

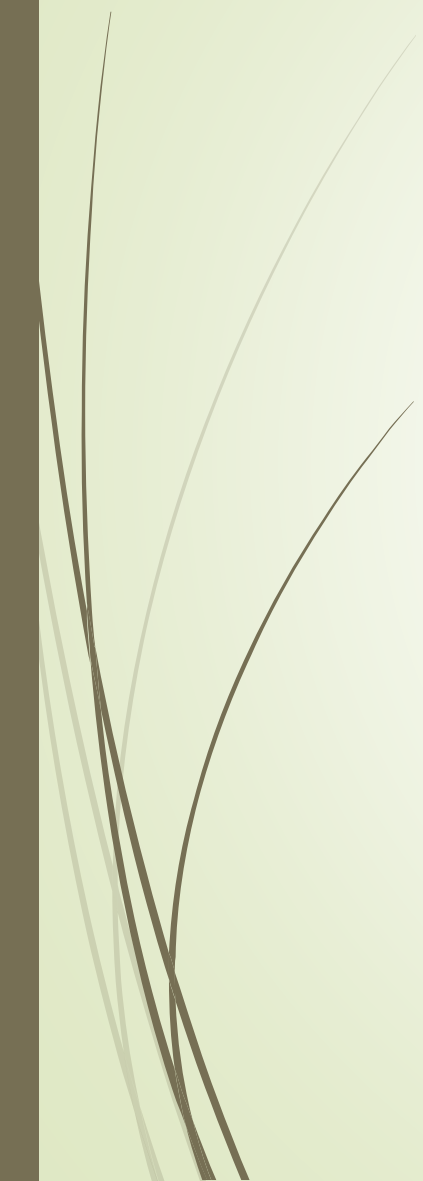


# Ethics Committee Overview Bioethics Case Studies

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# Objectives

- Understand what an Ethics Committee is, who is on the committee and what they do
  - Name the four important ethical principles
  - Discuss two different ethical dilemmas at end of life
  - Use an ethical model (SFGNO) for discussion of ethical dilemmas
- 




# Hippocratic Oath

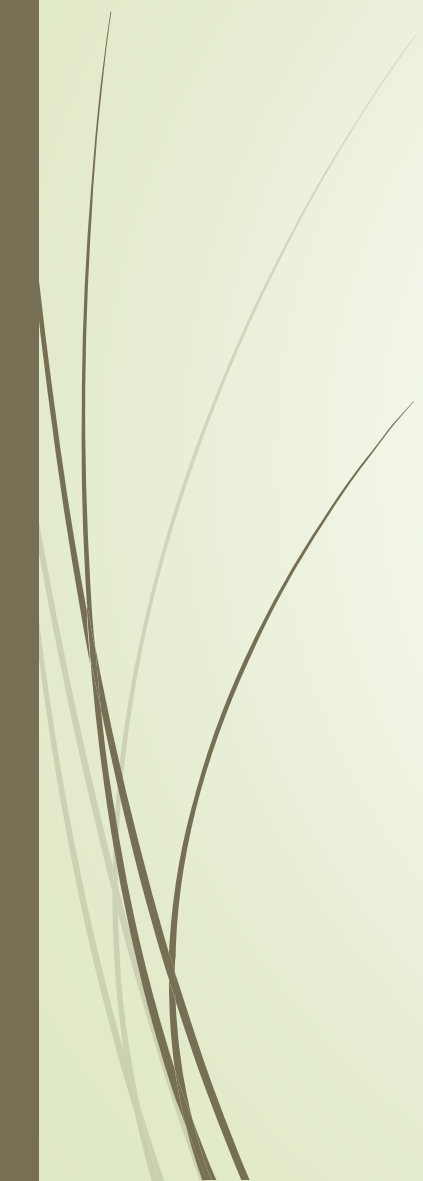


First, Do No Harm...





# Why have an Ethics Committee?

- ▶ Promote Patient Rights
  - ▶ Promote shared decision making
    - Patients, Surrogates, DPOA and Clinicians
  - ▶ Promote fair policies and procedures for patient-centered outcomes
  - ▶ Enhance the ethical knowledge and resources for our healthcare providers
- 



# What do they Do?

- ▶ Clinical Ethics Consults
- ▶ Develop and revise policies for Clinic Ethics:
  - Advanced Directives
  - Withholding and Withdrawn life sustaining treatment
  - Informed Consent
  - Organ Procurement
- ▶ Facility Education
  - Literature
  - Kansas Law



