What I Didn't Learn About Ethics in Medical School

(Practical Bioethics for Clinicians)

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Why Do We Need Bioethics?

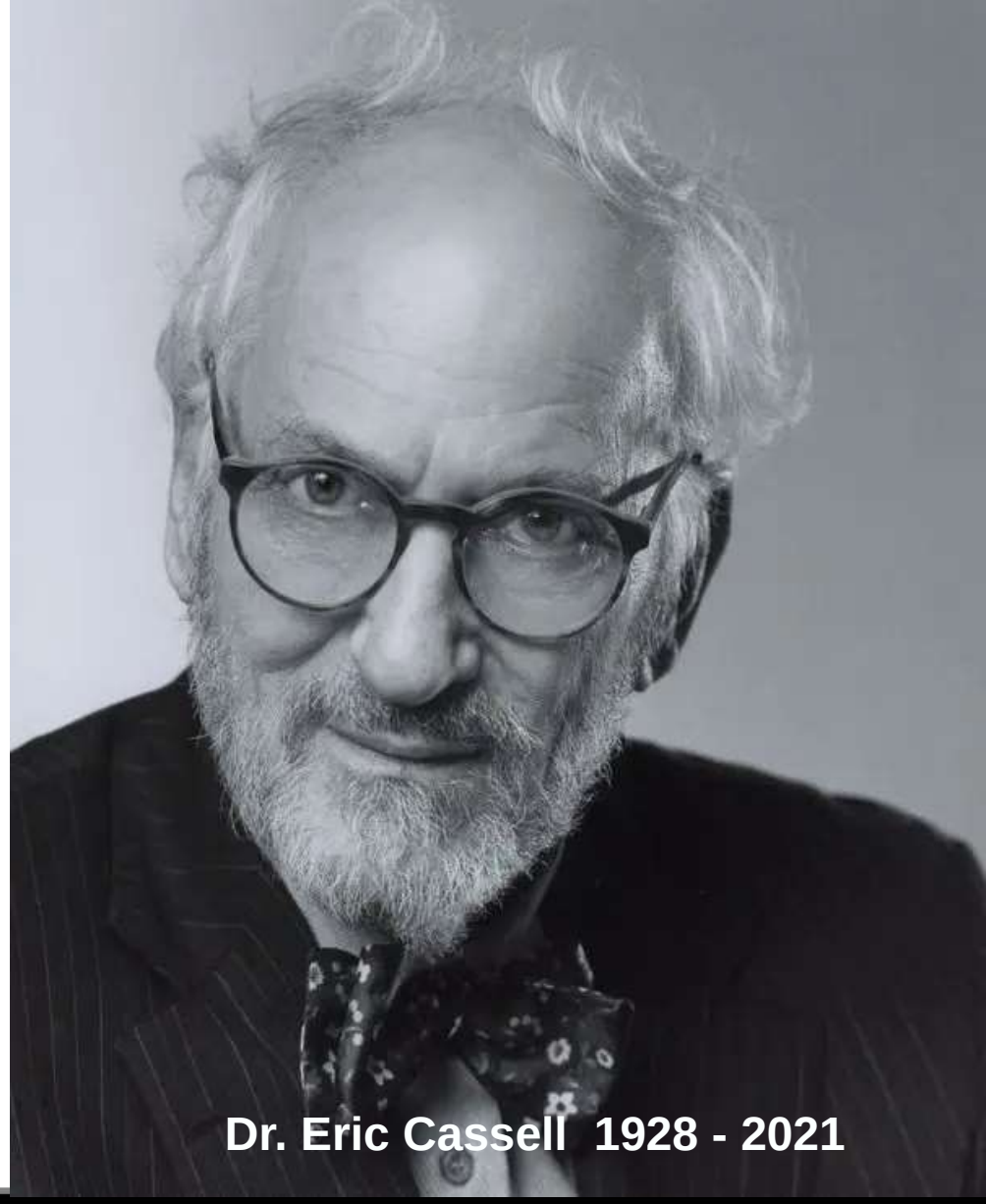
“We look at the body in health as meaning perfection and harmony, not in one part, but in the whole.”

“To find health should be the object of the doctor. Anyone can find disease.”

A T Still DO 1828-1917

Why Do We Need Bioethics?

