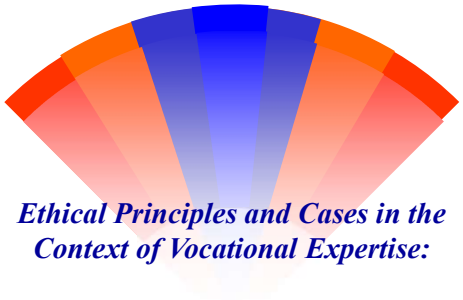

Ethical Principles and Cases in the Context of Vocational Expertise:

Lee Crandall, Ph.D.
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Clemson University
Consultant – Ormond Beach, FL

1

Ethics and "Related Stuff"

- Professionalism
- Professional-client relationships
- Spirituality and religiosity
- Law
- Interdisciplinary team issues
- Financing issues
- Ethics

2

Professionalism

- Latin - *professio* - public declaration
  - Claim of societal benefit
  - Claim of self-regulation
- Hallmarks of a Profession
  - competence in a special skill
  - defined duties toward others and society
  - control over admission, discipline, training of members

3

Professionalism

- How is a profession different from a business?
  - Fiduciary duty
  - Code of ethics
- What are the obligations of the professional?
  - Altruism
  - Accountability
  - Excellence
  - Duty
  - Honor and integrity
  - Respect for others

4

Professional-Client Relationships

- **Fiduciary Relationship (covenant)**
  - A special relationship in which the more powerful looks out for the interests of the less powerful
- **Benefit for the client is the goal**
  - Act in the client's interests
- **Avoid Paternalism (professional decides)**
  - Based on a mistaken notion of the client's interests

5

Professional-Client Relationships

- **Avoid Projection - find out what the client wants**
- **Confidentiality**
  - except where limited by law
- **These responsibilities often conflict**
  - Benefit/confidentiality
  - Non-paternalism/benefit

6

Spirituality/religiosity

- **Personal guides to what is right and wrong**
  - **professional**
  - **client**
  - **organization**
- **How important is religiosity in the USA?**
  - **84% claim it is important**
  - **40% attend services weekly**
  - **Professionals may be less religious than clients**

7

Spirituality/religiosity

- **Why does this matter?**
  - **Spiritual belief system**
  - **Personal spirituality**
  - **Involvement in religious community**
  - **Ritualized practices and restrictions**
  - **Implications for therapy**
  - **Terminal events planning/expectations**
    - **Maugans, *Archives of Family Medicine***

8

Spirituality/religiosity

- **Is there a place for my religious beliefs in my professional role?**
  - **Only if client asks**
  - **Never obligatory**
  - **Should not claim "truth"**
  - **Principle of "do no harm" applies**

9

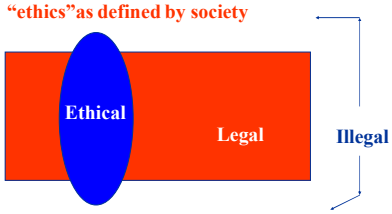
Law (and regulations)

- **Four types of law in USA**
  - **constitutional**
  - **statutory**
  - **judicial (case law)**
  - **administrative (regulations)**
- **Related concepts**
  - **agency/institutional policies and practices**
  - **risk management**
  - **ethics**

10

Law (and regulations)

- **Ethics - right behavior as the ideal**
  - **ideal "morally right" choice among legal, illegal or legally ambiguous acts/policies**
- **Law - boundaries of wrong behavior**
  - **"ethics"as defined by society**



11

Law (and regulations)

- **Law (& regs) - established societal rules for conduct (criminal & civil)**
- **Ethics - a system for determining what "ought to be" -- in a moral sense**
- **Risk management - an organization-specific methodology for reducing risk of criminal or civil liability**

12

Law AND Ethics both address:

- Access to care
- Informed consent for treatment
- Informed consent in research
- Confidentiality
- Truth-telling (veracity)
- Privileged communications
- End-of-life issues
- Professional duties

13

Interdisciplinary Team Issues

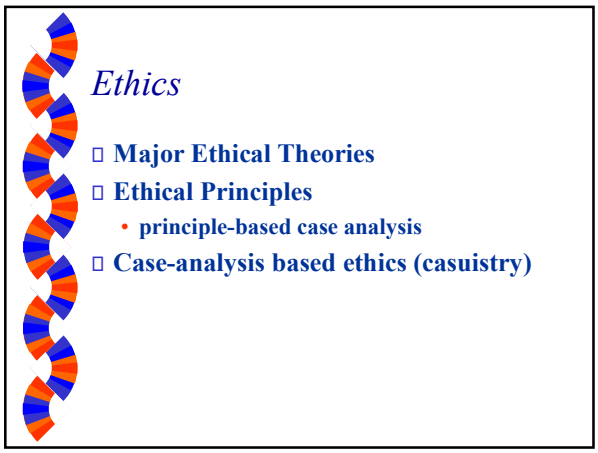
- What other professions are involved?
  - Medicine/nursing
  - Physical therapy/occupational therapy, etc.
  - Social work
  - Law
  - Others?
- Are "business interests" involved?
  - Insurance
  - Managed care
  - Government
- What professional, legal or financial interests are in conflict?

14

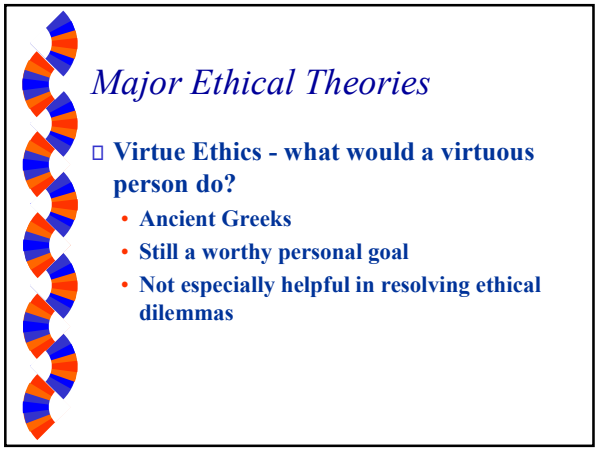
Financing Issues

- "Global" budgeting
  - LTC insurance/Medicare/Medicaid
  - State rehab agency
  - Private disability insurance
  - Capitated medical care (HMO)
- Fee based budgeting
  - Indemnity insurance
  - discounted fees for service (HMO/PPO)

