

**Thinking Ethically:
Recognition and Approaches;
Deliberations and Decisions**

**Practice of Medicine I
October 7, 2008**



**Center for Biomedical Ethics and Humanities
University of Virginia Health System**

Get clickers out

For all large group sessions in ethics...

Responses will be anonymous.

This means that we will not be able to track any answers back to any particular individual

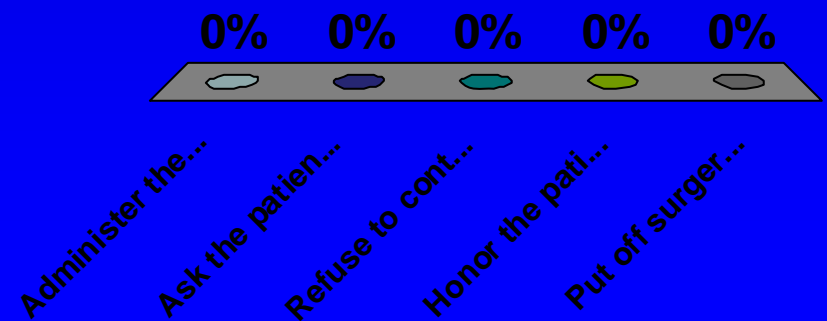
Identifying ethical issues

Case 1: Blood transfusion rejection

A physician believes that a blood transfusion is necessary to ensure the health (and perhaps the life) of an adult patient. The patient refuses, explaining that as a Jehovah's Witness she believes that a blood transfusion will deprive her of everlasting salvation.

You (the physician) should . . .

1. Administer the transfusion while the patient is unconscious and don't tell the patient about it.
2. Ask the patient for consent while she's unconscious (she can't refuse!).
3. Refuse to continue to treat the patient.
4. Honor the patient's decision to refuse the transfusion.
5. Put off surgery while you convince the patient to accept the transfusion.



Tools for approaching these kinds of questions



Alter a few facts . . . And the guidelines become less helpful

- For example, the patient is brought into the hospital unconscious; has a Jehovah's Witness "wallet card" refusing blood products.
- Or patient says, "I wouldn't refuse if there were a court order."

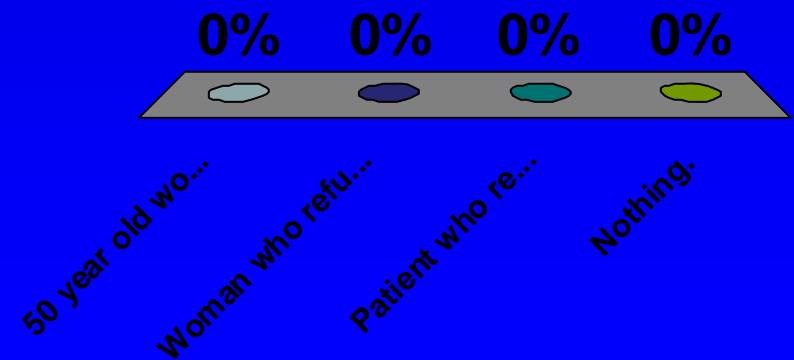
Professional responsibilities

Case 2: Talking about patients

Of the following, which do you think is the MOST you can ethically say about a patient that you want to talk about with your roommate/spouse because of something that's troubling you?

The most *you* should say is

1. 50 year old woman from Appalachia who refused a blood transfusion because she's a Jehovah's Witness.
2. Woman who refused a blood transfusion because she's a Jehovah's Witness.
3. Patient who refused a blood transfusion for religious reasons.
4. Nothing.



Basic Principles of Medical Ethics

- ***Autonomy*** – the patient’s right of self-determination
- ***Beneficence*** – the physician’s duty to “do good” for their patients
- ***Paternalism*** – the physician compromising or overruling patient autonomy
- ***Justice*** – “fairness” with respect to how patients are treated by the healthcare system

A strategy for assessment of ethical issues in clinical cases...

- The setting
- Decisional issues
- Identifying the problem and the type of ethical conflict
- Identifying and evaluating possible solutions

The setting

- The players – who are they and who are they to each other?
- Organizational climate – (primary care practice, tertiary care hospital, free clinic, etc.)
- Cultural background – of patients and/or team
- Patient ↔ Physician relationship – how deep and how wide?

Identifying the problem – common types of ethical conflict...

- Conflicts between moral principles
- Conflicts between interpretations of a patient's "best interests"
- Conflicts between moral principles and institutional policy or law?
- Uncertainty

Decisional issues...

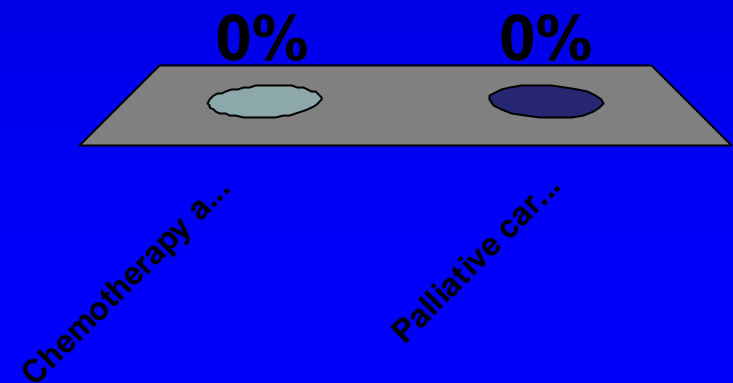
- Who is making the decision(s)?
- Is decisional capacity in question?
- Is there a legal question regarding the decision-maker?

Case 1 - Bill

Bill is a 58 yo profoundly retarded man who has lived in a state hospital for many years. He has no contact with family, and is a "ward of the state". He has recently been found to have acute myelogenous leukemia (AML). Chemotherapy, or even bone marrow transplant has been considered, but a caretaker at the state hospital believes that the physicians should forego treatment and adopt a palliative care plan.

Cancer treatment or palliative care?

1. Chemotherapy and/or bone marrow transplant
2. Palliative care (symptomatic treatment and other supportive care)



Case 1 - What ethical principles are relevant?

- **Autonomy** – By virtue of his cognitive status, Bill lacks this
- **Beneficence** – both surrogates and the physicians have a duty to make this primary, particularly for a vulnerable individual
- **Paternalism** – unavoidable here, but it should be “good” (beneficent) paternalism
- **Justice** – think of benefits and burdens to society

Case 1 - The setting...

- Patient is a “ward of the state” – the State becomes a player, and is the organizational climate for all practical purposes
- Cultural background – medical “heroism”
- Patient ↔ relationship – not really an issue here

Case 1 - Decisional issues...

- Patient incompetent – permanently, legally, ethically
- Surrogate decision maker must be appointed, a “guardian ad litem”
- While Bill unable to make the decision, certain features of his experience and personality may be relevant and should be considered by the surrogate

Case 1 - Identifying the problem...

- Conflict here is between interpretations of the patient's "best interest"
- There may be an argument for a conflict between moral principles: "quality of life equated with a pain-free life" vs. "life at any and all costs"

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