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Research Article

### ETHICAL DILEMMA IN HEALTH CARE SERVICES: “DOING THE JOB RIGHT/WELL” OR “DOING THE RIGHT/GOOD JOB”?

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**Abstract:** *This study, prepared with the compilation method, aims to examine whether “dilemmas” are experienced regarding the phenomenon of “ethics”. The scope of this study is limited to reviewing the opinions in the literature on whether “dilemmas” are experienced regarding the phenomenon of ethics in health services. The research problem is presented as “Are ethical dilemmas experienced in health services?”. While the research hypothesis is structured as “ethical dilemmas are experienced in health services”. The findings obtained with the ‘compilation’ method used in the study show that “ethical dilemmas are experienced in health services”. In the study, instead of a limited number of data sources, the views obtained from very different, and many data sources were brought together to make our research original. Thus, protection was provided against the excessive influence of the findings obtained from a limited number of studies on the reader, or even the overlooking of important perspectives. It is thought that the original dimension of this study that can contribute to the literature may be at the point of “the necessity of a transformational attitude in coping with ethical dilemmas”.*

**Keywords:** *Ethics, Ethical Dilemma, Ethics in Healthcare, Ethical Dilemma in Healthcare*

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## 1. Introduction

Used to define the philosophy of human behavior [1-2], ethics can be defined in its shortest form as “a set of values that suggest what people should or should not do” [2-36]. The concept of “ethics”, which is a phenomenon, has become more complex, especially in the 21st century [3]. Today, in addition to legal regulations, professional ethical principles have been developed to not harm third parties and to protect the profession's reputation during the execution of professional activities [4]. Professional ethics, which is seen as “a set of principles and rules that ensure that people who practice a profession do their jobs correctly, honestly, fairly and responsibly” [5-7], can be evaluated as a synthesis of moral philosophy and general morality on a limited scale [6]. Although professional ethics has great importance in the whole of life, it has a different meaning in the health sector. Because patient care in health organizations can only be provided with high ethical standards [7-1]. In this sense, a study conducted by Vanaki and Memarian in university hospitals in Tehran revealed that the concept of medical ethics is the basic variable in guaranteeing clinical competence. [8]. The “ethics-medicine” relationship, which dates to Imhotep and Hippocrates, has become more evident today with new discussions that did not exist in previous periods [9]. One of the discussion topics that has become evident in the ethics-medicine relationship is the “ethical dilemma”. Health professionals are sometimes faced with the situation of simultaneously adopting “contradictory” factors while practicing their professions. “Contradictory elements can sometimes produce and support each other, and sometimes

they can destroy and restrict each other". These dilemmas can arise from conflicts between different ethical principles or ethical and practical issues [10]. In the Anatolian Sufi tradition, this relationship is expressed with the "concise motto" that "everything exists with its opposite". In this sense, while the health professional is expected to protect his/her privacy, society expects the facts to be explained impartially and transparently [11]. Again, the use of coercion in mental health services raises questions about the balance between patient autonomy and the need to provide safety and effective treatment [12]. Studies on the subject have shown that there are problems such as lack of accountability, problems in resource allocation, and loss of trust in the provision of health services, especially during the pandemic [13]. In this sense, according to the findings of a study examining the experiences of emergency room doctors and nurses while providing end-of-life care, one of the problems encountered in the provision of death, dying, and end-of-life care was ethical dilemmas [14].

With the developing technology and cultural values, deaths in our country have largely started to occur in hospitals rather than at home. This brings healthcare professionals, primarily physicians, and boards, who are held responsible for the quality-of-life face to face with ethical decisions made at the end of life. While initially, the demands of people who did not physically have the opportunity to end their own lives were in question, with the spread of the concept of quality death, there has been a tendency to seek professional assistance for death. In this sense, two views prevail in the discussion of "decisions made at the end of life such as withholding treatment, termination of treatment, do not resuscitate orders, futile treatment". While one view argues that these decisions are "medical decisions", there is another view that states that decisions made at the end of life are "reasonings based on the values of human life" and "the ethical aspect of which is largely decisive". End-of-life supportive treatments can increase the expected quality of life of the patient as well as extend the patient's lifespan and thus postpone death. The acceleration of the death process when these treatments are not used, the fact that they do not provide a significant benefit to the patient when used, and the physician's responsibility to use medical resources effectively cause serious "ethical dilemmas" [15,16].

