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Ethical Issues around Psychiatric Medications and Administration by Registered Psychiatric Nurses Ethical Issues aroundPsychiatric Medications and Administration by Registered Psychiatric Nurses Introduction In the medical world, a lot of ethical issues surround psychiatry and the administration of psychiatric medications. Worst of all, it has been indicated that a lot of registered psychiatric nurses end up breaching or find themselves in situations when they take part in unethical practices. This paper shall aim at highlighting the ethical issues that surround psychiatric medications and how the registered nurses have played a huge role in administration of medications. Focus shall be shed on Qikiqtani General Hospital in Igaluit, Nunavut. Within the context of work of UBC (2009), it is evident that the administration of antipsychotics to adolescents and children is a contentious issue, since the administration of the same has been indicated to have terrifying implications not only on the brain development of the concerned but also on their social development. This, according to UBC (2009), can be attributed to a timely study and analysis of the effects of the exposure of antipsychotics on children and adolescents. Of essence, it is indicated that psychiatric nurses need to have measureless verification on the long and short term application of antipsychotics. In the case of Qikigtani General Hospital, psychiatric nurses are likely to face ethical issues since the medical centre plays the role of the regional hospital for all the populace in Baffin Island. With only 16 beds for all patients ranging from Surgery patients to Psychiatric cases, the psychiatric nurses have a difficult time in administering their duties. The case is worse as the nurses do not have constant directions from the doctors. With no formal psychiatric wards and a

full time Psychiatrist, nurses are left to be with these patients. It is likely that they end up administering care to their best knowledge. Just like UBC (2009) argues, physicians ought to be cautious prior to administering antipsychotics; nurses in Oikigtani General Hospital are left with no option, in numerous occasions. The hospital employs the services of a "Visiting Psychiatrist" from Toronto in once a month at best. This cannot be labelled as reliable service. At times the 'visitor' does not show up leaving the huge load to the nurses, who at intense cases, rely on their own knowledge on administering care on Psychiatric cases. According to Anderson and Currie (2009), any move to take any form of psychiatric medication must be taken very seriously. This is for the reason that the psychiatric drugs may have adverse impacts on the patients under medication, both in the body and the brain of the patients. Anderson and Currie (2009) are devastated at the point that psychiatric medication is something that scientists have nothing to do with or are unwilling to delve in, especially in terms of the effects on the patients. It is in this case, therefore, that all medical practitioners including the nurses are required to adhere to the ethical guidelines of medical care, that of safeguarding the lives of the patients. As can be seen in Qikiqtani General Hospital, Anderson and Currie (2009) call to take psychiatric medication seriously is not manifested. Due to the lack of psychiatric wards in the general hospital, the most sensitive cases are referred and transferred thousands of miles away to Selkirk Mental Health Centre in Southern Manitoba. This means that the patients are deprived of the support of their friends and family. This would lead to effects such as paranoid reactions that are resultant from the patients being frightened with their new surroundings

(Anderson & Currie, 2009). Anderson and Currie (2009) also indicate that psychiatric patients may also be out of touch with the reality in case they are moved to new environments. This may be paralleled with hearing and seeing imaginary things. A transfer of psychiatric patients to Selkirk Mental Health Centre in Southern Manitoba exposes them to new environments, and some patients may not adjust well. Endangering the patient's life, though the nurses are not to blame in this case, is completely decadent. Within the compilation introduced by Healy (2009), improper administration of psychiatric drugs may lead to addiction on patients. A good example is the chlorpromazine drug that caused physical dependence in patients. Stelazine is also indicated to cause massive dependence on the drug, even on a small amount (Healy, 2009). In the long run, patients are left with no alternative other than carrying on with the drug. This is indeed a call to the health practitioners to be very keen whilst administering care. With language barrier and numerous cases of substance abuse in Nunavut, the nurses of English origin are not able to communicate well with the patients. This means that they are not able to administer care to the patients. A great percentage of the patients are also illiterate. This explains the numerous unemployment cases, high poverty levels and extreme lack of resources and support. In such an environment, nurses and doctors do not have the required apparatus and resources to handle the psychiatric patients. Conclusively, it is evident that ethical issues around psychiatric medications are evident in many health centres, Qikiqtani General Hospital a good example. The registered psychiatric nurses find themselves in one way or another not able to deviate from breaching ethical issues especially in terms

of inadequate structures in the health centres, like lack of psychiatric wards. References Anderson, E. D., & Currie, J. (2009). What people need to know about psychiatric drugs. Victoria, BC: Psychiatric Awareness Group. Healy, D. (2009). Psychopharmacology & the government of the self. Retrieved from http://www. academyanalyticarts. org/healy. htm. [Online]. UBC (2009). Therapeutics initiative: Evidence based drug therapy. Retrieved from http://www. ti. ubc. ca.