"*To conceive of a physician practicing his profession without constant ethical decision-making is to conceive of a physician operating in a cultural vacuum and caring for a collection of static facts wrapped in human form.*"

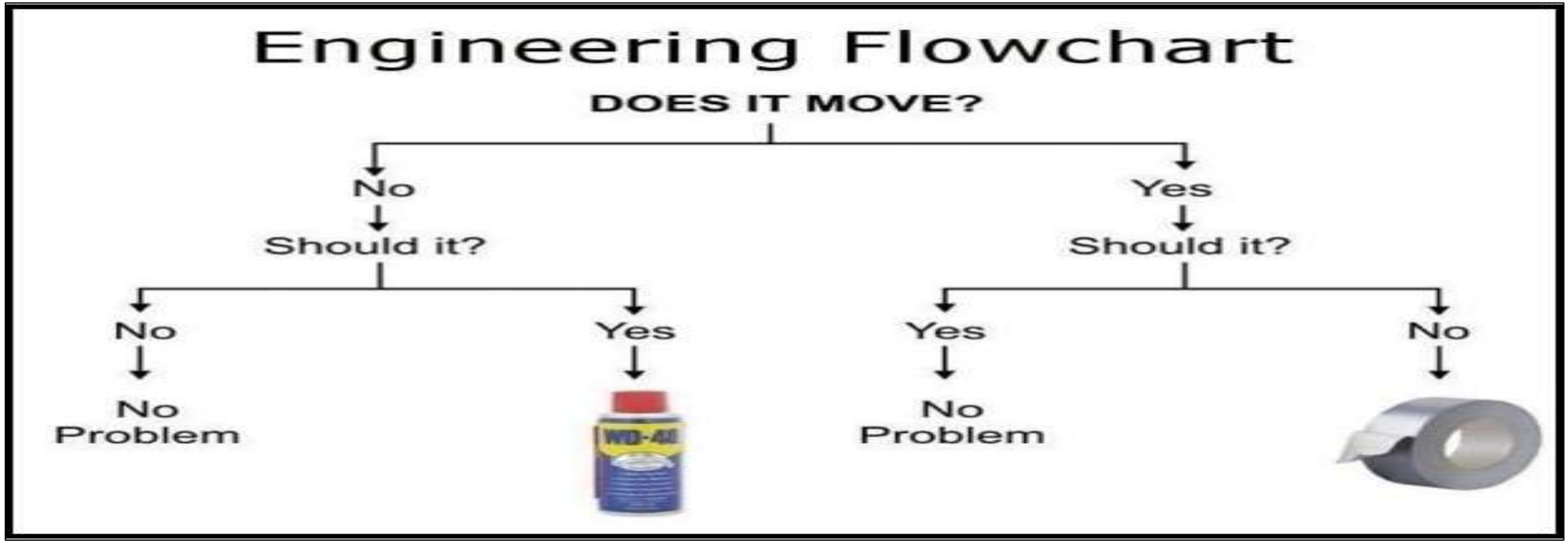


Dr. Eric Cassell 1928 - 2021

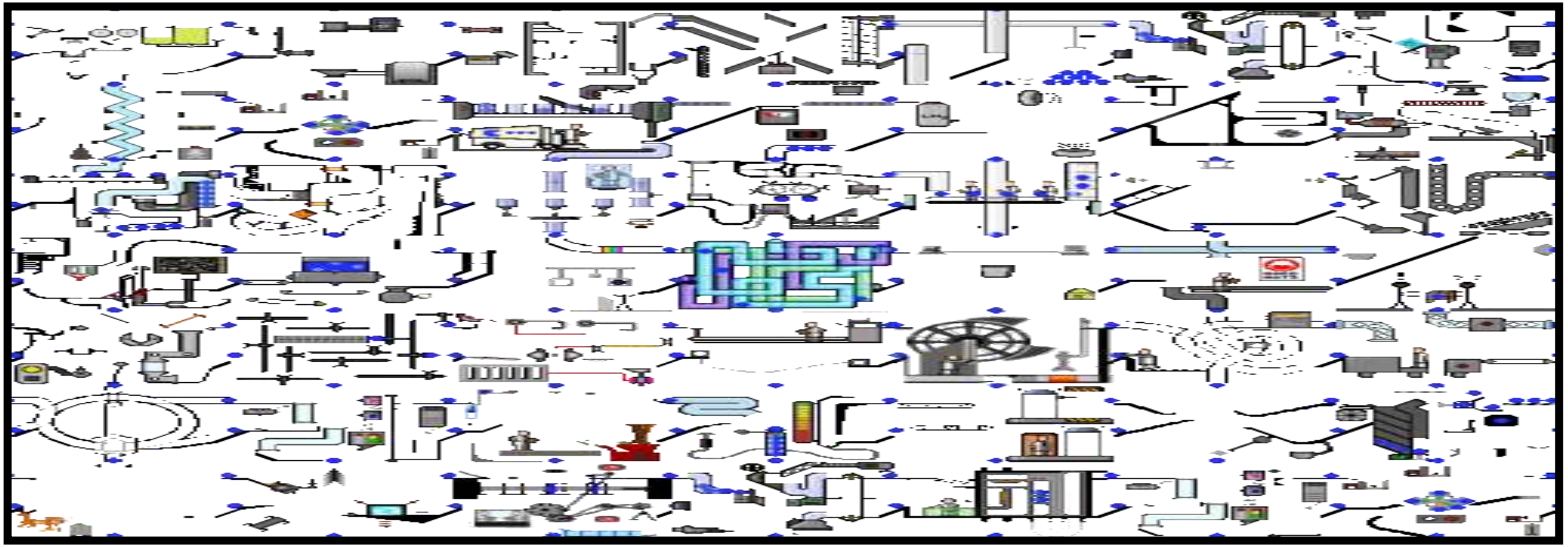
Ethical Questions as a Result of the Covid Pandemic

1. How do we ration ventilators and ICU beds?
2. Who should get the Covid vaccine first?
3. How do we deal with people who refuse to get vaccinated?