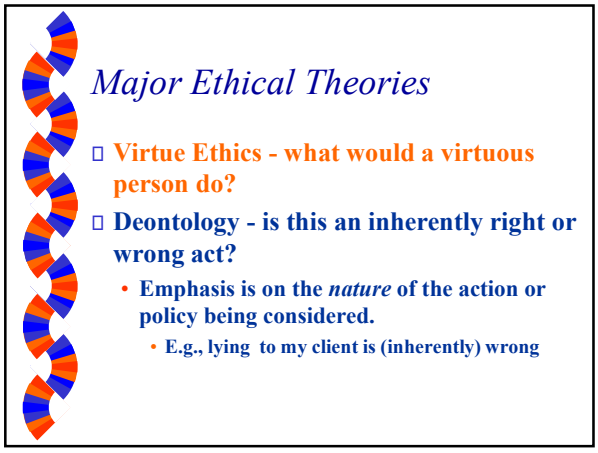
15


Ethics
Major Ethical Theories
Ethical Principles
principle-based case analysis
Case-analysis based ethics (casuistry)

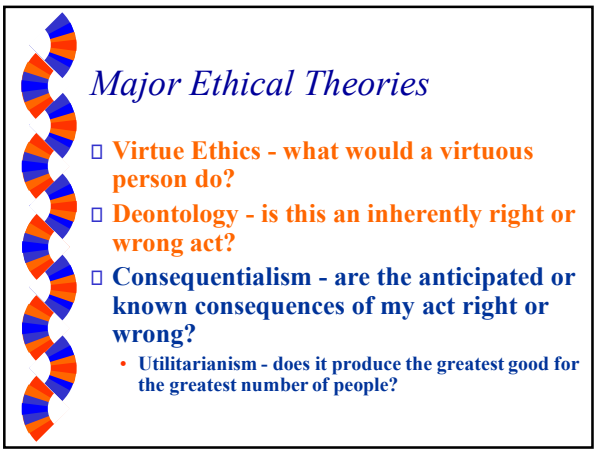
16


Major Ethical Theories
Virtue Ethics - what would a virtuous person do?
Ancient Greeks
Still a worthy personal goal
Not especially helpful in resolving ethical dilemmas

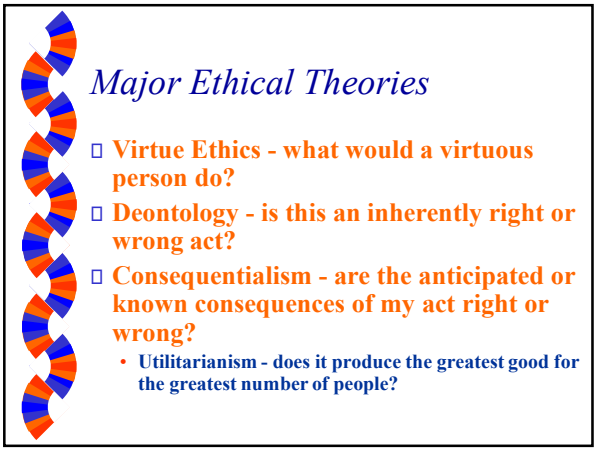
17


Major Ethical Theories
Virtue Ethics - what would a virtuous person do?
Deontology - is this an inherently right or wrong act?
Emphasis is on the nature of the action or policy being considered.
E.g., lying to my client is (inherently) wrong

18


Major Ethical Theories
Virtue Ethics - what would a virtuous person do?
Deontology - is this an inherently right or wrong act?
Consequentialism - are the anticipated or known consequences of my act right or wrong?
Utilitarianism - does it produce the greatest good for the greatest number of people?

19


Major Ethical Theories
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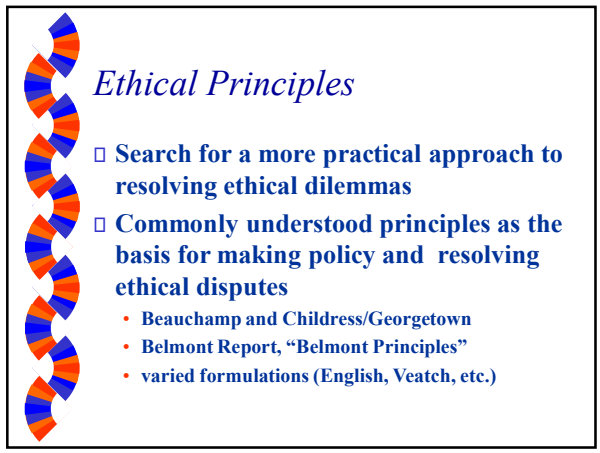
Deontology - is this an inherently right or wrong act?
Consequentialism - are the anticipated or known consequences of my act right or wrong?
Utilitarianism - does it produce the greatest good for the greatest number of people?

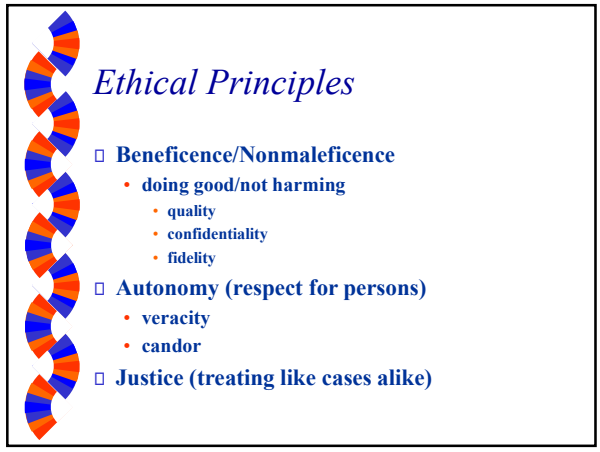
20


Major Ethical Theories
Problems of analyzing every case
Are you a deontologist or a consequentialist/utilitarian?
Mixed models
rule utilitarianism (instead of act utilitarianism) - develop and follow a rule that produces the greatest good for the greatest number of people.

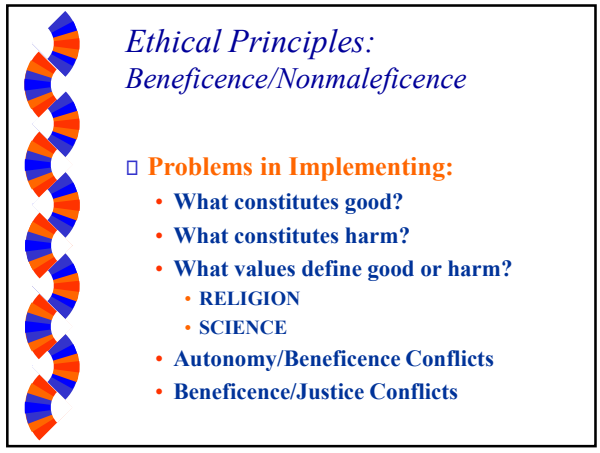
21


Ethical Principles
Search for a more practical approach to resolving ethical dilemmas
Commonly understood principles as the basis for making policy and resolving ethical disputes
Beauchamp and Childress/Georgetown
Belmont Report, "Belmont Principles"
varied formulations (English, Veatch, etc.)

