

# Clinical Ethics: We Are Here For You

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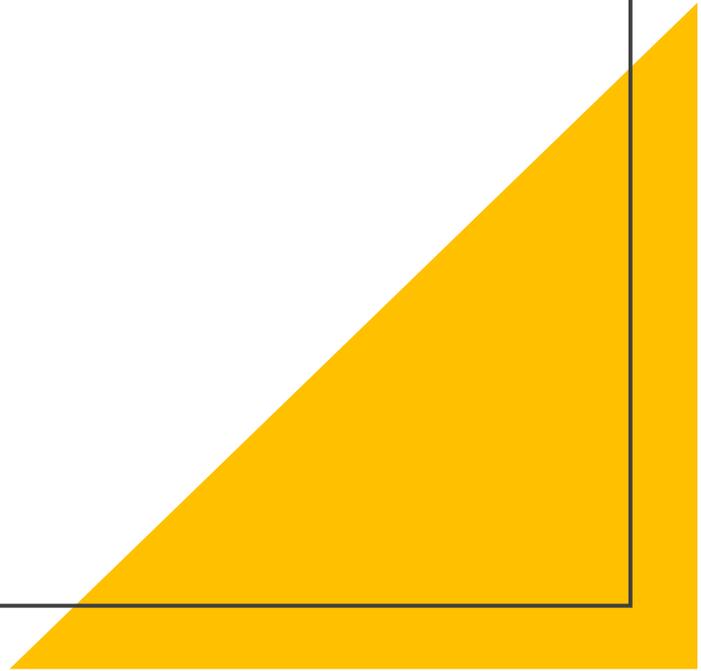
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# Objectives

- Identify ethics consultation services
- Discuss common ethics consults
- Delineate how to address ethical dilemmas in your clinical practice

# Reflection

Think of ethically challenging clinical situation that you have recently encountered.



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**Please share an ethically challenging situation that you have recently experienced.**

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# Values

- Strong personal belief
  - Ideal that a person strives to uphold
- Reflect
  - Cultural and social influences
  - Relationships
  - Personal needs
- Vary
  - Among people
  - Develop and change over time
  - Bias

# Ethics

- Branch of philosophy
  - Determining right and wrong
  - Reflect a commitment to standards beyond personal preferences (AMA Code of Ethics)
- Morals
  - Private, personal standards of what is right and wrong
- Morals and ethics are mistakenly used interchangeably

# Ethical Principles

- Beneficence
- Autonomy
- Non-Maleficence
- Justice
- Respect for Dignity
- Veracity (Fidelity)

# Beneficence

- Act in the best interest of others
- Do good
- Advocate for the good of the patient

# Non- Maleficence

- One should not do harm
- Benefits should outweigh the burdens or potential harms
- Protect those who are the most vulnerable

# Autonomy

- “I decide what happens to me”
- Nothing to, for, or concerning a person against her or his will
- Assumes the person has the ability to make an informed decision
- Advance Directives – Guide
- Right to self-determination
  - Self Determination Act 1990

# Justice

- Do the most good for the greatest number of people
- All entitled to comparable resources and benefits
  - Access to care
  - Treatments
  - Protection
- Scarce Resources – Allocation and Reallocation