4. Should care be prioritized to the sickest patients or to those more likely to get better with treatment?
5. Should patients that refuse vaccination get the same care as vaccinated?

Medicine in the Premodern Era



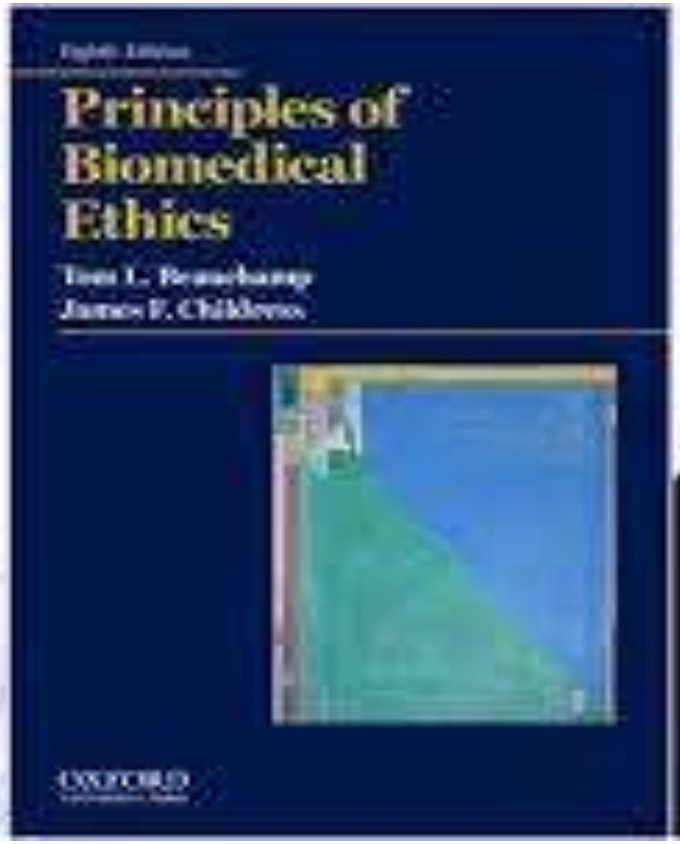
Medicine in the Modern Era



Medical Ethics

- Bioethics takes on relevant ethical problems experienced by health care providers in the provision of care to individuals and groups.
- As technology advances increased, recognition and acknowledgement of rights and the needs of individuals and groups receiving high tech care also increased.

