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Health accompanied by Bioethics

Salud acompañada de la Bioética

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Abstract:

Bioethics has emerged as a discipline to assess human behavior in the light of ethical principles. On the other hand, in medical practice, for many years, decisions were made by the physician without considering that the patient is also a person. Therefore, he has the right to participate in them. This leads to a responsible exercise in this decision-making, considering that a doctor-patient relationship generates rights and obligations for each of them. This responsibility goes beyond the commitment that could be created between the professional and the patient since each one must assume the obligations inherent to his role, both with constant updating and learning, as well as with permanent self-care in health; with these behaviors, the state of physical, mental and social wellbeing will be favored.

Keywords:

Bioethics, Responsibility, Health, Mental health

Resumen:

La bioética ha surgido como una disciplina para valorar la conducta humana a la luz de los principios éticos. Por otra parte, en la práctica médica, durante muchos años, las decisiones eran tomadas sólo por el médico, sin tener en consideración que el paciente también es una persona y por lo tanto tienen derecho a participar de ellas. Esto conlleva a un ejercicio responsable en esa toma de decisiones, considerando que se establece una relación médico-paciente que genera derechos y obligaciones para cada uno de ellos. Esta responsabilidad va más allá del compromiso que pudiera crearse entre el profesional y el paciente, pues cada quien debe asumir las obligaciones inherentes a su rol, tanto con una constante actualización y aprendizaje, como con un permanente autocuidado en la salud; con esas conductas, se favorecerá alcanzar el estado de bienestar físico, mental y social.

Palabras Clave*:*

Bioética. Responsabilidad, Salud, Salud mental

INTRODUCTION

Bioethics is a relatively young discipline that has been acquiring increasing importance both in society in general and the healthcare field.

The two worlds, health and social, are not separate; on the contrary, they are intermingled, and their convictions, interests, and contributions are often intertwined. Bioethics helps health institutions to intervene in the resolution of health problems.

On many occasions, they accompany people and their families in facing decisions, especially those which seem to be easy but which, given their complexity, require a dose of justice and prudence.

Based on the aforementioned, we can speak of liability, a word whose meaning derives from the Greco-Latin etymology, from the verb spondere (from which comes respondere) alluding to "to promise solemnly", "to swear",

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"to assume an obligation". While the noun sponsio means directly "obligation", and was originally linked to the promise assumed by the engaged (sponsi) in the act of marriage.

Thus, for the actions performed or omitted by one person towards another/s, liability is linked, from its origin, with the concept of obligation. In the context of professional performance, the concept of responsibility revolves around how a professional should handle himself when performing his role and the response that the patient should give to his conduct. It is a shared responsibility that will make it easier to achieve the objective of medical care: to promote, protect or restore health.

BIOETHICS AND HEALTH

In 1995, Luna and Salles mentioned the questions that we as health professionals could ask ourselves from the point of view of bioethics:

- How do we make or choose certain moral decisions regarding the life and health of those in our professional care?
- How do we make or choose certain moral decisions regarding the life and health of those we are professionally in charge of?
- What are the responsibilities and obligations while performing our professional role towards others and ourselves? and
- What should we do for the well-being of individuals and the society of which we are a part?

To answer these questions, responsibility comes into play, not only as a concept but as a value that we health professionals include or should include in our activities. It can be understood in a double sense: as an elective personal attitude that considers the care of others and also as a moral obligation imposed by the performance of a role.

It is understood that values serve us to fit ourselves into reality in a singular way. Accordingly, they function as references that allow us to recognize the meaning of our actions.

They are part of and shape our ethics, guide our actions, and justify our actions. Our behaviors, what others perceive of us, and our ethics result from an interweaving of values and behaviors that define the identity of each person in terms of moral personality ("x is a responsible professional").

The term value designates any feeling-preference that directs our choices, the estimation of a responsible attitude in the exercise of a health profession includes the value of moral and legal concern for the other person in our care, who is presented to us in a condition of relative autonomy-vulnerability.

Once the professional-patient relationship is established under the protection of responsibility, the other becomes, in legal terms, a subject of full rights, and in moral terms a subject of care, esteem, and respect (Sánchez Vázquez, 2008).

MENTAL HEALTH AND BIOETHICS

In the mental health field, the actions assumed by the intervening participants and the consequent responsibility are closely related to the sense or meaning that, from their cultural patterns, they attribute to notions such as "normal" and "pathological".

When a reductionist and substantial perspective dominates, health is understood as an entity with its existence, in other words, a separate concept from the individuals who think of it and construct it as such.

For this reason, health often appears as the opposite of disease or pathology.

Many of the problems related to health, and specifically mental health, cannot be fully explained, nor well attended, to if they are approached exclusively from the perspective of the reductionist health system.

Not only because of the social dimension of mental illnesses, which should not be different from other illnesses, but also because the approach does not have an origin, nor has it an understanding that guarantees adequate care for people with mental illnesses.

No one who feels interested or involved in issues related to mental health would question at this point the existence of

ethical dilemmas and conflicts in the relationships that occur in the care of people who come to health units for issues related to mental disorders.

Moreover, it would not be doubted that in many cases, the problems that arise in mental health could be even broader and more serious and still be less well resolved than in other illnesses in general.

