TOPICS

- Moral Obligation of Caregiver
- Responsibility of the Healthcare Delivery System
ETHICS?

Ethics – A system of moral principles concerning conduct and/or behavior, that guides health care professionals as they interact with patients, families, the community and one another.
Medical Ethics

- Moral philosophy that helps practitioners and others discern if and under what circumstances various health care practitioners are right or wrong.
Ethics are ...

- Moral Principles
- What is good and bad
- What is right and wrong
- Based on value system
- Ethical norms are not universal – depends on the sub culture of the society
Ethics are not ...

- Ethics is not the same as feelings
- Ethics is not religion
- Ethics is not following the law
- Ethics is not following culturally accepted norms
- Ethics is not science
**ETHICAL PRINCIPLES**

- ETHICAL PRINCIPLES OF RESPECT AND AUTONOMY.
- PRINCIPLE OF BENEFICENCE
- PRINCIPLE OF JUSTICE
- PRINCIPLE OF VERACITY

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**Medical Indications**
(Beneficence and Nonmaleficence)

Clinical encounters include a review of diagnosis and treatment options

**Quality of Life**
(Beneficence & Nonmaleficence)

The objective of all clinical encounters is to improve, or at least address, quality of life for the patient

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**Six principles of Medical Ethics**

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
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<tbody>
<tr>
<td>Beneficence</td>
<td>To act in the best interest of the patient</td>
</tr>
<tr>
<td>Non-Malfeasance</td>
<td>Do no harm</td>
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<tr>
<td>Autonomy</td>
<td>The patient right to refuse or choose (consent)</td>
</tr>
<tr>
<td>Justice</td>
<td>Who gets what treatment on the merit of illness</td>
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<tr>
<td>Dignity</td>
<td>Patient and doctor both have the right to dignity</td>
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<tr>
<td>Truthfulness/Honesty</td>
<td>The patient deserve to know the whole truth about the illness and treatment</td>
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## Ethics

<table>
<thead>
<tr>
<th>Beneficience</th>
<th>Autonomy</th>
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<tbody>
<tr>
<td>Whatever is done or said is for the patient's good</td>
<td>Respect for the person and his/her rights to self-determination</td>
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<tr>
<td>e.g. benefits of treatment must outweigh risks</td>
<td>e.g. it is the patient’s right to decide which treatments they do or do not have.</td>
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<table>
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<tr>
<th>Non-maleficence</th>
<th>Justice</th>
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<tr>
<td>Whatever is done or said will do the patient no harm</td>
<td>Equitable allocation of healthcare resources according to need - not wealth, class, creed or colour</td>
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<td>e.g. never lie to patients</td>
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ETHICS

• Ethics is not a separate entity to be addressed when all else is completed.

• Ethics is a part of everything the caregiver does. It’s embedded in all choices, behavior and personal character.

• Ethics should never go on the back burner because there is no time to deal with an issue. Regardless of whether that issue exists with a staff member or a patient.
ETHICS

- Ethics can be an elephant in the room of a profession that values black and white, that values precision and decisiveness.

- Coming up with a “right answer” is a huge part of medicine, especially emergency medicine.

- When one doesn’t feel confident that the right answer has been reached, one may opt out of the “grey” area.

- The principles of ethical behavior passes through the filter of the person(s) involved in the decision.
ETHICS

- The Emergency Department (ED) is a unique environment with distinct moral challenges.

- The dynamic nature of the ED and the diversity of emergency patients makes this an area in which ethical dilemmas inevitably arise.

- The potential for ethical dilemmas in emergency medicine is exacerbated by the time frame in which decisions must be made, and by the frequent lack of complete information.
ETHICAL CONCERNS

It should come as no surprise that this specialty’s greatest ethical failing is not always recognizing problems as being “ethical” and instead categorizing them as strictly “medical.”
ETHICAL CONCERNS

Emergency care is a service designed to rapidly evaluate and treat medical conditions of recent onset and severity.

