Reflections on the Caregivership of Migrants

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Introduction

We were taken aback by COVID-19 in 2020, which spread throughout Asia and Europe and became a pandemic before reaching Latin America and our cities. Everything seemed to change, including the most intimate and private relationships of social life in general, with effects on the human condition that led us to consider its setbacks. It is very difficult for people who are not experts in epidemiology to comprehend what is taking place and to know what to do and how to assimilate discourses that enter the private sphere while simultaneously amalgamating with social, environmental, economic, political and other issues. This can even lead epidemiologists to new reflections that they thought they had already overcome. However, positive issues such as solidarity, contemplation of consumerism and consideration for nature are also brought to light in this setting.

Description

From our confinement, we have assumed that life is the most important thing, even though we sometimes wonder if we are reducing life to a survival without regard to human dignity, well-being, safety, peace, or feelings. Recognizing that we live in an unimaginable reality that threatens human life under conditions of an explicit inability of health services to provide the necessary care is the only thing that cannot be denied; Ecological and economic deterioration is exacerbated, affecting relationships and exchange between nations and individuals and revealing, not as a result of this virus but as the effects of a crisis in the economic-political system in its various dimensions, the rawness of profound social debts expressed as inequality, hunger, corruption and violence within families, among other issues.

The refugee agency of the United Nations was concerned at one point about the increasingly precarious situation at the border of Greece and Northern Macedonia, where people frequently had to use force to get across. Because of a European quota for migrant dispersion within the member states, many migrants either did not understand or deliberately misunderstood that they were legally obligated to remain in their first country of entry and could not choose where to settle. In light of this, the thousands of vulnerable refugees and migrants, particularly women and children, huddled on the Greek side of the border amid deteriorating conditions prompted the Office of the United Nations High Commissioner for Refugees to express particular concern.

The term "telecare" refers to care provided at a distance between the caregiver and the patient. The above quote is from my notes from a European conference on telecare held in September 2007 in the Netherlands. The purpose of the conference was to discuss concerns and opportunities for telecare in elderly care. The nurse's comment exemplifies the kinds of concerns that are heard more frequently in discussions about telecare. Because care is provided from a distance and the nurse is not physically present, the professional fear is that the use of telecare systems will make it more difficult for nurses to act competently and responsibly when caring for patients. Monitoring devices that

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do not require direct eye contact are viewed with suspicion, despite the fact that videoconferencing frequently receives more attention. Negligence and coldness seem to be the horror images: Despite being "on telecare," the patient continues to deteriorate unnoticed. In the end, the picture is that the patient dies tragically alone, even if he or she is under the rational surveillance of electronic movement detectors and doesn't have a warm human hand on his or her shoulder (for a discussion of warm care versus cold technologies, see:). The nurses worry about missing signs of trouble and losing "human interest," which is considered to be the core of "good nursing," because it is impossible to use all six senses with telecare. Promoting telecare for reasons like increased efficiency due to the need for fewer professionals to care for more patients who "manage themselves" are frequently viewed as being disconnected from care practice and they did not assist in alleviating these concerns.

Migration has long been a common occurrence. A diverse Greek Diaspora has emerged as a result of Greeks' daring and frequently risky travels to distant lands. A sympathetic consideration of those seeking refuge from wars and other calamitous conditions has resulted from this background awareness of the acceptance of its people in the places they have arrived. Over the past few years, rescuing migrants, frequently from perilous sea journeys, has put our hospitality to the ultimate test.

The material was analyzed by tracing the tensions between norms and notions of "good nursing." Because of this, the paper is a study in empirical ethics because it examines good nursing as it is implemented in specific practices, everyday objects and routines. Therefore, the goal is not to judge field participants but rather to explain the complexities of their practices, allowing for a discussion about which good care practices might actually be best for whom. In addition to being ingrained in nursing practices, scripts for telecare devices include guidelines for providing quality care [1-5].

Conclusion

Akrichand Latour came up with the idea that technologies have a script. Technologies can be compared to scripts in movies and plays that tell users/players who they are, when to do what they should do it and how to do it well. Telecare devices bring norms to the clinic and at home with the intention of directing nurses and patients to specific care methods. In turn, the technology's users will try to fit the device into their own good-use plans.

Acknowledgement

Conflict of Interest

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