## 2. Conceptual Framework

### 2.1. Ethics in Healthcare

The concept of ethics as a phenomenon is one of the terms that is difficult to define due to its complex structure [17]. Ethics is generally; "a philosophical field that investigates concepts such as duty, obligation, responsibility, necessity, and virtue; examines moral judgments about truth, wrong, good and evil and discusses how an ideal life should be" [18]. According to some thinkers, "good" is defined as "pleasure, happiness, fulfilling one's duty, righteousness and love". According to some, "what is detested is bad, what is desired is good" [19-21]. According to a different definition, ethics is "the art of taking responsibility for others, humanity, and the earth and questioning oneself" [22]. The inclusion of the concept of "morality" in the definitions of the concept of ethics sometimes causes these two concepts to be used synonymously instead of each other. [23]. Whereas morality is defined as "the informal system of commonly known ideals and virtues that apply to all rational people and aim to reduce evil or harm" [24], ethics is considered "as a philosophical science" [25].

Health, which is a fundamental right [26], is not a necessary or effective concept for happiness, but it is a "sociopsychological" phenomenon [27], the ability to minimize illness and realize happiness [28]. In health services, which are directly related to many industries such as pharmaceutical companies and insurance companies and play an important role in the regulation of health [29]; generally classified as preventive, curative activities, and rehabilitation services [30], the application of ethical principles has a special importance for the following reasons [31-33]:

- ✓ It helps build trust between healthcare recipients and providers.

- ✓ Ethical practices ensure that healthcare delivery is fair and equitable, eliminate inequities, and promote equity in access to care.
- ✓ Adhering to ethical standards protects healthcare providers from legal and professional repercussions.
- ✓ Ethical codes provide a clear framework for acceptable behavior, reducing the risk of malpractice and improving the overall quality of care.

When medical history is examined, it is seen that the concept of ethics has existed since the beginning of medicine [34,35]. In this sense, the "Hippocratic Oath", which has the quality of a document, has addressed the rules that doctors should follow while practicing their profession in eight articles. In the historical adventure of health services, the Code of Hammurabi, the practices in Ancient India, and Ibn-i Sina constitute important cornerstones [36-38]. In the following process, at the beginning of the 1970s, medical ethics entered a new phase. In this new period, which was shaped within the framework of the concept of bioethics, the understanding based on the grace and professional practice of doctors gave way to the autonomy of the patient and justice in the provision of health services and the use of resources [38].

## 2.2. Basic Ethical Principles in Health Service Provision

The principles of health ethics were updated by the American Dental Association in 1866 and listed as "Principle of Informed Consent, Principle of Respect for Privacy, Principle of Justice (Equity), Principle of Respect for Autonomy, Principle of Beneficence-Non-Maleficence" [39, 40]. It is possible to summarize these principles as follows:

**Beneficence-Non-maleficence Principle:** The principle of non-maleficence should not be limited to the avoidance of harm to the patient. Both health professionals, third parties, and society should be evaluated within the scope of the principle of non-maleficence [41]. Beneficence also includes adapting treatments to individual patient needs, ensuring that interventions are effective and beneficial [33].

**Principle of Informed Consent:** This principle includes a clearer explanation of when and under what conditions consent will be given to different types of interventions and how the legality of the interventions will be assessed [42].

**Principle of Respect for Privacy:** Respect for the privacy of the individual includes, in health services, not allowing access to information about the process of benefiting from health services against the will of the individual and respecting the individual's physical privacy during the process of benefiting from health services [43].

**Justice Principle:** It is a principle needed to overcome dilemmas that arise in which situations and which people should receive health care first [44]. For example, by adopting triage systems in emergency services, patients are treated according to the severity of their condition rather than their ability to pay [45].

**Principle of Respect for Autonomy:** A practical example of respect of autonomy is the use of advance directives, which ensure that patients can express their wishes regarding end-of-life care and that their autonomy is respected even in situations where they can no longer communicate their preferences [46,47].

## 2.3. Ethical Theories and Models in Health Services

The main ethical theories and models used in healthcare can be briefly summarized as follows:

**Utilitarian Ethics:** This theory generally guides public health policies and resource allocation, where the goal is to achieve the best outcomes for the majority. For example, utilitarian principles may underlie vaccination programs where the benefits to the larger population outweigh the risks to individual

participants. However, this approach can sometimes lead to ethical dilemmas, especially when the interests of the minority are sacrificed for the benefit of the majority [31].

**Deontological Ethics:** Deontological ethics in healthcare emphasizes the duty of healthcare providers to adhere to ethical rules and protocols, respect patient autonomy, and fulfill their professional responsibilities. Deontological ethics provides a clear framework for decision-making but can be rigid and sometimes fail to explain complex, context-specific ethical dilemmas [10].