The Principle Approach to Bioethics

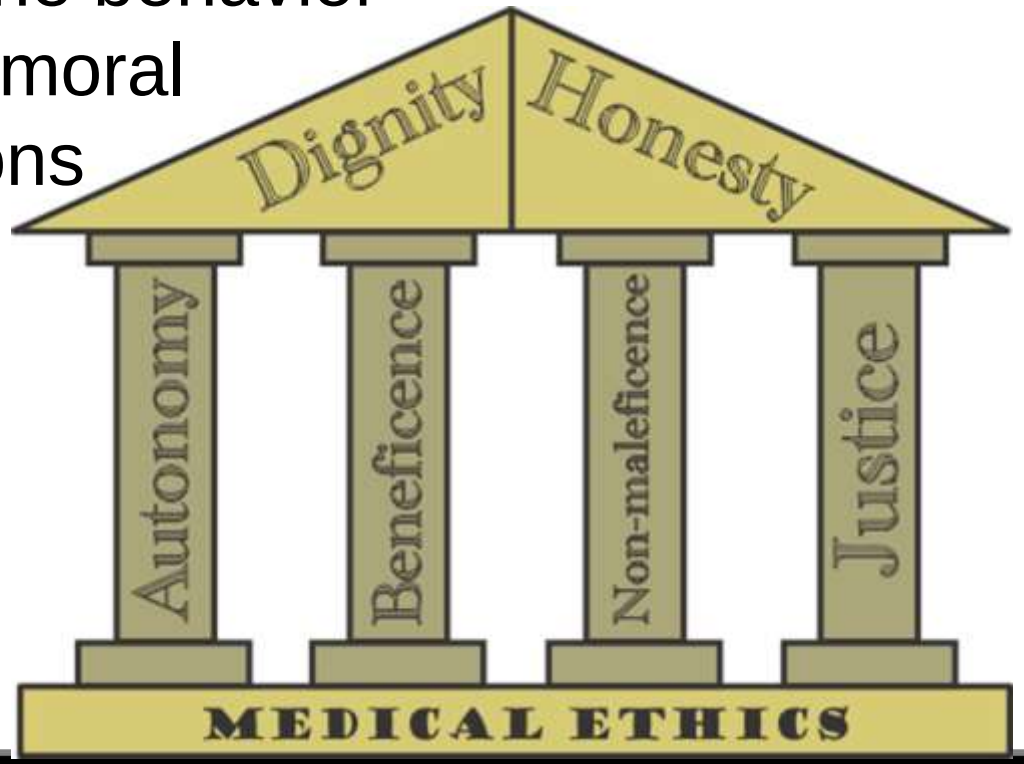


Thomas Beauchamp **James Childress**

Medical Ethics

A set of moral principles that govern the behavior of health professionals and provide a moral framework for making medical decisions

- Autonomy
- Nonmaleficence
- Beneficence
- Distributive justice



Autonomy

- Respect for the patient's exercise of personal *informed* choice.
- Focus on patient's independence
- Must be an adult capable of rational thought
- Must not be manipulated or coerced

Beneficence

- Provision of benefit; promote well being
- Provider must act in the best interest of the patient
- Simply stated: the physician must help the patient

Nonmaleficence

- Obligation to not inflict harm intentionally
- *"Primum non nocere"* *"First do no harm"*
- Harm through carelessness, malice, vengeance OR through treatments that are intended to help the patient
- Balanced with beneficence: the benefits must outweigh the risks

Distributive Justice

- Fair, equal, and appropriate distribution of medical resources
- How can these scarce resources be distributed for the best outcome?

Let’s have some fun!

Question 1

Surgery is consulted for, Mr. Donatello Nobodi, an 84-year-old first-generation Italian American who was admitted for weight loss and painless jaundice. He speaks very little English and is surrounded by a very concerned family. The computed tomography (CT) scan suggests pancreatic cancer, but his family says that “it will kill him” to learn of his diagnosis. They request that they be allowed to make all medical decisions for him, even though he has decision-making capacity.

1. What is the most appropriate next step?

A. Inform the family that the patient has a right to know what's wrong with him and proceed to inform the patient of the CT results.

