Technology,technique and narrative care

A hermeneutical reflection.

Author:Luisa Seco

Nephrology Service. Hemodialysis Unit and Peritoneal Dialysis

University General Hospital of Valencia(Spain)

background

Methods

- This work uses qualitative methodology.It is a hermeneutical research based on **Paul Ricoeur's** philosophical view.

- It has a propaedeutic intention.

- Reflects on the ideas of three authors about:

  - technique (**Ortega y Gasset**, philosopher),

  - the historical evolution of nursing (**Collière**, nurse and anthropologist)

  - and narrative identity in care (**Ricoeur**, philosopher)

Results

- **Ortega y Gasset** states that :

" technique is what makes us fully human".

- He considers that we relate to the world through technology, and that our human nature has inherently the ability to create an artificial world that is complementary to its purely nature biological.

Results

▶ At the same time ,**Collière**

proposes that:

"technology is not neutral"

▶ and we must emphasize that:

"care at the end of life is not implanted totally in people on hemodialysis and peritoneal dialysis."

(**Saralegui I, Arransi A, Garcia-Uriarte O, Montoya E, Martinez Y, Berasategui M**, Article: "The suspension of dialysis in patients with Advanced Renal Insufficiency: What do the patients think?" Journal: Nephrology Nursing year 2014: April-June; 17 (2). Pages.110-112)

Results

- **Collière** carries out a historical investigation about the evolution of care. Describes three currents:

  1. Linked to the technique and focused on the disease.

  2. Revaluation of the carer-caretaker relationship.

  3. Centre in the development of health.

1. Technique and Disease.

- From the orientation of the medical act towards the disease, a series of acts and tasks arise that must be carried out in order to reach the diagnosis, treatment and cure of the disease.

- All the organization of the care will revolve around the techniques that the medical act requires.

- This stage coincides with the birth of Nephrology towards the 60s.

2. Carer-caretaker relationship

- Occurs around the 70s.
- Nursing opens up to other disciplines such as psychology, sociology, anthropology.
- This changes the focus on the disease to focus its care focused on people.
- The reorganization of care with this relationship-based orientation makes nurses responsible for the care of a number of patients.
- appears the **care folder**.

3. development of health

➡ focused on the development of health, public health becomes a responsibility of nursing.

➡ The causes of the disease are sought in social, economic and political. It highlights the importance of the styles of life.
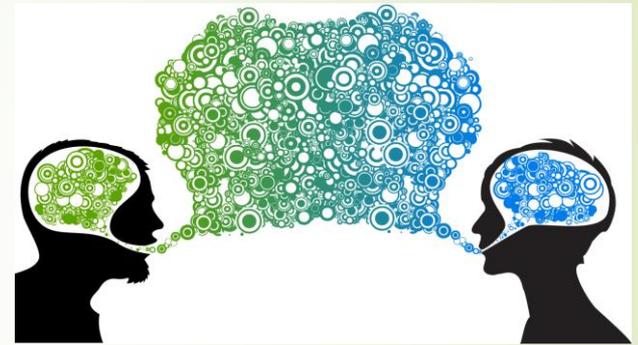
In the present

All three live together nowadays, with a strong rootedness of the first two tendencies.

Results

- For **Ricoeur**, human identity is characterized by being <u>narrative</u>, that is:

    - ➢ take into account the temporal dimension of human experience,

    - ➢ and the linguistic dimension history that reflects the unique and subjective perception of person.

Ricoeur "pact of care"

- **Ricoeur** proposes a **"pact of care"** in which it encompasses all its ethics of care

- He expresses the conflict between medicine as a relationship interpersonal and / or concern for public health in three paradoxes:

  a. *the person is not a thing, and yet, it is part of nature.*

  b. *the person is not a commodity, but nevertheless, medicine has a price.*

  c. *Suffering is private but health is public.*

Conclusions

➡ Technique and technology are the "ways of life" where the relationship between the nephrological nurse and the person in renal replacement therapy develops.

➡ Hypertechnicization in hemodialysis is not neutral, It has physical,social,enviromental,economic consequences.To contextualize technical and technological care we need a space for dialogue and listening in which we can agree on an ethical framework.

➡ Caring from the narrative identity implies that we take into account the temporal,historical and social dimensión of the other.