Many patients possessing average knowledge of medicine and health, believe that urgent and/or unscheduled medical care is the best place for a timely resolution of health care problems.
# Bound by Regulations

**Code of ethics that healthcare providers will have to display:**

- We comply with all regulatory and statutory requirements
- We respect and uphold the rights of patients
- All our doctors abide by MCI code of ethics
- We do not accept expensive gifts, cash benefits or gratification from the drug and equipment suppliers, diagnostics centres or similar agencies

<table>
<thead>
<tr>
<th>We do not indulge in any activities that are unethical or illegal such as:</th>
<th>from law</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unjustified admissions, unjustified reporting or billing to patients</td>
<td>Pre-natal sex determination</td>
</tr>
<tr>
<td>Sheltering any criminal</td>
<td>Giving cuts and commission to anyone for soliciting patients</td>
</tr>
<tr>
<td></td>
<td>Improper entries in insurance forms</td>
</tr>
<tr>
<td></td>
<td>Over-billing in claim cases</td>
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MOST FREQUENTLY CITED ETHICAL ISSUES:

• Protecting patient’s rights & human dignity
• Providing care with possible health risks (e.g. communicable diseases, violence)
• Complete transparency on informed consent to treatment
• Staffing patterns that limit access to appropriate patient care
• Use/non use of physical or chemical restraints
MOST FREQUENTLY CITED ETHICAL ISSUES:

• Working with an unethical, incompetent or impaired colleague
• Not considering a patient’s quality of life
• Pain management in the ED
• Bariatric Patients
• Language barrier
PROTECTING PATIENT’S RIGHTS & HUMAN DIGNITY

• Failing to protect a patient’s rights may be the result of being unclear about the correct thing to do (new caregiver or new to facility).

• Respect for the patient’s autonomy creates an obligation on the part of the caregiver to respect decisions made by the patient even w/o agreeing.
PROTECTING PATIENT’S RIGHTS & HUMAN DIGNITY

• We all have ideas on the way things should be but this feeling might not be in a patient’s best interest. In fact, it could cause a chain reaction of decisions to occur that have no ethical basis.

• Decide who the most appropriate decision maker may be if the patient lacks the capacity to make his or her own decisions.

• Decisions should not arise from assumptions but should arise from careful analysis, even if the analysis is brief.
PROTECTING PATIENTS’ RIGHTS & HUMAN DIGNITY

• To respond appropriately, the caregiver must have knowledge of moral concepts, principles and reasoning skills that motivates the individual to act in accordance with accepted beliefs and ideals.

• Patients need to be provided opportunities to express their freedom of choice when attaining services and determining how they want to be cared for.
PROVIDING CARE WITH POSSIBLE HEALTH RISKS

• In some situations, the caregiver may identify a degree of personal risk in caring for a patient.

• Identified risks should be communicated through the appropriate institutional channels so adequate safeguards can be initiated.

• Even with the benefit of early recognition and guidelines for prevention, it is the nature of health problems to raise questions for the caregiver regarding personal risk and responsibility for patient care.

American Nurses Association Position Statement
ANA Center for Ethics and Human Rights
COMPLETE TRANSPARENCY ON INFORMED CONSENT TO TREATMENT

• Obtaining informed consent in the emergency department is challenging. Many patients may not be capable of making decisions secondary to their acute life threatening condition, intoxication, or other impairments.

• Ethically, consent is about patient autonomy, meaning the patient understands and freely agrees to the treatment.
Legal and Ethical Issues Informed Consent

- It implies to permission by the patient to perform an act on his body either for diagnosis or therapeutic procedure.

- The four elements of consent are:
  - voluntariness
  - capacity
  - knowledge
  - Decision making
COMPLETE TRANSPARENCY ON INFORMED CONSENT TO TREATMENT
COMPLETE TRANSPARENCY ON INFORMED CONSENT TO TREATMENT

The information must be provided at a time when the patient is able to sort options rationally and is in a position to grant or refuse consent.
Points to be considered in consent

• Consent must be given voluntarily
• If patient is not mentally capable (critical patients) informed consent should be obtained from surrogate or legal next of kin.
• It should be given by a person of sound mind & above the age of 18 years.
• Requires the disclosure of basic information considered necessary for decision making
• Patients providing consent should be free from pain & depression.
When consent invalid?

