VA IntegratedEthics: Advancing the Transformation of Ethics Quality in Health Care

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Disclosures

- VA IntegratedEthics: Advancing the Transformation of Ethics Quality in Health Care
  John P. Billig, PhD, ABPP
  VA Psychology Leadership Conference
  San Antonio, TX
  14 March 2012

- I have no financial relationships to disclose.
- I will not be discussing any off-label or investigative use of medications or devices.
University of Chicago and VA National Center for Ethics in Health Care Fellowship

- Program at the MacLean Center for Clinical Medical Ethics at the University of Chicago

- Designed for gaining training and experience in medical ethics

- Began a partnership with the VA in 2010, through which three VA medical professionals per year are selected through national search to participate in the fellowship program

- Requirements
  - 5-week full-time summer intensive; then every Wed, Sept-May
  - Seminars covering a wide range of topics, including history, philosophy, biomedical research, law, and religion
  - Participate in weekly ethics case conference
  - Monthly consultation with National Center for Ethics in Health Care staff to receive feedback on completed ethics consults
Acknowledgements

- University of Chicago
  MacLean Center for Clinical Medical Ethics

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Acknowledgements

- Minneapolis VA Health Care System
  - Dr. Melissa West, Ethics Consultation Coordinator
  - Steven Kleinglass, Director (retired)
  - Sue Ricker, IntegratedEthics Program Officer

- VISN 23
  - Janet Murphy, Network Director
  - Sheryl Kittelson, IntegratedEthics Point of Contact

- U of Chicago/VA NCEHC Fellows 2011-2012
  - Dr. Lisa Vig, Seattle VA Medical Center
  - Tiel Keltner, VA Central Office

Sue Ricker, IntegratedEthics Program Officer
Objectives

- Participants will:
  - 1. Understand historical factors that lead to development of the field of health care ethics;
  - 2. Learn several approaches to ethical reasoning;
  - 3. Understand IntegratedEthics, VA’s comprehensive program of Health Care Ethics.
Rise in Interest in Medical Ethics

- 1. Human Experimentation
- 2. Biotechnology: Control Over Birth and Death
- 3. Civil and Human Rights
Research with Human Subjects

- Nuremburg Code 1947
  - Resulted from Nuremburg Trials 1945-47
  - 10 principles for research with human subjects
    - Voluntary consent essential
    - Liberty to withdraw
The American Psychological Association began to develop a code of Ethical Standards, including issues in human subjects research, in 1947.

Ethical Standards of Psychologists published 1953.

10th version in 2002, the Ethical Principles of Psychologists and Code of Conduct.

- **5 general principles** that are aspirational
  - Beneficence and Nonmaleficence
  - Fidelity and Responsibility
  - Integrity
  - Justice
  - Respect for People’s Rights and Dignity

- **Specific ethical standards** that are enforceable rules for conduct

Research with Human Subjects

- World Medical Association Declaration of Helsinki 1964
  - Ethical Principles for Medical Research Involving Human Subjects
  - Proxy consent
  - Need for IRB review
  - Amended multiple times through 2000s
  - US FDA rejected 2000 and subsequent revisions
- Willowbrook hepatitis study 1960s
  - Institution on Staten Island for children with intellectual disabilities
  - Healthy children intentionally inoculated, orally and by injection, with hepatitis A virus, and monitored to study effect of gamma globulin in treating the disease
Jewish Chronic Disease Hospital NY 1963

- Chronically ill non-cancer pts injected with live human cancer cells. Patients not informed so as not to scare them, since it was believed that the cells would be rejected.
- Milgram Obedience Study 1963
Tuskegee syphilis study 1932-1972
- When penicillin became available, did not provide
- Physicians in area discouraged from treating these men
- Interim data and methods published in medical journals
- Study only stopped after publicized in lay press
Research with Human Subjects: Lessons NOT Learned?


  “An experiment is ethical or not at its inception; it does not become ethical post hoc - ends do not justify means.”
Research with Human Subjects

- National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research
- Belmont Report 1979
  - Three principles to guide research with human subjects:
    - Respect for persons
      - Respect for autonomy
      - Consider best interest of those lacking capacity to make decisions
    - Beneficence
    - Justice
- Application of the principles
  - Informed consent
  - Assessment of risks and benefits
  - Selection of subjects
Research with Human Subjects

- 1981, Developed by Department of Health and Human Services
- 1991, 14 federal government departments join with HHS in adopting a uniform set of regulations identical to Subpart A of 45 CFR 46
  - The Common Rule
- Revised 2005
Susan Reverby
Professor of Women’s Studies
Wellesley College
Guatemala STD Research 1946-48

