PHILANTHROPIST THEORIES AND POST-SURGERY PAIN
ONCE THE MORPHINE IS DEACTIVATED.

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Backgrounds: This poster presents, in a synthetic way, some of the main findings from studies that were conducted in the field of empirical bioethics, using the Anderson's Functional Measurement framework (2008). Objective: To determine under what conditions nurses find acceptable to relieve post-surgery pain once the morphine pump is deactivation. Methods: The sample is made of 75 nurses in France to indicate this acceptability. 54 scenarios are proposed. To those scenarios, we have added 2, groups 9, on which the surgical intervention has not been successful, and 9 where a non-opiate analgesic (paracetamol) has been delivered. Several factors can be considered to explain the reasons why a nurse decide to change pain treatment and even not deliver it if the nurse considers risks are present: level of request persistence to help the suffering patient (1 time, 3 times, 6 times); pain level expressed by the patient (3/10, 6/10, 9/10); the age of the patient (elderly people, adults, and finally, the risk level (very risky, somewhat risky, not risky)). The importance and interactions of each factor were determined, at the group level, by performing analyses of variance and constructing graphs. Results: A cluster analysis revealed three basic philosophies regarding acceptability of post-surgery pain relieve. For most of the nurses, post-surgery pain was conditioned on two factors: risk and pain levels. Pain in a way that it is acceptable for a patient to wait when risk is high and the pain level is low. For a second group of nurses, it is moderately acceptable to relieve pain in the cases when the risk is high but the pain level is also high or moderate, and for the last group of nurses the acceptability was strictly conditioned to the patient help request. In this case, when the patient requests help, the nurse has to give it to him. The age factor is not significant. Le figure âge non have significatives effects. Conclusions: The majority of nurses judged, that the acceptability of post-surgery high pain relieve depends on the circumstances and, in particular the risk for the patient. Most of nurses follow the Hans Jonas' precaution principle, that invite the person to meditate about the consequences of the usage of opiates derivatives; other group of nurses facing difficulties to find a decision criteria, think that pain relieve is a must in any circumstances (Kant concept).

To end, another group of nurses do not consider only the risk level as primary decision criteria but also the patient pain level (Aristotle philosophy).