Ethics and Shared Decision Making

Renal Supportive Care 2018

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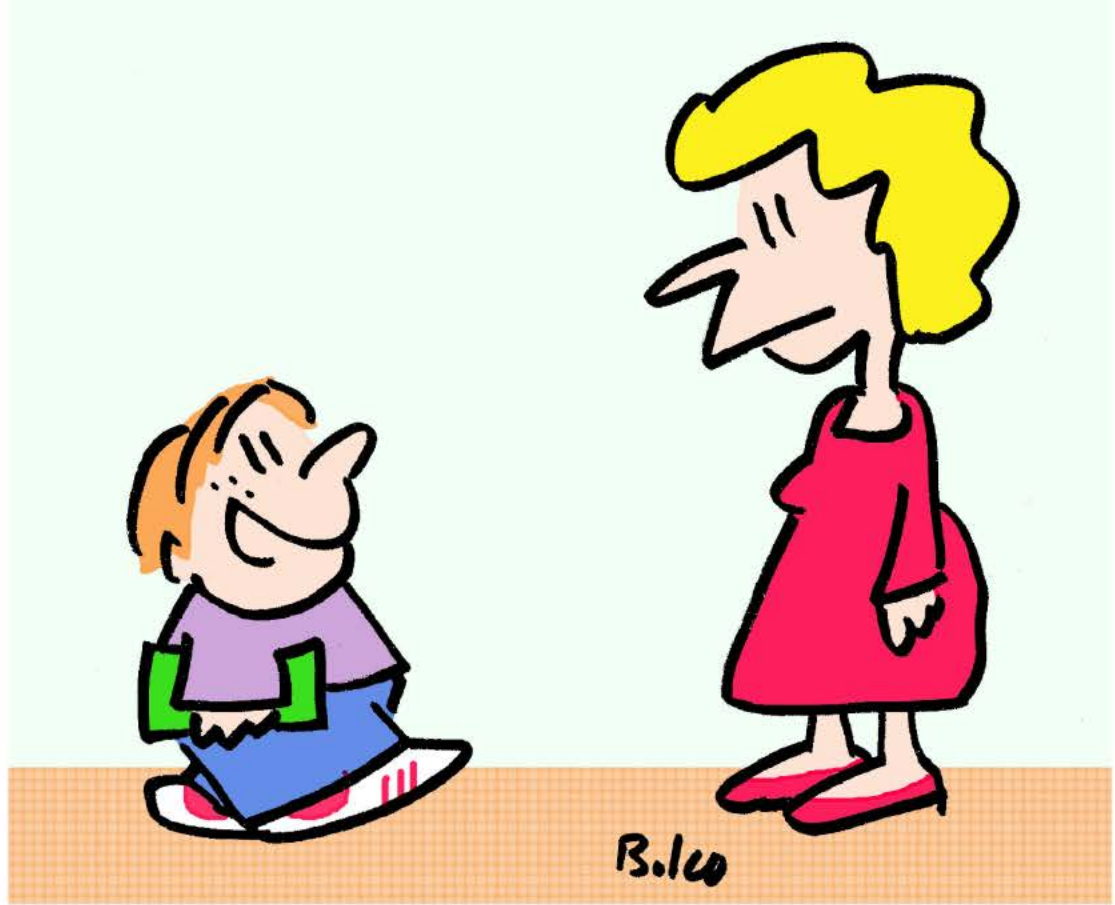

"Hi, Mom — We learned in school today that ethics and morality are stupid and old-fashioned."