- Reverby studying Tuskegee, investigated Dr. John C. Cutler

- Discovered US Public Health Service and NIH sponsored STD inoculation and treatment study in Guatemala
  - Intentional exposure to syphilis, gonorrhea, and chancroid of sex workers, prisoners, soldiers, and psychiatric patients
  - Commercial sex workers, intentionally infected with STDs, as well as “artificial inoculation” methods, were used to transmit disease

- Preliminary reports in October 2010


- US Secretary of State Clinton and HHS Secretary Sebelius apologized to government and people of Guatemala
Presidential Commission for the Study of Bioethical Issues

- Directive from the President November 2010
  - Complete historical investigation of the STD Research in Guatemala
  - Provide contemporary assessment of what research protections are currently in place

- Commission completed two reports
  - “Ethically Impossible”: STD Research in Guatemala from 1946 to 1948 (September 2011)
  - Moral Science: Protecting Participants in Human Subjects Research (December 2011)
“ETHICALLY IMPOSSIBLE”
STD Research in Guatemala from 1946 to 1948

MORAL SCIENCE
Protecting Participants in Human Subjects Research
“Ethically Impossible”: STD Research in Guatemala from 1946 to 1948

- Total subjects: 5540
- Intentional Exposure: 1308
  - 678 of whom show some record of treatment
- Subject age ranges
  - Intentional exposure: 10-72 years
- Cutler went on to Tuskegee
  - Then to University of Pittsburgh School of Public Health as Dean in 1967
- Ethical Conclusions:
  - Faulty scientific design
  - Failure to obtain consent, though consent obtained by same investigators in similar study in Terre Haute prison 1943-44
  - Individual investigators can be held morally culpable
  - The failures are not just wrong now, but were wrong then and they should have known they were wrong
Moral Science: Protecting Participants in Human Subjects Research

- Included International Research Panel

- Conclusion:
  - Current system provides substantial protections and serves generally, to protect human subjects

- Commission found room for improvement

- 14 Recommendations regarding:
  - Improving accountability
  - Treating and compensating for research-related injuries
  - Making ethical underpinnings of regulations more explicit
  - Expanding ethics discourse and education
  - Respecting equivalent protections in other countries
  - Promoting community engagement
  - Ensuring ethical study design for control trials
  - Promoting current reform efforts
Advances in Technology

- Control over life and death
  - Prior to 20th century, medical practitioners could do little to control disease/death
  - Development of vaccines, antibiotics
  - Artificial respiration (ventilators)
  - Kidney dialysis
  - Transplantation
  - Implantable devices (e.g., pace-makers, defibrilators)
  - Reproductive technology (e.g., in vitro fertilization)
Advances in Technology

- With increased ability to control or irradicate diseases, prolong life, manipulate beginnings of life, multiple questions are raised:
  - When and under what circumstances should medicine intervene? Withhold or withdraw intervention? Who decides?
  - When is someone dead?
  - How are limited resources distributed?
  - Questions of parentage
Civil and Human Rights

- Civil rights and racial equality
- Student rights
- Women’s rights
- Patients’ rights
  - Move from paternalism to shared decision making
Approaches to Moral and Ethical Reasoning

- Top-Down Models
  - Application of Moral Theory
  - Deductive

- Bottom-Up Models
  - Cases and Analogy
  - Inductive
Examples of Moral Theories

- **Utilitarianism**
  - John Stuart Mill
  - One ought always to produce the maximal balance of positive value over disvalue
  - Do the greatest good for the greatest number

- **Kantian Ethics**
  - Emmanuel Kant
  - The Categorical Imperative
    - “I ought never to act except in such a way that I can also will that my maxim become a universal law.”
    - One must act to treat every person as an end and never as a means only
Bottom-Up Reasoning

- Reason from particular examples to general positions or statements

- Casuistry
  - Case-Based Reasoning
  - Use case comparison and analogy to reach moral/ethical conclusions
  - Paradigm cases
    - e.g., Tuskegee syphilis studies; Karen Ann Quinlan case; Tarasoff case
Biomedical Ethics Principles

- Beauchamp & Childress (1977) *Principles of Biomedical Ethics*
  - Sixth Edition in 2009
  - Four principles:
    - Autonomy
    - Beneficence
    - Nonmaleficence
    - Justice

“Anywhere But New Jersey”
Addressing Ethical Concerns in Health Care Settings

- In 1976:
  - No ethics committees in hospitals
  - No federal or state court had decided anything about death and dying that clarified the rights of patients and their families

- Precedent legal cases related to medical decision-making and death and dying:
  - Karen Quinlan
  - Nancy Cruzan
  - Elizabeth Bouvia
  - Terri Schiavo
Karen Quinlan