B. Ask the patient how much he would like to be involved in medical decision making.

C. Accede to the family's request and allow them to pass along to the patient whatever information they deem relevant.

D. Agree with the family because that information probably will kill him.

Question 2

Willie Makeit, is a 87-year-old man with progressive debility for the past year. He tells you, his PCP, that he wants to pursue comfort care. You decide that he has medical decision-making capacity.

The patient's daughter is the designated surrogate decision maker and disagrees with her father's decision. She demands that you do what she says.

2. Which of the following is the best course of action in the above clinical scenario?

A. Demonstrate to the daughter that her father has medical decision-making capacity.

B. Follow the patient's stated wishes regarding healthcare decisions.

C. Use ongoing communication that honors the patient's wishes and forges consensus.

D. Do what the daughter says, because she is more likely to sue you then the father.

3. Who can determine if a patient has capacity?

3. Who can determine if a patient has capacity?

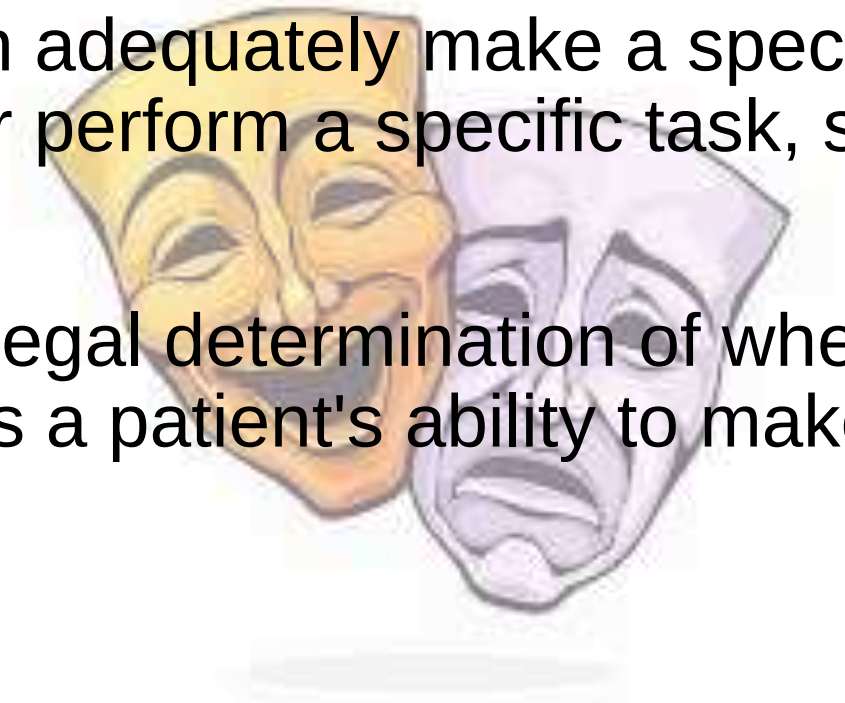
A. Only a psychiatrist
B. Only a lawyer
C. Only a judge
D. Only the legal guardian
E. The healthcare team

Autonomy

1. The word autonomy comes from the Greek autos ("self ") and nomos ("rule, "governance," or "law").
2. Patients that have capacity, can make their own medical decisions.
3. A person has the right to accept or reject medical treatment, if they choose to.
4. Some patients, especially the sick and the elderly, refuse to make medical decisions for themselves.

Capacity vs. Competency

Capacity refers to the functional determination of whether an individual patient can adequately make a specific decision, such as medical decisions, or perform a specific task, such as driving.



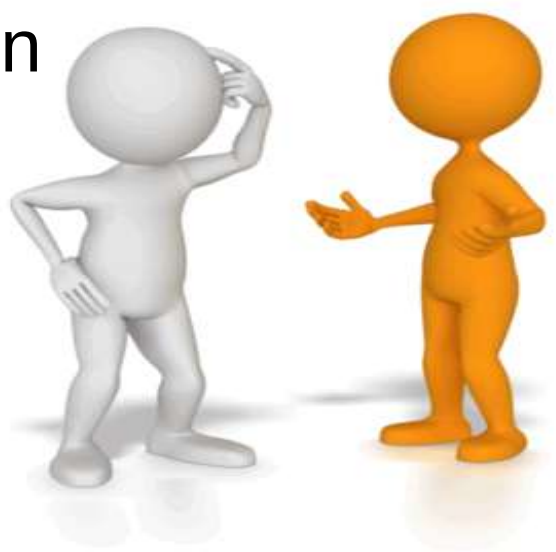
Competency is the legal determination of whether an impaired mental capacity limits a patient's ability to make a legally relevant decision or action.