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OVERVIEW

01 What is 'ethics', and how does it relate to clinical practice?

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CLINICAL ETHICS


ETHICS
MEDICAL
AUTONOMY
JUSTICE
DIGNITY
ACCREDITATION
CONFIDENTIALITY
CONCERNS
CONTROL
PRACTICE
MORAL
PSYCHIATRISTS
COMMITTEES
PROTECTING
EUTHANASIA
ONLINE
ACCORDING
REFERENCE
REQUIRES
INTEGRITY
REQUIRE
PERSONAL
CULTURAL
KNOWLEDGE
HEALTHCARE
RECOURSES
CORRELATE
APPROACH
EQUALITY
ANSWERS
CRISIS
DUTY
TRADITIONALLY
PATERNALISTIC
NON-MALEFICENCE
INCREASING
REFERENCES
DESIGNATE
NUMEROUS
TRANSFUSIONS
CHARACTERISED
PROFESSIONAL
TRUTHFULNESS
PATERNALISM
REQUIREMENTS
HISTORICALLY
REFERS
CARVED
CONSIDERATIONS
UNDERSTANDING
LINKS
PRACTITIONER
DEPRESSION
TRANSMITTED
VIOLATIONS
DISTRIBUTION
UNINFORMED
AIM
PERSPECTIVE
CHALLENGED
LARGE
CONSIDERING
RECOGNIZES
AUTHORITY
BLOOD
REFLECTIVE
DEMANDED
GENERALLY
MIGHT
POTENTIAL
DECISIONS
SEXUALLY
BACKLASH
HOWEVER
VOLUNTAS
CONFLICT
INDIVIDUAL
SPECIFICALLY
REGULATORY
ROOTED
REPRODUCTIVE
PERSONS
PROFESSIONALS
UNDERSTAND
INCAPACITATED
CRITICISMS
PROFESSION
APPOINTED
PRIORITY
CONDITION
UNDERSTOOD
LIKE

WHAT IS ETHICS?

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CLINICAL ETHICS

ETHICS IS...

- Systematic inquiry into the nature and function of morality
- Attempts to achieve an understanding of how we ought to live or act
- Prescriptive rather than descriptive
  - Seeks to identify moral concepts, rules, principles of behaviour to guide our actions

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WHAT IS ETHICS?

Intellectual inquiry concerned less with what **CAN** be done, than with a critical analysis of what **SHOULD** be done.

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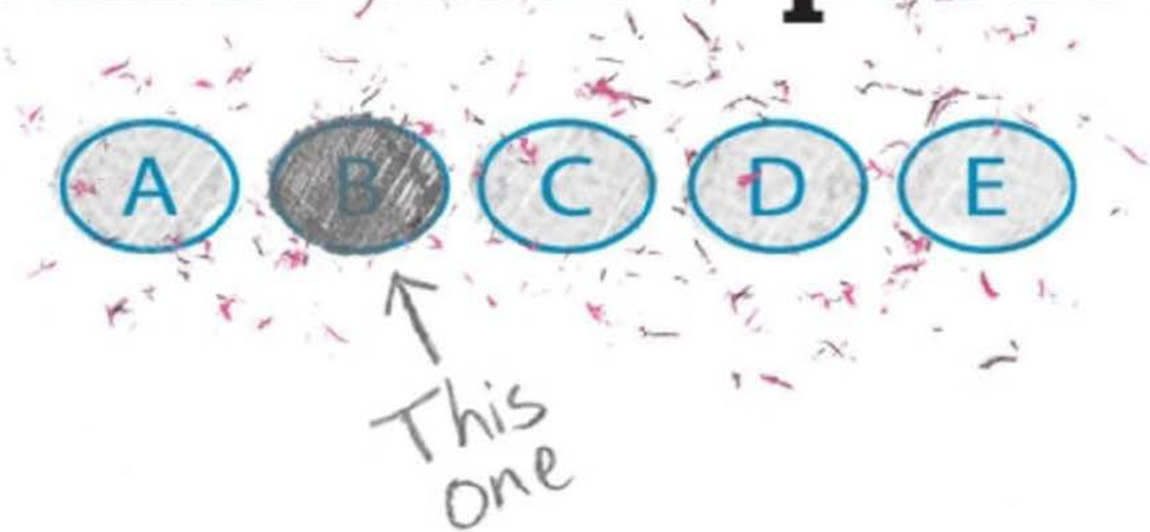
CLINICAL ETHICS

I may or may not be an indecisive person.



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OVERVIEW

01. Ethics and clinical practice

02. Clinical Ethics: How can it help?

03. Applied clinical ethics – Case Based Discussion

02 What is 'clinical ethics' and how can it help?

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CLINICAL ETHICS

ETHICS AND HEALTHCARE

- Fertile ground for ethical issues to arise!
  - Uncertainties and conflicts about what **should** be done
- What makes them 'ethical issues'?
  - Centre upon beliefs how people **should** live and die
  - About **values**, and how they are applied in clinical situations, including which values may be sacrificed where not all can be honoured

  values conflict = '**ethical dilemma**'
- Centre on professional responsibility and its relationship with the law
  - **"Fiduciary"** relationship with our patients: uneven power relationship, predicated on trust, with obligate duties

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We are all moral agents...