People with mental illness often find themselves in circumstances or under social conditions that make possible unfair distributions of the determinants that influence health, so they may be subject to social inequalities. Furthermore, the health system fails to fully guarantee equity and equal opportunities in the provision of benefits and services needed by patients suffering from mental illnesses.

Issues that are trying to be addressed by the consolidation of the system, in search of equal access to services and benefits, availability of information, respect for the patient, autonomy, confidentiality, and beneficence. Given the above, it would seem prudent not to infer that the frequency of ethical conflicts in the health care of persons affected by mental illness is low.

As occurs in other realities affecting disadvantaged population groups, bioethical conflicts related to mental health remain largely hidden, without their true dimension being known.

Mental disorders have historically been largely invisible and continue to be so, especially those referred to as serious or severe. Patients with this type of pathology do not have the same day-to-day life possibilities, the same respect, or the same future as the rest of the general population. This is part of the stigma associated with this group of patients. But it is also an issue directly related to human rights and bioethics.

During the 19th century, a pessimistic atmosphere prevailed regarding the possibility of finding a method for curing mental illness; however, with the arrival of the 20th-century optimism began to develop.

Based on the advances made in the biological research in psychodynamic and social psychiatry, but still insufficient.

Thomas Szasz argued that patients' repressing behavior without their consent was unethical. He saw some psychiatrists as imposing their "help" as if they were policemen or jailers and considered the psychiatric hospitals in which these people were confined as prisons.

Today, a previous question is also of concern: Do health specialists have the right to apply behavioral norms or to modify the behavior itself without having obtained full understanding and consent from the patient?

According to David F. Musto, three ethical issues have concerned those who care for the mentally ill:
The role of the therapist.
The nature of the mental illness.
The cultural, religious, and even political environment in which patient and therapist live together.

As a result of this evolution, psychiatrists have devoted greater attention to ethical issues.

The World Psychiatric Association adopted the Declaration of Hawaii in 1977. This was the first code of ethics devised specifically for psychiatrists.

This Declaration advocates disclosure of the diagnosis to the patient and discussion with the patient of alternative treatments and calls for consent to be sought from all patients for any treatment, with the consent of a third party in cases of incapacity.

That Declaration was updated in Vienna in 1983, in Madrid in 1996, and in Japan in 2002. Undoubtedly, it is one of the most important ethical references for health personnel when providing medical care, laying the foundations for the conduct of health personnel to guarantee a service following the user's dignity.

Bloch and Pargiter (2002) state: "Although the existence of a code of ethics is not sufficient to ensure that the interests of patients are respected, it can be useful for the achievement of this desirable goal:

Among so many dilemmas are the fact that in many cases there is insufficient or pathologically distorted awareness of the disease. In this situation, the patient can hardly realistically participate in decisions about his health.

Mental competence is the patient's ability to choose, express and defend a decision consistent with his values. After

understanding the situation and the possible alternatives, and their probable consequences. Competence must be related to the type of decision to be made; a health system user may be competent to accept treatment but incompetent to refuse it.

For this reason, the complexity of the approach makes it even more important to delve into these human aspects and to work on prevention since there is a great deal of scientific evidence on the relationship between lifestyles and the precipitation of mental disorders.

One example is the "endophenotype" model, which could be synthesized in the scientific work of Morel in the 19th century. When he introduced the concept of vulnerability and described it as a "fragile terrain" that was transmitted in hereditary form and that together with the degree of 'degeneration' present in an individual led to the appearance of mental illnesses" (Berner, 2002).

From the study of endophenotypes, a suggestion could be established on the most advisable lifestyle for the person susceptible to the disease, among which there is evidence that avoiding situations of high emotional stress, abstinence from the consumption of toxic substances, especially cannabis derivatives, or the use of preventive and disease course-modifying psychotropic drugs would be very effective preventive resources.

Prevention of mistreatment and sexual abuse have also been shown to be very effective for preventing emerging mental disorders, such as borderline personality disorder. In this case, child protection policies, and effective education during adolescence emphasize the importance of detecting any form of use of women and children as mere objects of utilitarianism or degradation.

As well as the fact that mental pathology has always been throughout history a subject that has generated taboo and rejection. Magical-primitive thinking and even rationalizing thinking have contributed in one way or another to create a rejection in the society of those individuals who lose their sense of reality.

Here it is worth mentioning the importance of the capacity, professionalism, and health personnel ‘s responsibility to make an adequate diagnosis and intervention.

A diagnosis should provide information on the causes of a problem and its possible treatment; if it does not, it becomes a label (Vázquez Costa, 2012).

On the other hand, it cannot be ignored that many physical diseases such as asthma, diabetes mellitus, obesity, hypertension, and insomnia, have important psychological components that must be considered, both in terms of acceptance of the disease and the need for prolonged treatment.
It is worth noting some examples of societies where elders or shamans receive respect and worships people and do not even consider mental disorders as madness as "modern" societies do, as well as the fact that diseases are not pathology but a continuum of health.

CONCLUSIONS

In conclusion, it is worth mentioning that, even though we are undoubtedly living in an era of greater efficiency and technology for the care of health service users, they often express their dissatisfaction.

This phenomenon has many aspects to analyze, but undoubtedly one of them is the perception of an unethical and sometimes mercantilist attitude on the part of the healthcare team, a situation that should be considered as an area of opportunity for the scientific teaching of bioethics in all branches of healthcare.

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