How do you determine if a patient has capacity?

- The healthcare team routinely makes this determination with virtually every patient encounter where treatment options are presented.
- In order to obtain informed consent, a patient must demonstrate these abilities.
- Capacity is time and question sensitive.

How do you determine if a patient has capacity?

1. Un*understand*ation presented
2. Ap formation relates to their situation
3. Ra*decide*e this information to arrive at a decision
4. Ma nsistent choice over time.
5. H*communicate*mmunicate that choice



Question 4.

Mr. S. Mel Lee is a 56 year old woman that comes into the hospital with a gangrenous foot. She is placed on broad spectrum antibiotics, however the ID service strongly recommends an AKA amputation. She is showing signs of sepsis and the surgery needs to be done ASAP. She however is refusing to consent to the surgery stating that her foot wounds can be heeled with honey and Saran Wrap.

Question 4.

Ms. Lee has a long history of schizophrenia, and you find that she has not seen a physician in 8 months and has stopped her medication. You feel that he lacks capacity and you prepare for surgery.

However, a friend shows up and shows documents that she is her health care power of attorney. Although she understands that Ms. Lee lacks capacity and will most likely die without surgery, she refuses to consent to the surgery.

4. What should the surgical team do?

A. Do the surgery because you do not feel that the friend has the proper authority to make this decision.
B. Do the surgery, because without it she will die.
C. Do not do the surgery and transfer her to the medical service.
D. Continue to work with the patient and her friend.

Question 5.

A 63-year-old man, Ali Valone, is brought to the hospital because of severe sepsis. He is intubated and put on vasopressors. Two weeks later he has multisystem organ failure (heart, lungs, brain, liver, GI, bone marrow) and the doctors wonder whether continuing treatment is in his best interest. There are no Advance Directives on file and the social worker has been unable to find any family or friends. He is now in renal failure, and the medical team is questioning whether to start dialysis.

5. Should the medical team start dialysis?

A. No, because the patient is dying and that would be futile, or medically ineffective care.
B. Yes, because dialysis would correct fluid and electrolyte problems.
C. Yes, because there are no Advance Directives stating not to start dialysis.
D. Yes, because there are no family members or surrogates to say not to start dialysis.
E. Yes, because the clinical team is obligated to do everything that they can to keep him alive.

Beneficence

1. Beneficence comes from the Latin *bene*, meaning *good*, and *facere*, meaning *to do*.
2. Paternalism as the practice of paternal administration, as by a father. The father analogy presumes that the father acts beneficently and makes decisions relating to his children's welfare.
3. Conflict occurs when the when clinicians and autonomous patients disagree with treatment decisions.
4. An autonomous patient can make their own decisions and live with the consequences of those decisions

When Is Medical Treatment Futile?

Hippocrates clearly stated that physicians should “refuse to treat those who are overmastered by their disease, realizing that in such cases medicine is powerless.”

When Is Medical Treatment Futile?

1. Webster's dictionary defines *futile* as “serving no useful purpose, completely ineffective.”

2. The word futile refers to a specific action, whereas *futility* is the relationship between an action and a desired goal.

3. *Medical futility* is defined as a clinical action serving no useful purpose in attaining a specified goal for a given patient.

When Is Medical Treatment Futile?

1. There is a goal
2. There is an action and activity aimed at achieving this goal
3. There is virtual certainty that the action will fail in achieving this goal

Question 6.

A 35-year-old female patient, T Ragic with muscular dystrophy has been intubated for 4 months. She has been unable to be weaned and recently has asked that the ventilator be turned off so she can die. Her physician is disturbed that the palliative care team would be willing to withdraw her ventilator, accusing them of allowing his patient to commit suicide. The physician feels that stopping the ventilator would be murder.

6. Which of the following is correct about the rights of a terminally ill patient with decision-making capacity to forgo life-sustaining treatment?

A. The patient may have refused to be put on a ventilator, but once initiated the ventilator cannot be withdrawn without court approval.

