

Making Ethics Matter Inside the Trenching of Bedside Care

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Why Do We Need Ethical Consideration in Healthcare?

- Situations can be complex, emotionally charged, and multifaceted
- Advances in technology and scientific knowledge effect how healthcare decisions are made and implemented.
- Conflict may seem beyond resolution

What is Bioethics?

- The moral principles we apply when we are trying to decipher between what's right and what's wrong
- The rules of conduct that we give for our choices and actions
- The branch of philosophy that deals with values

Role of Bioethics in Healthcare:

- Ethics committees were nonexistent until the early 1980's.
- By the late 80's, 60% of US hospitals incorporated ethics committees.
- By the late 90's, 90% of all US hospitals incorporated ethics committees.
- Additional support for the ethical practice of the institution
- Improve education and awareness
- Landmark events leading to the increase of bioethics

Landmark Events: 1960's

Seattle hospital created the dialysis shunt which allowed for repeated dialyzing, thus extending patients lives.

- The demand grew dramatically
 - How should candidates be chosen?
 - "Seattle God Committee" ethics committee to decide criteria
 - Age, sex, occupation, marital status, education, dependents, income and net worth, past performance, and future potential.
- How *should* candidates be chosen?

Landmark Events: 1975

21 year old Karen Quinlan suffered a drug overdose and diagnosed as being in a PVS

- After several months, her parents requested she be taken of the ventilator and be allowed to die
- The hospital and physicians said no- viewed as a form of murder
- Parents appealed to the NJ Supreme Court and they ruled in favor of the parents in 1976.
- Karen was fed by tube feeding for 9 more years before she died in 1985 of pneumonia.

Landmark Events: 1980's

Pro-life vs. Pro-choice debates increased after Roe vs. Wade and the Baby Doe cases.

- The US supreme court grants woman the right to have an abortion under the 14th Amendment
 - Protecting women's health
 - Protecting human life
- Withdrawing or withholding life-sustaining treatments for newborns.

Landmark Events: 1983

24yr old Nancy Cruzan was in a car accident resulting in her being in a PVS

- Parents requested tube feeding be withdrawn to allow to die on the grounds that Nancy would not have wanted to live this way.
- Courts required "clear and convincing evidence" of patient wishes
- The Patient Self-Determination Act of 1990 followed

Landmark Events: 1990

27 year old Terri Schiavo suffered a cardiac arrest resulting in her begin in a PVS

- 7 year court battle between her husband and her parents
- The Right-to-Die movement became highly visible
- In 2005, federal court upheld the motion to remove her tube feeding and Terri died 13 days later.

Landmark Events: 2013

13 year old, Jahi McMath, suffers complications during surgery and is declared brain dead in the state of California

- Parents contested the diagnosis and request she be transferred to a New Jersey Catholic hospital that agreed to place feeding tube and tracheostomy
- Jahi is "living" and is now 16 in New Jersey, and "died" at age 13 in the state of California.

Landmark Events: 2014

29 year old, Brittany Maynard, is diagnosed with terminal brain cancer and given 6 months to live

- Moved to Oregon to take advantage of their Death with Dignity Act so she could end her life on her own terms
- Brittany ended her life on Nov 1, 2014 in accordance to the Death with Dignity Act.
- Physician Aid in Dying movement began
 - Current states with PAD laws: Oregon, Washington, California, Montana, Vermont

Current Ethical Events:

- Voluntarily stop Eating and Drinking (VSED)
- Physician Aid in Dying
- Brain Death Criteria- when is dead dead?
- High Cost of Dying
 - Medicare spent \$50 billion on the last two months of life in 2009

Landmark Events Impact

Ethics committees emerged to address:

- Technological developments that have created formerly unthinkable options
- Recognizing value-laden questions and decisions that go beyond medicine or science
 - Not all share the same values
 - The need for decisions to be made in a short timeframe.
 - Varying perspectives
- The battle between science, law and deciding who decides

Why Should We Consider Bioethical Principles:

- Ethical choices, both minor or major, confront us everyday.
- We live in a multicultural society with diverse values that need to be broadly accepted
- Bioethics principles serve as a powerful guide in the context of clinical cases

Principles of Bio-Medical Ethics

The Big Four:

- Autonomy
- Non-maleficence
- Beneficence
- Justice



Ethical Foundations:

- **Autonomy**
 - Pt self determination
- **Non-maleficence**
 - Do not harm
- **Beneficence**
 - Promoting the patient's best interest
- **Justice**
 - What is fair?

