

LETTER TO THE EDITOR

Adaptation of the scientific method in intensive care units: Patient with Kennedy terminal ulcer[☆]



Adecuación del método científico en cuidados intensivos: paciente con úlcera terminal de Kennedy

We read the clinical case published by Roca-Biosca et al.¹ in the *ENFERMERÍA INTENSIVA JOURNAL* with especial interest, and we consider it to be important to remark on nursing methodology here. The first problem which we still find after several years of experience in care and teaching methodology is that some professionals do not understand why these are useful for nurses. The person who writes the most is not always right, given that in this subject the case is not criticised from a medical viewpoint, but rather due to the inclusion of nursing methodology.

Scientific method is no more than a systematic, ordered and demonstrable process which can be evaluated. To apply this to nursing methods a specific common language has been developed to designate everything that is done in the practice of everyday care. More precisely, some of this language is denominated nursing diagnoses (ND) and collaboration problems (CP).

According to the definition accepted in the year 1990 by the NANDA, ND is a clinical judgement on the human response to health or life cycle problems, that is, patient behaviour or verbal expressions regarding a cause which the nurse is able to act on without the need for multidisciplinary intervention. It is precisely here in the field of aetiology that the key to the problem of ND is found. I.e., every time we evaluate a patient and try to define a problem identified in them we allow ourselves to be carried away solely by NANDA² diagnostic labelling classification and forget the essence of nursing technique, regardless of what

some authors or others may say. In this case, Roca-Biosca et al.¹ omit important key data that would enable us to understand the subsequent diagnoses identified: they do not clarify the exact moment at which the care plan was implemented, and nor do they identify the etiological factor of the diagnosis, and they state that they performed an evaluation which they only mention and do not describe. Definitively, none of the patient-centred diagnoses are such, either because they derive from a medical treatment or because we are unable to act independently to resolve them; they are therefore CP and independence problems³ and not ND.

According to Luis-Rodrigo,⁴ a CP is defined as a real or potential health problem in which the user requires the nurse to perform the treatment and monitoring activities prescribed by another professional, generally a doctor. Due to this we cannot consider this to be a nursing problem or one involving our independence in our work of care, a clinical situation of the patient the etiological agent of which is a medical problem or medical prescription, because if this were the case we would enter into contradiction with the foundations of the scientific method and, of course, with the capacity of the nurse to intervene.

Regarding the ND that centre on the family, many studies describe the importance of the family in the care supplied by the nurses in intensive care units⁵ to help, support and assess with the aim of relieving and dealing with the suffering of family members. Nevertheless, in the case in question the family is only mentioned in the evaluation, without knowing their emotional state.

To conclude, we raise the following questions: is methodology useful for us? Why have we created such a language with certain consistent basic norms, if then in daily practice we avoid them and do not take them into account?

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DOI of original article:

<http://dx.doi.org/10.1016/j.enfi.2017.02.003>

[☆] Please cite this article as: Alconero-Camarero AR, Ibañez-Rementería MI. Adecuación del método científico en cuidados intensivos: paciente con úlcera terminal de Kennedy. *Enferm Intensiva*. 2017;28:135–136.

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