B. There is a state interest in preserving life that may override the patient's decision to forgo life-sustaining treatment.

C. Stopping the ventilator would be euthanasia.

D. Her physician is correct, allowing her to die would be murder.

E. The patient is obviously too ill to make any decisions for herself.

Question 7.

You are a palliative care doctor consulted by cardiology to see Ida Noe, an 88 year old woman hospitalized for end-stage heart failure. She is DNR, and does not want aggressive therapy. She is extremely short of breath, and you prescribe 3 mg of concentrated liquid morphine every 4 hours po or sl as needed for dyspnea. It is effective for symptom control, and she dies peacefully a day later.

Her cardiologist however is angry and states that the morphine you ordered killed his patient.

7. Which of the following statements is correct?

A. This was murder because morphine caused the patient to die.
B. This was euthanasia, because the patient was suffering, and the morphine was used to shorten her life.
C. Morphine should never be used on cardiac patients because it can depress the respiratory drive and lower blood pressure.
D. Morphine was used to control the patient's suffering and even though death was foreseen, it was the ethical thing to do.
E. For dying patients, it is ethical to give morphine frequently and at increasing dosages until the patient dies.

Nonmaleficence

1. From the Latin word *maleficentia*, a mix formed from malum (evil) and facere (to do)
2. Nonmaleficence is the moral imperative of not committing harm or evil in one's actions.
3. Primum Non-nocere
4. Nonmaleficence and Patient Safety
5. The Principle of Double Effect (PDE)

The Principle of Double Effect

1. Saint Thomas Aquinas was born in 1225 in the little town of Aquinq, equidistant between Rome and Naples. His most famous writing is Summa Theologica (Summary of Theology).
2. He introduces the PDE idea about whether one can kill another in self-defense.
3. Explain the conditions in which it is morally legitimate to cause or permit evil in the pursuit of good.

The Principle of Double Effect

1. The object of the action must be correct or indifferent in itself; it cannot be intrinsically wrong.
2. The wrong effect, though foreseen, cannot be intended.
3. The wrong effect cannot be the means to the good effect.
4. There must be a proportionate reason for allowing the wrong effect to occur.

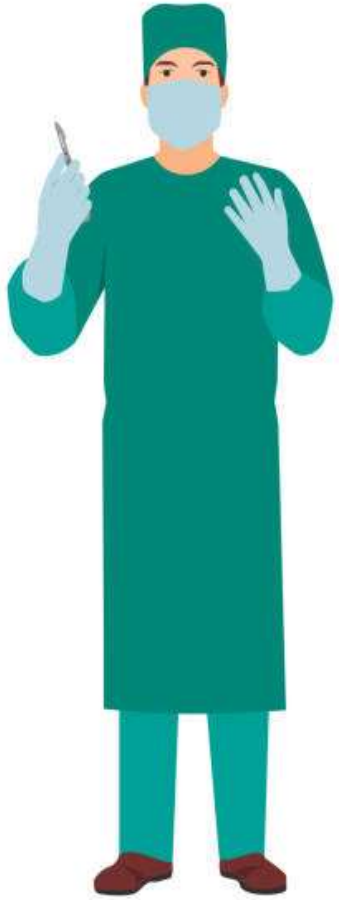
Examples of PDE in EOL Care

1. Passive euthanasia - the process of allowing a patient to die
2. Removal of life-support
3. Aggressive pain and symptom control
4. Palliative sedation
5. Physician Assisted Death???

Question 8.

Emma Dade is an 85-year-old woman who collapses after a sudden onset of abdominal pain. She has a history of multiple myeloma and stage IV kidney disease. She had refused dialysis in the past and was once under hospice care. In the ED, she was found to have a ruptured abdominal aortic aneurysm (AAA).

The vascular surgeon has her in the OR and has already given her two massive transfusions. When he requests a third, the blood bank refuses stating that the hospital is a Level 4 trauma center, and that request would cause a blood shortage that could jeopardize others. The surgeon angrily accuses the blood bank of murder.



Question 8. What Ethical Principles are Involved?

A. Under Beneficence, the surgeon is obligated to do all he can to save this patient.

B. The mortality rate of this case is extremely high, and continued aggressive treatment, including additional transfusions would be medically-ineffective care.

C. Not transfusing the patient would lead to the patient dying, so the blood bank would be violating the Nonmaleficience principle.

