

# WORKUP OF AN ETHICAL PROBLEM

method to address ethical problems  
encountered in patient care

Ethical Principles

Case study

- The following can be used to **guide** practitioners through the careful thought process involved in **identifying**, **resolving**, and **preventing** common ethical problems.
- It is adapted from the work of Philip Hebert described in his book *Doing Right*.

- First, the Work-up of an Ethical Problem is an attempt to **formalize the decision-making process**.
- This permits the practitioner to structure **dialogue and analysis** in a framework that provides greater clarity of issues

- ⦿ Essentially, the Work-up of an Ethical Problem is a practical framework used to *map* the most important elements that emerge during the practitioner's deliberations and **guide action** in therapeutic interventions.
- ⦿ Remember, **ethical decision-making is not an exact science**

# WORKUP OF AN ETHICAL PROBLEM

- **Step 1:** Recognize When a Patient Encounter Raises an Important Ethical Problem, and Gather the Relevant Facts (What are the clinical facts? What are the legal facts? What are the ethical facts?)
  - In this step, the practitioner **recognizes** value conflicts and can **identify** an ethical problem.
  - The practitioner should be committed to increasing his/her **ethical consciousness** through reflection, reading, discussion, and any other means.
  - Gather as much information as possible, examine it, and discuss it with the patient
  - Always remember that the patient's perspectives and preferences are of paramount importance.

- ◉ Step 2: Work with the Patient to Describe the Problem that Has to Be Resolved (What is the ethical dilemma? What ethical principles are involved?)
  - The second step requires that the central problem be stated.
  - Once stated the problem can be discussed and the essentials that require resolution pursued.
  - Are the practitioner and the patient *on the same page*? Clarification is fundamental!

## ○ Step 3: Determine What Each of You (Practitioner and Patient) Consider to Be an Acceptable Resolution to the Problem

- In this step the practitioner asks, "What would a solution look like?"
- Solutions may be simple, or they could be complex.
- **What does the practitioner think** is reasonable? **The patient?** Do both agree?
- What desired outcome can be **agreed upon** by both parties?
- Are the views expressed **divergent**? What is **reasonable**? What is considered **unreasonable** or unacceptable? Are there any differences? **irreconcilable**

- Step 4: Generate Reasonable Alternatives to Resolve the Ethical Problem, and Consider Each Option in Relation to the **Fundamental Ethical Principles** and the Patient's Preferences(What are the possible strategies to address the problem? What are the practical possibilities?)



- ◉ The practitioner focuses on possible options as they relate to autonomy, beneficence, and justice
- ◉ Hebert considers this step to be **difficult**.
- ◉ While the patient's **preferences "come first"**, it is important to keep in mind that preferences will depend on such things as the availability of resources, or access to options that are viable.
- ◉ " Of course if the patient's preferences are **illegal, or may harm others**, the practitioner can reject them.

# SOME IMPORTANT ETHICAL PRINCIPLES

- ◉ ***Nonmaleficence***—A basic principle of consequentialist theory; encompasses the duty to do no harm. This tenet has a long history as part of the Hippocratic tradition, where it has often been described in terms of the health care provider's duty to the individual patient. The principle is also cited as justification for actions benefiting all. Sometimes, application of the principle requires addressing conflicts between the needs of one and all.
- ◉ ***Beneficence***—Another basic principle of consequentialist theory that expresses the duty to promote good. Again, conflict can arise between what constitutes good for one individual versus the larger societal group.

- ◉ *Respect for **autonomy***—A principle described particularly within deontological theory. This principle is founded on a belief in the right of the individual to self-rule. It speaks to the individual's right to decide on issues that primarily affect self.
- ◉ ***Consent***—A moral rule related to the principle of autonomy, which states that the client has a right to be informed and to freely choose a course of action, for example, informed consent to receive a therapy or procedure.
- ◉ ***Confidentiality***—A moral rule, also related to the principle of autonomy, which specifically addresses the individual client's right to give or refuse consent relative to the release of privileged information.
- ◉ ***Privacy***—Another rule within the principle of autonomy, more generally relating to the right of the individual to control his or her own affairs without interference from or knowledge of outside parties.