**Virtue Ethics:** Virtue ethics in healthcare emphasizes the importance of the character and integrity of healthcare professionals [48].

**Principlism Ethics:** This approach provides a practical framework for addressing ethical issues in healthcare by balancing ethical principles with each other [31]. Widely used in healthcare practice, principlism encourages healthcare professionals to consider all relevant principles and find a balanced solution that respects patient rights and promotes the general welfare [10].

**Ethics of Care:** In healthcare, ethics of care emphasize the importance of empathy, compassion, and the therapeutic relationship between healthcare providers and patients [49]. Ethics of care is particularly necessary in nursing and palliative care, where building trust and understanding the patient's context are crucial to providing effective and compassionate care [50].

## 2.4. Ethical Dilemma in Healthcare

The title of Ethical Dilemma in Healthcare is examined under three subheadings: “Definition and Formation of Ethical Dilemma in Healthcare, Sources of Ethical Dilemma in Healthcare, and Process and Dimensions of Ethical Dilemma in Healthcare”.

### 2.4.1 Definition of Ethical Dilemma in Healthcare

The ethical dilemma has a different meaning than the concept of “dilemma”. Because dilemma; “involves a choice between equally unsatisfactory alternatives or a difficult problem for which no satisfactory solution seems to exist”. In other words, in the concept of “dilemma”, there is no question of the options being right or good or containing a value. On the other hand, an ethical dilemma is distinguished from “right versus wrong” situations. Therefore, an ethical dilemma is related to “value-involving conflicts”. In other words, ethical dilemmas are value conflicts that occur at a trans-rational level where right and wrong principles can simultaneously conflict with each other [10].

Ethical dilemmas are problems related to ethics, or rather, the question of “what is right and wrong in a particular situation?” From this perspective, an ethical dilemma includes the possibility of unethical behavior that can harm the objects of the action and harm the integrity and professionalism of the actors. However, in the work of a professional who is faced with complex situations, it is not always clear “what is ethically right or wrong”. In other words, the issue of who or what “right or good” means is unclear [52]. Because each profession has various principles, in professions that directly serve people, situations that strain and stretch these principles may occur due to human nature. The fact that people have different individual characteristics makes it difficult for the principles mentioned to be generalizable in every situation and valid for everyone. In this context, the principles of professions and the laws related to these professions, or the personal decisions of employees may conflict in some situations. At this point, employees experience ethical dilemmas as a problem situation [53].

According to the empirical observations of the researchers, these ethical dilemmas include “the possibility of unethical behavior that could harm the objects of the action and also the integrity and professionalism of the actors” [52]. Ethical dilemmas can be experienced between taking a certain action and refraining from that action or between two different actions. In the first type of dilemma, some evidence and arguments argue that a certain action is ethically feasible, while other evidence and arguments argue that the same action is ethically wrong. In the other type of dilemma, the agent believes that he/she must perform one of two or more actions that are mutually exclusive on ethical grounds [54].

According to another criterion, ethical dilemmas consist of two general types, acute and rationalization dilemmas. Acute dilemmas are situations in which a professional does not know which action is right or wrong. Therefore, in an acute dilemma, professional professionals perceive that there is no obvious solution to the challenging dilemma. Therefore, acute dilemmas refer to moral uncertainty and are consistent with individuals' ethical question of 'what should I do or not do?'. Thus, acute dilemmas involve the possibility that an individual will fail to act with integrity and professionalism.

Rationalization dilemmas are situations where a professional knows the right thing to do but fails to act or does not act accordingly. Rationalization dilemmas are dilemmas in which people must acknowledge that fundamental values have been violated to make the dilemma apparent to them. Therefore, a rationalization dilemma requires an individual to acknowledge it as such when it arises. A rationalization dilemma, on the other hand, requires time for reflection and a clear mindset about the boundaries of right and wrong, and a sense of moral capacity to implement ethically correct action must be developed. On the other hand, there may be such constraints on doing the right action that the person may refuse to accept the right action without further consideration. Therefore, rationalization dilemmas are defined as "the rationalization of moral errors" [52]. At the same time, the content and contexts of ethical dilemmas can be multifaceted.

On the other hand, there are interpersonal dilemmas, for example, justice dilemmas, and protection from harm versus loyalty to a colleague. Another aspect of the dilemma concerns the limits of personal privacy, such as whether a professional should disclose a disability to those receiving their services. External moral and legal rules and institutional constraints produce contextual dilemmas. In addition, dilemmas may involve both intrapersonal and external constraints when dealing with behavioral difficulties and multicultural issues [52].

