

# REVIEW OF BIOETHICAL DECISION MAKING FOR CLINICIANS

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## WHAT IS BIOETHICS?

- Ethics- discipline concerned with evaluating right and wrong, which course of action to take
- Bioethics-concerned with evaluating right and wrong, best course of action to take in a situation relating to medical science
  - Uses Reason
  - Investigative
  - Frequently addresses issues at the forefront of medicine and science
  - May have significantly different conclusions depending on individual world view
  - Medical Ethics is a component of Bioethics

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## COMPONENTS OF BIOETHICS

- Autonomy
  - Individuals right to make their own medical decisions
- Nonmaleficence
  - "Do no harm"
- Beneficence
  - Provide beneficial care
- Justice
  - Fair, equitable, appropriate
- Respect for Human Dignity



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### BIOETHICAL PRINCIPLES- BENEFICENCE

- Principle of Beneficence
  - Moral obligation to act for the good of others
  - By position of authority, nature of relationship, physicians have obligation to act for the good of individual patients and community
- Rules of Beneficence
  - 1. Protect and defend the rights of others
  - 2. Prevent harm
  - 3. Remove conditions that will cause harm
  - 4. Help persons with disability
  - 5. Rescue persons in danger.



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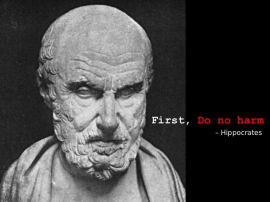
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### BIOETHICAL PRINCIPLES- NONMALEFICENCE

- Principle of Nonmaleficence
  - "First, do no harm"
  - Do nothing that can cause injury or harm to the patient
  - Negligence - imposes patient to potential harm
  - Standard of care - creates obligation to act. If not followed, risk to the patient is imposed.
- Rules governing nonmaleficence
  - 1. Do not Kill
  - 2. Do not cause pain or suffering
  - 3. Do not misdiagnose
  - 4. Do not cause offense
  - 5. Do not deprive others of the good of life



First, Do no harm  
- Hippocrates

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### BIOETHICAL PRINCIPLES- AUTONOMY

- Respect for autonomy
  - Acknowledge patients have a right to hold their own views, make choices and act on their values/beliefs
  - Requires physician comply with Informed Consent
    - Provide the patient enough information to make a reasonable and knowledgeable decision



INFORMED CONSENT

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### BIOETHICAL PRINCIPLES- JUSTICE

- Principle of Justice
  - Treat all equally
  - Fair distribution of goods (medical care)
  - Allow each to reach their potential
  - Social justice concerns well-being of each individual
  - Fair opportunity
  - Avoid discrimination

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### BIOETHICAL PRINCIPLES-HUMAN DIGNITY



#### HUMAN DIGNITY

- *"Respect for life requires that science and technology should always be at the service of man and his integral development. Society as a whole must respect, defend and promote the dignity of every human person, at every moment and in every condition of that person's life." St. John Paul II, Evangelium Vitae*

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### BIOETHICAL PRINCIPLES

- Professional-Patient Relationship
  - Honesty, Truthfulness, Candor
  - Obligation of Veracity
    - Accurate, timely, objective and comprehensive transmission of information
  - Concept of Privacy
  - Confidentiality
  - Fidelity
    - Loyalty to the patient once a relationship is established
    - Avoid Conflicts of Interest

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QUICK AND CONCISE METHOD OF MEDICAL ETHICS EVALUATION

4-Box Method



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MEDICAL INDICATIONS

*THE PRINCIPLES OF BENEFICENCE AND NONMALEFICENCE*

- What is the patient's medical problem? History? Diagnosis? Prognosis?
- Is the problem acute? Chronic? Critical? Emergent? Reversible?
- What are the goals of treatment?
- What are the probabilities of success?
- What are the plans in case of therapeutic failure?
- In sum, how can this patient be benefited by medical and nursing care, and how can harm be avoided?

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PATIENT PREFERENCE

*THE PRINCIPLES OF RESPECT FOR AUTONOMY*

- Is the patient mentally capable and legally competent? Is there evidence of incapacity?
- If competent, what is the patient stating about preferences for treatment?
- Has the patient been informed of benefits and risks, understood this information, and given consent?
- If incapacitated, who is the appropriate surrogate? Is the surrogate using appropriate standards for decision making?
- Has the patient expressed prior preferences, e.g., Advanced Directives?
- Is the patient unwilling or unable to cooperate with medical treatment? If so, why?
- In sum, is the patient's right to choose being respected to the extent possible in ethics and law?

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### QUALITY OF LIFE

*THE PRINCIPLES OF BENEFICENCE, NONMALEFICENCE AND RESPECT FOR AUTONOMY*

- What are the prospects, with or without treatment, for a return to normal life?
- What physical, mental, and social deficits is the patient likely to experience if treatment succeeds?
- Are there biases that might prejudice the provider's evaluation of the patient's quality of life?
- Is the patient's present or future condition such that his or her continued life might be judged undesirable?
- Is there any plan and rationale to forego treatment?
- Are there plans for comfort and palliative care?