# Organizational Ethics

- HIPPA
  - Equipment
  - Facilities
- 



# Who is on an Ethics Committee

➤ From Facility  
Major Clinical Services

- °Physicians
- °Nurses

Ancillary Departments

- °Chaplains
- °RT/PT
- °Risk Director

➤ Community Representatives

- °Philosopher
- °Lawyer
- °Educators in BioEthics

➤ Guests:

- °Students
- °Content Experts



# Committee DIVERSITY

➤ Expand to include:

➤ AGE

➤ ETHNICITY

➤ CULTURE

➤ SOCIO-ECONOMIC





# Ethical dilemmas cause “moral distress”

- Nurses, physicians and other staff (RT, PT, etc...) who provide care for adult patients may experience situations in which someone asks, “Why are we doing this to the patient if it is not helping him?” or “This patient will die soon. Why are we doing this procedure/surgery?”





# Discussion

- ▶ Is there a time when you just “know” that something is right or wrong regarding patient care?
- ▶ Ex: a 90 y.o. man “found down” in his bathroom at home. Taken to hospital; has a large subdural hematoma; patient on ventilator; multiple co-morbidities (metastatic cancer, COPD). 5 days later, the daughter insists that everything be done. She believes dad is “ a Lazarus.” She believes he can survive this as he has before.




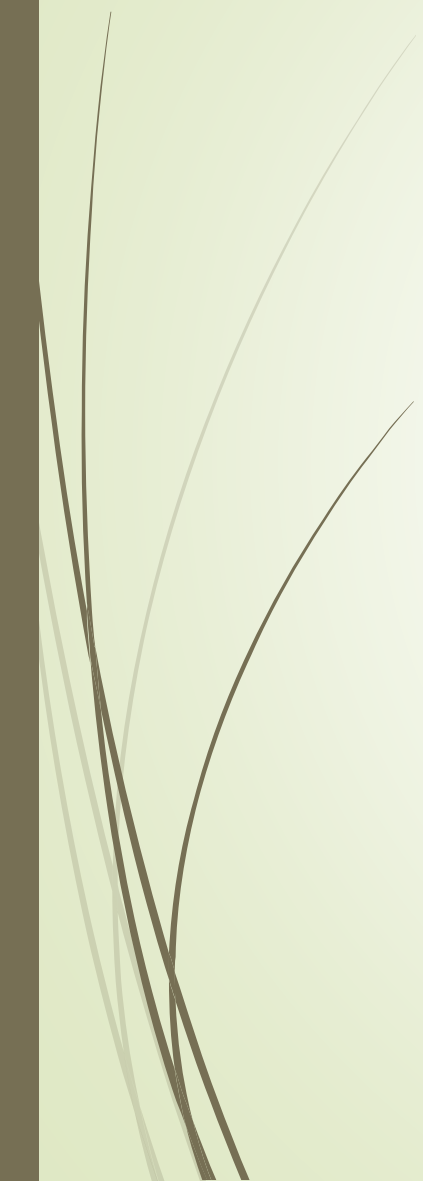
# When to call an Ethics Consult??

- Refusal to accept standard of care (life-saving) or treatment
- Concern regarding patient's understanding
- Competency
- End of Life issues – Thoughtful Pause
- Medical Futility

Cases:

→STEMI

→Stop Eating

- 
- 
- What is at issue?
  - Where is the conflict?
  - What is this a cause of?
  - When have we seen this before? Precedence.



# Ethical Principles



- ▶ **Autonomy**
  - ▶ Clear violations of individual autonomy: Tuskegee study; Dax Cowart
- ▶ **Nonmaleficence**
  - ▶ Do no harm
- ▶ **Beneficence**
  - ▶ Seek to do or produce good for others
- ▶ **Justice**
  - ▶ Ensure that all people have the same rights and that these rights are respected

# Autonomy

- Self determination
- Patient right
- Don't children know this at a young age??



# Nonmaleficence

- ▶ asserts an obligation to not inflict harm on others
- ▶ ...is the basis for the injunction in many medical ethics codes to “do no harm.”



# Beneficence

- To do good, you must first know what the good is.





# Justice

- Allows us to step back from the patient's view and take a view of the entire situation







# Ethical model: SFGNO

➤ Stakeholders

➤ Goals of care

➤ Facts

➤ Norms – ethical principles

➤ Options

# Paradigm - 4 Boxes Ethical Decision-Making

(University of Washington School of Medicine)

## MEDICAL INDICATIONS

The Principles of Beneficence and Nonmaleficence

1. What is the patient's medical problem? Is the problem acute? Chronic? Critical? Reversible? Emergent? Terminal?
2. What are the goals of treatment?
3. In what circumstances are medical treatments not indicated?
4. What are the probabilities of success of various treatment options?
5. In sum, how can this patient be benefited by medical and nursing care, and how can harm be avoided?