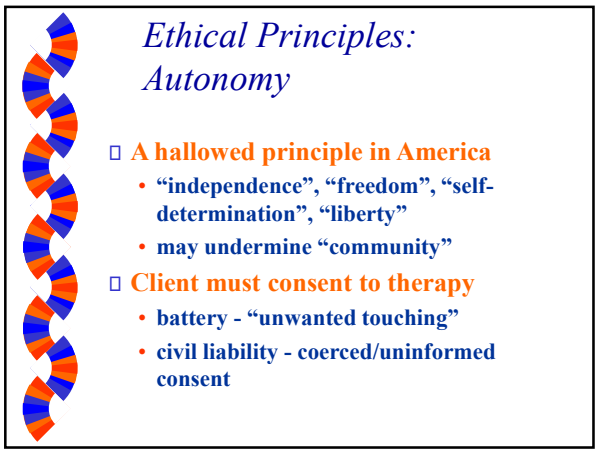
22


Ethical Principles
Beneficence/Nonmaleficence
doing good/not harming
quality
confidentiality
fidelity
Autonomy (respect for persons)
veracity
candor
Justice (treating like cases alike)

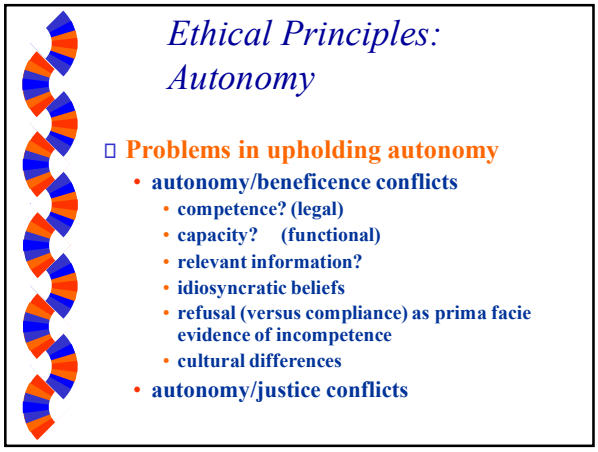
23


Ethical Principles:
Beneficence/Nonmaleficence
Problems in Implementing:
What constitutes good?
What constitutes harm?
What values define good or harm?
RELIGION
SCIENCE
Autonomy/Beneficence Conflicts
Beneficence/Justice Conflicts

24


Ethical Principles:
Autonomy
A hallowed principle in America
"independence", "freedom", "self-determination", "liberty"
may undermine "community"
Client must consent to therapy
battery - "unwanted touching"
civil liability - coerced/uninformed consent

25


Ethical Principles:
Autonomy
Problems in upholding autonomy
autonomy/beneficence conflicts
competence? (legal)
capacity? (functional)
relevant information?
idiosyncratic beliefs
refusal (versus compliance) as prima facie evidence of incompetence
cultural differences
autonomy/justice conflicts

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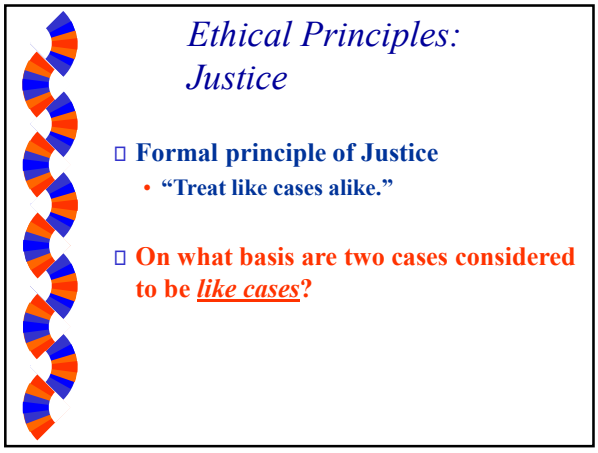
Ethical Principles:
Justice
Formal principle of Justice
"Treat like cases alike."
On what basis are two cases considered to be like cases?

27

Ethical Principles: Justice

- **Formal principle of Justice**
  - **"Treat like cases alike."**
- **"Material" principles of justice**
  - **equality**
  - **ability to pay**
  - **need**
  - **merit**
  - **social worth**
  - **social contribution**

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Ethical Principles: Justice

- **Lack of a common shared understanding of justice is inherent in our nation's health care debate?**
- **What model drives:**
  - **state rehabilitation agencies?**
  - **for-profit insurance companies?**
  - **private rehabilitation firms?**
  - **Medicare/Medicaid**
  - **the Canadian health care financing system?**

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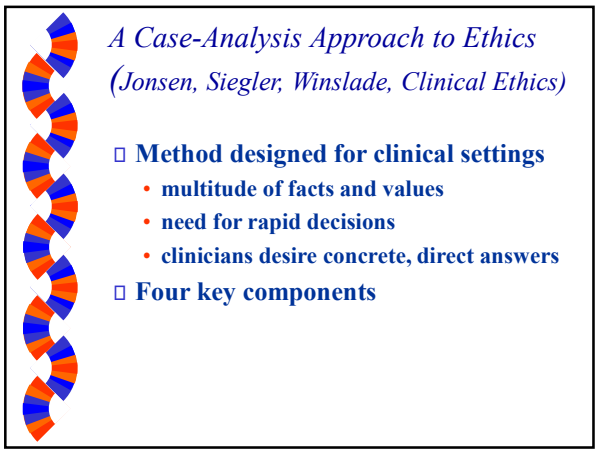
Ethical Principles:

Problems in using principles to resolve ethical issues:

- **Which principle matters most?**
  - **to whom?**
  - **why?**
- **Are there other important principles?**
  - **sanctity of life**
  - **community**
  - **family**

30


A Case-Analysis Approach to Ethics
(Jonsen, Siegler, Winslade, Clinical Ethics)
Method designed for clinical settings
multitude of facts and values
need for rapid decisions
clinicians desire concrete, direct answers
Four key components

31


A Case-Analysis Approach to Ethics
Four key components must first be outlined
Clinical Indications
Client Preferences
Quality of Life
Contextual Features