An example of the dilemmas experienced in the face of the question of 'what should I do or should I not do?' regarding ethics is the dilemma between the obligation of healthcare personnel in our country to "report a crime" in the Turkish Penal Code and the obligation to "keep patient secrets", which is one of the professional ethical principles. The "obligation to report a crime" introduced by the Turkish Penal Code has been put ahead of professional ethical principles such as "keeping secrets and taking care of the privacy of the individual" of healthcare personnel, and in this way, ethical problems have been brought to the legal platform. In this context, healthcare professionals are in a dilemma between their ethical responsibility and their legal responsibility towards their profession [55]. The dilemma of healthcare professionals between ethical responsibility and legal responsibility is considered a "problematic situation regarding ethics" and it is possible to say that in such cases, it is mostly the rules that are violated [56-7]. The preference options of professionals who are in a dilemma between legislation and ethics are schematized as in Table 1 by Elçigil et al. [57]:

**Table 1.** Consequences of Choices Between Legislation and Ethics Dilemma

	<b>Legally Correct</b>	<b>Legally Wrong</b>
<b>Ethically Correct</b>	Do It	Ethical Problem
<b>Ethically Wrong</b>	Ethical Problem	Don't Do It

#### 2.4.2 Sources and Types of Ethical Dilemmas in Healthcare

It is seen that various studies have been conducted on healthcare professionals regarding ethical dilemma situations. In one of these studies, it was concluded that nurses working in intensive care units exhibited attitudes in line with the principles of beneficence, non-maleficence, and justice in matters that caused ethical dilemmas. In studies conducted by psychiatrists and psychologists, it was found that ethical violations and dilemmas were experienced in the areas of involuntary/forced treatment,

emotional and sexual intercourse, confidentiality, multiple relationships, relationships with colleagues, excessive hope, excessive goodwill, acceptance of gifts and professional competence [53]. In this sense, a study conducted on 390 nurses from Bahrain, determined that the participants experienced more dilemmas when they worked with “doctors with whom communication could not be established” and when they had to “perform non-nursing duties”. In this case, the problems encountered may remain unresolved and may cause emotional pressure on nurses [58]. The most common sources of these and similar ethical dilemmas are as follows [45,47, 59-67]:

**Conflicts Between Different Ethical Principles:** In this sense, the principle of autonomy often conflicts with the principles of beneficence and non-maleficence. Healthcare providers may encounter situations where a patient’s autonomous decision may conflict with what the provider believes is in the patient’s best interest or may even cause harm. In this sense, Jehovah’s Witness healthcare professionals who refuse blood transfusions due to their religious beliefs have faced the dilemma of “respecting the patient’s autonomy and religious beliefs or administering the transfusion to save his/her life [45].

**Conflicts Between Resource Allocation and Justice:** Healthcare providers also arise in resource allocation issues, where healthcare providers must balance the needs of individual patients with the needs of the larger population. These dilemmas require careful consideration and difficult decisions weighing the benefits and harms of different courses of action. Therefore, ensuring justice in the distribution of healthcare resources is an important ethical issue. Limited resources require difficult decisions about who should and should not receive certain treatments. This is particularly evident during public health emergencies, such as pandemics, when demand for medical resources exceeds supply. Decisions about which patients receive critical care must be made based on factors such as the patient’s likelihood of survival, their overall health, and sometimes even their social value, creating an ethical dilemma [47].

**Conflict of Cultural and Societal Differences:** Healthcare providers must navigate cultural and societal differences that affect patients’ values, beliefs, and expectations regarding medical care. Ethical dilemmas can arise when healthcare practices conflict with cultural beliefs or when there is a lack of understanding between healthcare providers and patients. For example, cultural beliefs about end-of-life care can vary significantly. Some cultures prioritize aggressive treatment until the end, while others focus on palliative care and quality of life. Healthcare providers must balance the need to provide medically appropriate and ethically sound care with respect for cultural practices [59].

**Conflict of Informed Consent and Patient Capacity:** Obtaining informed consent is a fundamental ethical requirement, but it can be difficult when patients cannot make informed decisions. Determining a patient’s capacity involves assessing their ability to understand relevant information, evaluate the consequences of their decisions, and communicate their choices. Ethical dilemmas arise when patients with impaired decision-making capacity, such as those with dementia or severe mental illness, refuse treatment that could benefit them. In such cases, healthcare providers must balance respect for the patient's autonomy with the need to act in the patient's best interests, often involving family members and legal representatives in the decision-making process [60].