Respect for Autonomy

Patient self determination

- The right to refuse/accept treatment
- Self Rule: The patient decides what is done to/for him or herself.

Non-Maleficence

Do No Harm

- The obligation to avoid intentional infliction of harm or suffering
- Therapies carry the potential for some risk, therefore, the benefit of recommended treatment is to outweigh the harm of the treatment.

Beneficence

State or quality of doing good.

- Relieving pain and suffering
- Restoring function
- Preventing harm
- Nurture
- Protect the vulnerable

Justice

What is Fair?

- Defines what each person in society is due or owed
- Treating similar cases similarly
- Most relevant is distributive justice:
 - Fair distribution without discrimination.

Breaking Down Autonomy

Principle of Autonomy:

- *Ethical Conflict Influencing Factors:*
 - Capacity vrs Competency
 - Informed Consent Process
 - Healthcare Decision Making
 - What does Federal Law say?
 - What does Michigan Law say?
 - Guardianship Matters

Competence

- A legal presumption
- We are all competent until declared otherwise by a judge
- Applies to the ability to exercise basic rights under the law, manage one's own affairs, provide for one's basic needs, and make decisions in general

4 Components of Capacity

- **Understanding** and processing information about diagnosis, prognosis, and treatment options
- **Assessing** the benefits, burdens and risks of the therapeutic options
- Applying personal **values** related to goals
- **Consistency** in decision

What does the Federal Law Say?

Federal Law

Our Constitutional Rights

- **The Patient Bill of Rights**
 - A list of guarantees for those receiving medical care
 - Patient information
 - Fair and respectful treatment
 - Autonomy over medical decisions
 - Privacy
 - Etc....
- **Patient Self-Determination Act 1990**
 - Requires all hospitals to assist with medical directives
 - Patient's rights to designate a surrogate decision maker

Ethically and Legally: No Difference

- Whether withholding certain treatments or stopping them, there is no difference
 - hemodialysis
 - ventilator support
 - voluntary cessation of eating and drinking
 - artificial nutrition and hydration
- The Federal Patient Self-Determination Act states that competent individuals have the right to refuse treatment.
 - Protects this right to self determine
 - even when that choice can be expected to hasten their death

What does the State of Michigan?

Michigan Law

Decision Making in the Absence of AMDs

The state of Michigan is essentially silent on this matter

- Recommended Surrogate Decision Makers include:
 - Legal guardian
 - Spouse
 - Adult son or daughter
 - Parent
 - Adult brother or sister
 - Grandparent
 - A person who resides with the patient, has a significant personal relationship with the patient, is qualified to represent the best interests of an incapacitated patient with respect to medical care decisions.

Michigan Law

Michigan's Evidentiary Standards

- Substituted Judgment Standard
- Best Interests Standard

Michigan Law

"Substituted Judgment"

Allows a surrogate decision maker to state what the patient would do in a given situation

- "What would your husband say regarding....."
- "Tell me what your mother would say if she were asked these questions and then I will decide whether or not to do surgery." - Thomas Schermerhorn, MD

"Best Interest"

When the patient's wishes are not know, decisions must be based on best interest standards.

- Goal is to provide optimal outcomes and to offer the interventions that will most likely produce those outcomes.
- If it's not an optimal option, then don't offer it as if it is one.
- Physicians are not obligated to comply with the surrogate requests if they feel the requests are not reasonable options for the patient.

