

## Ethics in the Hospital

### *Learning Objectives-*

- ✓ Recognize ethical dilemmas and be able to approach them appropriately
  - ✓ Describe the two models of ethical work up
  - ✓ Be able to determine if a patient has capacity to make medical decisions
  - ✓ Go over the informed consent process
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### *How do you define an ethical situation?*

- Myth: an ethical situation is one in which the medical team and patient/family disagree. For example, doctors want to stop medical care due to futility, while family/patient wants to keep going.
- Reality: an ethical situation is often a clash of values. The medical course of action may seem clear, but the appropriate action does **NOT**. For example, should a C1-C2 fracture be fixed in a 92 year old who is mentally intact?

### *How does one approach an ethical situation?*

- Ethical dilemmas are generally not resolved as 'right' and 'wrong'.
- The goal is to recognize values and wishes of different parties and choose the best blend.
- Need to apply cognitive analysis to the issues to be considered.

### *Commonly used methods for resolving ethical dilemmas/ethics work up-*

1. Most commonly used tool is the **4 Boxes** method (introduced by a philosopher, Jonsen, a physician, Siegler, and a lawyer, Winslade)<sup>1</sup>, which takes into consideration:
  - Medical indications
  - Patient preferences -- is the patient decisional?
  - Quality of life
  - Contextual features -- legal issues, cost to society
- These four topics should be considered in every clinical encounter

*The 4 Boxes Method-*

<p style="text-align: center;"><b>Medical Indications:</b></p> <p>Consider each medical condition and its proposed treatment. Ask the following questions:</p> <ul style="list-style-type: none"> <li>• Does it fulfill any of the goals of medicine?</li> <li>• With what likelihood?</li> <li>• If not, is the proposed treatment futile?</li> </ul>	<p style="text-align: center;"><b>Patient Preferences:</b></p> <p>Address the following:</p> <ul style="list-style-type: none"> <li>• What does the patient want?</li> <li>• Does the patient have the capacity to decide? If not, who will decide for the patient?</li> <li>• Do the patient's wishes reflect a process that is             <ul style="list-style-type: none"> <li>○ informed?</li> <li>○ understood?</li> <li>○ voluntary?</li> </ul> </li> </ul>
<p style="text-align: center;"><b>Quality of Life:</b></p> <ul style="list-style-type: none"> <li>• Describe the Patient's quality of life <b>in the patient's terms.</b></li> <li>• What is the patient's subjective acceptance of likely quality of life?</li> <li>• What are the views of the care providers about the quality of life?</li> <li>• Is quality of life "less than minimal?" (i.e., qualitative futility)</li> </ul>	<p style="text-align: center;"><b>Contextual Features:</b></p> <p>Social, legal, economic, and institutional circumstances in the case that can:</p> <ul style="list-style-type: none"> <li>• influence the decision</li> <li>• be influenced by the decision</li> </ul> <p>e.g., inability to pay for treatment; inadequate social support</p>

Table 1: 4 Box Method, from UW bioethics website.

2. Another commonly used method is a **balancing** of the physician's ethical responsibilities based on the six values of medical ethics<sup>3</sup>:

- To act on principles of **Beneficence** (act in the best interest of the patient - *salus aegroti suprema*) vs. **Non-maleficence** ("first, do no harm"- *primum non nocere*)
- To uphold patient **autonomy** (the right to refuse or choose treatment - *voluntas aegroti suprema*), by promoting patient's ability to make an informed decision
- To ensure **equality of care/Justice**: are all patients being treated equally? Keep in mind that this is different than fairness. This concerns the distribution of scarce health resources.
- To ensure the patient's and provider's right to **dignity**
- Encourage **honesty** and **truthfulness**. This concept encompasses the important field of informed consent

*Additional considerations in your analysis of competing issues and values:*

- Does the patient have decisional capacity?
  - This can be very challenging to determine (See attached case by Dr. Merel)
  - Four elements to consider are:
    - Understanding: the patient can comprehend information
    - Appreciation: the patient can appreciate significance of information
    - Reasoning: the patient can weight the risks, benefits and alternatives
    - Ability to express choice
  - Decisional capacity is different than competence, which is determined only in a court of law.
  
- Is the patient truly providing informed consent?
  - Three components to consider are:
    - Ensure consent is given in absence of coercion or duress
    - The patient is provided with all of the necessary information to make a decision including the nature of treatment, risks, benefits, alternatives
    - The patient has the level of decisional capacity making necessary for making a meaningful choice
  
- Is this an appropriate situation in which to invoke paternalism?
  - Allowing beneficence to trump autonomy – i.e., taking away patient’s right to autonomy
  - Consider invoking paternalism only if there are serious or grave consequences without treatment, *and* patient’s capacity of decision making is unclear.

*Other common ethical issues that arise in the hospital-*

- End-of-life care
- Confidentiality
- Resource allocation
- Medical mistakes
- Care for vulnerable patients
- Immigrant populations

References:

1. Jonsen AR., Siegler M, Winslade WJ. *Clinical ethics: a practical approach to ethical decisions in clinical medicine, 4<sup>th</sup> Ed.* McGraw-Hill, New York, 1998.
2. UW Bioethics website: <http://depts.washington.edu/bioethx/topics>
3. Medical Ethics Definition: <http://www.answers.com/topic/medical-ethics?cat=technology>

## **Ethics in the Hospital Problem Set:**

*Problem #1:* A 45 year old homeless woman is admitted with cellulitis and abscess. She is clinically ready for discharge the following day but tells you that she cannot go to the streets because she will need to be continuously walking and because she is unable to change her dressings. Respite has no beds. What are the ethical issues and what will you do?

*Problem #2:* An inebriated 59 year old man is admitted for alcohol withdrawal. He requires aggressive IV fluids and electrolyte replacement but no IV access is available. You want to put in a central venous catheter, but he refuses. No family is available. What are the ethical issues and what will you do?

*Problem #3:* A 92 year old female who is hard of hearing but otherwise mentally intact is admitted for a C1-C2 fracture after an unwitnessed fall. The family tells you that she was driving two months ago. The options are for her to be lying down for the rest of her life in a neck brace or to receive a high-risk operative fixation. What are the ethical issues and what will you do?

*Problem #4:* A 40 year old male with ESRD walks off an international flight and is brought to the Harborview ED, where he is found to have a K+ of 8.0 and a creatinine of 12. What are the ethical issues? What is the law? What should be done for him now, and what should be done chronically, when no one else in the community will hemodialyze him?

*Problem #5:* You are the admitting doctor for one of the Mariners. Do you tell your spouse about this patient?

*Problem #6:* A homeless 48 yo man with a h/o alcohol abuse is admitted for withdrawal; this is his 3rd hospitalization after he was diagnosed with localized colon cancer. He has failed to follow up for definitive care. He improves and the UDF wants to know if you're discharging him. What are the ethical issues and what will you do?

*Problem #7:* A 44 year old male with A2 HIV does not believe that he has this illness. He presents requesting treatment for erectile dysfunction. What are the ethical issues and what will you do?