

# Discussing an Ethics Case

Walter Davis, MD  
Center for Biomedical Education  
Department of Physical medicine and  
Rehabilitation  
University of Virginia

# 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?

# Decisional issues...

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

# 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

# Questions to ask...

- What are the facts? (medical, social/legal)
- Is there a knowledge deficit or confusion about the facts?
- What ethical principles or moral values are relevant?
- What are the conflicts?
- What are the ethically defensible positions?
- Is there an ethically acceptable compromise?
- If no compromise, how should alternatives be evaluated?

# Ethically relevant considerations and virtues

- Balance of benefit and harms
- Disclosure, informed consent, shared decision making
- The norms of family life
- Traditional professional responsibilities of physicians and nurses
- Professional integrity
- Societal norms of cost-effectiveness
- Cultural and religious variations
- Considerations of power

# Identifying and evaluating possible solutions

- Identify solutions or courses of action that are clearly ethically and/or legally unacceptable
- Identify one or more solutions that are ethically defensible and legally acceptable
- Evaluate these solutions by listing benefits and burdens to each party:
  - Patient
  - Family or surrogates
  - Medical staff
  - Institution
  - Society as a whole

# 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.

# 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"

## Case 2 - Selma

Selma is an 80 yo widow treated by an internist for hypertension. She is otherwise in good health, except for macular degeneration, which has visual acuity of 20/200 on the R, 20/70 on the L. When her internist asks if she is still driving, she says "of course," and points out that she has never been in an accident and drives "at a snail's pace."

## Case 2 – Basic principles

- **Autonomy** – Selma feels that she should be the one to determine when she stops driving
- **Beneficence** – Physician could make a case for saving both society and the patient herself from an unsafe driver, BUT the physician also has a duty to uphold confidentiality
- **Paternalism** – physician's role here is inherently paternalistic
- **Justice** – how will Selma be dealt with if she can no longer drive? – what are the options for an elderly person in her situation?

## Case 2 – The setting...

- An internal medicine primary care practice implies a long-standing, more intimate relationship (confidentiality is likely to be highly valued)
- Cultural background – Selma lives in a society that highly values independence and functionality in the elderly

## Case 2 – Decisional issues...

- Selma may be a capable decision maker (but probably with poor judgment)
- By law, this is not her decision
- Autonomy is limited when the decision greatly affects others

## Case 2 – Identifying the problem

- Physician's obligation to the patient in terms of confidentiality is in conflict with an obligation to society (and the patient) with regards to safety
- Taking away Selma's license is likely to severely impact her quality of life (as she sees it)

## Case 3 - Frank

Frank is a 64yo man with amyotrophic lateral sclerosis (ALS). He has accepted that this is a fatal disease, but fears being physically helpless for a time before his death, and does not want to be a burden on his wife. He asks his doctor to prescribe a sleeping medication – a “strong one,” but denies wanting to kill himself. The doctor prescribes a strong barbiturate, Seconal, and cautions Frank that taking too many, especially with alcohol, is likely to be fatal.