

Examining the Ethical Dilemmas Faced by Respiratory Therapists in Critical Care Settings: An In-depth Qualitative Analysis

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Abstract:

This qualitative study investigates the ethical dilemmas encountered by respiratory therapists (RTs) in critical care settings through in-depth interviews and thematic analysis. Fifteen RTs from various intensive care units (ICUs) participated in the study, providing insights into their experiences and perceptions. The findings shed light on the complex ethical landscape of critical care practice, highlighting the challenges RTs face in balancing patient autonomy, resource allocation, end-of-life care, and professional integrity. The study underscores the need for support mechanisms and ethical guidelines to assist RTs in navigating these dilemmas effectively, ultimately enhancing patient care and professional well-being.

Keywords: Ethical Dilemmas, Respiratory Therapists, Critical Care Settings, Cope Strategies, Mental Well-Being.

Introduction

In critical care settings, respiratory therapists play a pivotal role in managing patients with complex respiratory conditions, providing essential interventions such as mechanical ventilation, airway management, and oxygen therapy. As frontline healthcare providers, respiratory therapists are frequently confronted with ethical dilemmas that arise from the high-stakes nature of critical care, the need to balance patient autonomy with beneficence, and the allocation of limited resources. Understanding and addressing these ethical challenges are crucial for promoting ethical practice, enhancing patient care, and supporting the well-being of respiratory therapists.

Critical care settings, including intensive care units (ICUs) and emergency departments, are characterized by the provision of advanced life support to patients with life-threatening conditions, such as respiratory failure, septic shock, and trauma. Respiratory therapists are integral members of the interdisciplinary team in these settings, working collaboratively with physicians, nurses, and other

healthcare professionals to deliver comprehensive care to critically ill patients (Mireles-Cabodevila et al., 2013).

The role of respiratory therapists encompasses a wide range of responsibilities, including assessing and monitoring respiratory function, implementing and managing mechanical ventilation, conducting diagnostic tests, and providing patient education and support. With their specialized training and expertise in respiratory care, respiratory therapists play a vital role in optimizing patient outcomes and promoting respiratory health across the continuum of care (Moon & Kim, 2015).

Despite the critical importance of respiratory therapists in critical care settings, the ethical challenges they face in their practice have received limited attention in the literature. Ethical dilemmas encountered by respiratory therapists may arise from various sources, including conflicts between patient autonomy and beneficence, end-of-life decision-making, resource allocation, and professional integrity (Morton & Fontaine, 2013). These dilemmas can have profound implications for patient care, as well as the emotional and moral well-being of respiratory therapists.

Examining the ethical dilemmas faced by respiratory therapists in critical care settings is essential for several reasons. First, it sheds light on the complex ethical landscape of critical care practice, helping to identify areas of ethical tension and ambiguity that may require further exploration and clarification. Second, it provides insights into the factors that influence respiratory therapists' ethical decision-making processes, including individual values, professional norms, organizational policies, and situational factors. Finally, it informs the development of ethical guidelines, educational programs, and support mechanisms to enhance ethical practice and mitigate the negative impact of ethical distress on respiratory therapists' well-being (Moon & Kim, 2015).

Purpose of the Study

The purpose of this study is to conduct an in-depth qualitative analysis of the ethical dilemmas faced by respiratory therapists in critical care settings. Specifically, the study aims to:

- Explore the nature and prevalence of ethical dilemmas encountered by respiratory therapists in their practice.
- Examine the factors influencing respiratory therapists' ethical decision-making processes, including individual, interpersonal, and organizational factors.
- Identify strategies for addressing ethical dilemmas and promoting ethical practice among respiratory therapists to enhance patient care and support professional well-being.

Literature Review

Ethical dilemmas in critical care settings encompass a wide range of issues, including patient autonomy, beneficence, nonmaleficence, justice, truthfulness, confidentiality, and professional integrity. These ethical principles serve as guiding frameworks for respiratory therapists in navigating challenging clinical situations (Matson, 2012).

One of the primary ethical tensions faced by respiratory therapists is balancing respect for patient autonomy with the obligation to act in the patient's best interest (beneficence). Patients in critical care settings may have varying degrees of decision-making capacity, and respiratory therapists must navigate

situations where patients express preferences that may conflict with recommended treatment options (Matson, 2012). For example, a patient with advanced chronic obstructive pulmonary disease (COPD) may refuse invasive ventilation despite the potential benefits to their respiratory function.

End-of-life care presents significant ethical challenges for respiratory therapists, particularly when patients and their families must make difficult decisions about life-sustaining treatments. Discussions surrounding advance directives, do-not-resuscitate (DNR) orders, and withdrawal of life support require sensitivity, empathy, and clear communication. Respiratory therapists often serve as integral members of interdisciplinary teams involved in end-of-life care discussions and decision-making processes.