Guardianship

Michigan Legislature amending the Do Not Resuscitate Procedure Act and the Estates and Protected Individuals Code which went into effect Feb 2014.

- What does is say:
 - Outside of Hospital
 - provides a specific form for guardians to use to consent to DNR orders for ward located outside of the hospital.
 - Guardian must have been granted "full" authority when guardianship was granted
 - The guardian must visit the ward with in 14 days before signing the DNR order
 - The guardian much personally discuss the medical indications for the DNR order with the wards physician.
 - In a Hospital
 - The amendment to EPIC reads "the power of guardian to execute a do-not-resuscitate order...does not affect or limit the power of a guardian to consent to a physician order to withhold resuscitative measures in a hospital."

What is Informed Consent?

- *NOT A moment in time seeking a signature*
- *Based on the moral and legal premise of patient autonomy*
 - *You as the patient have the right to make decisions about your own health and medical conditions.*
 - *Failing to obtain informed consent can result in charges of battery*

4 Components of Informed Consent

- You must have the capacity (or ability) to make the decision.
- The medical provider must disclose information on the treatment, test, or procedure in question, including the expected benefits and risks, and the likelihood (or probability) that the benefits and risks will occur.
- You must comprehend the relevant information.
- You must voluntarily grant consent, without coercion or duress.

Applying Ethical Principles to Real Life Clinical Cases

Gaining the Skills

Communication Techniques

Code Status Discussion:

- Typical conversations start and end with:
 - "Do you want us to do everything?"
 - "If your heart stops, do you want us to restart it?"
- Is this true informed consent?
- If pt lacks decisional capacity, is a full code default the most appropriate?

Things to Consider:

- It is the *patient's legal and ethical right* to self-determination.
- What does "everything" mean to the patient?
- Were patient goals understood?
- What is the patients understanding of CPR/everything/restarting your heart?
- Would CPR be a beneficial treatment option?
- Utilizing the GOFARCALC.com
 - A 40 year old female with no comorbidities only has a 27% chance of having a "good neurological" outcome

What are the ethical principles involved?

What can nurses do?

Initiate Conversations:

The manner in which the message is delivered can both help or harm patients and families.

- "I would like to take a few minutes for us to begin discussing an important topic- I'd like to know how I should care for you if you were to become very sick. I believe it is best if we begin these discussions when you are stable, so we don't have to raise these issues for the first time in an emergency situation."

Initiate Conversations:

- “We cannot predict exactly what medical treatment you might need, and it is important for me to know your thoughts about what type of medical care you want to receive. Are there any treatments that you might **not** want to receive?”
- “Are there any circumstances in which you believe life-prolonging treatments would not be desirable?”
- “I would like to talk with you about where things are with your illness and where they might be going?”

Ask Probative Questions

- “What is your understanding of CPR?”
- “Do you have any past experiences with CPR for yourself or a loved one?”
 - “What would have you liked to see differently?”
- “What are your most important goals if your health situations worsens?”
- “Are there any treatments or procedures that would be unacceptable to you?”

Ask Patient Centered Questions

- “What abilities are so critical to your life that you can’t imagine living without them?”
- “What are your biggest fears or worries about the future of your health?”
- “Describe what a good/bad quality of life looks like for you?”
- “If you become sicker, how much are you willing to go through for the possibility of gaining more time?”

Applying Ethical Principles to Real Life Clinical Cases

Condition Worsens:

- You are caring for a patient who suffers significant complications
- You are caring for a patient whose condition doesn't respond to treatments being provided
- Your patient is a fighter, but is getting worse.
- Family is insisting on aggressive care the patient has indicated they wouldn't want
- Patient is actively dying

What are the ethical principles involved?

Things to Consider:

- It is the doctors duty to do no harm.
- What is the patients perception of their prognosis?
- Does the care team have a clear understanding of religious beliefs that may influence decisions?
- Are their family concerns that may influence treatment decisions?
- Have we reviewed treatment options?
 - Burden verses benefit analysis
 - What it looks like without further treatment

What can Nurses do?

