


## PHILOSOPHICAL ASPECTS OF HEIDEGGER'S EXISTENTIAL DIMENSION IN CLINICAL DETERIORATION IN PEDIATRICS

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## **ABSTRACT**

The experience of the family, the patient and the health professionals in a situation of pediatric clinical deterioration awakens the thought about the emotional and ethical dimensions of this clinical reality, where the social roles within the society in which one is inserted are rethought. The objective of this study is to reflect on the philosophical aspects of Heidegger's existential dimension in the face of the situation of clinical deterioration in pediatric patients. Martin Heidegger introduced the concept of "Being-in-the-World" to highlight the interconnectedness of human existence with the environment and time, influencing the understanding of clinical deterioration in pediatric patients. This affects decisions and emotions of family members, patients, and health professionals, emphasizing the importance of existential anguish for the philosophical understanding of these issues. It is concluded that integrating existential issues into clinical care can provide greater emotional and psychological comfort during this complex process that involves care practice and clinical deterioration in pediatric patients.

**Keywords:** Clinical deterioration. Hospitalized child. Philosophy.

## INTRODUCTION

Clinical deterioration in pediatrics is an emotionally intense situation that affects not only the patient, but also the family and health professionals involved in the care. At this time, family members are susceptible to an existential experience marked by questions about the meaning of life and death, and often have to deal with difficult decisions related to unwanted clinical outcomes and medical treatment.

Clinical deterioration of the patient is characterized by worsening of the clinical condition due to variations in physiological parameters and progressive organ dysfunction that can cause an increase in the length of hospital stay and worsening of the prognosis. When identifying the presence of alterations in vital signs that are suggestive of clinical deterioration, the possibility of an installed infectious focus should be considered, and it should be identified early in the hospital environment (MOHAMMED IDDRISU *et. al*, 2018; PADILLA; MAYO, 2018).

The evaluation of patients in the hospital environment takes place through the monitoring of their general condition. The occurrence of clinical deterioration increases morbidity and mortality and treatment costs of patients due to the need for a greater number of tests, procedures and length of stay. In pediatric patients, signs that precede clinical deterioration can become a challenge due to the specificities of the age group, with nonspecific symptoms, and a better compensatory system than that of adult patients, increasing the interval between manifestation and clinical intervention in these patients (MIRANDA *et.al*, 2017).

In this context, the experience of the family, the patient and the health professionals awakens the thought about the emotional and ethical dimensions of this clinical reality, where the social roles within the society in which one is inserted are rethought, as the feeling of despair, impotence and fear may arise in the face of the prospect of the imminent death of the patient or loved one. Martin Heidegger's existentialist philosophy has as one of its main themes the reflection on "Being" and the nature of human existence. Heidegger argues that the human being is a being-in-the-world, immersed in his existence, and that the understanding of "being" is intimately linked to time, finitude and authenticity, making this discussion and understanding necessary (CEREZER; FLORES, 2012).

Heidegger emphasizes the notion of "Being-in-the-world," which refers to the interconnectedness of human beings with their environment and with others. In pediatrics, this interconnectedness is particularly evident as children are developing and their

experiences of health and disease are profoundly influenced by family, social, and cultural relationships. Clinical deterioration in pediatrics not only affects the child's body, but also its existential essence. The experience of a serious illness can alter the way the child perceives the world and his own identity, making it necessary for care to be holistic.

Lived experience represents everything that occurs in human daily life, and each event is a phenomenon that can be analyzed from a phenomenological perspective. Phenomenology, by focusing on things in their essence, enables us to reveal phenomena as they manifest themselves in human experience. However, this approach goes beyond a mere description, preventing experience from becoming just an empirical fact. To understand this experience, human beings must recognize their insertion in a specific world and context, which requires an interpretation of themselves. Thus, this analysis is not just a single description, but an individual process that depends on the intimate and unitary relationship that each one establishes with the world around him (GUERRERO-CASTAÑEDA; MARK; PRADO, 2019).

Thus, the objective of this article is to reflect on the philosophical aspects of Heidegger's existential dimension in the face of the situation of clinical deterioration in pediatric patients.