**Wagon Dilemma- Overpass Dilemma:** In the wagon dilemma, which is the source of inspiration for ethical dilemmas used predominantly in normative ethics research, there is a decision of “whether to pull the lever that changes the direction of the rails to kill one person to save five people”. In the overpass dilemma, there is a “modified version of the scenario in the wagon dilemma as whether to push a fat man down the overpass onto the rails instead of pulling the lever”. The scenarios created by taking inspiration from the wagon and overpass ethical dilemmas were considered in two categories “personal” and “impersonal”. In the dilemmas in question, choosing to save five people at the expense of killing one person was accepted as an indicator of “utilitarian decision making”, while rejecting the relevant preference was accepted as an indicator of “deontological decision making” [61].

**Defensive Medicine Attitude:** The individual-focused approach adopted in our country against service-related damages, in other words, the “insurance-compensation” approach that directly points to healthcare professionals as responsible for the damage, directs physicians to attitudes called “defensive medicine”. Due to the effects of the factors mentioned, physicians worry about being sued and paying compensation, and for this reason, they may avoid providing services to patients they consider risky “negative defensive medicine” or, with the same concern, they may try to protect themselves by applying many unnecessary diagnostic and treatment methods (“positive defensive medicine”). In this context, the ethical dilemmas that professionals often encounter or may encounter in their daily lives can be examined in four groups [68]:

- ✓ It is a situation where none of the options offered satisfy the person, but the slightly better one among them must be preferred.
- ✓ It is a situation where more than one or all of the options are good and when one is decided upon, the other must be abandoned. Here, the person has to choose among the best ones.
- ✓ It is a situation where a decision must be made that has the potential to create different effects and results on different people and groups.
- ✓ It is a situation where the result that may arise from the decision affects them or their relatives positively or negatively and/or indirectly or directly. Such a situation causes a conflict of interest. The individual interests of the decision-maker conflict with the public interest. In such cases, as a rule, public officials who may be affected by the decision positively or negatively and indirectly or directly should not be involved in the decision-making process.

#### 2.4.3 Strategies to Prevent Ethical Dilemmas in Healthcare

**Finding Solutions with Non-Standard Principles:** Finding solutions to ethical problems with “non-standard principles” According to Marx, concrete, singular, or individual problems arise from the problems created by the social system in which people live. For this reason, Marx argues that ethical problems can be solved not with “standard principles” but when a “clear understanding of the nature and quality of social systems” is reached [69]. Indeed, in a study conducted by Henzel with the aim of “comparatively examining and evaluating Turkish and French physicians in terms of their ways of perceiving the patient and creating the concept of the patient in their minds”, he concluded that physicians with different cultural structures “tend to find solutions to ethical problems with non-standard principles” [70].

**Developing Effective Communication Skills of Professionals:** As in every field, the success of team members in the health field depends on their communication skills. To increase the quality of patient care, improve patient satisfaction, and resolve disagreements with patients, it is very important to develop communication skills among team members [71]. The role that communication plays, especially in the decision-making process, is important for professionals to be able to escape ethical dilemmas.

**Application of the Structured Principlism Approach:** Combining multiple ethical principles, “principlism” provides a structured approach to resolving complex healthcare dilemmas. Principlism is “one that takes elements from different and opposing ethical approaches and that none of these principles is superior to the other.” In a study conducted in intensive care units by Truog and colleagues, such approaches were found to resolve and improve problems during critical healthcare crises [72, 73].

**Correct Definition of the Problem:** To resolve the ethical dilemma situation, the current dilemma must be defined correctly.

**Developing Decision-Making Ability:** Resolving ethical dilemmas is not only complex but also requires understanding ethical principles in the decision-making process [74]. The correct direction of the decision-making and choice-making abilities of professionals plays a role in solving the decisive problem. At this stage, the answers to questions such as “Who will benefit and what will happen to

whom?” or “Who will be harmed?” or “What are the long-term consequences of this situation?” ensure that the problem is analyzed correctly [75]. For example, the life-extending power of medicine provided by developing “life-supporting treatment” technologies can cause lives of questionable quality and sometimes even the extension of the death process. In this case, sometimes the patient himself, the patient’s family or healthcare professionals may need to question this power of medicine. Making decisions about withdrawing or not starting life-supporting treatment is a painful process for the healthcare professional, the patient, and their family. The fact that the patient will reach an inevitable end if the treatment is not started or is withdrawn can cause the parties to behave emotionally. This makes the decision-making process even more difficult [76].

**Legal and Ethical Consultation:** In case of an ethical dilemma, it is recommended to receive legal and ethical consultancy to balance the conflicting principles, values, and decisions [33]. Ethics boards, which help to provide solutions to overcome ethical problems in general and ethical dilemmas in particular, evaluate the issue in which the dilemmas occur, show the ways of action to the clinicians, and leave the final decision to them [75].