- Acknowledge emotions and show empathy
 - "I know this isn't what you wanted to hear"
 - "I also wish the news was better"
 - "I am also sad that the treatment isn't working the way we hoped it would"
 - "I am here for all of you during this difficult time"
 - "What is the best way for me to comfort you during this difficult time?"
- Ask patient centered questions
 - "If a procedure were to cause you more pain and discomfort then it would benefit you, would you still see it as an acceptable option?"

Hope/Worry Technique:

- When patient's condition worsens:
 - *"I hope that you will recover from this set back, but I am worried that you not and because this is what I am seeing/this is why_____."*
- When recommending less aggressive care:
 - *"I hope these treatments are not causing you more discomfort, but I am worried that we have reached the place of your illness that may be causing more pain/harm/suffering than helping you. What are your thoughts about that?"*

Hope/Worry Technique:

- **When patients ask how much time they have left:**
 - *"I hope that you do well for a very long time, but I am worried that it could be as short as a few months."*
- **When "they are a fighter" and losing the battle:**
 - *"I am hoping that your father will continue to fight, but I am worried that this illness may be too much for him this time" Has he ever talked about what his wishes are?*

Facilitating with Surrogate Decision Maker

Ask questions such as:

- "If your loved one could join this discussion, what would s/he say?"
- "Faced with similar situations in the past, how did s/he make a decision?"
- "When others you have known have had similar experiences, what did s/he think?"



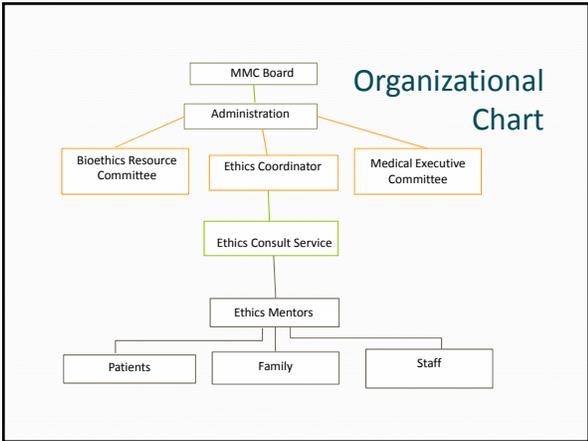
ANA Bill of Rights for RNs

Yes, it is within your scope of practice!

*Nurses have the right
to freely & openly
advocate for their patients
without fear of retribution.*

Reference: ANA Nursing Code of Ethics
<http://www.nursingworld.org/codeofethics>

Munson Medical Center Ethic's Committees



- ### Ethics Committees at MMC:
- Bioethics Resource Committee
 - Ethics Consultation Services
 - Ethics Mentors Committee

Bioethics Resource Committee

- ### Bioethics Resource Committee
- Education
 - Provide consultation about ethical issues
 - Provide support for professionals who confront ethical dilemmas in patient care
 - Provide review of existing policy and assist in developing recommendations or updates if warranted.
 - Increase awareness about bioethical issues in the hospital system and the community.
 - Provide analysis of all formal (policies) and informal (culture) structure that influence the ethical delivery of patient care.

Bioethics Resource Committee Members

- A joint committee of Munson's medical and administrative staff, community members, and business members.
- Ensures the quality of medial ethical decisions as they relate to patient care at Munson Healthcare, and to ensure ethical integrity of the structures that support patient care.