- ◉ *Veracity*—This term addresses the obligation to truth telling or honesty. Veracity is considered an ethical principle within deontological theory. However, it is considered a useful rule within consequentialist theory, to the extent that it promotes good.
- ◉ *Fidelity*—Another principle of moral duty in deontological theory that addresses the responsibility to be trustworthy and keep promises. This principle also relates to a duty of reciprocity—consideration of the other's point of view.

## WHEN CONSIDERING DIFFERENT PRINCIPLES FOR STEP 4 WE MAY ASK THE FOLLOWING QUESTIONS

- **Autonomy**: What does the patient want?
- **Beneficence**: What good can be done for the patient?
- **Nonmaleficence**: Is harm to the patient being avoided?
- **Justice**: Is the patient receiving what is fair?
- **Veracity**: Is the patient being told the truth?
- **Confidentiality**: Is the patient's privacy being protected?

- ◉ Step 5: Select the Resolution that You and the Patient Will Implement (What should be done? What is the final decision that you plan to implement?)
  - This is the moment when the practitioner **decides on a resolution** to the specific problem.
  - Here, a decision must be made, and the practitioner should conclude that this is a **justifiable** resolution and the best of all possible options.
  - When any disagreement arises as a consequence of this decision the practitioner should be in a position to articulate **why this is the best** course of action and why he or she finds the alternatives unacceptable.

- Step 6: Critically Examine the Decision that Has Been Made, and Justify It (What makes this the best choice? What would make you change your mind?)
  - Hebert asserts the importance of making a decision that "you can live with."
  - Do you feel comfortable with the decision?
  - Additionally, "will you be able to sleep soundly given your decision?"
  - The role of emotions in decision-making is important.

- **Step 7: Do the Right Thing—Implement It** (How am I going to accomplish this? What is the best strategy to implement the solution? How will I know if my actions were appropriate or not? Follow-up with the patient.)
  - arriving at the right thing is a collaborative exercise.
  - Critical thinking, along with meaningful discussion, and a willingness to modify or change positions is a vital part of this important work-up.
  - Well-defined, clearly stated, ethical decisions are an integral part of any therapeutic relationship.
  - This is as much to do with building trust as it is with professional responsibilities.
  - Keeping this in mind at all times helps clinicians to do *the right thing*.



# THE FIVE-STEP MODEL

- ⦿ 1. Respond to the “sense” or feeling that something is wrong.
- ⦿ 2. Gather information/make an assessment.
- ⦿ 3. Identify the ethical problem/consider a moral diagnosis.
- ⦿ 4. Seek a resolution.
- ⦿ 5. Work with others to determine a course of action.

## CASE:

# REPORTING A POSSIBLY LETHAL ERROR: WHO NEEDS TO KNOW?

- Roger Lucas, 70 years old, was admitted to the medical intensive care unit from the surgical floor of the hospital with what appeared to be a pulmonary embolism.
- Mr. Lucas had fractured his femur in a fall at the nursing home where he is a patient and was awaiting surgery the next morning when he developed dyspnea, tachypnea, and tachycardia.

- At almost the same moment that Mr. Lucas arrived in the ICU, another patient, Ronald London, was admitted in the next room under equally emergent conditions.
- Mr. London was 60 years old and had a history of liver cirrhosis from alcohol abuse. Mr. London had ruptured esophageal varices.
- Helen Fowler, Pharm.D., was the pharmacy supervisor for the evening shift for the six intensive care units in the hospital. She and
- two other pharmacists worked frantically to fill all the orders for intravenous drugs and
- parenteral solutions that came from the intensive care units.

- Later, after the rush had subsided, Dr. Fowler decided to conduct rounds and learned that Mr. London had died.
- The code team was still picking up their equipment when Dr. Fowler got to the unit.
- Then **Dr. Fowler noticed the label on the IV bag** in the trash, the one that had held the IV the nurse had just removed from Mr. London's arm. Dr. Fowler was shocked to see that the **empty IV bag included heparin, not the octreotide** he should have received.
- A hemorrhaging patient should never receive heparin.