**Continuous Ethics Education:** However, this training should not be limited to accessing reference texts such as books, articles, and ethical codes created by national-international, official-unofficial institutions on the subject. Because accessing such documents indirectly contributes to the solution process and cannot provide concrete assistance [75].

**Evidence-Based Practice:** It is recommended to change the familiar paradigms and develop a new way of thinking. Evidence-based practice is defined as not only an intervention method but also a lifelong process. However, the adoption of evidence-based practice has some difficulties and limitations. However, this method is remarkable for the solutions it offers. The adoption of evidence-based practice by a professional will provide guidelines and principles that will help him fulfill his ethical obligations, as well as increase his knowledge and develop effective practices in ways that are sensitive to the individual characteristics, values, and conditions of patients [77].

#### 2.4.4 Ethical Dilemma Process and Dimensions in Health Services

The ethical dilemma process consists of five basic parts [78]:

- ✓ The critical incident or problem that causes the ethical dilemma, in other words, the situation that “initiates” the dilemma, is revealed,
- ✓ The observation of several power groups, each of which can illuminate the critical incident from its own bias or basis. Nine competing forces are shown here: professional ethics; legal issues, policies; institutional culture, institutional context; public interest, society and community; global context, political framework; and economic contexts.
- ✓ The emergence of the ethical dilemma problem,
- ✓ The decision-making process of people facing an ethical dilemma,
- ✓ Observation of some changes in employees, the institution, and the community as a result of the decision.

The dimensions of ethical dilemmas are as follows [75]:

- ✓ Behavioral Dimension of Ethical Dilemmas: Ethical dilemmas in the behavioral dimension include stakeholders who do not behave properly and problems that occur in the external environment but concern the organization.
- ✓ Structural Dimension of Ethical Dilemmas: Ethical dilemmas in the structural dimension are related to the design and processes of the organization. Structural Ethical Dilemmas are dilemmas experienced by professional professionals in matters related to the governance structure and decision-making processes, policies, and management of resources. Professional professionals experience dilemmas in approving and implementing group decisions that they do not personally want to approve in organizations where there are shared management structures. In these dilemma



situations, professional professionals in management experience value conflicts while choosing between maintaining authority and maintaining autonomy. Dilemmas in the structural dimension may arise from cultural differences within the organization [75].

- ✓ Political Dimension of Ethical Dilemmas: It is thought that demands coming from the close circle of professional professionals are more problematic. In such cases, people who ask for favors from professionals use the feeling of gratitude. For this purpose, political issues such as intimidation or pressure from within or outside the organization cause professionals to experience ethical dilemmas. Professionals encounter the most political dilemmas regarding favoritism.
- ✓ Systemic Dimension of Ethical Dilemmas: Ethical dilemmas experienced in the systemic dimension are ethical dilemmas that arise when managers need to evaluate the performance of professionals because of measuring the success or failure of the services provided [75].

### **3. Methodology**

#### **3.1. Research Method**

In the research, the "compilation" method, which is one of the "qualitative" techniques, was used. With this method, to find an answer to the research question "Are there ethical dilemmas in health services?", studies on ethics, ethical dilemmas, ethics in health services, and ethical dilemmas in health services were systematically and without bias, and the studies found were synthesized and combined.

#### **3.2. Data Collection Process**

In the data collection process, the document scanning method was used. In this sense, the literature on the phenomena of "ethics, ethical dilemma, ethics in health services, ethical dilemma in health services" was examined. "Science Direct, Dergi Park, YÖK National Thesis Center, Google Books, and Proceedings Books" were used as data sources.

#### **3.3. Data Analysis**

One of the important findings reached as a result of the evaluation of the data obtained from the data sources was that the phenomena of ethics, ethical dilemma, ethics in health services, and ethical dilemma in health services were examined with an increasing number of publications in the literature; and it was seen that no classical suggestions could be left out of the methods of coping with ethical dilemma in health services.

### **4. Discussion**

The findings in this study are conceptualized in the overarching structural pattern of ethical dilemmas common in healthcare. While some ethical dilemmas are resolved in a short period, others require longer collaboration between healthcare professionals, patients, family members, and the multidisciplinary team. Differences in beliefs, especially among stakeholders, play an important role in the emergence of dilemmas. Healthcare personnel are more likely to be in ethical dilemmas when faced with uncertainty caused by choices between two or more decisions that are not acceptable or preferable. Therefore, decisions about which one to choose are never clear because both decisions have their advantages and disadvantages.