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CLINICAL ETHICS

WHAT CAN CLINICAL ETHICS ACHIEVE?

- Not the ethics police – a resource
- Clinical ethics will often not provide a single 'right' answer
- Usually provides a framework or process:
  - Unpacking our decision making
  - Clarifying underlying values

THUS ENABLING an answer that is more RIGOROUS, more INCLUSIVE, more CONSISTENT, and therefore more DEFENSIBLE.

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SO HOW CAN CLINICAL ETHICS HELP?

01: Make VALUES EXPLICIT, and encourage REFLECTIVE PRACTICE

02: Provides a RIGOROUS PROCESS for juggling competing values

03: Enable clinicians to provide a DEFENSIBLE RATIONALE for how ethically complex decisions are made

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We can't 'know' if we are right!

Moral omniscience is not required.

Just a **rigorous** and **defensible rationale** for the decisions we make.

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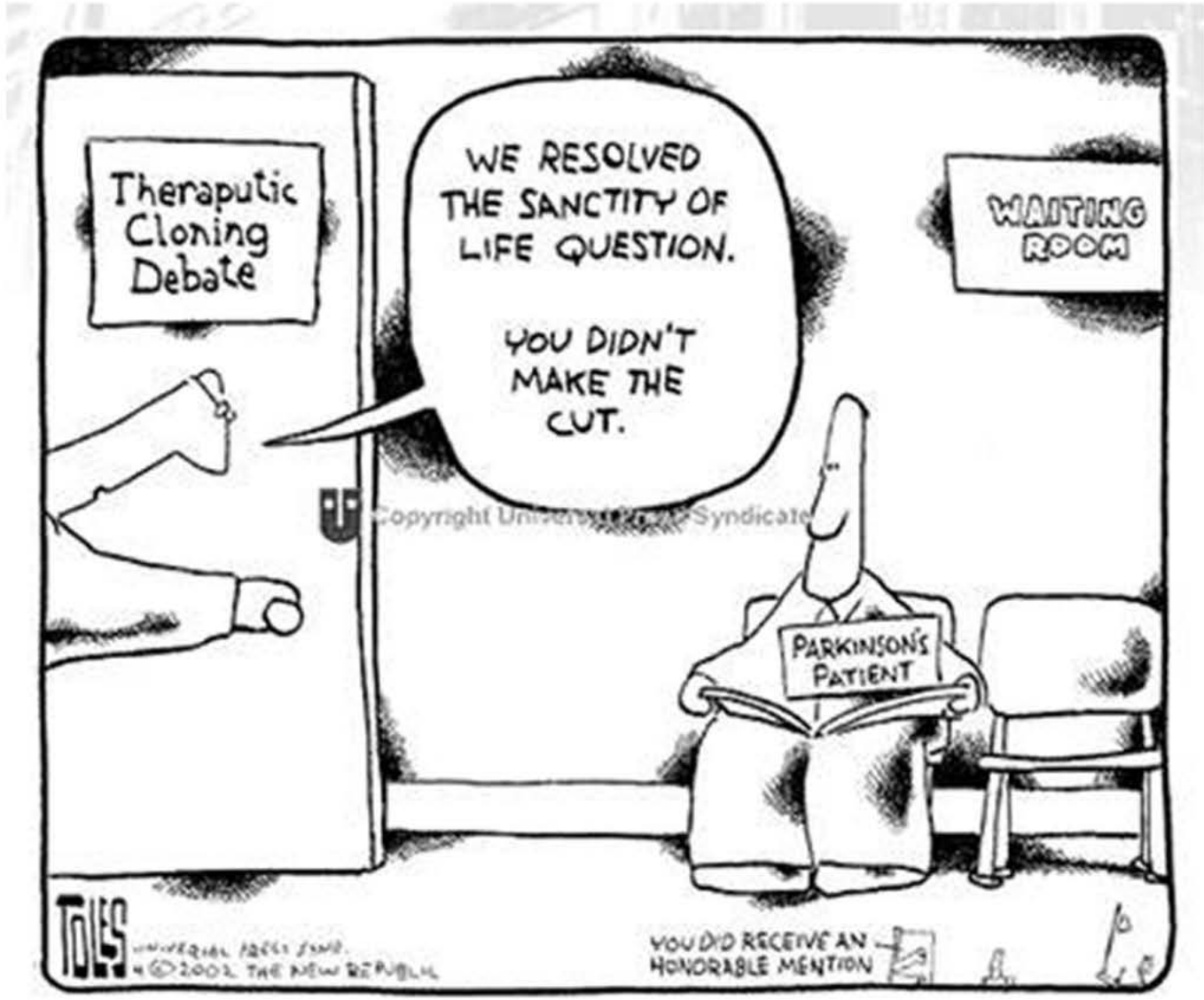