- ◉ Without saying anything to the nurse, Dr. Fowler stepped next door to see what solution was hanging in Mr. Lucas's room.
- ◉ Much to her dismay, **Mr. Lucas was receiving octreotide when he should have been receiving heparin.** And, the two names had been switched on the labels. In the rush and confusion surrounding the admissions and the
- ◉ critical nature of both patients, the IVs were inappropriately labeled. Apparently no one
- ◉ checked the bags for the name of the drug before hanging them since in each case the
- ◉ patient's name and room number were correct.

- Dr. Fowler knew **that the risk of mortality is high** with patients who have ruptured esophageal varices, so the mix-up with the heparin may not have had anything to do with Mr. London's death, but she knew that such a patient **should not receive heparin**.

- Dr. Fowler believed the next step should be to stop the octreotide IV and notify the pharmacy to send up the right drug for Mr. Lucas.
- She thought she had to tell Dr. Janice Mann, the intensivist who was treating both patients, but dreaded doing so because Dr. Mann did not tolerate mistakes. But, Dr. Mann needed to know so that she could adjust Mr. Lucas's treatment. Then there was the issue of Mr. London's family. Dr. Fowler wasn't as sure that they needed to be told about the error.

- The five-step model can help Dr. Fowler work toward a justifiable resolution.
- *1. Respond to the Sense That Something Is Wrong*



# 1. RESPOND TO THE SENSE THAT SOMETHING IS WRONG

- ◉ In Mr. London's case, Dr. Fowler happened to notice the discarded IV bag that led to her **discovery of a drug error** that may or may not have contributed to Mr. London's death.
- ◉ Dr. Fowler also experiences a **sense of dread** when she thinks about reporting the error to the intensivist in charge of both patients. She can certainly expect some type of negative reaction from Dr. Mann based on past interpersonal interactions.
- ◉ She may also **feel guilty** about the error that has occurred.
- ◉ She expresses "dismay" when she sees the wrong drug being administered in Mr. Lucas' room.
- ◉ **These negative emotions are indications that an ethical problem is present.**

## 2. GATHER INFORMATION

- To organize the numerous facts in the situation in which Dr. Fowler is involved, one can classify them into **clinical** and **situational** information

- ◉ In Mr. London's case, the **clinical information** appeared to be unambiguous.
- ◉ His illness was **acute and life-threatening**. If not treated immediately with appropriate drug therapy and other life-saving measures, Mr. London would certainly **die from hemorrhage and shock**.
- ◉ Even if the treatment was effective in managing the bleeding, it would not resolve the underlying problem of cirrhosis.
- ◉ Additionally, the chance that treatment would be effective was small given the underlying condition. The **administration of heparin to a patient who is already hemorrhaging** would increase the risk of bleeding, but it may not have hastened Mr. London's death.

- **Situational information** includes data regarding the **values and perspectives** of the principals involved; their authority; verbal and nonverbal communication, including language barriers; cultural and religious factors; setting and time constraints; and the relationships of those immediately involved in the case.
- In other words, even if the clinical “facts” of a case remain constant, changes in the situational or contextual factors, such as the values of a key principal in the case, could change the ethical focus or intensify the ethical conflict.
- Of all the situational data mentioned, the most important is the identification and understanding of the value judgments involved in a case

- The main players in this case are
  - the two patients,
  - any family involved,
  - Dr. Fowler,
  - Dr. Mann,
  - the pharmacist(s) who prepared the drugs,
  - and members of the nursing staff responsible for hanging the IV medications.
  
- We know specifically that Dr. Mann “. . . did not tolerate mistakes.”

- The case also includes a situational factor that impinges on the case—urgency and time constraints. **Two emergencies occurred almost simultaneously.**
- Each member's responsibilities are distinct yet overlap.
- As part of the information-gathering step it is important to sort out the various **responsibilities**, not for placing blame but for identifying moral accountability

- For example, Dr. Fowler may not be the one who mislabeled the IV bags, but as evening supervisor she has overarching responsibility for all medications that leave the pharmacy.
- Second, she is the one who discovered the error. **Knowledge of the error carries its own responsibility.**
- These are only some of the facts affecting ethical decision-making in this case.