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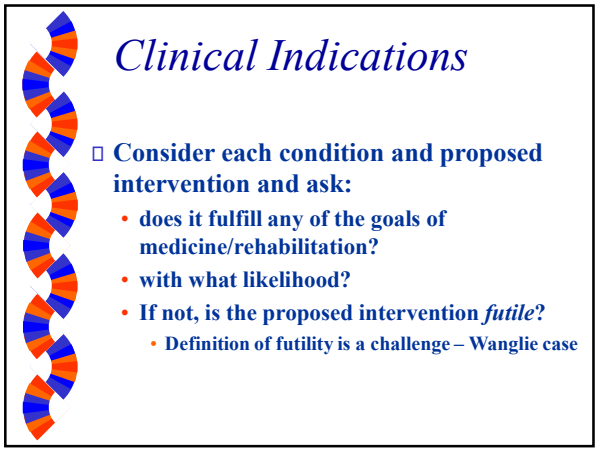

Clinical Indications
Consider each condition and proposed intervention and ask:
does it fulfill any of the goals of medicine/rehabilitation?
with what likelihood?
If not, is the proposed intervention futile?
Definition of futility is a challenge – Wanglie case

33

Client Preferences

- **Address the following:**
  - **What does the client want?**
  - **Does the client have sufficient capacity to understand/decide? If not, who will decide?**
  - **Do the client's wishes reflect a process that is:**
    - **informed?**
    - **Understood?**
    - **Voluntary? (uncoerced?)**

34

Quality of Life

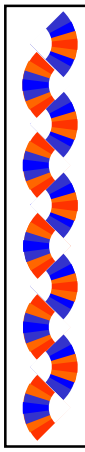
- **Describe the current quality of life**
  - **in the client's terms**
- **Does the client believe the intervention will alter quality of life? (positively or negatively)**
- **Do you believe the intervention will alter quality of life? (positively or negatively)**
  - **objectively**
  - **subjectively**

35

Contextual Features

- **What social, legal, economic, institutional, agency, circumstances in this case can:**
  - **influence the decision?**
  - **be influenced by the decision?**

36



A Case-Analysis Approach to Ethics

Questions to be addressed after collecting information:

- **What is at issue?**
- **Where is the conflict?**
- **Are we aware of similar cases?**
- **Is there a precedent (paradigm case)?**
- **How (if at all) does this case differ from the paradigm?**
- **Are these differences morally significant?**

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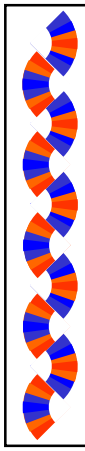

Dax's Case
A classic medical ethics case

In 1973, Donald "Dax" Cowart, age 25, was severely burned in a propane gas explosion. Rushed to the Burn Treatment Unit of Parkland Hospital in Dallas, he was found to have severe burns over 65 percent of his body; his face and hands suffered third degree burns and his eyes were severely damaged.

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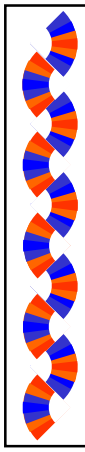


Dax's Case
A classic medical ethics case

Full burn therapy was instituted. After an initial period during which his survival was in doubt, he stabilized and underwent amputation of several fingers and removal of his right eye.

39

Dax's Case
A classic medical ethics case

During much of his 232 day hospitalization at Parkland, his few weeks at Texas Institute of Rehabilitation and Research at Houston, and his subsequent six months stay at University of Texas Medical Branch in Galveston, he repeatedly insisted that treatment be discontinued and he be allowed to die.

https://www.youtube.com/watch?v=M3ZnFJGmoq8

40

Dax's Case
A classic medical ethics case

- **Despite this demand, wound care was continued, skin grafts performed and nutritional and fluid support provided. He was discharged totally blind, with minimal use of his hands, badly scarred, and dependent on others to assist in personal functions.**
  - **Jonsen, Siegler & Winslade, *Clinical Ethics: Third Edition*, (McGraw-Hill: New York), 1992, page 4**

41

Dax's Case
An Autonomy/Beneficence Conflict

- **Beneficence/nonmaleficence**
  - **What "good" was accomplished?**
    - **Dax's life was saved**
  - **What harm was caused?**
    - **Death would have avoided intensely painful treatments**
- **Autonomy**
  - **Were the patient's wishes respected?**
  - **Did he have the capacity to decide?**

42

Dax's Case
A Case Analysis

- **Clinical Indications**
  - **After emergency treatment, Dax's prognosis for survival was ~ 20%.**
  - **After 6 months of treatment, Dax's prognosis for survival was ~100%.**
  - **If his refusal of wound care had been respected certainty of death was ~100%.**

43

Dax's Case
A Case Analysis

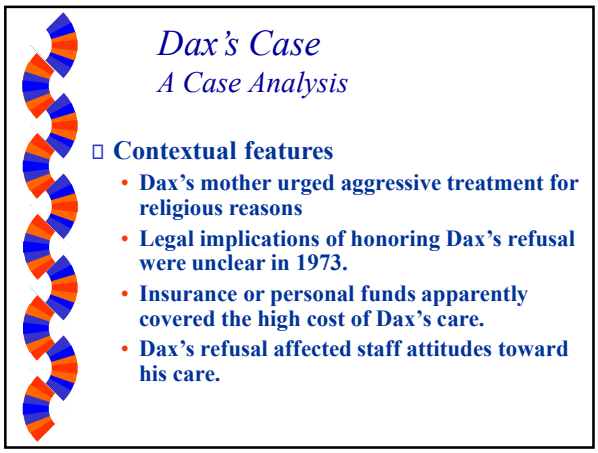
- **Client preferences**
  - **Initially doctors assumed that the trauma of the burn limited Dax's capacity to make decisions.**
  - **Later, in Galveston a psychiatrist affirmed his capacity to decide.**
    - **Would respecting his decision constitute assisted suicide?**
    - **Could Dax reasonably evaluate his life post-rehabilitation?**

44

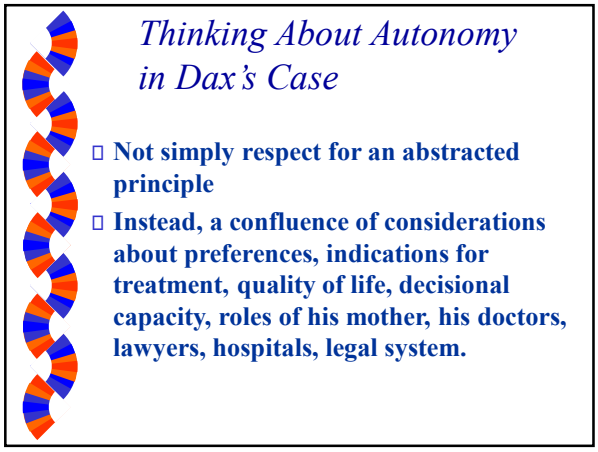
Dax's Case
A Case Analysis

- **Quality of Life**
  - **Prior to the accident Dax was an athlete, outdoorsman, ex Viet Nam fighter pilot who worked in real estate, hoped to become an airline pilot.**
  - **During treatment Dax's life was excruciatingly painful, and he was profoundly depressed.**
  - **Post accident Dax would be disfigured, blind, without most fingers, and would experience mobility limitations.**

45


Dax's Case
A Case Analysis
Contextual features
Dax's mother urged aggressive treatment for religious reasons
Legal implications of honoring Dax's refusal were unclear in 1973.
Insurance or personal funds apparently covered the high cost of Dax's care.
Dax's refusal affected staff attitudes toward his care.