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CLINICAL ETHICS

3 Ethics and Shared Decision Making

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CLINICAL ETHICS

LENS/BIAS

- Experience/expertise
- Tend to think in binaries
- Underlying assumptions in the acute 'curative' setting

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CURATIVE vs PALLIATIVE

CURATIVE

- All versions of the good require life
- Therefore, life should be preserved/prolonged
- Use all means subject to constraints:
  - Futility: Rx unable to achieve the desired ends
  - Proportionality: Harms v benefits
  - Justice/resources

PALLIATIVE

- Value of prolonging life is interrogated
  - Prolonging dying?
- Other values potentially outweigh:
  - Individual autonomy and its relationship with dignity
  - Quality of life (and death)
- Recognises the ends and limits of medicine
  - Harms v benefits for every intervention matter

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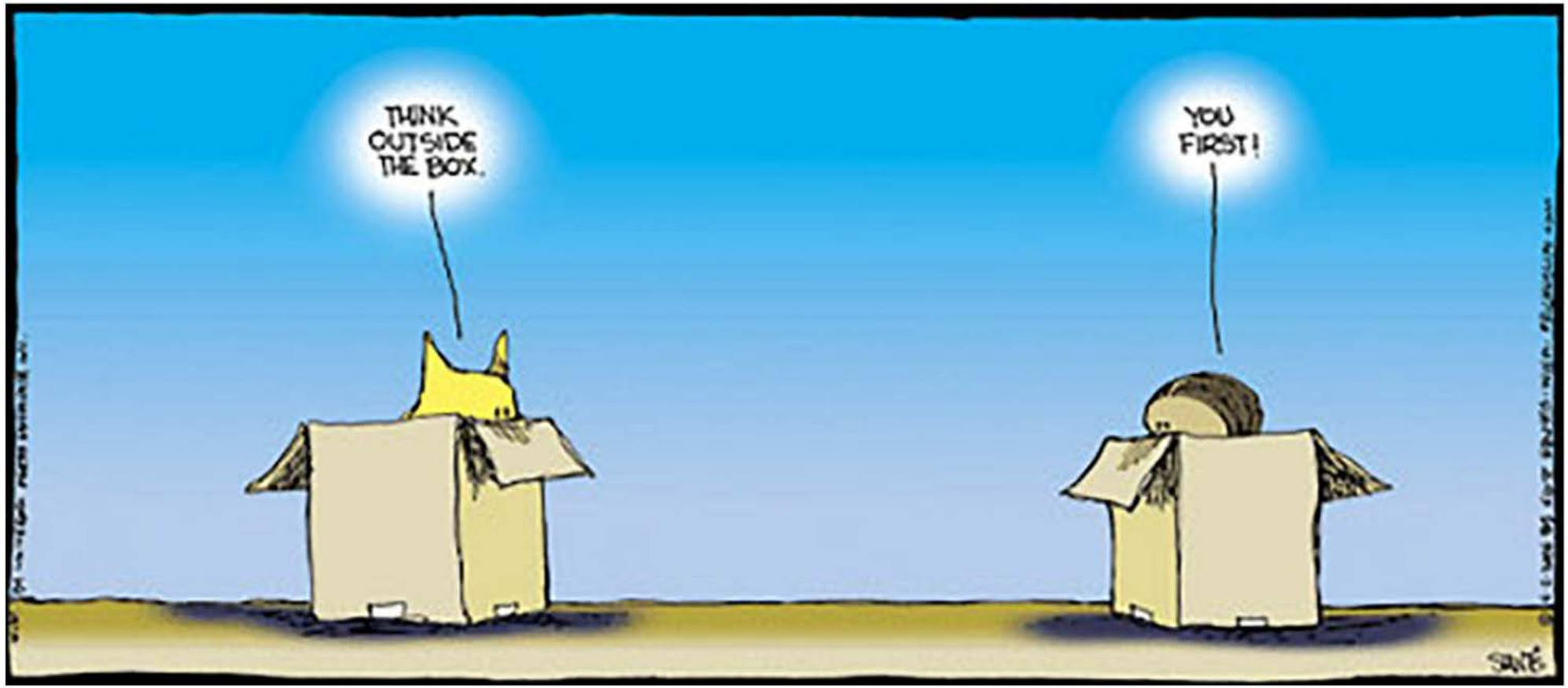
CLINICAL ETHICS