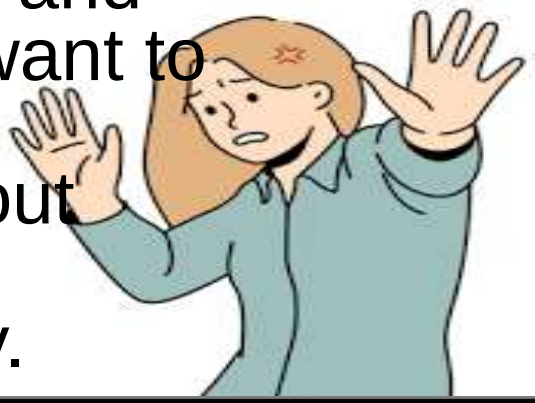
D. The blood bank has the responsibility of distributing blood as a limited resource and is correct in refusing further products.

E. Both B and D are correct.

Question 9.

Pam Demic is a 37-year-old admitted for in respiratory failure secondary to Covid pneumonia. Comorbidities include obesity, DM, and a refusal of the Covid vaccine. She was placed on ECMO, but one month later remains dependent. She is not considered a transplant candidate and is not expected to improve with additional time. She is comfortable, awake and alert, and can make her own medical decisions.

The ICU staff feels that this is medically-ineffective care and discuss removing her from ECMO. The patient does not want to die and although she cannot leave the ICU, feels that her quality of life is acceptable. The hospital is concerned about the excessive cost of ECMO, and the availability of this treatment for others that have a better chance of recovery.



Question 9. What is the Ethically True Statement?

A. The ICU is correct in labeling this medically-ineffective care and removing her from ECMO because of her poor quality of life.
B. The hospital can remove her from ECMO because of the high financial burden its continuation places on them.
C. The hospital can remove her from ECMO just in case it is needed for another patient.
D. Both B and C are correct.
E. None of the above.

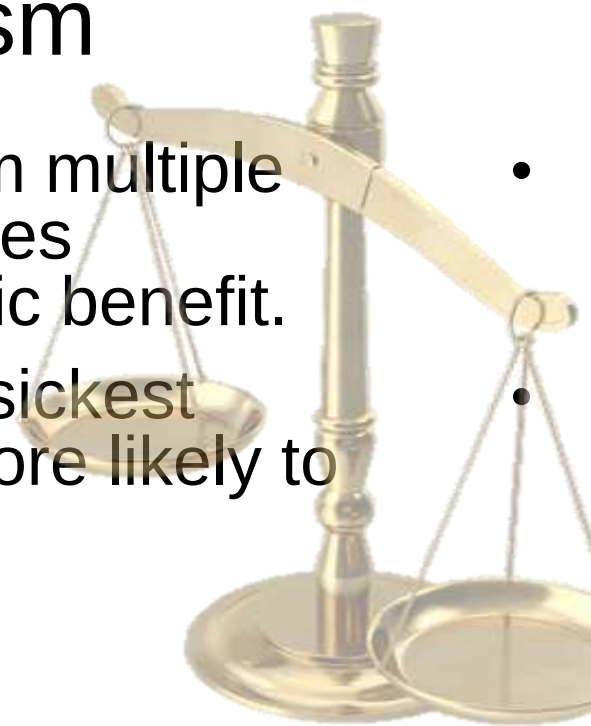
Distributive Justice

1. Justice is a personal and societal virtue that allows for the fair allocation of goods to those in need.
2. A distributive justice theory should set standards for evaluating the distribution of goods within a society.
3. Its range includes policies that allow varied benefits and burdens, such as property, resources, taxation, privileges, and opportunities.
4. Healthcare systems face the burden of treating sick patients without the resources to pay while remaining open and solvent.

Rationing

Utilitarianism

- Looks at criteria from multiple sources and prioritizes maximizing the public benefit.
- Would sacrifice the sickest patients for those more likely to be helped.



Egalitarian

- Benefits valuable by members of a given group should be equally accessible to all.
- Allocating resources during a pandemic ensures that all scarce resources are equally distributed among all patients requiring them, regardless of the public benefit of this strategy.

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Never believe that a few caring people
can't change the world. For indeed,
that's all who ever have.
- Margaret Mead