- Consent obtained from a minor
- Consent given under fear, fraud or misrepresentation
- Consent obtained from the person who is not fit
- Consent obtained in language not understood by the person
- Consent obtained from person under sedation, intoxication or semiconscious
- Consent obtained without providing adequate information on the possible risks are invalid under law.
STAFFING PATTERNS THAT LIMIT ACCESS TO APPROPRIATE PATIENT CARE

• The dangerous impact of unsafe staffing on the safety and quality of patient care is validated in a growing body of research.
• Inappropriate staffing may create a situation where the caregiver’s obligation to provide safe, competent, and ethical care cannot be fulfilled.
STAFFING PATTERNS THAT LIMIT ACCESS TO APPROPRIATE PATIENT CARE

• Many nurses may find it difficult to carry out their ethical obligations to patients due to the insufficiency in staffing.

• Many caregivers face an ethical dilemma, whereby they must choose between caring for their own welfare or the needs of their patients.

• It is unethical, to accept an assignment that requires competencies one has not developed or places patients at risk because of the number of patients assigned.
USE/NON USE OF PHYSICAL OR CHEMICAL RERAINTS

• Restraints should be considered as a last resort and practitioners should consider alternative interventions to promote safety and respect the dignity of the person.
• Follow hospital policy and guidelines when restraining.
• OK to restrain for safety of:
  • patient
  • staff
  • other
• Once restrained, maintain the patient safely and responsibly.
WORKING WITH AN UNETHICAL, INCOMPETENT OR IMPAIRED COLLEAGUE

Unethical Behavior By a Colleague:

• All healthcare professionals observe their peers in action in the practice setting. Occasionally there may be an observed lapse in standards of care and practice.

• Conflict often arises because of the need to protect patients, maintain good rapport with colleagues, and remain employed.

• If it is possible to intervene and prevent harm or potential harm, that is the ethical priority. Ethical practice also directs that what was observed be reported.
WORKING WITH AN UNETHICAL, INCOMPETENT OR IMPAIRED COLLEAGUE

Incompetent Behavior By a Colleague:

• If you observe another team member doing something that places patient safety at risk, the clear ethical choice is to intervene to protect the patient.

• Ethics clearly requires that the team member who was performing unsafely be addressed.

• In the interest of patient safety and placing the patient first, as all healthcare professional codes of ethics declare, one has a duty to report what was observed.

• See something, Say something!
WORKING WITH AN UNETHICAL, INCOMPETENT OR IMPAIRED COLLEAGUE

Impaired Practice:

- Have you ever suspected or known that a colleague was practicing under the influence of drugs or alcohol while on the job? Have you ever suspected or known that a colleague was diverting medications?
- What did you do about it?

- “When fellow professionals act in ways that endanger patients, as well as themselves or others, then the obligation to the patient, the profession, and the employing institution supersedes loyalty to a peer”

PAIN MANAGEMENT IN THE ED

• Ethical questions surround managing pain in the emergency department.

• Patients with chronic pain are particularly challenging in that it becomes more difficult to determine if there is a malingering aspect to their behavior, if they are having legitimate pain, or if there are elements of both in the patient’s presentation.

• Providing prescription opioids to those who are addicted to them may not be in their best interest. This is where beneficence overlaps with non-maleficence.
PAIN MANAGEMENT IN THE ED

• A steep rise in the death rate from prescription opioid overdose, coupled with a rise in opioid abuse-related ED visits, has led to renewed scrutiny of prescribing practices and a shift of the pendulum back towards restraint in prescription of opioids.

• Pain management has become one of the most scrutinized, and conflict-ridden issues in emergency medicine.