Mark Baranski, RN	Rev. Kathy Steen	Jan Price, RN	James Batsakis, LMSW
David McGreeham, MD	Thomas Sevensma, MSW	Katherine Julian, FNP	Jan Frazee, MSN, WHNP-BC
Richards Schultz, MD	Julie Botsford, PharmD	Carol Lamberston, CCRP	Stephanie VanSlyke, RN
Vince Cornellier, PhD	Chris Kuchuris, MA	Jerry Huron, RN	Lois Counterman, RN
June Harmsen	Kyle Carr, MD	Jane Dinnen, RN	Michael Collins, MD
Patti Rigan, MSN, CBN	Marshall Poole, MD	Joseph Will, MD	Mac Beeker, MSN
Donna Heinrich, RN			

*Ethics Consultants *Consultants in Training

Ethics Consultation Service

- ### Ethics Consultation Service
- To **discuss relevant facets of each situation with all participants** directly involved, to promote good communication and understanding of the issues, alternatives, decisions, and likely outcomes
 - To **assist participants in identifying the ethical values and goals** associated with each situation
 - To **enable clear understanding of each person's basic moral framework** and its impact on decisions and outcomes
 - To **help resolve problems, conflicts, or dilemmas** related to the ethical values and goals associated with each situation, including each person's own basic moral framework

- ### Ethics Consult Conditions
- Patient care dilemmas/conflicts
 - Moral distress situations for staff
 - Case consult issues for clarification
 - Advisory only
 - Notes are written in the chart by the Ethics Consultant who is lead that week.
- Consultants Always Serve as a Neutral Party

Requesting an Ethics Consult

Consults can be made by anyone within Munson, including family members and patients

- **How to make a consult:**
 - Page Ethics Consultant on call via switchboard
 - Available M-F 8-5pm
- **After hours and weekends:**
 - Call switchboard and leave a message for the Ethics Consult Service. Message will be received the next business day and addressed accordingly.

The Consultant Team

- MMC Consultants are
- Vince Cornellier, PhD (Munson Ethics Coordinator)
 - Jane Dinnen, RN
 - Jan Frazee, MSN, WHNP-BC
 - Jerry Huron, BSN
 - Stephanie Van Slyke, RN
 - Mac Beeker, RN
 - Donna Heinrich, RN

* resigning in January 2017

Common Ethical Dilemmas

Ethical issues addressed in clinical ethics include:

- capacity for decision making
- the role of the professional in decision-making
- patient autonomy
- informed consent
- appropriate allocation of resources
- unethical behaviors

Ethics Mentors Committee

Ethics Mentors Committee

- Over 170 staff members have taken the course
 - Courses are offered twice a year with a 30 participant per class maximum
 - Target audience: nurses, PA/NP, PT/OT, RT, MSW, Clergy, Pharmacists, others
- Monthly meetings with real case ethical discussions
- Name badge recognition

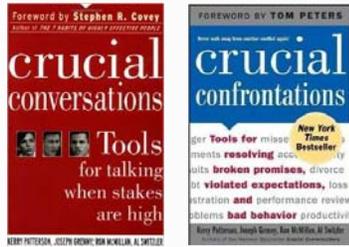


Ethics Mentors Committee

- Receive the questions that colleagues on your unit/department have regarding ethical concerns
- Support colleagues experiencing moral distress arising from unresolved ethical issues
- Familiarize colleagues with learning resources available to clarify ethical concerns
- Role model ethically driven clinical practice

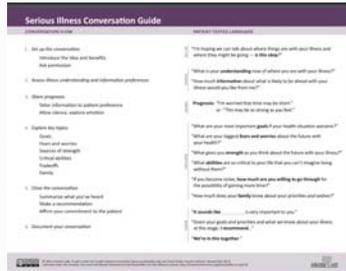
Self- Education Resources

Improve Your
Communication
Techniques



Self- Education Resources

Conversation
Guides



Become an Ethics Mentors

Course is offered
twice annually

May and October

One full day of basic
bioethics training



“the world is a dangerous place,
not because of those who do evil,
but because of those
who look on and do nothing”

-Albert Einstein

Lickman, V.D., (Sept 30, 2010) "Strategies Necessary for Moral Courage" OJIN: The Online Journal of Issues in Nursing Vol. 15, No. 3 Manuscript 3



*It never
gets easier;
you just
get stronger.*

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