31° Congresso Nazionale Aniarti Riva del Garda – 14-16 novembre 2012

Infermieri e qualità di vita in area critica.
Competenza, tecnologia, procedure, efficienza, risorse, relazioni, politica, diritti, etica, utopia.

31st Aniarti National Congress Riva del Garda – 14-16 November 2012

Nurses and quality of life in critical care.
Competence, technology, protocols, efficiency, resources, relationships, policies, rights, ethics, utopia.

FINAL MOTION (Presented on 16.11.2012)

Aniarti,

On concluding its 31st National Congress entitled “Nurses and quality of life in critical care”, which presented numerous studies undertaken by nurses, with the precious contribution of authoritative figures in various disciplines and experiences, and during which ample debate was conducted on the many issues related to the quality of life in critical care,

makes its own statement

on these concerns, which it deems an absolute priority for both the nursing profession and citizens, and their representatives at various levels.

The nurses of Aniarti - National Association of Critical Care Nurses - move to propose some considerations and concrete commitments

AGAINST A BACKGROUND

In which the community we belong to has long surpassed the level of survival and pursues its search for quality in all fields and circumstances, quality nursing care is a set goal in terms of security, services, efficiency, environment, and relationships.

THE INTENSIVE CARE ENVIRONMENT

Is where these theories and innovative techniques are applied, and though with positive aims, as a matter of fact manipulate the life and death of people.

These applications imply the risk of failure and suffering, but offer the possibility of achieving new quality which challenges
human efforts and capabilities, from which mankind can rise up with an even greater attention to the essence of its own humanity....

The historical context demonstrates how remarkable advances in medicine have changed how, when, and where people die. Instead of being viewed as a natural event in life, death is now managed as a disease that must be treated and “cured.” In the critical care unit, for the most part, death is no longer treated as a natural outcome of life but instead viewed as a medical failure. This signifies that man has acknowledged his responsibility in controlling life itself, overcoming the previous irreversibility of natural processes or of consolidated religious convictions.

The end-of-life (EOL) process should not be separated from patient-centered care because the consequences of healthcare treatments often lead to further problematic conditions, for which we still can give no answers. The right to personal dignity must include the potential for a “good death” through care given by competent care providers.

THE CALL FOR CHANGE

Highlights the indispensable need for an innovative concept of duty, following the glorious historical period of the universal extension of human rights, and intended not as submissiveness, but as a subjective opportunity to contribute to common well-being.

We thus have to use resources rationally, in a vision that is not exclusively limited to figures, but aimed at pursuing with impartiality the best quality of life possible in advanced settings such as critical care. Our actions would surely take on a compassionate approach founded on relationships, interdependency, and universal solidarity. This would furthermore, make it possible to avoid the unjustifiable pretext and misconception that absolute individual liberty can be guaranteed, without the obligation to provide comprehensive and compassionate EOL care.

In order to achieve quality of life in advanced settings such as critical care, providers must come together to merge education, research, and service delivery where human experiences complete one another, and where daily routines and specializations evolve together. This synergy of the full awareness of simple citizens and specialists will build the future and long-desired humane aspect of EOL care.

AS NURSES

We are aware of all this and though acknowledging the complexity of this situation, we invite all to consider that ensuring quality of life entails the adoption of an advanced idea of health and of life, not only in the biological sense. We therefore have to take on our responsibility in all our operating choices, to achieve this concept of life aimed at achieving ever higher HUMANIZATION levels. No one can be exempted from contributing to this design, each one in his own place, in both the simple daily routines and the problematic, complex and dramatic circumstances.

With regard to extreme situations, critical care nurses themselves are in the frontline, and often face totally new problems, quality, this represents the sfiha of the research and of the capacity of the man, from which it can emerge un’umanità maggiormente attenta alla propria essenza...

Per la prima volta nella storia, il passaggio da una morte solo constatata alla morte dichiarata è stato riconosciuto legittimo. Ciò ha significato che l’uomo si attribuisce la responsabilità del controllo della vita stessa, superando la precedente indiscutibilità dei processi naturali o di convincimenti religiosi consolidati.

Il processo della fine della vita è imprescindibile dalla qualità perché le conseguenze dei trattamenti sanitari spesso conducono a condizioni ulteriormente problematiche, per le quali non abbiamo ancora risposte. Al diritto della dignità personale, va coniugato il diritto della qualità possibile, nella fase conclusiva di ogni vita.

IL CAMBIAMENTO

vede indispensabile, dopo l’esaltante epoca storica dell’estensione universale del diritto, un’innovativa concezione del dovere, inteso non come sottomissione, ma come opportunità soggettiva di contribuire al bene comune.

È necessario utilizzare razionalmente le risorse, in una visione non esclusivamente razionalistica, ma alla fine di perseguire con equità la migliore qualità di vita praticabile nei contesti avanzati come l’area critica. Ciò manifesterebbe in modo inequivocabile un orientamento verso un’umanità fondata sulla relazione, l’interdipendenza, la solidarietà universalistica, e dall’altra eviterebbe le ingiustificabili pretese di dover garantire una malintesa libertà individuale assoluta, svincolata dal dovere della partecipazione.

Parlare di qualità di vita, significa coniugare Ricerca, Tecnica e Normalità della vita stessa, in contesti specialistici avanzati, come l’area critica. La dimensione relazionale e collaborativa richiede l’osmosi e la complementarietà delle esperienze umane, che sono normalità ed eccezionalità in co-evoluzione. Sarà pertanto l’insieme, pienamente consapevole, di persone normali e di specialisti, a costruire l’umanità futura e già esigita.

GLI INFERMIERI

sono consapevoli di tutto ciò e pur riconoscondone la complessità invitano a considerare che, garantire qualità di vita, significa adottare un’idea progredita di salute e di vita non solo biologica. Questo significa assumere la responsabilità in tutte le scelte operative, atte a realizzare una tale vita, finalizzata a livelli sempre più elevati diUMANIZZAZIONE.

Da questa progettualità nessuno può esimersi, ciascuno dalla propria posizione; sia nella semplice quotidianità, che nei problematici contesti della complessità e della drammaticità.

Gli infermieri di area critica sono attivi in prima persona rispetto a situazioni estreme, affrontano spesso problemi totalmente
assisting patients who have undergone interventions with devastating consequences in living the drama of probable imminent death, or prospects of being condemned to disability. Our full awareness of being in a context of such hazardous fragility is such that we absolutely cannot forego this role we play and which we aspire, in our constant endeavor to ensure quality of life.

The Nurses, and those in charge of assisting the sick, as the attentive interpreters of what quality means in modern day critical care

point out
the cultural and organizational setbacks existing between the demands forwarded by the public and the objective answers given by the public service organizations, that should from now respond with the best quality possible;

we call attention
to the urgent need to fill this gap with courageous choices, by simply and concretely applying what we have already pointed out: the need for a responsible merging and mutual sharing of knowledge, expertise, techniques, daily tasks, relationships and participation.

We nurses wish to commit ourselves
As citizens and professionals of this country, to change the actual situation with these ideals oriented towards the fulfillment of an optimistic utopia.