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CLINICAL ETHICS

Should a person be started on RRT?

WHAT ARE THE VALUES/PRINCIPLES AT PLAY OR IN CONFLICT?

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CLINICAL ETHICS

PRINCIPLE BASED ETHICS

- **AUTONOMY**
  - Respect for persons; self-determination
- **BENEFICENCE**
  - Do good, benefit
- **NON MALEFICENCE**
  - Cause no harm, do no harm
- **JUSTICE**
  - Fairness

Beauchamp and Childress 1983/89/94

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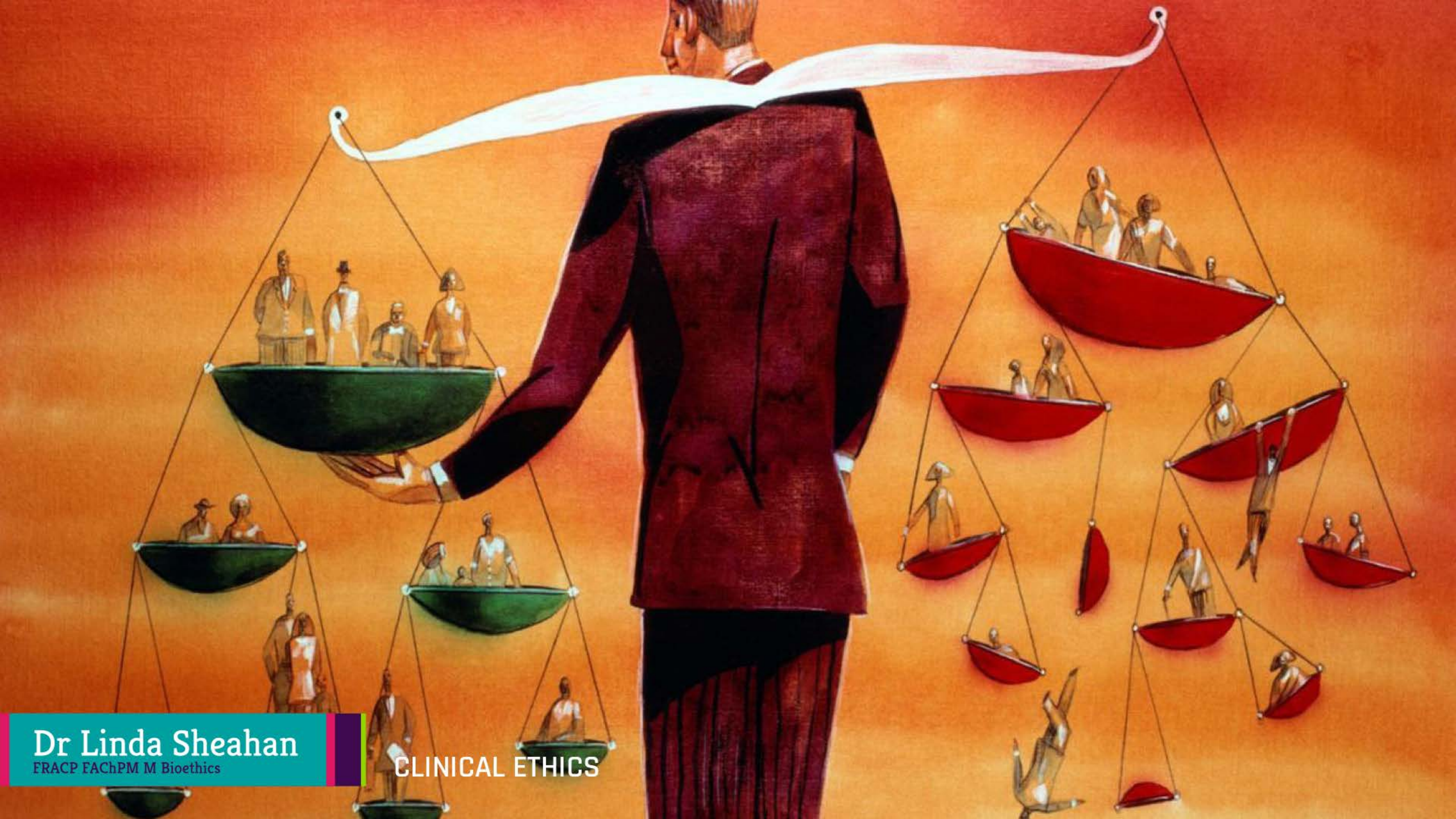
CLINICAL ETHICS



