

## Ethical and Cultural Considerations in the Management of Individuals with Brain Injury

Dr Sabahat A Wasti,  
Univ.Prof.Dr.Dr.h.c.mult Franz Gerstenbrand,

In the last couple of decades better emergency and acute care of an individual with brain injury has resulted in better survival<sup>1,2</sup>. However, the net result of this improved acute care is that many individuals are surviving with permanent impairments leading to disabilities<sup>3</sup>. These disabilities can range from subtly mild to severe. Those caring for patients with brain injury have to be alert to the fact that any one of their clients, including those with so called mild injury, may be sufficiently impaired, so as to place him or herself at risk of being exploited or violated. It is therefore a key role of brain injury teams to support and protect their clientele from harm that may come to them directly because of impaired cognition or physical impairments. However, in undertaking this duty the teams must not become overbearing and refrain from altering the basic and normal dynamics of a patient's premorbid role. It is imperative that all professionals engaged in providing care, educate themselves in basic ethical and cultural aspects of each individual case and formulate all management plans in the light of this knowledge. In doing so the principles of case based ethics or casuistry must be understood and adhered to. Casuists claim that ethics is primarily a matter of attention to details or circumstances of a case. In order to launch and maintain the process of case-based ethics Brain Injury Teams must manage each case with in ethical framework. All teams should acknowledge that each case has some ethical issues and in every case the emphasis and considerations should be placed on longer-term outlook and final outcome and judgements should be made in context of several months or even years.

In this context basic principles of ethics must be introduced and topics such as consent in the context of cognitive impairment, decision making capacity, surrogate decision making and matters related to disturbance of consciousness, including passive and active euthanasia require understanding.

On the cultural aspect of caring for individuals with brain injury a construct of culture and cultural awareness must be incorporated. It can be argued that each member of brain injury team must achieve acceptable level of cultural competency. Measures must be taken to outline measures that can help to keep personal bias and prejudices outside the clinical practice.

With increasing burden of health and social care that is assigned to brain injury, there is a danger of professionals focusing on health economics and ignoring the importance of ethical and cultural aspects of care. We seek to highlight the vital importance of these issues.

### References:

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3. Changing patterns in the epidemiology of traumatic brain injury; Bob Roozenbeek, Andrew I. R. Maas & David K. Menon: Nature Reviews Neurology 9, 231-236 (April 2013) | doi:10.1038/nrneurol.2013.22



B M N R  
Berlin Medical and Neurological Rehabilitation,  
Abu Dhabi, United Arab Emirates

**WFNR**

Karl Landsteiner Institute for Neurorehabilitation  
and Aerospace Neurology, Vienna, Austria  
Chair Ethics Special Interest Group  
World Federation of Neurorehabilitation





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Franz Gerstenbrand qualified from Vienna in 1950. Following training, he became Associate Professor 1967, Head of Department; Rosenhügel, Vienna, and Innsbruck 1975. His work in his native Austria is impressive, he was Head of the Institute for Restorative Neurology and Neuro-modulation, Ludwig Boltzmann Society 1995-2006. Head of the Scientific Institute for Neuro-rehabilitation and Space Neurology; Karl Landsteiner Scientific Society up until 2009. He holds many Honorary doctorates; Charles University Prague, Danube University Krems, Aristotele University of Thessaloniki.

His regional achievements are most impressive. The most prominent is the bringing together of the Danube and Eastern European Neurologists at a time of political difficulties. He was a Founding Member today the Honorary President of the Danube Symposium for Neurological Sciences, later International Danube Neurology Association of Central and East Europe. At the European level, a crowning achievement is that of being the Founding President of EFNS. He is also the Founding member of the European Society of Neuropharmacology and World Federation for Neurorehabilitation. His involvement with the WFN started in 1965 and has continued ever since. He is Chairman of the WFN Research Groups on Neuroethics and of Space and Underwater Neurology. He is also a member of several other research groups. He holds Honorary Memberships of several neurological societies: Russia, Poland, Czech Republic, Hungary and Myanmar. His work in Myanmar exemplifies his personality and diligence to help Neurologists in all parts of the World especially those living under difficult political regimes. He is the author of hundreds of papers and 12 books.

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Conference Chairman



**Aref Al Shehhi**  
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