46


Thinking About Autonomy in Dax's Case
Not simply respect for an abstracted principle
Instead, a confluence of considerations about preferences, indications for treatment, quality of life, decisional capacity, roles of his mother, his doctors, lawyers, hospitals, legal system.

47


Goal and Activities in a Case-Based Approach
Develop a reasonable resolution
marshal the facts
evaluate the facts
project outcomes of various options
search for precedents
develop a nuanced understanding of the case
propose and defend the resolution

48

Considerations about Clinical Indications

- **What are the goals of treatment/rehabilitation?**
  - **Avoiding harm to the client**
  - **Relief of suffering & dysfunction**
  - **Prevention of secondary conditions**
  - **Improving function and autonomy**
  - **Promoting quality of life**
- **can they be attained simultaneously?**

49

Considerations about Clinical Indications

- **Is the client's problem condition:**
  - **acute?**
  - **critical or emergent?**
  - **reversible?**
  - **definitively treatable?**
  - **subject to palliation?**
  - **burdensome?**
- **Are the characteristics of one problem/condition confused with another?**

50

Considerations about Clinical Indications

- **Would a course of action be futile?**
  - **Define futility?**
  - **No moral obligation to provide futile care - Obliged not to provide?**
  - **DNR and CPR**
  - **Benefits Vs Burdens**
    - **(Proportionality)**

51

Mr. J. -- Clinical Indications

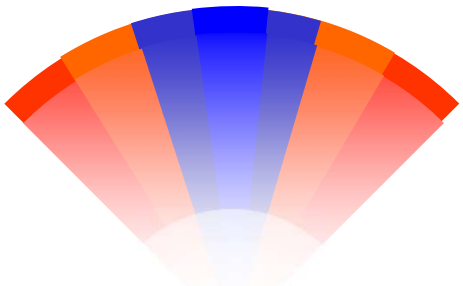
- **Mr J., age 60, has terminal lung cancer. During a recent surgical hospital stay he signed a DNR order stating that if his heart should stop he did not want CPR. His surgery was uneventful and he returned home. Feeling better, he has made an appointment to discuss returning to his work as a sign painter. While in your office he complains of left arm and chest pain and then collapses.**

52

Mr. J. -- Clinical Indications

- **Should you use the office's portable defibrillator on Mr. J.?**
- **Does his DNR order mean anything?**
  - **Why or why not?**
- **Is his lung cancer relevant to this event?**
- **What else should be considered?**
  - **law?, agency policy?**

53



Issues and Related Cases in Bioethics

54

I. Truthtelling

- **Based upon the principle of *autonomy***
  - **"The truth shall set you free."**
  - **Disinformation is a *weapon*.**
  - **Is withholding the truth different than lying?**
- **What do clients want to know?**
  - **Studies show that 90% of medical patients want to be told about Dx like cancer, Alzheimers. 97% of physicians today would disclose (10% in 1961).**

55

A Consequentialist Argument for Truthtelling

- **A bus load of politicians were driving down a country road, when all of a sudden, the bus ran off the road and crashed into a tree in an old farmer's field. The old farmer,after seeing what happened, went over to investigate. He then proceeded to dig a hole and bury the politicians.A few days later, the local sheriff came out, saw the crashed bus, and asked the farmer where all the politicians had gone. The old farmer said he had buried them. The sheriff then asked the old farmer, "Were they *ALL* dead?" The old farmer replied, "Well, some of them said they weren't, but you know how them politicians lie."**

56

Telling and Withholding the Truth

- **What is the "truth"?**
  - **The clinical facts *as you best understand them:***
    - **Nature of the problem**
    - **Outcomes/with & without therapy**
    - **Alternative therapies with risks/benefits**
    - **What is unknown or uncertain**
    - **Other things the client wants to know**
- **Truthful does not mean cruel.**

57

Telling and Withholding the Truth

- **"The client's son asked me to withhold this information from her."**
  - **Generally this is inappropriate.**
    - **Information belongs to the client**
    - **Should not be revealed - even to the spouse**
  - **There are exceptions:**
    - **Special characteristics of the *client***
      - **fragility**
      - **incapacity**
    - **Cultural issues/ethnicity (Navaho for example)**

58

Telling and Withholding the Truth

- ***Therapeutic privilege* - withholding information when there is compelling evidence that this information will cause the client serious harm.**
  - **Rare event - too often abused.**
- **What if the client asks not to be told specific information, or states he does not want to know anything?**

59

Telling and Withholding the Truth

- **What about deceiving a client as therapy?**
  - **Use of *placebos* (placebos are not just inert drugs).**
    - ***Any* intervention that claims to provide clinical benefit when the best scientific evidence suggests that there is no benefit.**
    - **Examples in rehabilitation medicine?**
      - **Pain relief?**
      - **Mood enhancer?**

60

Telling and Withholding the Truth

Your 58 year old client Mr. Smith is recovering from a massive stroke and, in addition to left sided paralysis, remains somewhat confused. His medical records reveal that he also is receiving chemotherapy for a post-stroke diagnosis of prostate cancer. His wife states that he is unaware of the cancer diagnosis because she and his doctor believe that it would be too much for him to handle. He was given chemotherapy in the hospital and at home, but it was simply presented to him as "here is your medicine".

61

Telling and Withholding the Truth

Mr. and Mrs. J have a four year old child Jimmy who has Cystic Fibrosis (CF). They seek information from a genetic counselor about the risk of having another CF child. Genetic tests show that Mr. J does not carry the CF gene *and* that he is not Jimmy's biological father. What should the J's be told?