In critical care settings, respiratory therapists are frequently confronted with the ethical dilemma of allocating scarce resources, such as ventilators, medications, and staffing, among competing patient needs. The COVID-19 pandemic highlighted the challenges of resource scarcity and the need for ethical frameworks to guide decision-making during public health emergencies (Laventhal

et al., 2020). Respiratory therapists play essential roles in advocating for equitable resource allocation and ensuring that clinical decisions prioritize patient welfare and societal well-being.

Ethical dilemmas can pose significant challenges to respiratory therapists' professional integrity and contribute to moral distress, defined as the psychological and emotional anguish resulting from perceived moral conflicts (Matson, 2012). Situations where respiratory therapists feel compelled to provide care that conflicts with their ethical values or professional obligations can lead to moral distress and burnout (Vincent et al., 2020). Strategies for addressing moral distress include fostering supportive work environments, promoting open dialogue about ethical concerns, and providing opportunities for ethical reflection and debriefing (Dodek et al., 2016).

Respiratory therapy practice in critical care settings is governed by a complex framework of laws, regulations, and professional guidelines. State licensure requirements, scope of practice regulations, and institutional policies shape the ethical landscape in which respiratory therapists operate (American Association for Respiratory Care [AARC], 2021). Additionally, ethical standards outlined in professional codes of ethics, such as those established by the AARC and the National Board for Respiratory Care (NBRC), provide guidance for ethical decision-making and professional conduct (NBRC, 2020).

Cultural, societal, and organizational factors influence ethical practice in respiratory therapy and critical care settings. Cultural competence, diversity, equity, and inclusion play essential roles in ensuring that respiratory therapists provide culturally sensitive and equitable care to patients from diverse backgrounds (American Thoracic Society [ATS], 2016). Organizations such as the ATS and the AARC have issued statements and position papers advocating for health equity and social justice in respiratory care (ATS, 2020).

Ethics education and training are essential components of respiratory therapy curricula and professional development programs. Integrating ethics education into respiratory therapy training helps prepare respiratory therapists to navigate ethical dilemmas with competence and confidence (Zamjahn et al., 2015). Simulation-based training, case studies, and interdisciplinary discussions can enhance respiratory therapists' ethical reasoning skills and prepare them to address complex ethical challenges in clinical practice (King et al., 2016).

Despite significant advances in understanding ethical issues in respiratory therapy practice, several gaps persist in the literature. Future research should focus on exploring the impact of ethical dilemmas on

patient outcomes, healthcare costs, and clinician well-being. Additionally, studies examining the effectiveness of ethics education interventions and support strategies for addressing moral distress among respiratory therapists are needed to inform evidence-based practice and promote ethical excellence in respiratory care (Dodek et al., 2016).

The exploration of ethical dilemmas faced by respiratory therapists in critical care settings is imperative for several reasons. Firstly, understanding and addressing these ethical challenges are essential for upholding the principles of patient-centered care and promoting positive patient outcomes. By identifying and analyzing the ethical dilemmas encountered in practice, this research aims to contribute to the development of ethical guidelines, protocols, and educational interventions that enhance the quality of respiratory care delivery.

Secondly, ethical dilemmas in critical care settings have profound implications for healthcare professionals' well-being, job satisfaction, and retention. Moral distress resulting from unresolved ethical conflicts can lead to burnout, compassion fatigue, and decreased job satisfaction among respiratory therapists (Whitehead et al., 2015). By investigating the factors contributing to moral distress and developing strategies to mitigate its impact, this research seeks to support respiratory therapists in maintaining ethical integrity and professional resilience.

Furthermore, the ethical challenges faced by respiratory therapists intersect with broader societal issues, including healthcare disparities, resource allocation, and end-of-life care. By shedding light on these complex ethical issues, this research contributes to ongoing discussions about health equity, social justice, and the ethical responsibilities of healthcare professionals in addressing systemic inequities and promoting equitable access to care.

This research is driven by the overarching goal of enhancing ethical awareness, competence, and decision-making among respiratory therapists in critical care settings. By examining the ethical dilemmas encountered in practice, identifying research gaps, and proposing future directions, this study seeks to advance ethical excellence in respiratory therapy and ultimately improve patient care outcomes.

Methodology

Study Design:

This qualitative research employed a phenomenological approach to explore the lived experiences of respiratory therapists (RTs) encountering ethical dilemmas in critical care settings. Phenomenology was chosen for its focus on understanding the essence of human experiences and perceptions, aligning with the research objective of delving into the nuanced ethical challenges encountered by RTs.

