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**FIGHTING DISGUST:
HOW DO DOCTORS AND NURSES
MANAGE REPUGNANCE TOWARDS
ILLNESS AND THE SICK?**

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Research presentation

The health profession is carried out fundamentally in contact with sick people. Disgust is something that health professionals cannot ignore.

- ▣ “Disgust refers to something revolting, primarily in relation to the sense of taste, as actually perceived or vividly imagined; and secondarily to anything which causes a similar feeling, through the sense of smell, touch and of eyesight”
- ▣ (Darwin, *The Expression of Emotions in Man and Animals*)

- ▣ A behavioural component (rejection)
- ▣ A physiological component (nausea),
- ▣ An expressive component (disgust face)
- ▣ A subjective component (repugnance feeling)

Nine domains

1. Food
2. Bodily products (semen, mucus, saliva...)
3. Animals
4. Sexual behaviours
5. Contact with dead people and corpses
6. Violations of the exterior body envelope
(wounds, deformities, abscesses)
7. Poor hygiene
- 8 Contact with strangers
9. Moral offenses.

PROPOSED PATHWAY OF EXPANSION OF DISGUST AND DISGUST ELICITORS

DISGUST STAGE					
	0. DISTASTE	1. CORE DISGUST	2. ANIMAL NATURE	3. INTERPERSONAL	4. MORAL DISGUST
FUNCTION	Protect body from poison	Protect body from disease/ Infection	Protect body and soul, deny mortality	Protect body, soul and social order	Protect social order
ELICITORS	Bad tastes	Food/eating, body products, animals	Sex, death, hygiene, envelope violations	Direct and indirect contact with strangers or undesirables	Certain moral offenses

Rozin, P., Haidt, J. and McCauley, C. R. 2008. Disgust. In *Handbook of Emotions* 3rd edition. In M. Lewis and J. M. Haviland (eds.). New York: Guilford, p. 764.



Pilot study

Subjets: 20

Characteristics: Health professionals, doctors and nurses

Time frame: February 2020

Method: a pilot study with an unrepresentative sample and a brief survey of 20 subjects.

Four variables:

1. Situation

2. Factor that triggers disgust

3. Consequences

4. Reaction

SITUATION	FACTOR THAT TRIGGERS DISGUST	CONSEQUENCE	REACTION
1. AUSCULTATION	BAD BODY ODOR	NAUSE	I STAY AWAY AND VENT THE ROOM AS SOON AS IT GOES OUT
2 .READING OF SKIN TESTS	DIRT	DISGUST	I WEAR GLOVES AND BREATHE AS FAR AS I CAN
3 EXPLORATION	SWEAT	NAUSE	I WEAR GLOVES AND BREATHE AS FAR AS I CAN
4. MOUTH EXPLORATION	HALITOSIS	DISPLEASURE	FINISH ASAP
5. PHYSICAL EXPLORATION	DISCOMFORT	SWEAT	TOUCH MINIMUM AND END QUICKLY

SITUATION	FACTOR THAT TRIGGERS DISGUST	CONSEQUENCE	REACTION
6. PHYSICAL EXPLORATION	BAD ODOR AND DIRTY APPEARANCE	NAUSE	I TRY TO GO ON AND CONCENTRATE
7. PODOLOGICAL EXPLORATION	LACK OF HYGIENE	DISGUST	I DO NOT APPROACH
8. AUSCULTATION	LACK OF HYGIENE	ODOR OF SWEAT	I BREATHE FAST AND HOLD MY BREATH
9. EXPLORATION	POOR HYGIENE	ODOR	KEEP DISTANCE
10. ULCERS CLEANSING	DIRT ASPECT	NAUSE	KEEP DISTANCE, WORK FASTER

SITUATION	FACTOR THAT TRIGGERS DISGUST	CONSEQUENCE	REACTION
11. PURULENT WOUNDS	ODOR OF SECRETION	WANT TO VOMIT	WEAR MASK, TRY TO HOLD BREATH, SMELL COLONY
12. INFECTED ABSCESS	ROTTEN SMELL	I WANT TO VOMIT	I GET AWAY, I PUT ON A MASK, BREATHING FAST
13. CARDIOPULMONARY REANIMATION	CONTACT SALIVA AND LANGUAGE	NAUSE	FEAR CONTAGION I THINK ABOUT ANOTHER THING
14. INFECTED ABSCESS	ODOR OF SECRETION	NAUSE	GET AWAY GET USED
15. INFECTED WOUND	ROTTEN SMELL	NAUSE	WEAR MASK

SITUATION	FACTOR THAT TRIGGERS DISGUST	CONSEQUENCE	REACTION
16. INFECTED ULCERS IN LEGS	ODOR	DISGUST	WEAR MASK
17. AUSCULTATION	HALITOSIS	DISGUST	DO NOT BREATHE
18. GASTROINTESTINAL BLEEDING	ASPECT AND BAD ODOR	NAUSE	HOLD THE BREATH OR BREATHE THROUGH THE MOUTH
19. TRACHEOTOMY SECRETIONS	ODOR AND ASPECT	TO VOMIT	NOT TO LOOK OR LOOK AT THE LEAST POSSIBLE
20. ULCERS AND ABSCESS	ASPECT	NAUSE	WORK FASTER

PROVISIONAL CONCLUSIONS

There are three types of reaction (which we call “compensation strategies”):

- **1.-Time:** reducing the exposure time to alleviate disgust
- **2.-Barrier:** put on a protection element to isolate the factor that causes disgust
- **3. Distance:** getting away from the factor that causes disgust.

PROVISIONAL CONCLUSIONS

Level 1: Try to maintain professional efficacy with a
BARRIER

Level 2: Maintain some efficacy, but protect yourself
from the factor that triggers disgust: **DISTANCE**

Level 3: Losing professional efficacy by reducing
TIME

PROVISIONAL CONCLUSIONS

Age is an interesting variable to consider. The years of professional practice seem to strengthen the moral principles of the profession, that is, the sick and the disease stop causing disgust. The habit leads to the reduction of the possible stigmatizing effects (moral disgust) caused by disgust. Poor hygiene disgusts health professionals but not the sick person.

Although it is convenient to differentiate between medical specialties - given the different contact with the wounds and the different parts of the body - the health professionals who have answered this pilot study have pointed out very similar disgust factors.

In summary

"In general you get used to almost everything except the lack of hygiene of the patient" (verbatim)

There could be a link between disgust and rejection of the person (moral disgust), when the disgust trigger is the patient's lack of hygiene. In many cases hygiene is an individual responsibility and its lack could be considered an aggression, a lack of respect to the medical profession.

However, when the factor that could cause disgust is the disease itself, alien to the patient's will, the professionals' moral principles (their moral code) could curb the rejection emotion and protect the professionalism to a greater extent against the possible negative consequences of disgust.

Thanks for your attention

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