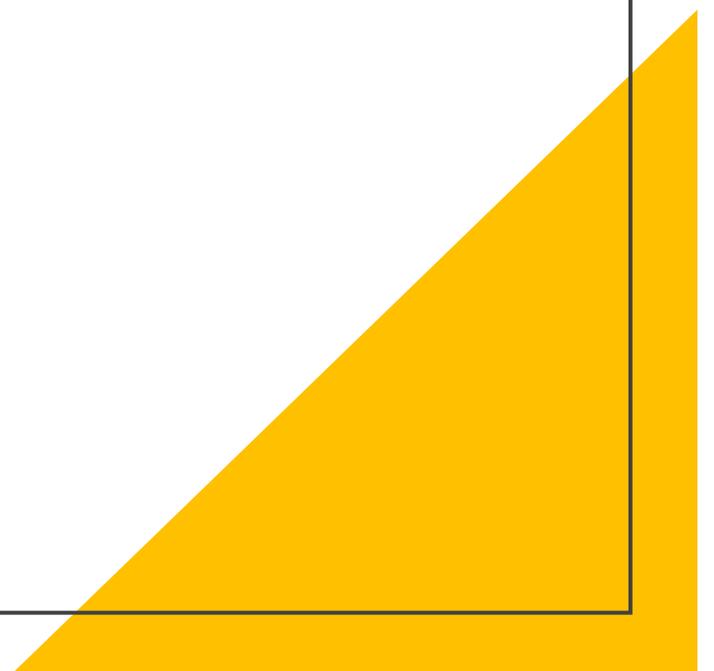
# Respect for Dignity

- Patient's emotions, relationships, reasonable goals, privacy, and bodily integrity
- Regardless of the individual's capacity to make decisions
- Includes respect for social, cultural, and religious diversity
  - Values?
  - Bias?

# Veracity

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- Confidentiality
- Non-Abandonment
- Truth-telling



# When Should an Ethics Consult be Considered?

- Involving serious ethical issues
  - Withdrawing or with-holding life-sustaining treatment
  - Do Not Resuscitate orders
  - Capacity concerns
  - Conflict among patients/families/providers
  - Non-beneficial treatments
  - More serious the conflict, the greater the need.....

# Important Definitions

- **Life-sustaining care-** “Health care that utilizes mechanical or other artificial means to sustain, restore, or supplant a spontaneous vital function” (§ 54.1-2990)
  - Hydration
  - Nutrition
  - Blood/blood product transfusion
  - Dialysis
  - Mechanical ventilation

# Definitions

- **Life-prolonging procedure-** “life-sustaining medical procedure, treatment, or intervention that, when applied to the patient in a terminal condition, would only serve to prolong the dying process” (§ 54.1-2982)
- **Comfort Care-** “basic palliative interventions that provide relief of symptoms in a patient who does not seek to cure or aggressively treat illness or disease”

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**In Virginia, an estranged spouse is the next of kin unless there is a medical power of attorney. True/False?**

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# Hierarchy of Surrogates

- Family members take precedence when no surrogate is named or court appointed:
  - Spouse
  - Adult children (majority; adopted; not step)
  - Parents (both)
  - Siblings (majority)
  - Other blood family members (majority)

# Surrogate Responsibilities

- Decisions of surrogates, including guardians, should be guided by:
  - **Knowledge of the values and goals of the patient**
  - Substituted judgment
  - Best interest of the patient

# Substituted Judgement

- Process of constructing
  - What would the person have wanted if he or she had been able to foresee the circumstances?
- Weigh benefits and burdens treatment
  - What are the medical recommendations?
- Analysis done by someone who knows:
  - Values and goals of the patient
  - What gives that patient pleasure?
  - What causes agitation, fear, pain, or discomfort?
  - What would the patient tell us if....?

# Ethics Across the Care Continuum

- Poor team communication
- Assumption that we talk to each other
- Lack of communication contributes to:
  - Excess work on our part
  - Confusion
    - Patients
    - Families
    - Other professionals
    - Us
  - Quality of care concerns at times of transition
    - Mistrust

# Collaboration with Legal/Risk

- Identify
  - Capacity of patient
  - Appropriate Proxy/Primary Decision-Maker(s)
    - Makes decisions on behalf of the patient
- Legal
  - Clarification
  - Support

# Special Friend Determination

- 54.1-2986 as someone who 1) has exhibited special care and concern for the patient and 2) would likely be familiar with the patient's religious beliefs and basic values and any preferences previously expressed by the patient regarding health care to the extent that they are known.
- Under Virginia law, it is not allowed to make any decision involving the withholding or withdrawing of a life-prolonging procedure.
- That type of decision would need to be made through a judicial authorization hearing unless or until a guardian is appointed or someone else is identified as a decision maker belonging to a higher category.
- Social Worker Role
- Appointment by Ethics