62

II. Informed Consent

- **Informed consent is a process**
  - **based upon self-determination**
  - **allows autonomous choices**
  - **closely related to truthtelling**
- **Elements of informed consent**
  - **information**
    - **nature of process, risks, benefits, alternatives**
  - **capacity to understand**
  - **freedom from coercion**

63

Informed Consent

- **How much information is required:**
  - ***Professional practice* standard (reasonable professional)**
  - ***Reasonable person* standard**
  - ***Subjective* standard**
- **Does the fact that a therapy does not require a *written consent form* mean that informed consent is not required?**

64

Capacity and Competency to Consent

- **Competency - legal issue**
- **Capacity - clinical issue**
  - **Does the client understand his situation?**
  - **Can the client explain with reasonable accuracy the nature, benefits, (and risks?) of the proposed intervention?**
  - **Does the client consent based upon that understanding?**
- **Incompetent patients should *assent* to treatment.**

65

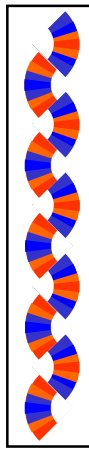
Presumed Consent

Given that the client sought my services can't I presume that he consents to whatever my professional judgement sees as best?

- **Professional judgements include values.**
- **The client's values are what matters here.**

- **Exception is only in emergency situations (unconscious or incompetent client)**

66



Informed Consent?

Mr. B age 58 is hospitalized with MS. The team feels he needs a feeding tube to assure adequate nourishment. He agreed yesterday morning to a feeding tube, but then at 7:00 p.m. appeared disoriented and confused and told the team he did not want it. Now at 8:00 a.m. he again agrees to the procedure.

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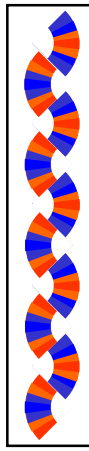

III. Confidentiality

- **A Professional duty:**
  - **respect for persons/beneficence/autonomy**
  - **challenged by law**
  - **challenged by technology**
  - **challenged by third party payment**
  - **upheld by professionals**
- **Requires**
  - **prudence, caution, security, care, concern**

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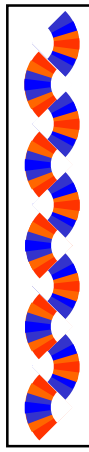

Confidentiality

- **What constitutes inappropriate disclosure?**
  - **Public conversations**
  - **Careless handling of documents**
  - **Inadequately protected electronic records**
  - **Visible VDTs**
  - **Teaching materials that identify patients unnecessarily**

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Exceptions to Confidentiality

- **Safety of Others**
  - ***Tarasoff v Regents (Calif. Sup. Court, 1976)***
  - ***High* probability of *serious* harm to an *identifiable* third party**
- **Public welfare**
  - **reportable diseases/illnesses**

70

Spouse and Family Members ?

- **It is the patient's responsibility (and decision) to inform the spouse and family members - *not* the health professional's job.**

71

Confidentiality

A 58 year old client tells you that she has been diagnosed with metastatic breast cancer. She has refused surgery and chemotherapy and insists that her husband not be informed of her diagnosis. She states that she has no intention to inform him. Later that day her husband calls you asking if you have any idea why she seems so depressed lately.

72

Confidentiality

A 28 year old man paralyzed by a gunshot wound is in therapy when he learns that he is HIV positive. He states that he has no intention of telling his wife because she will dump him and leave him without support if she learns about his condition.

73

IV. End of Life Issues

- **Life - "a death-defying act".**
- **Deaths can't be "prevented" - only postponed.**
  - **For how long**
  - **What are the costs?**
    - **pain & suffering**
    - **medically managed death**
    - **financial burden**
- **Goals of medicine… curing vs. healing**

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End of Life Issues

- **Goals in working with the dying:**
  - **Listen, listen, listen**
    - **cultural values**
    - **individual preferences**
    - **experience of living --- "the story"**
    - **experience of dying**
  - **Prevent suffering**
  - **Help with living**
    - **family issues**
    - **help "tie up loose ends"**
    - **friendships/support**

75

End of Life Issues

- **Advance Directives**
  - ***Patient Self-Determination Act***
    - **1991 Federal Law**
    - **Must inform patients about:**
      - **right to be involved in decisions**
      - **right to have an advance directive**
  - **Forms of Advance Directives**
    - **Instructive Directives - "Living Wills"**
    - **Proxy Directives - *Durable Power of Attorney for Health Care* (appoints surrogate/proxy)**

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Instructional Directives

- **Only in effect when client can't participate in decisions**
- **Problems with ambiguous language "terminal", "incurable", "imminent"**
- **Problems with excessive specificity**
- **Problems with availability of documents**

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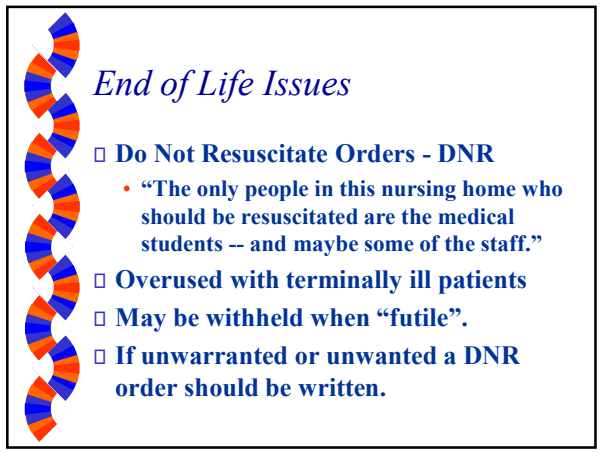
Proxy Directives

- **Only in effect when client can't participate in decisions**
- **Do not extend outside health care arena**
- **Anticipate "substituted judgement" from the proxy/surrogate**
- **Some states designate proxies through legislation (spouse/parent, etc.)**
  - **what about "significant others"**

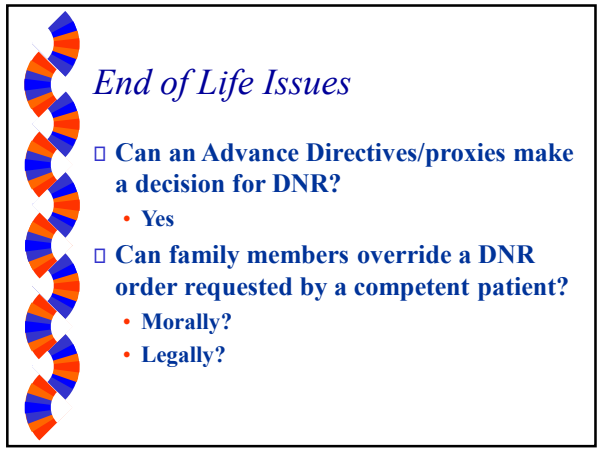
78


End of Life Issues
Do Not Resuscitate Orders - DNR
"The only people in this nursing home who should be resuscitated are the medical students -- and maybe some of the staff."
Overused with terminally ill patients
May be withheld when "futile".
If unwarranted or unwanted a DNR order should be written.