### *3. IDENTIFY THE ETHICAL PROBLEM/MORAL DIAGNOSIS*

- The ethical principles most often involved in complex cases, such as Dr. Fowler's situation, are
  - (1) patient and health professional autonomy,
  - (2) beneficence and nonmaleficence, and
  - (3) justice.
- In this volume, veracity, fidelity, and avoidance of killing are treated as possible principles



- All we know for certain is that the error **deprived him of drug therapy** that could have provided benefit.
- The error may have caused harm to Mr. Lucas as well. **He too was deprived**, at least for a while, of a treatment that could have helped him.

- ⦿ Thus, harms have occurred that, at this point, are unknown to key players in the case. **Nonmaleficence suggests that Dr. Fowler has a duty to protect the pharmacist** involved from having to endure the unjustified wrath of Dr. Mann but also to prevent further harm to **Mr. Lucas** by making sure he begins to receive the right drug.
- ⦿ Nonmaleficence would also suggest a duty to initiate procedures to make sure this kind of error does not occur again.

- ◉ Also at stake is the principle of **veracity**, the moral notion that one is obligated to speak truthfully, especially when one's role in the situation makes it ethically impossible to keep silent.
- ◉ As far as we know to this point, only Dr. Fowler knows about the error.

- As soon as she calls attention to the error by stopping the octreotide IV and ordering the correct medication from the pharmacy, others will become aware of the error too.
- She believes she is obligated to tell the truth to Dr. Mann so that she can adjust Mr. Lucas's treatment. But there are others involved in the case who have a claim on knowing the truth, the other members of the health care team, such as the nurses and pharmacists, as well as Mr. London's family.

- Dr. Fowler seems to feel quite certain that she has a duty to inform Dr. Mann
- but **isn't as clear about her obligation to Mr. London's family.**
- One could propose arguments for either telling or withholding the truth from the family.
- The harm to Mr. London has already occurred and is irreversible.
- The principle of nonmaleficence, or of doing no harm, could lead Dr. Fowler to be concerned about **causing unnecessary psychological stress** on his family.

- On the other hand, the family could benefit from knowing what happened. They could pursue legal action that would benefit them financially and may help them gain closure over the incident.
- Beneficence involves balancing the burdens and the benefits of an action, an analysis that can be extremely difficult.

- The ethical principle of **fidelity** requires that people act out of **loyalty** to those with whom they stand in a special relationship, such as between **health provider and patient**.
- The requirements of fidelity when a provider interacts with **family members are more complex**, but a case could be made that, in this situation, Dr. Fowler owes it to Mr. London's family to let them know truthfully what happened.

## 4. *SEEK A RESOLUTION*

- ◉ Several courses of action are open to Dr. Fowler:
  - (1) She could fully share information about the error with all those involved;
  - (2) she could tell Dr. Mann about the error and other internal entities in the hospital but not inform Mr. London's family or Mr. Lucas's family;
  - (3) she could keep the knowledge to herself and not tell anyone and try to correct the error without being caught or just let the wrong drug continue to infuse into Mr. Lucas; or
  - (4) she could wait to tell Dr. Mann about the error with Mr. Lucas's medication until she can determine if it is having any side effects.



- ◉ Choosing the first option would be in compliance with deontological (or duty based) ethical theories, which assert that the rightness of an act can be judged insofar as it fulfills some principle of duty, in this case particularly the duty of **veracity**.
- ◉ Not telling the family members does not respect the dignity of the family members.
- ◉ Furthermore, not telling and trying to correct the error without telling anyone about it is fraught with problems, not the least of which is the great possibility of getting caught in the act of a cover-up

## *5. WORK WITH OTHERS TO CHOOSE A COURSE OF ACTION*

- Dr. Fowler should call on the input of colleagues in pharmacy, the physician, and the nursing staff. By discussing concerns together, they can reach a more comprehensive decision that is ethically justifiable.
- It is apparent that the duty-based principles, such as autonomy, veracity, and fidelity, push very hard toward requiring disclosure of the error—at least to Dr. Mann and other hospital authorities and probably to the patients' families as well.

- ◉ Harms can come—to the families who will be placed in distress and certainly to the pharmacist who made the error.
- ◉ Significant benefits from disclosure also can be expected, perhaps to Mr. Lucas but definitely to future patients.
- ◉ It is possible that the family members might gain benefits as well

# QUIZZ

- ◉ What are the Fundamental Ethical Principles that ought to be applied in pharmacy ?