• The information the patient provides about their pain has the potential to color the doctor-patient relationship and impact prescribing.
BARIATRIC PATIENTS

• Obesity is a complex medical condition that has roots in genetic, environmental and social exposure and should not be attributed to a lack of willpower any more than other diseases (Banja, 2004).

• The emergency department has experienced ethical dilemmas posed by bariatric patients that are becoming more frequent.

• The ED is the front access point of care and will continue to be confronted with caring for this challenging patient population.

• The ED will also deal with its limitations in the type of equipment, diagnostic modalities and treatments available.
BARIATRIC PATIENTS

Some of the ethical dilemmas faced by emergency departments concerning bariatric patient are:

• Whether the same expectations for diagnosis and treatment can be maintained in the obese and morbidly obese.

• Whether there is an obligation of emergency departments to spend scarce resources on specialized equipment for a relatively small portion of their clientele.

• Whether there is a professional necessity for emergency physicians to have specialized knowledge in caring for the bariatric population.
LANGUAGE BARRIER

• The language service should always be accessed to assure that the correct information is being relayed from the patient to the caregiver and vice versa.

• Failure to utilize the language service may compromise patient safety.

![Figure 2. Root Causes of Patient Safety Events](image)
ETHICAL CONCERNS

Would you ever undertreat a patient's pain because you were concerned about repercussions or because you believe that a patient -- even a terminal patient -- might become addicted?

Yes - 5.6%
No - 84.1%
It depends - 10.3%
ETHICAL CONCERNS

Would you ever hide information from a patient about a terminal or preterminal diagnosis in an effort to bolster their spirit or attitude?

Yes, I soften it and give hope even if there's little chance - 14.6%
Yes, unless someone is going to die imminently, I don't tell them how bad it is - 1.7%
No, I tell it exactly as I see it - 59.8%
It depends - 23.8%
ETHICAL CONCERNS

Are there times when it's acceptable to cover up or avoid revealing a mistake if that mistake would potentially or likely harm the patient?

Yes - 1.6%
No - 94.9%
It depends - 3.5%
Is it ever acceptable to breach patient confidentiality if you know that a patient’s health status (eg, communicable disease) could be harming others?

Yes: 63%
No: 14%
It depends: 23%
RESPONSIBILITY OF THE HEALTHCARE DELIVERY SYSTEM

Provide quality healthcare:

Ethics is closely related to quality. A healthcare system that fails to meet established ethical norms and standards is not delivering high-quality healthcare. By the same token, failure to meet minimum quality standards raises ethical concerns. As such, ethics and quality care can never truly be separated.

Performance measures for ethics are routinely included in health care quality assessments.

National Center for Ethics in Health Care
Veterans Health Administration (VHA)
RESPONSIBILITY OF THE HEALTHCARE DELIVERY SYSTEM

Demonstrate that ethics is a priority by responding to ethical concerns:

Responding effectively to ethical concerns is essential. When ethical concerns aren’t addressed, the result may be errors or unnecessary and potentially costly decisions that can be detrimental for patients.
RESPONSIBILITY OF THE HEALTHCARE DELIVERY SYSTEM

Communicate clear expectations for ethical practice:
Providers in ethically healthy environments tend to focus more on what they “should do” as opposed to what they “must do.”

Practice ethical decision making
When most in an organization view decisions as ethical, it means that leaders and staff alike view the organization as an ethical place to work.

National Center for Ethics in Health Care
Veterans Health Administration (VHA)
SUMMARY

BASIC PATIENT RIGHTS

• Participate in the development and implementation of care.
• Be treated with respect and dignity.
• Be informed about condition, treatment options, and the possible results and side effects of treatment.
• Refuse treatment in accordance with the law, and receive information about the refusal of treatment.
• Quality healthcare without discrimination because of race, creed, gender, religion or source of payment.
REFERENCES

American College of Healthcare Executives ACHE Code of Ethics

American Nurses Association Position Statement

ANA Center for Ethics and Human Rights


National Center for Ethics in Health Care Veterans Health Administration (VHA)
REFERENCES