79


End of Life Issues
DNR does *not* mean
do not communicate
do not care
do not control pain
do not treat disease
I am dying
"I want to die."
Quality of life *after* CPR is important in deciding when DNR is warranted.

80


End of Life Issues
Can an Advance Directives/proxies make a decision for DNR?
Yes
Can family members override a DNR order requested by a competent patient?
Morally?
Legally?

81

End of Life Issues

- **Withholding and Withdrawing Life-Sustaining Treatments**
  - **When can life-sustaining treatments be withdrawn?**
    - **When the patient (or surrogate) requests it.**
    - **When it is no longer of benefit**
  - **How do I know what "benefit" is?**
    - **Medical futility**
    - **Patient's values/directives**

82

End of Life Issues

- **Is nutrition & Hydration "different"?**
  - **Symbolic meaning of food and water**
  - **Feeding and hydrating is not always more humane!**
  - **Legally, no (in most venues).**
  - **Schiavo case in Florida.**
- **Can patients demand life-sustaining treatments that physicians perceive as *futile*?**

83

End of Life Issues - Futility

How do we define *futility*?

- ***Quantitative* - there is little chance it will change the patient's condition.**
- ***Qualitative* - even if it works, the quality of life will be exceedingly poor**
  - **Which of these is more a question of values?**
- **Experimental treatment is not futile**
  - **If it is known in advance to be futile it shouldn't be instituted!!**

84

End of Life Issues - Futility

- **Is a physician obligated NOT to provide care that is *quantitatively* futile?**
- **Is a patient entitled to care that the physician views as *qualitatively* futile?**

85

End of Life Issues

- **Hospice movement**
  - **alternative to medicalization**
  - **Goals are:**
    - **pain control**
    - **symptom control**
    - **psychological support/therapy**
    - **spiritual/existential help**

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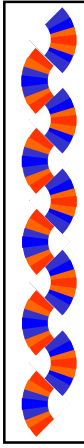
End of Life Issues

Ms. W is a 27 year old who has been placed in a skilled nursing facility for rehabilitation from a cervical spine injury. She has quadriplegia, no problems with respiration, and normal cognitive function. She develops pneumonia and is transferred to the local hospital. Upon admission the resident says "She should be DNR based on medical futility."

87

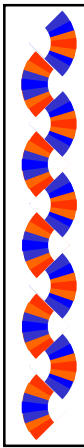


End of Life Issues

Mr. R.W., age 87, has end-stage emphysema and appears at the emergency room short of breath. He is discovered to have pneumonia. Over the next 3 hours his condition deteriorates, though he remains awake and alert. His chart from a previous admission contains a signed and witnessed Living Will that stipulates he wants no "invasive" medical procedures "that will serve only to prolong my death".

Should mechanical ventilation be instituted?

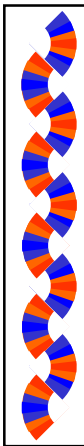
88



End of Life Issues

J.D., a 37 year old fundamentalist minister had a massive cerebral hemorrhage and is dependent on a ventilator. His neurologist states that his cerebral cortex has been destroyed and that there is no hope that he will regain consciousness. His family says that they know God will produce a miracle if the hospital keeps Mr. D. alive. The church had no health insurance. The physician believes that continued ventilator support is futile. The family is suing the hospital to continue support. Medicaid is paying for Mr. D's intensive care.

89



V. Advance Care Planning

- **Refers to the process that *may* lead to an advance directive**
- **Purposes**
  - **fit care to patient's goals**
  - **minimize under/over treatment**
  - **reduce family conflicts over future care**
  - **minimize burden of decision-making on family**

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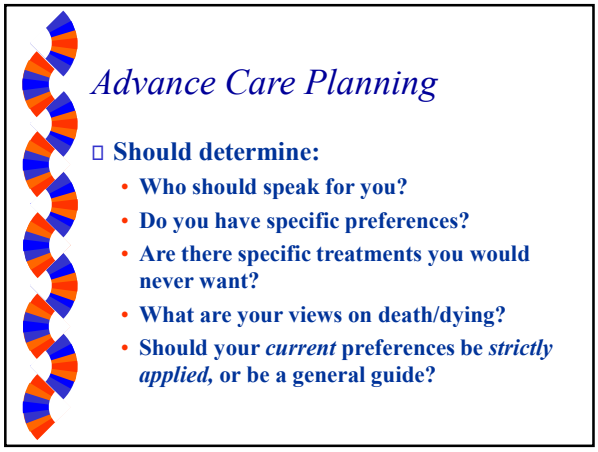
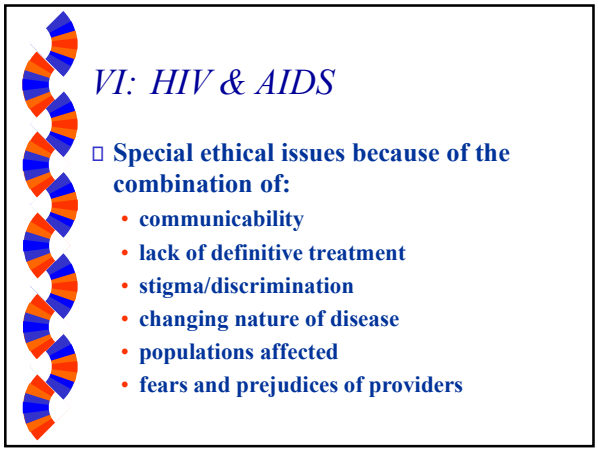
Advance Care Planning
Should occur with patients at elevated risk of decisional incapacity based on:
medical indications (poorly controlled hypertension, early stage dementia)
behavioral indications(head trauma risks behaviors)
recurrent psychiatric illnesses
terminal illness

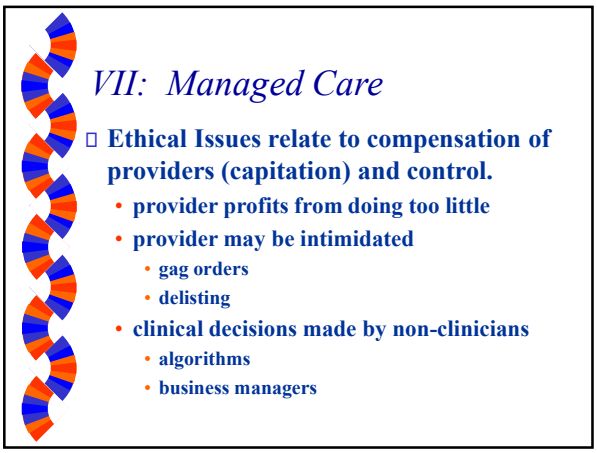
91


Advance Care Planning
Should determine:
Who should speak for you?
Do you have specific preferences?
Are there specific treatments you would never want?
What are your views on death/dying?
Should your current preferences be strictly applied, or be a general guide?