## QUALITY OF LIFE

The Principles of Beneficence, Nonmaleficence, and Respect for Autonomy

1. What are the prospects, with or without treatment, for a return to normal life, and what physical, mental, and social deficits might the patient experience even if treatment succeeds?
2. On what grounds can anyone judge that some quality of life would be undesirable for a patient who cannot make or express such a judgment?
3. Are there biases that might prejudice the provider's evaluation of the patient's quality of life?
4. What ethical issues arise concerning improving or enhancing a patient's quality of life?
5. Do quality-of-life assessments raise any questions regarding changes in treatment plans, such as forgoing life-sustaining treatment?
6. What are plans and rationale to forgo life-sustaining treatment?
7. What is the legal and ethical status of suicide?

## PATIENT PREFERENCES

The Principle of Respect for Autonomy

1. Has the patient been informed of benefits and risks, understood this information, and given consent?
2. Is the patient mentally capable and legally competent, and is there evidence of incapacity?
3. If mentally capable, what preferences about treatment is the patient stating?
4. If incapacitated, has the patient expressed prior preferences?
5. Who is the appropriate surrogate to make decisions for the incapacitated patient?
6. Is the patient unwilling or unable to cooperate with medical treatment? If so, why?


## CONTEXTUAL FEATURES

The Principles of Justice and Fairness

1. Are there professional, interprofessional, or business interests that might create conflicts of interest in the clinical treatment of patients?
2. Are there parties other than clinicians and patients, such as family members, who have an interest in clinical decisions?
3. What are the limits imposed on patient confidentiality by the legitimate interests of third parties?
4. Are there financial factors that create conflicts of interest in clinical decisions?
5. Are there problems of allocation of scarce health resources that might affect clinical decisions?
6. Are there religious issues that might affect clinical decisions?
7. What are the legal issues that might affect clinical decisions?
8. Are there considerations of clinical research and education that might affect clinical decisions?
9. Are there issues of public health and safety that affect clinical decisions?
10. Are there conflicts of interest within institutions or organizations (e.g. hospitals) that may affect clinical decisions and patient welfare?

# Ask Joe



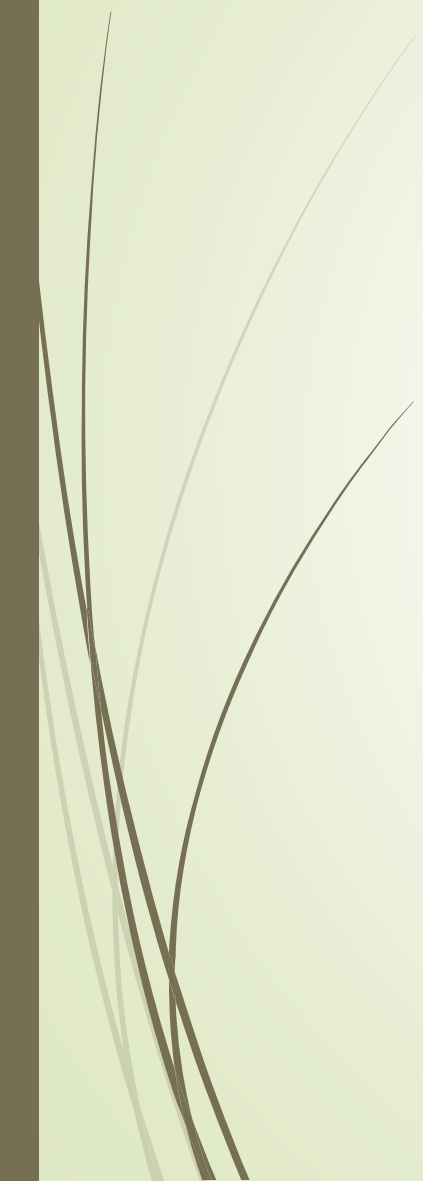


# Nine Lessons Dr. Atul Gawande Learned About Dying - Ezra Klein

1. What is Death?
2. The best way to talk about dying is to talk about living (“The hope that you would have as good a life as possible all the way to the very end, no matter what comes”)
3. **Less medicine doesn't always mean less life**
4. Talking about death is a skill. We should reward it.
5. The nearer you think you are to death, the more your priorities change



## **Gawande's** Nine Lessons About Dying

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6. Even the dependent want to be independent
  7. Nursing homes are some of the saddest, most innovative places in the world
  8. One problem with old age is that nursing homes market themselves
  9. Where we die is changing - fast



THANK YOU!



Questions??