Participants:

Purposive sampling was used to recruit RTs with diverse backgrounds and experiences working in intensive care units (ICUs) at Military Hospital located in Riyadh. Inclusion criteria comprised RTs with a minimum of two years of experience in critical care settings to ensure sufficient exposure to ethical dilemmas. A total of 15 RTs, including both genders and varying levels of experience, participated in the study.

Data Collection:

Semi-structured interviews were conducted to elicit in-depth narratives from participants regarding their encounters with ethical dilemmas in the ICU. An interview guide was developed based on relevant

literature and pilot-tested to ensure clarity and comprehensiveness (Appendix A). Each interview lasted approximately 45-60 minutes and was audio-recorded with participants' consent. Field notes were taken during interviews to capture non-verbal cues and contextual information.

Data Analysis:

Thematic analysis was employed to identify recurrent patterns and themes across the interview transcripts. Data analysis followed the steps outlined by Braun and Clarke (2006), including familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. NVivo software was utilized to facilitate data organization and coding.

Ethical Considerations:

Ethical approval was obtained prior to commencing data collection. Informed consent was obtained from all participants, emphasizing voluntary participation, confidentiality, and the right to withdraw from the study at any time. Pseudonyms were assigned to participants to ensure anonymity in reporting findings.

Findings

Through thematic analysis of the interviews, several key themes emerged, shedding light on the ethical dilemmas encountered by respiratory therapists (RTs) in critical care settings.

1. Patient Autonomy:

Participants expressed the challenge of balancing patient autonomy with clinical expertise. One RT mentioned, "We respect patients' rights to make decisions about their care, but it's difficult when they refuse treatments that could save their lives."

2. Resource Allocation:

RTs highlighted the ethical dilemma of allocating limited resources, particularly during crises like the COVID-19 pandemic. One participant noted, "It's heart-wrenching to decide who gets a ventilator when there aren't enough to go around. We try to save as many as we can, but it's tough."

3. End-of-Life Care:

Participants shared experiences related to end-of-life care discussions. A participant reflected, "We often have to guide families through difficult decisions about withdrawing life support. It's emotionally draining, but we strive to honor patients' wishes."

4. Professional Integrity:

RTs discussed maintaining professional integrity in challenging situations. One participant remarked, "There are times when I question the treatments we're providing, but I have to trust the team's judgment and advocate for what's best for the patient."

5. Moral Distress:

Many RTs described feelings of moral distress when unable to act according to their ethical principles. "It's frustrating when I know what's right for the patient, but I'm bound by institutional policies or resource constraints," shared a participant.

6. Role Conflict:

Participants reflected on role conflicts arising from competing demands. "We juggle the expectations of patients, families, and doctors, trying to balance everyone's needs. It's challenging to navigate these conflicting priorities," explained a participant.

7. Informed Consent:

RTs expressed concerns about obtaining informed consent for procedures, especially in emergency situations. "Sometimes we have to act quickly to save a patient's life, but explaining the risks and benefits adequately can be challenging," shared a participant.

8. Cultural Sensitivity:

Participants discussed the importance of cultural sensitivity in delivering care. "We encounter patients from diverse backgrounds, each with unique beliefs and values. Respecting cultural differences while providing quality care is crucial," emphasized a participant.

9. Confidentiality and Privacy:

RTs emphasized the need to maintain patient confidentiality and privacy. "We handle sensitive information daily, and ensuring patient privacy is non-negotiable. It builds trust and safeguards patient dignity," stated a participant.

10. Interprofessional Collaboration:

RTs highlighted the significance of collaborating with other healthcare professionals. "Effective teamwork is essential in critical care. We rely on each other's expertise to provide holistic care and optimize patient outcomes," explained a participant.

11. Emotional Toll:

Participants shared the emotional toll of witnessing suffering and loss. "It's emotionally draining to see patients struggle, especially when we can't do more to help. Self-care and support from colleagues are vital for coping," expressed a participant.

12. Legal and Ethical Guidelines:

RTs discussed navigating complex legal and ethical guidelines. "We must stay updated on laws and regulations governing our practice. Adhering to ethical standards ensures accountability and upholds patient trust," remarked a participant.

Discussion

One prominent theme that emerged from the analysis is the tension between promoting patient autonomy and making informed decisions in critical situations. RTs expressed the challenge of obtaining informed consent, particularly in emergency scenarios where rapid intervention is necessary to save lives. The ethical principle of autonomy underscores the importance of respecting patients' right to make informed choices about their care (Beauchamp & Childress, 2019). However, the exigencies of critical care sometimes necessitate immediate action, raising concerns about balancing autonomy with beneficence and nonmaleficence (Beauchamp & Childress, 2019).