# Judicial Authorization

- Legal Process
- Social worker is the liaison
- Implementing Medical recommendations
  - No surrogate
  - Outside of Scope for Special Friend
- Ethics consult – medically and ethically appropriate
- Palliative consult if comfort focus is recommended
- Hearing at bedside

# Protesting Patient

- If a patient protests the authority of a named agent or any person authorized to make health care decisions by § 54.1-2986, except for the patient's guardian, the protested individual shall have no authority under this article to make health care decisions on his behalf unless the patient's advance directive explicitly confers continuing authority on his agent, even over his later protest.
- If the protested individual is denied authority under this subsection, authority to make health care decisions shall be determined by any other provisions of the patient's advance directive, or in accordance with § 54.1-2986 or in accordance with any other provision of law.

# Consult Process

- Request via PerfectServe
  - Epic Order?
  - 24/7 availability
- What is the ethical dilemma?
- What are the medical recommendations?

# Gathering Facts

- Information gathering
  - Review medical records
  - Elicit the perspectives of various parties
  - Construct a balanced narrative of the information gathered

# Gathering Facts

- Who requested the consult?
    - If it was not the attending physician, inform that person and request involvement
  - Involve critical care providers, the clinical team and specialist consulted
  - Determine whether the patient is cognitively able to participate
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# Medical Indications

- 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 possibilities of success?
- What are the plans in case of therapeutic failure?
- In sum, how can this patient benefit and harm be avoided?

# Patient Preferences

- Is the patient willing and/or able to cooperate with medical treatment?
  - What are the treatment preferences?
  - What are the expectations?
- Does the family know the patient's preferences?

# Quality of Life

- Is the patient's present or future condition such that his or her continued life might be judged undesirable?

# Contextual Features

- Are there family issues that might influence treatment decisions?
  - Mother threatening to sue patient's wife
- Are there provider (physicians and nurses) that might influence treatment decisions?
  - Disagree with stopping
- Are there financial and economic factors?
  - Basing decision solely on costs
- Are there religious or cultural factors?
- Are there limits on confidentiality?
  - Patient request not to share info with family

# Contextual Features

- Are there problems of allocation of resources?
  - Limits on MV, CRRT
- How does the law effect treatment decisions?
  - Special Friend limitations
  - Protesting Patient
- Is there any conflict of interest on the part of the providers or the institution?
  - Costs
  - Mortality rates

# Summary of Process

- Give a clear description of the dynamic of the discussion
- Reflect the voice of the patient
- Record the voice of the stakeholders
- State the positions of the care providers
- Document disagreement among the health care team members and family members and the consensus reached in resolution

# Recommendations

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- Document recommended standards of care
- Rationale for the recommendations

What is  
medically  
inappropriate?

**\*\*Not Defined by Statute – Professional Standards**

- Will not produce the desired physiological effect, or
- Will not achieve the patient's expressed and medically achievable goals, or
- Will cause harm to the patient significantly disproportionate to the benefit, or
- Will not secure patient survival outside of an acute care hospital, or
- Qualifies exclusively as 'life-prolonging' as defined in the Code of Virginia – only prolongs the dying process

# Moral Distress

- Is when you know the ethically appropriate action to take, but you are unable to act in an ethical way.
- Act in a manner contrary to your professional values and obligations
- Undermines moral integrity and authenticity

# Examples of Moral Distress

- Providing unnecessary/nonbeneficial treatments
- Prolonging the dying process through aggressive treatments
- Disregarding patient wishes
- Providing false hope to patients and families
- Providing care that is not in the best interest of the patient

# Moral Distress Consult Service

- Reduce moral distress levels among staff
  - Provide an interprofessional avenue for frank discussion and problem solving in morally distressing situations
  - Assist staff in developing strategies to address barriers to high-quality patient care
  - Empower staff to raise concerns
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If you are  
experiencing  
Moral  
Distress