These dilemmas, whether ethical, moral, or legal, become even more complex when it comes to "end-of-life decision-making processes." On the other hand, it is emphasized that the personal characteristics and professional experiences of healthcare professionals are among the factors that affect the frequency of ethical dilemmas. In end-of-life care, where the primary goal is to promote comfort and avoid unnecessary treatment, it is the responsibility of the relevant boards in healthcare organizations to

make decisions that are in the best interest of patients. However, the patient and/or the patient's relative has the right to be sure that any decisions made are not based on the personal values of the board members.

Decisions that are contrary to the ethical beliefs of emergency room personnel make them feel like they are in a "stuck situation" or their "hands are tied" and cause them to be "forced to provide treatment" that does not comply with their ethical judgments. Therefore, an "internal conflict" that can be called "ethical distress" occurs. Some of these dilemmas can also be combined with systemic obstacles such as time constraints and high workload. However, the emotional burden caused by this "internal conflict" that can be called "ethical distress" is experienced differently by healthcare professionals. For example, ethical dilemmas are experienced less by personnel such as nurses who are not involved in the decision-making process than by doctors or authorized board members.

Studies conducted on the subject have determined that healthcare professionals who care for critically ill and terminally ill patients also experience ethical dilemmas due to procedures defined as "meaningless interventions" [14,31,32]. This factor has become even more complicated due to the "culture of avoiding the discussion of death". Therefore, it can be said that ethical dilemmas vary according to different environments and contexts. When the literature is examined, it is seen that ethical dilemmas are also affected by the discussions of the "futility of treatment". Futility here is expressed as a "balancing act" that requires weighing the benefits of treatments against potential risks and side effects. In studies within this scope, it is emphasized that healthcare professionals feel legally obliged to do so even though they are aware that treatments are futile in some cases [8,15].

Another issue emphasized is the importance of having a flexible attitude towards patients or their relatives regarding treatments called "futile" or "in vain". Because healthcare professionals exhibit flexible behavior due to a variety of factors, especially legal risks and the family's request to continue treatment studies conducted on the subject have found that when emergency service personnel recognize the care needs early and put them into practice, the end-of-life process of patients in need of palliative care can be positively improved [25,32]. For this reason, it has been suggested as a strategy to improve ethical dilemmas that the emergency service assumes responsibility for initiating palliative interviews and palliative care consultations by healthcare professionals.

#### **4.1. Limitations of the Study**

There are some limitations of the study. On the one hand, publications in Science Direct, Dergi Park, YÖK National Thesis Center, Google Books, and Proceedings Books were considered as data sources for the sample. Although the data sources considered are the most reliable databases and include relevant sources, there is a possibility of missing an influential contribution published in a journal not included in the collection. In addition, more weight may have been given to recent articles even though the time elapsed since the publication date of the sources used plays an important role in their contributions and/or the discussions they trigger.

#### **4.2. Future Research/Implications for Researchers**

Although the literature reviewed has carefully addressed ethical dilemmas in healthcare, the subject requires empirical evidence across a wider range of dimensions. For example, there is no consensus yet in the academic community that "ethical dilemma" is different from the concept of "dilemma". Secondly, the difference between the concepts of "morality" and "ethics" has not yet been demonstrated with concrete evidence. More importantly, there is no satisfactory study on which one should be preferred in cases where there is a conflict between law and ethical principles when human life is at stake. The findings in the relevant literature highlight the need for further research in this area by presenting several theoretical and practical implications for researchers and practitioners. In future

research, it may be useful to explore the integration and evolution of intellectual frameworks starting from a systematic review; this may lead to proposing alternatives or changes to existing theoretical foundations. Another important point is that a contextualized framework depending on institutional settings will provide a better understanding of its effectiveness in overcoming the obstacle of ethical dilemmas.

Another implication for future research is the need to conduct research with a working group consisting of academics, health professionals, criminal lawyers, and legislators. Because, regarding the subject, the articles of the Turkish Penal Code regarding “killing a person” and the articles that should be taken into consideration, particularly regarding euthanasia and that include the crime of “assisting suicide” lead to the punishment of the act of “active euthanasia/assisting in death”. The necessary regulations can be made in the criminal law to exclude situations where passive/indirect euthanasia has legally valid consent based on sufficient fulfillment of the necessary obligation to inform and where the conditions for the validity of medical intervention are present within the framework of the “patient’s right to refuse treatment”.

