

Risky Business: Ethics of Caring for Patients Who Choose to Live at Risk



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Objectives

- ❑ Discuss recent clinical ethics cases involving patients choosing to live at risk
- ❑ Identify principles for ethical decision making applicable to patients who choose to live at risk
- ❑ Review the ways in which clinical ethics can support complex health care decision making

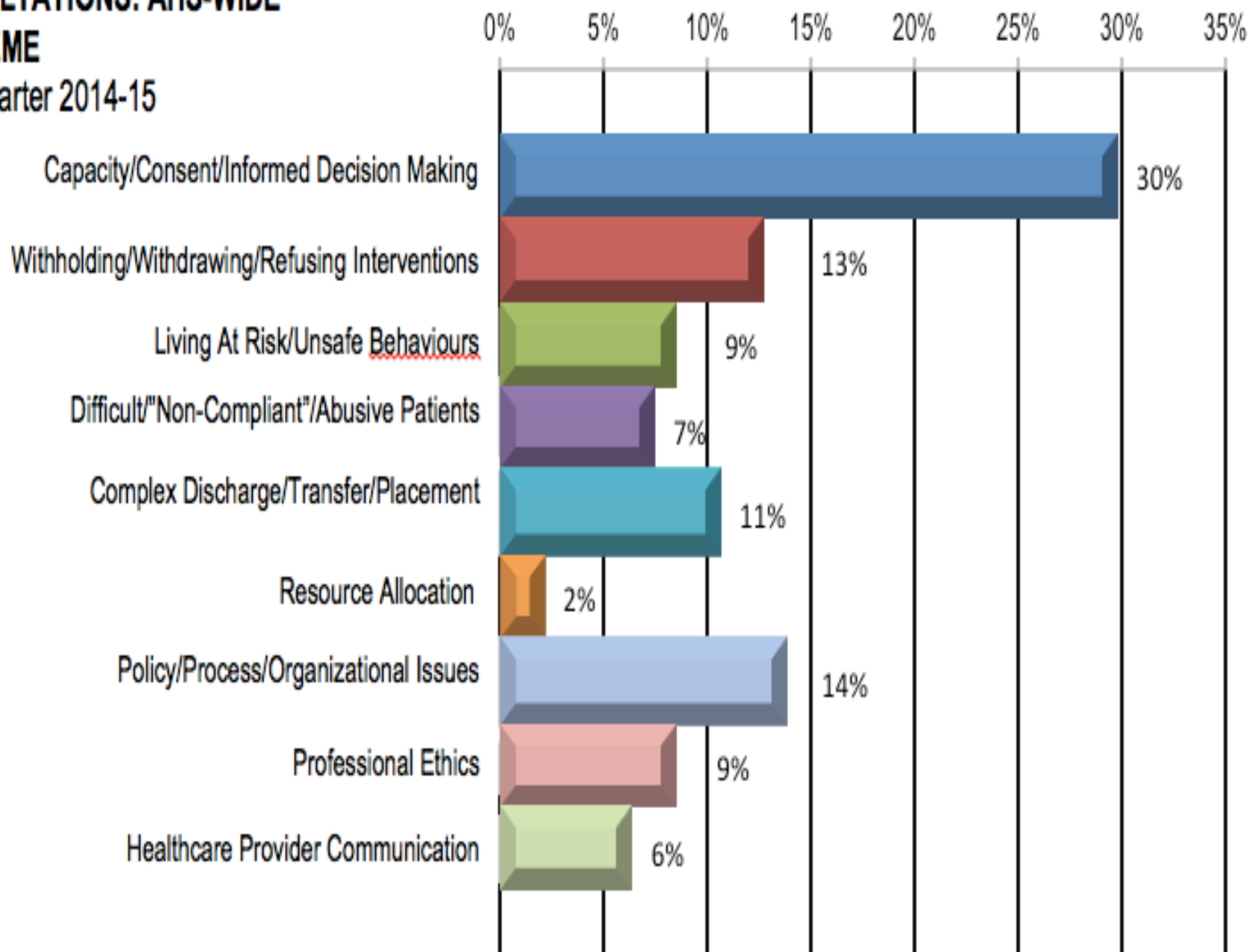
Ethics Service



- Support for families and teams facing difficult decisions
- Clinician model, Committee Model
- Ethics consultation
 - Formal
 - Informal
 - Retrospective
- Facilitation of meetings and discussions
- Staff debriefing sessions

