



Stoma and Shame: Patient's Dignity in Danger

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Commentary

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ABSTRACT

Stoma formation is a common procedure in colorectal surgery performed as part of treatments for malignant and inflammatory bowel disease. Life following a stoma is a constant challenge of adjusting to new challenges. During this stage of a patient's life, the healthcare provider's job broadens to include not just physical issues but also emotional and psychological changes in the patient. Identifying and intervening in these things on time may undoubtedly make life much more comfortable for patients. Policies for stoma care should be implemented at the hospital level, and staff should be trained specifically for patients with stomas and their family members, while the patient is at home, family members must understand and help psychologically and physically.

Keywords: Stoma care; healthcare providers; policies for stoma care.

1. INTRODUCTION

Following his surgical procedure, a 35-year-old male patient was admitted to the Private Wing

Special Care Unit. He had an ileostomy, a JP drain on both sides of his abdomen, a urinary catheter, and a Naso-gastric tube attached to a bag on gravity. While I was assigned to the

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patient on his 5th post-op day, I noticed that the patient was not comfortable while we emptied his drainage bags and stoma every four hours. His wife and other attendants even inquired where we would dispose of the fluids, hoping no one would notice. The patient also requested that when emptying these drainage bags, please draw curtains and discard them in the sink so that no one from the outside can see the fluids or bear the smell. When asked what prompted him to say this, he replied, that he doesn't feel good about having so many drainage bags because it gives him a negative self-image and he is afraid of what his wife and attendants will think about him.

Every year, around 1 million new colorectal cancer patients are diagnosed worldwide, with a 1.2% rise in morbidity [1]. Every year, over 100 000 people in the United States and 135 000 people in the United Kingdom receive a colostomy or ileostomy [2]. Despite the fact that there is no known prevalence in Pakistan, the majority of the physical challenges related to stoma have been researched, whereas psychological concerns have gone unexplored. Surgical patients, who have to deal with drainage bags, or stoma bags in the hospital or even after discharge have numerous anxieties [3], that we Healthcare Providers (HPs) address in a conventional manner, but what about their emotional, psychological, and spiritual distresses? Will it have an impact on their overall health and relationships? Will they be able to perform their prayers as they used to do? The role of HPs in these instances is to protect patient's privacy and dignity to the best of their ability in order to enhance patients' well-being, functional status, and quality of life [4].

2. DISCUSSION

Patients who must carry a stoma or drainage bag are most disturbed about their poor body image or self-esteem, as well as the worry of anyone noticing the stench 24/7. The fact is that it is their usual disease process, and as an HP, we might become insensitive to these difficulties [5]. The ethical principle of Autonomy and Fidelity is a basic guideline for medical personnel to follow. We sometimes overlook patients' fundamental rights to privacy and dignity and our professional commitments and responsibilities while emptying and disposing of fluids from their bags. According to the California Code of Regulations [6], Privacy shall be afforded when ostomy care is provided and it should be provided by an appropriately

skilled professional. Furthermore, conferring to Kant's 2nd Maxim, we should not treat humans as objects, but rather respect their inherent dignity and value [7].

Additionally, post-operative patients' quality of life is jeopardized due to self-care and interpersonal worries. According to Orem's Self-care Deficit Theory, patients are better able to recover when they retain some independence over their own self-care, which leads us to investigate our client's unique needs and focus on the resumption of activities they used to do prior to having stoma [8].

On the contrary, what about the ethical principle of veracity? Were the patients not already informed about the course of an ailment and made this decision of their own free will? So, why has confronting patients about their health difficulties become a problem? Veracity motivates nurses to be completely truthful with patients [9], even if doing so may cause patient agony, and one example is exposing the reality about their stoma and drainage bags. Moreover, comprehensive patient and family counseling, as well as reminding them of their consent prior to the treatment, is critical at this point when patients may blame medical staff for any unforeseen events or expect to recover as soon as possible without complication.

Nurses are already burdened with a huge amount of documentation and a disproportionately large number of patients [10]. Organizational structures and the healthcare system hamper nurses' professional decision-making and force them to forsake key nursing ideals such as justice. As a result, the utilitarian approach is most suited to this paradigm, as it focuses on providing the greatest benefit while inflicting the least harm [11]. In this case, if a nurse has five special care patients, all of whom are sick and require attention, she cannot focus solely on the privacy and dignity of one patient while ignoring the other patients.

In these and other similar instances, my position as a nurse would be to ensure the dignity and privacy of patients while adhering to core ethical standards of healthcare. In any given situation, the oath I swore for my profession and my patients will take precedence. I would use my time management, problem-solving, and critical thinking skills to lessen the workload and offer the best care possible to the patients under my care.

3. CONCLUSION

In conclusion, HPs should assess and evaluate the possible reluctance of patients with a drainage bag to disclose their mental health fears and so we should focus more on better education and awareness that are needed about the psychological difficulties which may arise following surgeries. Better training in mental health and best practices in drainage bag management for all professional groups could also improve the identification and management of these psycho-emotional needs. Most importantly, the need for more effective treatment pathways, including psychological assistance for individuals with specified needs, may lead to improvement. Finally, developing a policy for Stoma or drainage care for the hospital team on the hospital portal would aid in providing adequate and unified care throughout the hospital while keeping all staff on the same page.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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