- 1975, 21 yo comatose from alcohol and barbituates; respirator and feeding tube, parents wanted to disconnect respirator, her wishes unknown, AMA at time equated withdrawal of respirator with euthanasia and murder, fear of malpractice, no precedent
- New Jersey Supreme Court: decision not strictly medical & current medical standards need not be determinative
- Father asserted daughter’s right to privacy as justification to terminate life support (right to decide personal issues without interference from government)
- Court allowed father to be Karen’s guardian, legal immunity to doctors, suggested ethics committee with advisory role in hospitals
- May 1976, Karen weaned off respirator, lived until June 1986
- Lead to written advanced directives
- 1991, Healthcare Financing Administration (HCFA) requires all hospitals to ask incoming patients if they had or wanted advanced directive
Nancy Cruzan

- January 1983, MVA, PVS for 7 years, feeding tube, 3 year court battle by family to remove tube
- Hospital required court order to remove tube, probate court gave approval, Missouri Supreme Court reversed: need for “clear and convincing evidence” standard, US Supreme Court upheld, case reheard in probate court after more evidence/testimony
- Feeding tube removed Dec 1990, died 12 days later
Elizabeth Bouvia

- 26 yo woman with cerebral palsy, quadriplegia, severe arthritis, competent, completed college, not terminally ill, severe pain, alienated from family and husband

- 1983 father drove her from Oregon to California and admitted voluntarily diagnosed as suicidal, she wanted to be cared for as she starved to death, was force fed

- ACLU assisted her, Dec 1983 court decided to allow forced feeding, lost appeal 1984, finally court ruled “the right of a competent adult patient to refuse medical treatment is a constitutionally guaranteed right which must not be abridged”

- She decided to live after winning case, appeared on 60 Minutes in 1998 and was still alive in 2002
Terri Schiavo

- Feb 1990, 26 yo cardiac arrest and hypoxia leading to brain damage, hospitalized in Florida, feeding tube (PEG), dx with PVS, June 1990 husband appointed guardian, no advanced directive, husband lives with parents – all involved in her treatment, 1990-1992 moved to various facilities seeking rehabilitation and aggressive therapy.


- March 2005 feeding tube removed, Terri dies 13 days later.
Ethical Issues in Health Care

- **End of life care**
  - Sanctity of life vs. Quality of life
  - Medical futility
  - Rationing of Care
  - Physician assisted suicide
  - Coma/Persistent Vegetative State (PVS)
    - Extraordinary vs. Ordinary Care
    - Artificial Nutrition and Hydration
    - Withdrawing treatment and forgoing treatment

- **Shared decision making**
  - Decision making capacity/competency
  - Informed consent process
  - Surrogate decision making/substituted judgment
  - Advance care planning
  - Limits to patient choice

- **Privacy and confidentiality**

- **Professionalism**
  - Conflicts of interest
  - Difficult patients
  - Cultural/religious sensitivity
Disclosure

• The following slides have been adapted from presentations developed by Kenneth Berkowitz, MD, FCCP, Barbara Chanko, RN, MBA, and others from the National Center for Ethics in Health Care.
• A comprehensive, unified approach to promoting ethical practices in health care

• A national education and organizational change initiative in the Veterans Health Administration (2007-present)
• IntegratedEthics was selected as one of the “Top 25 Programs” in the 2011 Innovations in American Government Award (IAGA) competition conducted by the Ash Center for Democratic Governance and Innovation at the John F. Kennedy School of Government of Harvard University.
What Is Ethics?

- Ethics is the discipline that considers what is right or what should be done in the face of uncertainty or conflict about values.
- Ethics involves making reflective judgments about the optimal decision or action among ethically justifiable options.

http://www.ethics.va.gov/docs/integratedethics/IntegratedEthicsImprovingQuality.asx
Health Care Ethics in VHA

- Shared decision making
- Ethical practices in end-of-life care
- Patient privacy and safety
- Professionalism in patient care
- Ethical practices in resource allocation
- Ethical practices in business and management
- Ethical practices in government service
- Ethical practices in research
- Ethical practices in the everyday workplace
Ethics Quality is Associated With:

- Improved employee morale
- Increased patient satisfaction
- Reduced legal liability
- Fewer sanctions for ethics violations
- More successful accreditation reviews
- Better efficiency and productivity
- Lower utilization of inappropriate treatments
## Integrated Ethics: Closing the Gap

<table>
<thead>
<tr>
<th>From…</th>
<th>To…</th>
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<tbody>
<tr>
<td>Isolated pockets of ethics activity</td>
<td>Comprehensive, organized program</td>
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<tr>
<td><em>Ad hoc, variable processes</em></td>
<td>Systematic, clear standards</td>
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<td>Reactive, case-based</td>
<td>Proactive, systems-focused</td>
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<tr>
<td>Limited assessment of effectiveness</td>
<td>Improvement-oriented, accountable</td>
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Integrated Ethics Model