## **METHODOLOGY**

This is a theoretical reflection based on Martin Heidegger's concepts related to clinical deterioration in pediatric patients from a phenomenological perspective.

## **RESULTS AND DISCUSSION**

### **MARTIN HEIDEGGER'S BEING-IN-THE-WORLD**

Martin Heidegger was a renowned German philosopher of the twentieth century, known for his influential and complex work. Heidegger proposed an existentialist approach that emphasizes the importance of "Being" as opposed to "being" (the objects and phenomena that exist in the world), arguing that the understanding of "Being" is essential to understanding human existence and the relationship with the world around it, one of the central concepts in his philosophy. (OLIVEIRA; CARRARO, 2011).

The philosopher works with *Daisen's concept*. In German, it can be translated as "to be there" or "to be-in-the-world". For Martin Heidegger, the term represents human existence, the unique way in which human beings are present in the world and how they

relate to it, a contextualized existence, shaped by their environment and involvement with the world, making the human being not a neutral observer of the world, but immersed in it and its complexity, rejecting the traditional approach of philosophy that tends to think of the human being as an isolated and objective entity. Expanding to the temporality of Heidegger's thought, *Daisen* is fundamentally a temporal being, based on a past, present and future, influencing the way human beings give meaning to their existence (ROEHE; DUTRA, 2014).

The notion of "Being-in-the-World" allows us to think about its relevance to the experience of clinical deterioration in pediatrics, making it possible to understand how the family, the patient and the health professionals are situated and interpret reality in the midst of suffering and clinical challenges that involve the state of health criticality. In this fundamental ontology, it is shown how the Being manifests itself in a continuous questioning, with emphasis on its freedom and autonomy, worrying about its own existence (CEREZER; FLORES, 2012).

The importance of interpersonal relationships in the construction of the experience of "Being-in-the-world" is emphasized. For the child, clinical deterioration can affect not only his health, but also his connections with parents, siblings and friends. The emotional impact of the disease can lead to a change in family dynamics and in the way children perceive themselves in relation to others. These relationships are essential for the way the child deals with his condition, as well as his family members. For the health professionals involved in the care of these patients, it is important to act in a way that gives voice to patients, encouraging them to express their fears and concerns, strengthening the child's trust in the health team and promoting a more welcoming and sensitive environment.

## TEMPORALITY AND LIFE IN THE FACE OF CLINICAL DETERIORATION

In view of the clinical deterioration in pediatric patients, the past, present, and future are intertwined, influencing the important decisions to be made, the hope, and the challenges faced by the family, patient, and health professionals.

Heidegger distinguishes "being" from individual entities and argues that the understanding of "being" is essential for authentic existence, marking human existence by temporality, where the understanding of "being" is intrinsically linked to the notion of finitude and death. Being authentic involves facing existential anguish in the face of finitude and the possibility of death. Distress is a fundamental feeling that reveals the essential nature of

human existence and can lead to a deeper understanding of oneself and the world. This reflection on existential questions can help family members and patients find meaning and purpose during this challenging time (HEIDEGGER, 1989).

For Seibt (2010), clinical deterioration, especially in pediatrics, presents a complexity that goes beyond the simple succession of events. Martin Heidegger's critique of the linear view of time offers us a rich perspective to understand how children and their families experience the disease in a hospital context. In the traditional view, time is often perceived as a continuous line, where past moments follow one another chronologically. However, this approach may be insufficient to understand the experience of clinical deterioration, which is often marked by a sense of discontinuity. Children in treatment often feel trapped in a moment of pain and uncertainty, and the linear view of time can aggravate this feeling, causing the present to become oppressive. Heidegger's temporality proposes that the experience of time is multidimensional, involving not only the present, but also projections into the future and reflections on the past.

In clinical deterioration, children and their families may oscillate between hope for recovery and fear of negative outcomes. This ability to project oneself into the future is crucial, as it can help mitigate present distress. Nursing care can play a vital role here, by encouraging conversations about expectations and plans, promoting a sense of purpose and continuity in the disease experience, integrating actions with the purpose of providing holistic care to the patient.