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CLINICAL ETHICS

“AUTONOMY”

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CLINICAL ETHICS

AUTONOMY

Translates literally as “self rule”

- Respect for persons
- Persons should be enabled to make health care decisions for based on their own goals and values
  - Operationalised in the western libertarian tradition as “consent”
  - Narrow version autonomy ?fundamentally flawed
    - > relational autonomy

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CONSENT

- Elements enabling valid consent
  - Competence/capacity
  - Voluntariness
- Elements which inform
  - Disclosure of information
  - Understanding and integration of information
- Authorisation

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CAPACITY

- Capacity is:
  - Presumed under law
  - Time, decision and situation specific
  - No 'measurable' by a 'gold standard' clinical tool
- Is the patient sufficiently competent to make a reasoned and conscious choice?
  - Receive, comprehend, retain and recall
  - Integrate info and relate it to self
  - Evaluate benefit/burden in terms of their own personal values
  - Select option & give reason for choice
  - Communicate choice to others
  - Persevere with that choice

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VOLUNTARINESS

- To choose or act free of manipulation, coercion or undue influence
  - Internal – grief, depression, illness
  - External – threats, misinformation, love!
- HCP obligation not to exert 'undue' influence;
  - Continuum: education-persuasion-coercion

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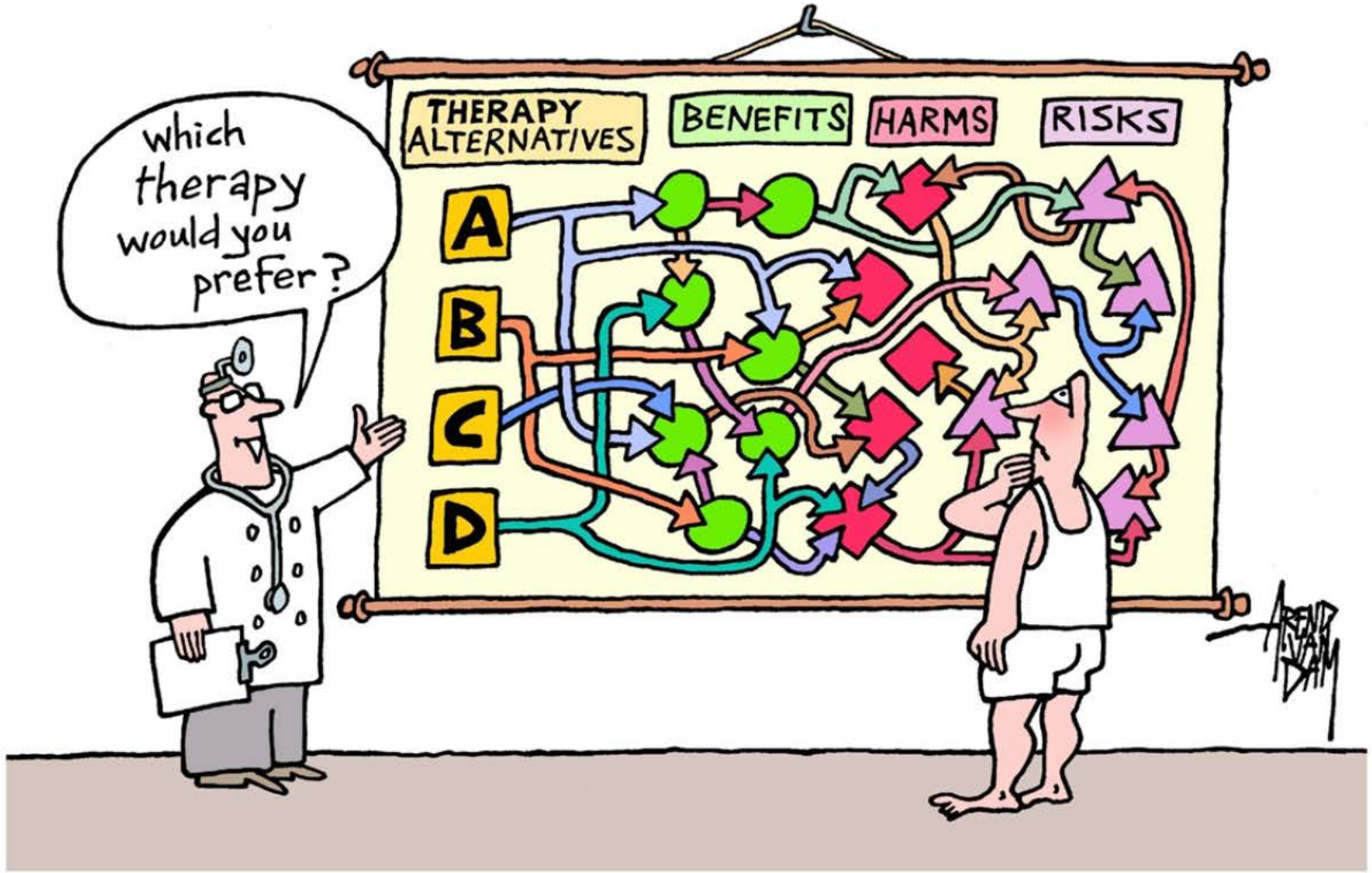

informed consent

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SUBSTITUTE DECISION MAKING

- Not capable? Need someone to represent their voice at the decision making table
- 'Person responsible' in NSW:
  - Appointed enduring guardian
  - Spouse or partner
  - Carer (unpaid)
  - Relative or friend
    - Close relationship, frequent contact, personal interest in welfare (unpaid)

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SDM ON WHAT BASIS?

- Previously expressed wishes of a competent patient
  - ACD applicable to circumstance
- 'Substituted Judgment'
  - What would the patient say if they were able
  - Decision making guided by patients goals and values
- 'Best interests' assessment
  - Default; primary clinical model but contested
  - "Shared decision making"

Any other competing values?

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BENEFICENCE & NON- MALEFICENCE...

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WHAT ARE OUR OBLIGATIONS?

- Beneficence = 'doing good'
- Professional role defined by this as the primary driving value
- All healthcare treatments are to 'do good' for our patients
  - To benefit them in some way

