



LETTER TO THE EDITOR

Methodological bases, taxonomy and critical thinking[☆]

Bases metodológicas, taxonomía y pensamiento crítico

Dear Editor,

We found the clinical case published in the journal ENFERMERÍA INTENSIVA by Nafría-Soria et al.¹ on rhabdomyolysis in a patient with McArdle's disease (MD) very interesting. We would like to thank the authors for their personal interest in an aspect that we consider so important for the nursing profession, such as the use of scientific methodology in healthcare practice. With regard to this case, we would like to make a series of considerations and contribute ideas on this clinical issue.

To follow the scientific method, nurses have developed a specific and common language to designate everything we do in our daily practice.² Taking as the benchmark another profession parallel to ours, I do not believe that doctors will identify diagnoses without considering the exact and specific cause of these problems, since they will have to act on it to solve the problem. Causes are not a matter of indifference; it is important to pinpoint exactly the right one.

Returning to the case at hand, methodologically we could opt for a focused assessment (FA) in the areas that have to be monitored more closely due to the disease's impact, avoiding irrelevant assessment. Important data on his hypothyroidism and how it affects his clinical condition are omitted, as well as information on the patient's conception and management of the disease. We find it strange that, as a professional colleague diagnosed 20 years ago with MD, he does not understand his disease process and does not know how to live with it, since he does incompatible physical exercises, which is something he should be aware of to avoid complications.

According to Carpenito-Moyet³ none of the nursing diagnoses (ND) presented in the case¹ are such. The ND cannot be related to medical problems since the nurse has no autonomy to solve them without the corresponding authorisation of a physician to apply the prescribed treatments and techniques (what level of autonomy does a nurse have to palliate pain of this nature or how can they solve acute

renal failure if not with the help of fluid therapy and drugs prescribed by another professional?) Therefore, based on scientific evidence, these are all collaborative or interdependent problems.

There are several explanations for this: one, the NANDA taxonomy² contains certain labels for diagnostic concepts that can lead to imprecise use, without an FA that can differentiate it from a symptom, medical problem or medical treatment. Two, nurses in advanced clinical practice in other countries where the taxonomy is implemented have different competencies to diagnose and treat health problems to those of other nurses in our country,⁴ and therefore not all diagnoses are feasible for any nurse in any context.

A possible ND in the patient with this chronic disease is in *Readiness for advanced health management (ineffective management of own health (00162))*²; despite being a nurse, it is not at all clear what level of control he has over his disease, since nothing has been recorded in this respect. In addition, certain needs will have to be met due to his acute situation, in which we sense that the doctor will have prescribed rest and he will have no autonomy in this.

On reflection, the methodological bases come first and then all the existing classifications or taxonomies, but all of this must be linked to critical thinking and guided by knowledge and, of course, by common sense. An ND is a clinical judgement, i.e., a complex mental process that goes beyond simply stating a disorder that we observe in the patient/client.

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Methodological bases, taxonomy and critical thinking: Authors' response[☆]



Bases metodológicas, taxonomía y pensamiento crítico: respuesta de los autores

First of all, the authors of the manuscript entitled "Rhabdomyolysis in a patient with McArdle's disease"¹ would like to thank the authors Alconero-Camarero and Ibáñez-Rementería for their contributions to the aforementioned paper,² given that every contribution generates debate on issues of interest to us, promoting critical reflection and the scientific consistency of the knowledge that underpins the whole profession.

We agree with the authors that in the development of a clinical case it is important to raise the appropriate nursing diagnoses that arise from the case assessment, as well as any collaboration problems. We are aware of the relevance of using our own language, although we must recognise that there may be different ways of approaching the same case, given that the patient himself, based on his personal and clinical profile, and even his knowledge and attitude towards his health problem, will be a determining factor in the approach of the nursing approach to the diagnosis, the objectives to be achieved (NOC) and the interventions necessary for this (NIC).

In the case in question, the approach differs from other cases of patients with McArdle's disease (inability to degrade glycogen at a muscular level), precisely because on this occasion we are dealing with an expert patient, with extensive knowledge and a high level of autonomy in the management of a disease of low prevalence,³ which is largely unknown to many health professionals, including nurses. For this reason, after assessing the patient, it was decided not to include ineffective health management as a nursing diagnosis. We believe it is appropriate to point out that the diagnosis proposed by the authors corresponds to a diagnosis from the NANDA-I version 2012-2014.⁴ Currently, the NANDA-I version 2021-2023 identifies this diagnosis as *Ineffective self-management of health (00276)*. However, with the mastery and management capac-

ity that the patient has in the expert category, the authors of the paper consider that a more accurate diagnosis that could be considered is that of *Willingness to improve self-management of health (00293)*, and more specifically, that of *Willingness to improve exercise (00307)*.⁵ This is based on the fact that the patient demanded information throughout the clinical process to improve their present and future state of health, as well as the intention to improve and adapt physical activity to the disease.

One of the most salient points of the clinical case is the role of the patient, who is fully aware of his or her disease, so the patient's perspective was taken into account at all times. Physical activity is one of the therapeutic pillars, together with an adequate diet, for people living with McArdle's disease. In this particular case, the patient was aware of and monitored the therapeutic approach to the disease, as well as the early warning signs and symptoms. He therefore followed the relevant dietary management to promote better adaptation to physical activity and went to the emergency department when the symptoms were present. This is an example of the importance of relying on the patient's experience to address chronic diseases and, in general, any aspect of health, as it makes the healthcare system more efficient and sustainable, as well as promoting a better therapeutic relationship between the patient and the professional.⁶

The authors would like to stress the importance of including patients in the management and care of their health, as patient empowerment must be one of the objectives to be pursued by all health actions. In this way, the aim is to achieve a consensus between the scientific-technical experience of healthcare professionals and the subjective experience of individuals.⁷ In this case, with McArdle's disease being a rare condition, it is much more important to have the patient as an expert and to include his or her own experience within his or her own context as part of the comprehensive assessment.

In conclusion, we would like to highlight the importance of encouraging debate on the evidence generated and thank the journal *ENFERMERÍA INTENSIVA* for the opportunity to do so. It is undoubtedly a process of continuous improvement that allows the exchange of information and different points of view on the published work, bringing dynamism to the publications.

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