## BEING-IN-THE-WORLD FOR PATIENTS, FAMILY MEMBERS AND HEALTH PROFESSIONALS IN THE FACE OF CARE IN CLINICAL DETERIORATION IN PEDIATRIC PATIENTS

Care, as it is an action directly related to the disease within the scope of health institutions, has evolved historically, becoming an objective and orderly process, based on scientific evidence, seeking the balance of the people involved in the context of the disease, in which for the planning and conduct of care it is essential to consider the needs, beliefs and desires of patients and family members (CAMPIÑO-VALDERRAMA; DUQUE, 2019). Care focused only on the diagnosis and treatment of the patient becomes obsolete. The focus is on the patient as the center of care, including concepts of understanding the lived experience and the environment in which one is inserted, such as emotions, struggles and the patient's worldview.

Heidegger, in understanding the structural totality of the *Daisen*, calls the *Sorge*, where "the being of the *Daisen* says it precedes itself by already being in (the world) as being together with (the entities that come to meet within the world)". In this case, *Sorge* integrates the structural multiplicity that reveals the phenomenological analysis of "being-in-the-world" into a structure of significance in the context of relations (SÁ, 2000).

In clinical deterioration, anguish, uncertainty, and the need for complex decision-making can be approached through the existentialist prism. From the children's perspective, they face their own anguish and uncertainty in the face of clinical deterioration, without understanding the need for the procedures performed, distancing from other family members, restriction of habitual food and daily routines. Their understanding of death is different from that of adults because of their short lived experience. They may feel confused, fearful, or unable to express their feelings, and emotional and psychological support is needed during this time.

Family members are in a position of fear and uncertainty: there is difficulty in understanding the needs of some medical and nursing procedures, the process of adapting to hospital rules and routines, doubts about the role of companion/family member and their responsibilities in the treatment; tension in interpersonal relationships during hospitalization and fear of unwanted outcomes, clinging often to the faith. The family member/companion shows the *Being-with*, where the human being coexists through a diffuse dynamic of relationships. He is also co-presence in the hospital world, not being alone in living with other children/adolescents and other companions. Care becomes, in this way, a mediator of human existence, grounding the very existence at that moment (COSTA *et. al*, 2010).

Healthcare providers also face significant emotional challenges when dealing with pediatric clinical deterioration. They need to balance the provision of treatment and care, while respecting the wishes of family members and patients. Heidegger describes care as a fundamental structure of human existence, involving concern, responsibility, and attention to our being and to others, not characterizing it as synonymous with kindness, but understanding what is important. Care for human beings should involve techniques and strategies that allow visualizing the philosophical aspects that register access to human beings, involving the individuals who receive care, as the moments that emerge from the experience become meaningful, making it possible to help other people to understand them (GUERRERO-CASTAÑEDA; MARK; PRADO, 2019).



From this, understanding historicity can help health professionals recognize that each patient brings with them a unique set of experiences and meanings that influence their perception of health and disease. This can be especially important in contexts of clinical deterioration, where decisions about treatment and care can be deeply personal and influenced by past experiences (SEIBT, 2010).

Paediatric clinical deterioration highlights existential and philosophical questions about the finiteness of life and the meaning of existence. Integrating Heideggerian thinking into clinical practice can help provide more comprehensive and sensitive care. Care should focus on the human being as a whole, considering their emotional, psychological and existential dimensions, as health professionals can offer empathetic and comprehensive support to family members and patients during the process of clinical deterioration.

## **CONCLUSION**

This reflection sought to bring new perspectives to the understanding of clinical deterioration in pediatrics, considering the philosophical references of Heidegger's existentialism. Recognizing the complexity and emotional dimensions involved, it is hoped that this approach can inspire a more sensitive, empathetic, and ethical clinical practice, promoting comprehensive care for the family, patient, and health professionals in the face of this challenge.

Pediatric clinical deterioration is a challenging reality that requires a sensitive and understanding approach by health professionals. Heidegger's perspective of existentialism can enrich the care offered to family members and patients, allowing for deeper reflection on the meaning of existence in moments of anguish and finitude. Integrating existential issues into clinical care can provide greater emotional and psychological comfort during this complex process.



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