### 4.3. Evaluation

The qualification of professional ethics as “universal” constitutes one of the overlooked reasons for ethical dilemmas. Indeed, professional norms, which are examined and discussed under the title of ‘professional ethics’ in literature, are derived from knowledge of human values. However, these norms were created as answers to questions about “what actions a person practicing a certain profession should or should not generally do”. According to some researchers, when the subject is examined in terms of ethical boundaries, ethics cannot create an evaluation and behavioral norm that will maintain its validity under all conditions and cannot bring norms about how to behave at certain times. Therefore, the qualification of professional ethics as “universal” would not be correct [79]. Indeed, in a study conducted by Kurt and Keser, where “the relationship between the nationality variable and solving ethical problems was examined”, it was determined that especially foreign students were more sensitive in terms of “solving ethical problems by respecting the patient's values” [80].

The evaluations of secular ethics advocates regarding ethical dilemmas are also noteworthy. Advocates of secular ethics argue that the principle of “do not do to others what you do not want done to you!” is flawed and that people may use this principle for their benefit. According to advocates of secular ethics, since individuals have to create themselves and are responsible for their own lives, thinking about their well-being and pursuing their interests is not “bad” or “unethical.” According to secular ethicists, who argue that interests and altruism are not mutually exclusive concepts and that their being of the same character does not create any dilemma, we can all sometimes exhibit helpful and sometimes selfish behaviors, as our daily lives constantly show us. In this context, advocates of secular ethics ask the following question: “How can it be justified for us to exhibit helpful behaviors towards others instead of achieving our interests?” [81].

The “Selfish Gene” hypothesis is another fact that should be taken into consideration in evaluating the ethical dilemma issue. Those who provide a scientific explanation regarding the basis of ethics with the ‘selfish gene’ hypothesis start from the ‘general law of ruthless selfishness’. They find a society consisting of people ‘centered on the general law of ruthless selfishness’ disgusting. Since we are born selfish, generosity and altruism need to be taught. Therefore, when we understand the selfish gene, we will at least have a chance to change its designs [82]. To understand the selfish gene, genetic applications are being made directly on human genes with projects such as the “human genome project” [83]. Pragmatic purposes have made genes an ideal candidate for promising visions. Therefore, the simplicity and predictability of genes have increased their potential to change the world in many ways and have led to an increase in promises regarding genes. This intense interest in genes has shown a significant

increase in recent years and has been seen as the ‘life codes’ of people. It led them to look at the genes that were characterized from a different perspective [75].

Another phenomenon that should be taken into consideration in the evaluation of the ethical dilemma issue is “religious ethics”. Especially according to those who oppose “religious ethics”, “an ethical understanding that is abstracted from religion, distant from theology, and based on reason” has started to rise again. The basic starting point of those who share this idea is that “ethical values are what happens with humans” [85]. Discussions on religion’s “explanation of the meaning of ethics” have been going on for a very long time. Researchers and thinkers use the concept of “religious ethics” to explain some meanings of “morality” related to the validity of human existence. In this sense, Buddhist Ethics is a type of Aristotle’s “virtue ethics”. Some thinkers claim that Jewish Ethics is actually “Deontological Ethics” in the sense of “responsibility ethics” [86]. Western ethicists are now conducting studies investigating the “effect of religion on professional ethics”. In this sense, according to the proposed model of "ethical decision making with religious content", religious content can affect possible alternatives for solving ethical problems. For example, a study conducted in the USA found that "religion has a strong effect on ethical decision-making". Similarly, a study conducted in Taiwan reached the same conclusion [87].

## **5. Conclusion**

It is seen that the attitudes and behaviors that health professionals should exhibit when faced with ethical dilemmas have been sufficiently examined in literature and continue to be examined. However, the most important factor that can help health professionals cope with ethical dilemmas is the “transformational leadership” attitude of the top management. In other words, in addition to “doing their job right/well” and perhaps primarily for them to do “the right/good job”, the top management should establish a “supportive and empowering organizational culture” for health professionals. In this sense, top management tries to make health professionals adopt the vision and mission of the organization by using their sense of self and identity, to be a role model for them, and to ensure that employees are given appropriate tasks by recognizing their strengths and weaknesses. The basic claim of transformational leadership can be explained as “transforming health professionals”. Transformational leaders work in the current cultural environment and aim to transform health professionals and change the organizational culture, giving them a new identity. Thus, employees admire, respect, and trust the management. More importantly, the perception of self-sufficiency among health professionals is increased. In this way, healthcare professionals' belief in their potential and abilities to overcome the difficulties they may encounter regarding ethical dilemmas is activated.

### **Ethical Statement**

This paper is exempt from the Institutional Ethics Committee review since it does not involve human subjects.

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### **Conflict of interest**

The author declares that there is no conflict of interest.

### **Author Contribution**

This study was prepared by a single author.

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