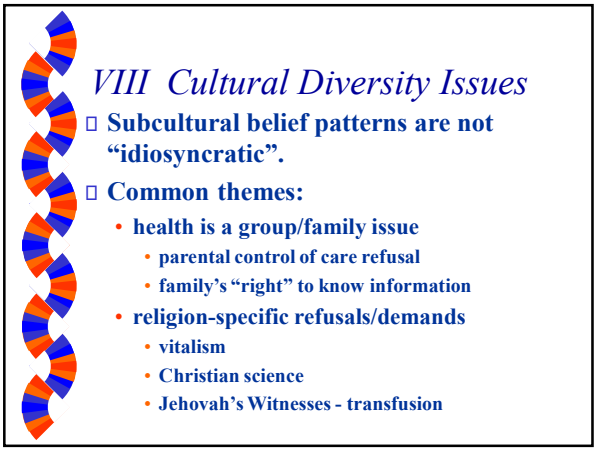
92


VI: HIV & AIDS
Special ethical issues because of the combination of:
communicability
lack of definitive treatment
stigma/discrimination
changing nature of disease
populations affected
fears and prejudices of providers

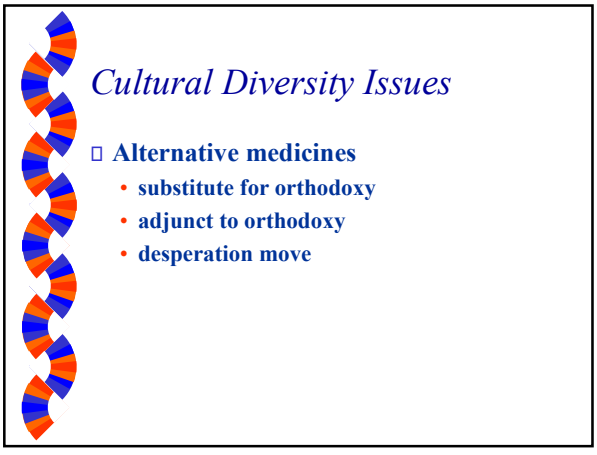
93


VII: Managed Care
Ethical Issues relate to compensation of providers (capitation) and control.
provider profits from doing too little
provider may be intimidated
gag orders
delisting
clinical decisions made by non-clinicians
algorithms
business managers

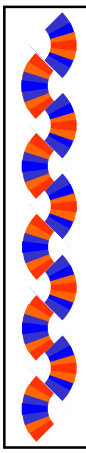
94


VIII Cultural Diversity Issues
Subcultural belief patterns are not "idiosyncratic".
Common themes:
health is a group/family issue
parental control of care refusal
family's "right" to know information
religion-specific refusals/demands
vitalism
Christian science
Jehovah's Witnesses - transfusion

95


Cultural Diversity Issues
Alternative medicines
substitute for orthodoxy
adjunct to orthodoxy
desperation move

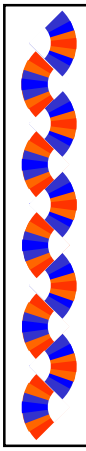
96



Cultural Diversity Issues

A 45 year old steel worker has fallen and broken his leg severely. He has been dicharged from the hospital with a rehabilitation plan that includes physical and exercise therapy. He refuses and states that he will return to the Onondoga reservation where his medicine man will restore function to his leg.

97

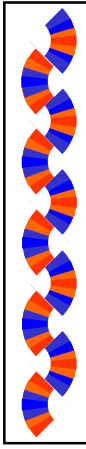


Cultural Diversity Issues

Your client's fourteen year old daughter has had a severe headache and high fever for several days. Your client, a Christian Scientist, shows great concern and has contacted elders in her church who assure her that her daughter's devotion to Christian Science will remove the apparent symptoms.

What should you do/say?

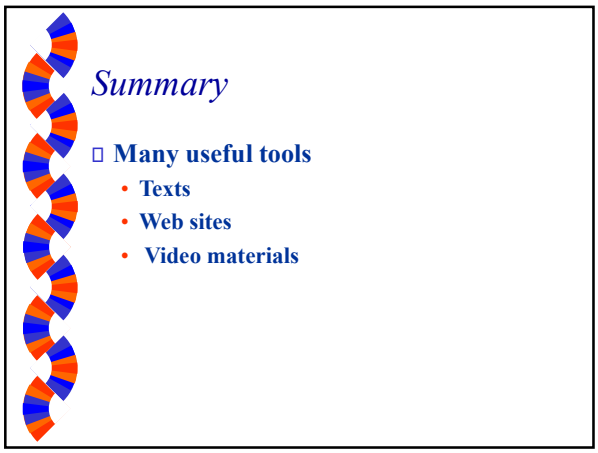
98



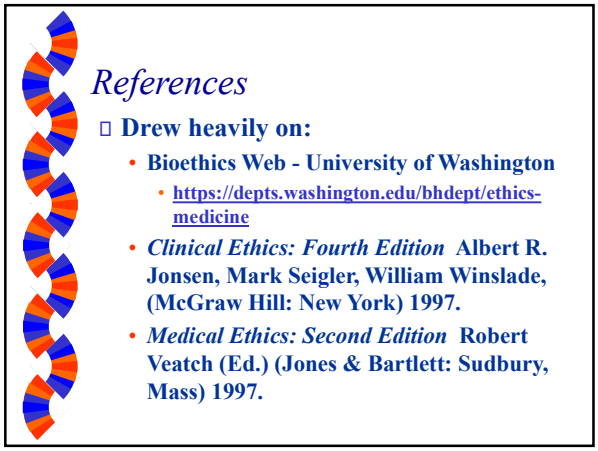
Summary

- **Theories, principles and case analysis skills are all necessary**
- **Communication is essential to resolving ethical disputes**
- **Ethics Committees**
  - **Educate professionals**
  - **Set and evaluate policy**
  - **Review cases**

99


Summary
Many useful tools
Texts
Web sites
Video materials

100


References
Drew heavily on:
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https://depts.washington.edu/bhdept/ethics-medicine
Clinical Ethics: Fourth Edition Albert R. Jonsen, Mark Seigler, William Winslade, (McGraw Hill: New York) 1997.
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