat nurses and how nurses treat themselves. In the whole process of service, nurses can develop and improve their role by showing knowledge and ability to doctors and patients. When all this is recognized by the clients, they will respond to us through words and actions. When all this goes well, all aspects will be promoted. When the process is not smooth, the ethical agency status of nurses will be limited [13]. It is an important task for nurses or other professionals to make full use of their role as moral agents by serving the existing hierarchy or medical system [14]. Is it because of the lack of professional knowledge or the lack of

moral awareness? This is worth thinking about.

Although many researchers think that nurses' moral ability is restricted by many external factors, Raines [15] thinks that some internal attributes have a greater impact on nurses, such as privileged relationships, duty, sound knowledge, and course. This not only tests the essence of the relationship between nurses and patients but also reflects nurses' responsibility cognition, professional knowledge, ethical knowledge, and correct thinking [16].

Anesthesiologists often face emergency cesarean section that they may ignore the feelings of mothers and their families to protect the fetus so that the comparison decision will occur [17]. Nurses can supervise and remind the ethical problems when the event occurs as moral agents. When it is found that anesthesiologists ignore the informed consent rights of mothers and their families due to an emergency, nurses should ask questions in time. To facilitate anesthesiologists to improve their behavior as much as possible [11]. Nurses are also obliged to remind mothers and their families to safeguard their right to informed consent in time. When nurses know that there are moral problems and cannot do anything due to their abilities, they will form more distress [13].

Anesthesiologists and nurses must respect personal opinions and choices. Everyone could enjoy the rights on his behalf, while others need to respect his rights. Nurses should use their professional knowledge and ability to make judgments immediately when they find loopholes in the process of maternal or family members' signing informed consent and they can have action space. Nurses could exercise their professional autonomy by doing this [18]. From a professional point of view, nurses have nursing knowledge and clinical practice experience, not only from the perspective of patients but also from the perspective of colleagues, such as doctors.

All services need to respect the autonomy of users because they are their masters and have the right to decide what happens to them or how to live. In fact, under rational circumstances, humans are capable of making decisions based on their actual situation. The basis of consent is respect and the validity of consent must be carried out under the complete autonomy of users, without any threat and inducement. That is, anesthesiologists need to explain the relevant content in a language that the maternal can understand "The Irish Medical Commission's professional conduct guide" states that if a decision is made without knowledge of the information, the decision is invalid. Even in some cases, health professionals believe that the decisions made by the patients are not wise, however, patients are free to make decisions. At this time, it is also unwise to intervene in the decision of the service object [19].

At the same time, the principle of body autonomy also mentioned that patients have sufficient rights to adopt or reject the suggestions made by medical and health personnel according to their situation and ideas. It includes the basic contents, treatment plan, and risk in the informed consent. All the most fundamental rights that everyone has legally allowed [20].

It is important to respect the autonomy of the service personnel, but at the same time, medical service personnel have the basic task of protecting the service object from harm and improving the health and well-being of the service object. That is, although it is not possible to induce and force the selection of service objects in medical care services, it is the duty of medical service personnel to explain the advantages and disadvantages of different treatment schemes to them so as to facilitate the selection of service objects [21]. There is a difference between the code of ethics and the code of conduct. Rules are objective, real and enforceable within the scope of law. However, moral norms are more abstract, and there are ambiguous grey areas from different perspectives [22]. Nurses need to clarify their professional responsibilities to guide their attitude and practice. The scope of professional ethics is inseparable from its responsibilities, not rights or obligations [23]. "Code of professional conduct" points out that nurses are not the determiners of moral boundaries, they have the obligation to take care of patients, rather than those who share the same moral values with them.

Individual medical service providers will claim that they are good at some fields, and they will choose instead of the clients when they make treatment decisions, that is, they will adopt the paternalistic model [24]. That is to say when providing treatment for patients, the provider plays a dominant role in the choice of the service object, while the service object chooses to be silent and let it go [25]. For example, in the face of the choice of emergency cesarean section anesthesia, anesthesiologists unilaterally choose general anesthesia from a better perspective for the maternal and fetal, while ignoring the maternal wishes.

Paternalism is a long-standing feature in medical activities. In the treatment and guidance of patients, even if the patient has enough ability to judge, the medical staff will not make the most appropriate decision for the patient. Because medical staff thinks they have more clinical knowledge and experience. Such behavior is increasingly being questioned [26]. The research by Murgic, et al. [24] shows that doctors are not in favor of paternalism, because their treatment decisions are not only based on professional knowledge but also influenced by their values and cultural background. On the contrary, it advocates paternalism, because patients don't want to bear the consequences of making wrong decisions [27].

3. Conclusion

In general, the consensus process for anesthesia in the emergency cesarean section is worth reflecting. The code of ethics and the code of conduct are the guidance for anesthesiologists and nurses to practice. In the face of an emergency, anesthesiologists in order to buy time for surgery, it is easy to adopt a paternalistic style to make choices for puerperal and ignore the informed consent and decision-making power of puerperal. Because of the urgency of the operation, anesthesiologists believe that the faster the operation, the more secure maternal and fetal, this is for their

health. As moral agents, nurses have the responsibility and obligation to supervise and remind the whole process. How to work more scientifically for the service object within the scope of morality and law, at the same time, to protect their health is a problem that needs to be explored in practice.

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