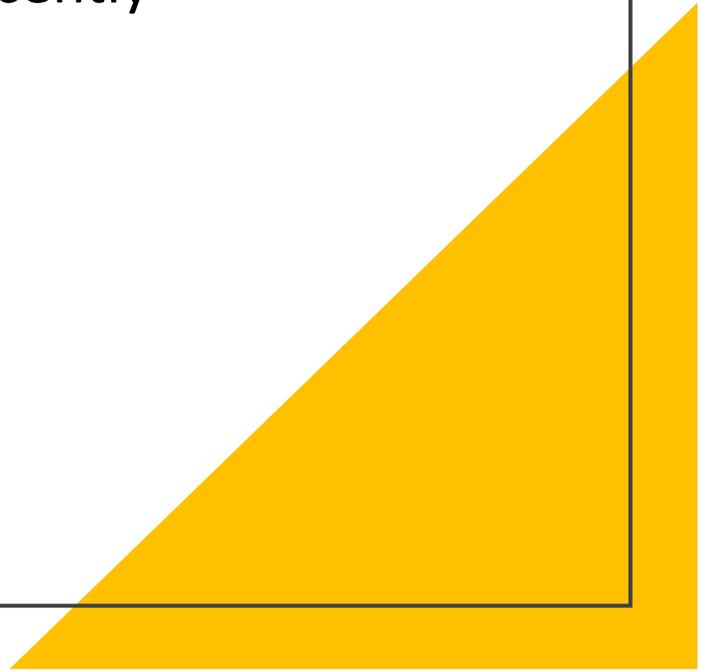
- PerfectServe oncall person for ethics
- For more information contact Phyllis Whitehead (521-6048)

# How to get more involved

- Ethics Training Opportunities
- Ethics Committee Membership
- Become an Ethics Consultant

# Reflection

Think of an ethically challenging clinical situation that you have recently encountered.



# Reflection

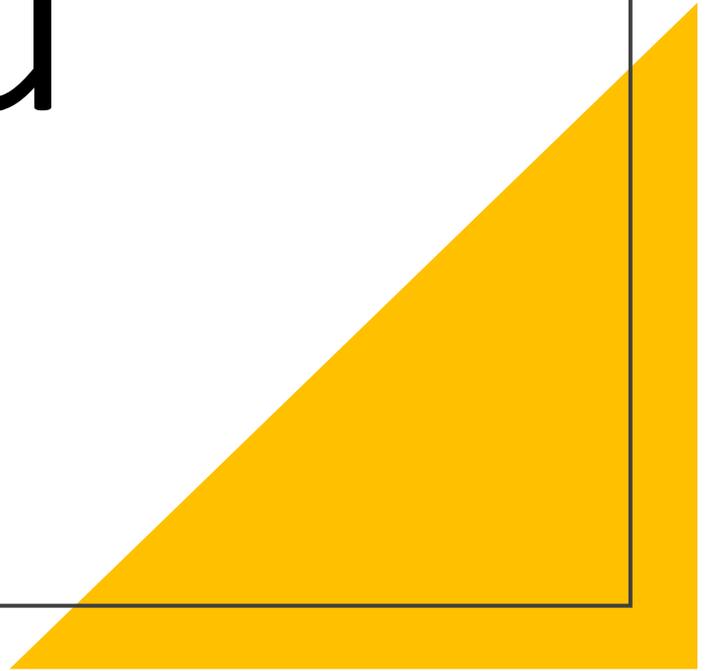
## Case Study

- 55 yo male with a self-inflicted gunshot wound
- Hospice patient who has a DDNR order
- NOK is wife
- Requires intubation and surgery

*What do you do?*

*What are your ethical issues?*

Thank You



# Resources

1. AMA Code of Ethics- <https://www.ama-assn.org/delivering-care/medically-ineffective-interventions>
2. Code of Virginia: §54.1-2990-  
<https://law.lis.virginia.gov/vacode/title54.1/chapter29/section54.1-2990/>
3. Code of Virginia: §32.1-127-  
<https://law.lis.virginia.gov/vacode/32.1-127/>

# Contact Information

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