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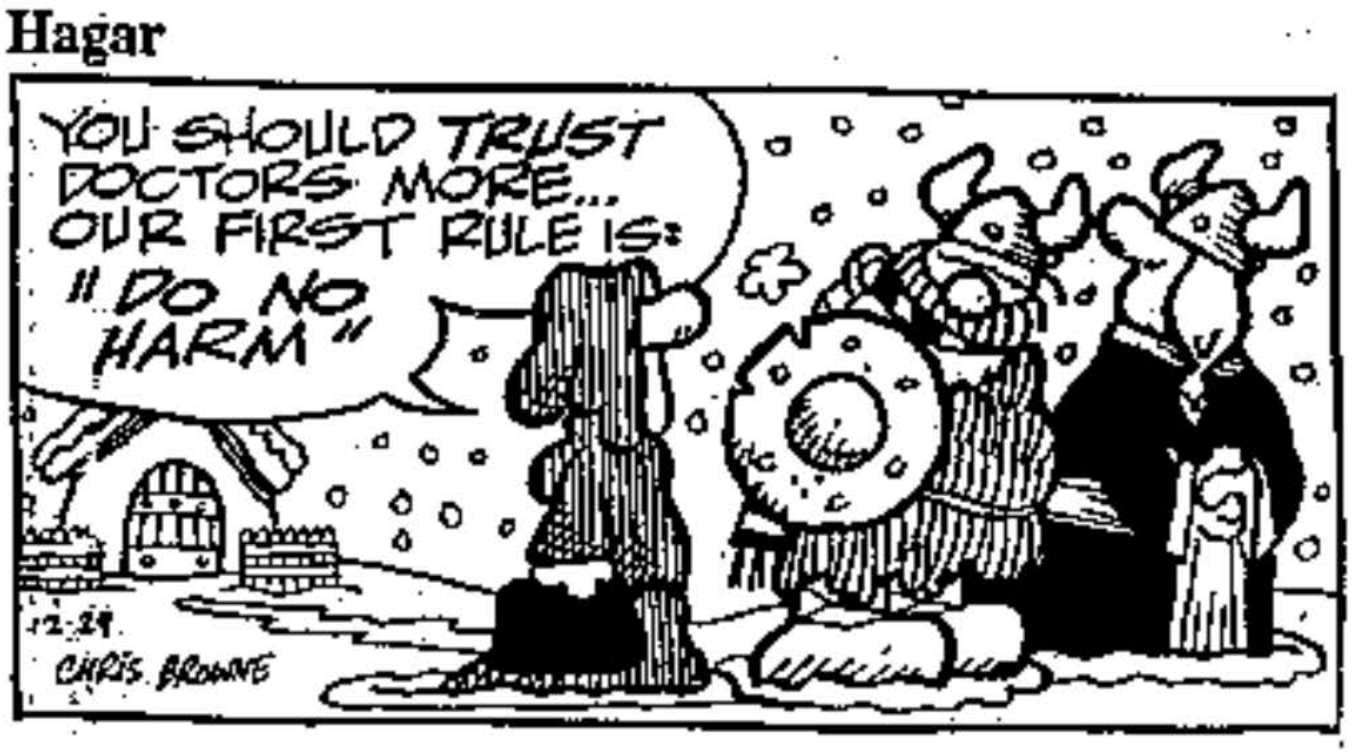
Hagar
YOU SHOULD TRUST DOCTORS MORE... OUR FIRST RULE IS: "DO NO HARM"
12-29
CHRIS BROWNE


IT WORRIES ME THAT THEY'D NEED A RULE TO FIGURE THAT OUT

PROPORTIONALITY...

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WHAT ARE OUR ETHICAL OBLIGATIONS?

- Professional obligation to patient:
  - 'Duty of care'
    - To act in accordance with 'best interests' of the patient
    - Beneficence/non-maleficence balance
    - Respect for autonomy somehow incorporated
- 'In ones interest' if it is to one's advantage, benefit or advancement
  - How is 'best interests' determined and by whom?

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BEST INTERESTS OFTEN A QUESTION...

- In one's interest if it is to one's advantage, benefit or advancement
- Who decides – clinician or patient/family?
  - Shared model; both have a role in decision making based on their area of expertise
    - Professionals bring generalised interests to the table: professional obligations, and expertise about most people in this context or circumstance
    - Patients (and families) bring specific interests to the table: knowledge about THIS PERSON in this context or circumstance

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WHAT OF JUSTICE?

- FAIR resource allocation in context of scarcity a highly debated issue in clinical ethics
- Focus has been on FAIR PROCESS to create legitimacy in how decisions are made
- Justice considerations are traditionally managed a step away from the bedside
  - Dealt with at an organisational level
- Frees the individual clinician from any Conflict of Interest
  - PURE role in advocating for the best interests of the patient
    - vs being required to engage in broader considerations of how resources should be allocated

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IS THIS THE 'BEST' APPROACH?

- Increasing awareness that we are all responsible for considering justice
- Clinicians increasingly engaged in:
  - What is the VALUE of the health outcome?
  - Is it PROPORTIONAL to the cost?
  - On what basis can resource use in this circumstance be JUSTIFIED?

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ETHICS + THE CLINICAL DECISION MAKING MODEL

SHEAHAN 2018

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"Thinking outside of the box is difficult for some people. Keep trying."

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Taking care of people is the end game!

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