Cultural sensitivity emerged as another salient theme in the discussion. RTs emphasized the importance of respecting patients' cultural beliefs and practices while delivering care. Cultural competence in healthcare is essential for fostering trust, improving patient satisfaction, and reducing health disparities

(Betancourt et al., 2016). RTs recognized the need for cultural humility and ongoing education to effectively navigate the diverse cultural landscape of critical care settings.

Maintaining patient confidentiality and privacy emerged as a paramount concern among RTs. Confidentiality is a cornerstone of ethical healthcare practice, essential for preserving patient trust and upholding professional integrity (American Medical Association, 2016). In critical care settings where sensitive information is routinely handled, RTs must adhere to strict confidentiality protocols to safeguard patient privacy and confidentiality.

Effective interprofessional collaboration and communication were highlighted as critical factors in navigating ethical challenges in critical care. RTs emphasized the importance of teamwork and communication among healthcare professionals to ensure seamless coordination of care and optimal patient outcomes (O'Leary et al., 2012). Interdisciplinary collaboration fosters a holistic approach to patient care, facilitating shared decision-making and enhancing patient safety (World Health Organization, 2010).

The emotional toll of providing care in critical settings emerged as a significant theme in the discussion. RTs described the profound impact of witnessing patient suffering and loss on their emotional well-being. Burnout and compassion fatigue are prevalent among healthcare professionals working in high-stress environments, emphasizing the need for robust support systems and self-care strategies (Maslach et al., 2001). Organizations must prioritize staff well-being and provide resources for emotional support and resilience training to mitigate the negative consequences of prolonged exposure to distressing situations.

Navigating legal and ethical guidelines posed challenges for RTs in critical care. Healthcare professionals are bound by legal and ethical obligations to uphold patient rights and welfare while adhering to professional standards of practice (American Association for Respiratory Care, 2020). Compliance with regulatory requirements and ethical principles is essential for ensuring quality care delivery and mitigating legal risks.

Future Studies

Further research in this area could explore the development and implementation of educational interventions aimed at enhancing respiratory therapists' ethical decision-making skills and cultural competence. Longitudinal studies tracking the impact of such interventions on clinical practice and patient outcomes would provide valuable insights into effective strategies for addressing ethical dilemmas in critical care settings.

Additionally, comparative studies examining the ethical challenges faced by respiratory therapists across different healthcare contexts, such as pediatric intensive care units or long-term care facilities, could offer a more comprehensive understanding of the profession's ethical landscape. Exploring the perspectives of patients and their families on ethical issues in critical care, particularly regarding end-of-life decision-making and treatment withdrawal, would further enrich our understanding of these complex ethical dilemmas.

Finally, qualitative research exploring the experiences of respiratory therapists from diverse backgrounds and cultural contexts would shed light on how factors such as race, ethnicity, and socioeconomic status intersect with ethical decision-making in critical care. By amplifying the voices of marginalized healthcare professionals, future studies can contribute to more inclusive and equitable approaches to ethical practice in respiratory therapy.

Conclusion

In conclusion, this research provides a nuanced exploration of the ethical dilemmas faced by respiratory therapists in critical care settings. Through thematic analysis of participant responses, we have identified key themes including informed decision-making, cultural sensitivity, confidentiality, interprofessional collaboration, emotional toll, and legal considerations.

Addressing these ethical challenges requires a multifaceted approach that encompasses education, training, institutional support, and ongoing dialogue among healthcare professionals. By promoting ethical awareness and providing resources for ethical decision-making, healthcare organizations can empower respiratory therapists to navigate complex ethical scenarios with confidence and compassion, ultimately enhancing patient care and outcomes in critical care settings.

As we move forward, it is imperative to prioritize the ethical well-being of respiratory therapists and other healthcare professionals, recognizing their pivotal role in delivering patient-centered care in high-stakes environments. By fostering a culture of ethical reflection and support, we can ensure that respiratory therapists are equipped to uphold the highest standards of ethical practice while advocating for the well-being of their patients.

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Appendix A: Semi-Structured Interview open/ended questions

1. Can you describe your daily responsibilities and tasks as a respiratory therapist in the critical care unit?
2. What are some of the common ethical dilemmas or challenges you encounter in your role?
3. Can you recall a specific situation where you faced an ethical dilemma in your practice? How did you handle it?
4. How do you prioritize competing ethical considerations in critical care scenarios?
5. What support mechanisms or resources do you rely on when faced with difficult ethical decisions?

6. How do you navigate conflicts between patient autonomy, beneficence, and non-maleficence in your practice?
7. In what ways do you collaborate with other healthcare professionals to address ethical issues in critical care?
8. How do you manage the emotional toll of making difficult decisions in critical care situations?
9. Can you describe any institutional policies or guidelines that influence your ethical decision-making process?
10. How do you reflect on and learn from ethical challenges or dilemmas encountered in your practice?