CONSULTATIONS: AHS-WIDE BY THEME

First Quarter 2014-15



Relevance

- Threshold for moral culpability
- Living at risk
- Living arrangements / social arrangements
- Patients who smoke
- Patients with addictions
- Patients who traffic
- Patients who manipulate the health care system
- Financial pressures
- Complex family dynamics
- Physicians, nurses, social workers, administration, security
- Care planning
- Compassion fatigue
- Role of ethics consultation

Principles of Ethics



□ Autonomy

- Respect for patient autonomy; informed consent a common thread

□ Beneficence

- Obligation to 'do good'; act in a way that is likely to benefit the patient; proceeding with a beneficent plan of care, using clinical judgment

□ Nonmaleficence

- Ethical obligation not to harm or cause injury; to prevent foreseeable harm

□ Justice

- Issues involving allocation of resources; organizational ethics; availability of services; "like cases"; fairness; equity



Case: 74 year old woman

- A 74 year old woman living alone with some family supports and some home care support
- Brittle diabetic with multiple comorbidities
- Blindness
- Hard of hearing
- Right below knee amputation
- Husband passed away one year ago
- Falls in bathroom and hits head; intra-ocular hemorrhage
- Presents in ED; pain, confusion, concerning hx
- Reluctantly admitted to medical unit
- Hospital stay exceeds 8 weeks; patient wishes to return home
- Health care team concerned about discharge



What is the right thing to do?

- Role of Clinical Ethics?
- Principled decision making
 - Autonomy
 - Beneficence
 - Nonmaleficence
 - Distributive justice
- Who comprises the health care team?
- Consultation / documentation / recommendations



Outcome



Case: 21 year old man

- A 21 year old male admitted to medical unit
- Renal failure
- Diet
- Polysubstance abuse
- Strained family relationships
- Using drugs while in hospital
- Selling drugs outside of hospital
- Leaving hospital without notifying staff
- Patient wishes to leave hospital
- Health care team / hospital administration request an ethics consultation



What is the right thing to do?

Role of Clinical Ethics?

Principled decision making

Autonomy

Beneficence

Nonmaleficence

Distributive justice

Who comprises the health care team?

Consultation / documentation / recommendations



Outcome

Fatigue & Distress



- Compassion Fatigue is different from Moral Distress:
 - Compassion Fatigue
 - A gradual lessening of compassion over time
 - Exemplified by frustration, cynicism, plateauing of moral development, decrease in productivity, burnout
 - Overcome by self-care, balance, reflection, improved self-awareness, modification of attitudes
 - Moral Distress
 - Suffering or residue caused by disequilibrium between identifying ethical action and undertaking ethical action
 - Internal (belief system, values) or external (systemic, organizational) barriers to pursuing the right course of action
 - Occurs in the face of the true ethical dilemma
 - Impacts inter-personal and inter-professional communication
 - Alleviated through good communication and debriefing



Conclusions & Recommendations

Allow for reflection

Identify stakeholders

Consultation

Documentation / charting

Communication with primary care providers / supports

Clinical creativity / exploring options

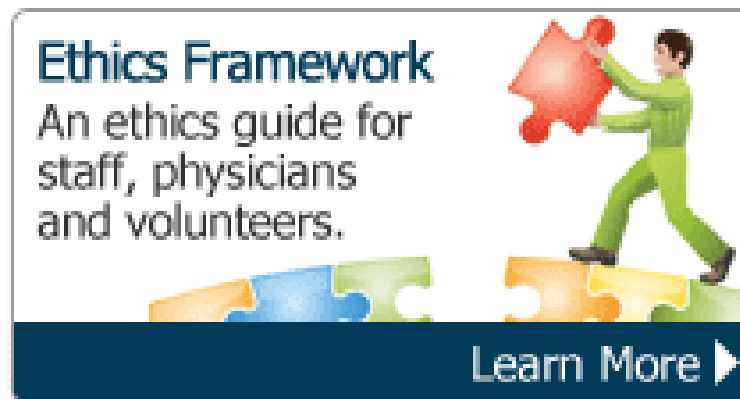
Debrief

Repeat

What clinical ethics resources are available to you?

□ **General Inquiries**

- For all AHS Staff, Physicians, Patients & Families:
- 1-855-943-2821
- clinicaethics@albertahealthservices.ca



Questions?



References

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