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### CONTEXTUAL FEATURES- SOCIAL, FINANCIAL, LEGAL, ECT. *The Principles of Loyalty and Fairness*

- Are there family issues that might influence treatment decisions?
- Are there provider (physicians and nurses) issues that might influence treatment decisions?
- Are there financial and economic factors?
- Are there religious or cultural factors?
- Are there limits on confidentiality?
- Are there problems of allocation of resources?
- How does the law affect treatment decisions?
- Is there any conflict of interest on the part of the providers or the institution?

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### WHAT TO DO IF ETHICAL CONFLICT OCCURS BETWEEN THE PATIENT AND PHYSICIAN

- Bring family into discussion if appropriate
- Consult ethics experts
  - Local hospital
  - National consulting groups
- Consult/Convene ethics panel
- All else fails, patients care may need to be turned over to another provider.

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## Group Case Discussions




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### BIOETHICS CASE 1

Medical Indication	Quality of life
Patient Preference	Everything else- legal, financial, social, religious

Mrs. Sanders, a 59 y/o F with End Stage Renal Disease, secondary to diabetic nephropathy. She has been receiving twice weekly dialysis, and other than her dialysis treatment, she lives a full life.

She has three children who live in town and she frequently visits with her 10 grandchildren. She is also very active with her church community and has several friends that she meets weekly for bridge. Her husband of 30 years passed away last year.

Mrs. Sanders arrives at her nephrologist clinic and states she has decided that she would like to quit receiving dialysis. She expresses clear understanding that if she quits dialysis, she will pass away.

She does not have any issues with her finances, as her insurance is covering all of her current treatment. She is concerned that she has become a burden to her children and would like to die in order to allow her children to move on with their own life. She feels that receiving dialysis has become a burden requiring her to contact family for transportation, giving up the time twice a week to attend, and she simply feels badly, especially after dialysis.

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Patient M, a 17 y/o F presents to her PCP requesting initiation of cross sex hormones and referral to a plastic surgeon for mastectomy.

M has been under the care of her current PCP for the last 5 years and recently was hospitalized for suicidal ideation. She was treated inpatient for one week and is currently under the care of a psychiatrist. During her hospitalization, she expressed that she felt she was not a woman and that she identifies as a man, and desires to hormonal and surgical transition.

Prior to her hospitalization, M had been very active in school, received A's and B's. She has been on the dance team. Last year she had a boyfriend. This relationship ended badly, and M started experiencing depressive symptoms at that time. She is reluctant to share any details of her relationship other than that it 'went very bad'.

M lives with her parents, who are devout Christians. They do not support M's desire to start hormones or seek surgical transition. They would like her to seek counseling with a Christian counselor and urge her not to undertake any permanent interventions. They refuse to allow her to be seen at a gender dysphoria clinic.

### BIOETHICS CASE 2

Medical Indication	Quality of life
Patient Preference	Everything else- legal, financial, social, religious

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### BIOETHICS CASE 3

Medical Indication	Quality of life
Patient Preference	Everything else- legal, financial, social, religious

Mr. Rogers, a 57 y/o M presented to the ER with acute CP, SOB, and hypertension. He suffered a major AMI and was admitted to the ICU for further specialty consultation and evaluation. While in the ICU, he experienced respiratory distress, requiring intubation. He did not wake after the sedation was discontinued. Neurology was consulted, and he was not found to meet criteria for brain death. His prognosis was deemed poor.

His wife was present through the entire time, and desired all treatments be utilized. She states her husband is a devout Lutheran and would have desired his treatment to continue at all costs. He does not have any advanced directive, and his wife states that when they discussed it, he simply said he wanted everything to be done. They even bought supplemental and long-term care insurance in case of events such as these.

Mr. Rogers's previous wife and daughter, Sarah, arrive. They all get along well and frequently spend holidays and birthdays together. After being brought up to date on the situation they express that they would like to discontinue treatment. They discuss the case with the neurologist and cardiologist, who agree further treatment is not recommended. They agree his death is imminent, but it cannot provide any clear timeframe as he is stable on current settings. Sarah requests that Mr. Rogers be extubated and allowed to die.

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### BIOETHICS CASE 4

Margaret, a 26 y/o F, IDD (intellectually developmental delayed) individual presents to the OBGYN office with her caregiver, Samantha, who is asking for Margaret to be sterilized.

Margaret moved in to a group home 6 months ago, after her grandmother and caregiver passed away. Margaret had lived with her grandmother for most of her life, attending Mass with her devout grandmother and expresses that she also is a devout Catholic.

Margaret's father owns an international business and both of her parents frequently travel. They are her legal guardians and placed her in the group home. Samantha has been in contact with Margaret's parents who support the decision to sterilize her.

When Margaret is asked about the situation, she clearly states that she wants to have a baby. When asked if she know where babies come from, she states from the momma's belly, like the Baby Jesus. She has never been on contraceptives and does not have any chronic medical problems.

Samantha states that since she has been in the group home, Margaret has been seen kissing one of the other residents and was once found in his bedroom with him.

Medical Indication	Quality of life
Patient Preference	Everything else- legal, financial, social, religious

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