Decisions and actions

Systems and processes

Environment and culture

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Three Core Functions

Ethics Consultation
- Responding to ethics questions in health care
  - The CASES Approach

Preventive Ethics
- Addressing ethics quality gaps on a systems level
  - The ISSUES Approach

Ethical Leadership
- Fostering an ethical environment and culture
  - The Four Compass points
## IntegratedEthics Infrastructure

<table>
<thead>
<tr>
<th>Facility</th>
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<tbody>
<tr>
<td>– IntegratedEthics Program Officer</td>
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<td>– IntegratedEthics Council</td>
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<tr>
<td>– Ethics consultation, preventive ethics, ethical leadership coordinators</td>
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<tr>
<th>VISN/Regional Network</th>
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<tr>
<td>– Senior Lead</td>
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<td>– Point of Contact</td>
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<td>– IntegratedEthics Advisory Board</td>
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<th>National Center for Ethics in Health Care</th>
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<td>– IntegratedEthics Program Staff</td>
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## IntegratedEthics Function Leaders

- Ethical Leadership Coordinator
- IntegratedEthics Program Officer
- Preventive Ethics Coordinator
- Ethics Consultation Coordinator
# IntegratedEthics Tools

<table>
<thead>
<tr>
<th>Ethics Consultation</th>
<th>Preventive Ethics</th>
<th>Ethical Leadership</th>
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<tbody>
<tr>
<td><strong>Reference</strong></td>
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<tr>
<td>EC primer</td>
<td>PE primer</td>
<td>EL primer</td>
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<tr>
<td><strong>Easy Reference</strong></td>
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<tr>
<td>CASES pocket card</td>
<td>ISSUES pocket card</td>
<td>Leadership bookmark</td>
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<tr>
<td><strong>Administrative</strong></td>
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<tr>
<td>• Case Consultation</td>
<td>• PE log/triage tool</td>
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<tr>
<td>Summary</td>
<td>• PE meeting minutes</td>
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<tr>
<td>• ECWeb</td>
<td>• PE storyboard &amp; Summary</td>
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<td>• Storyboard Library</td>
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<td>VHA Handbook 1004.06, “IntegratedEthics”</td>
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<tr>
<td><strong>Assessment</strong></td>
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<tr>
<td>• Ethics Consultant Proficiency Assessment tool</td>
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<td>• Ethical Leadership Self-Assessment Tool</td>
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<td>• Ethics Consultation Feedback Tool</td>
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<td><strong>IntegratedEthics Facility Workbook</strong></td>
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<td><strong>IntegratedEthics Staff Survey</strong></td>
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<td><strong>Education</strong></td>
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<td>EC video course</td>
<td>PE video course</td>
<td>EL video course</td>
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<tr>
<td>EC Beyond the Basics</td>
<td>New Supervisor &amp; VISN LEAD</td>
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<td><strong>IntegratedEthics Online Learning Modules</strong></td>
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<td><strong>Communications</strong></td>
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<tr>
<td>“Improving Ethics Quality: Looking Beneath the Surface”</td>
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<tr>
<td>“IntegratedEthics: Closing the Ethics Quality Gap”</td>
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<tr>
<td>“Business Case for Ethics”, IE in Action</td>
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IntegratedEthics Technical Assistance

- Intranet & Internet Sites
- Field SharePoint Site
- Electronic Newsletter: IntegratedEthics *in Action*
- Articles in other VA media
- IE Improvement Forum Calls
**Ethical Leadership**

- Provides health care leaders with practical tools and training they need to foster an ethical environment and culture that will help employees “do the right thing.”

- Organized around 4 Compass Points
  - Demonstrate that ethics is a priority
  - Communicate clear expectations for ethical practice
  - Practice ethical decision making
  - Support your local ethics program
Preventive Ethics

• Addresses recurring ethical concerns by applying quality improvement methods to identify and address ethics quality gaps on a systems level.

• The ISSUES Approach
  – Identify an issue
  – Study the issue
  – Select a strategy
  – Undertake a plan
  – Evaluate and adjust
  – Sustain and spread
Ethics Consultation

• Comprehensive standards, methods, and tools to ensure high quality ethics consultations throughout VA’s health care system.
Goals of Ethics Consultation

- To promote the rights of patients
- To promote shared decision-making
- To promote fair policies and procedures
- To enhance the ethical tenor of staff and institutions
Ethics Consultation

• Models
  – Individual ethics consultant
  – Ethics consultation team
  – Ethics committee

• Formal meeting
  – Level the playing field
  – Clarify and express values
  – Create an atmosphere of respect
Types of Ethics Consultation

• **Ethics case consultation**
  – Discussion and analysis of ethical concerns about patient specific circumstances to provide ethical analysis, facilitate ethical decision making, and enhance overall quality of patient care

• **Non-case**
  – Provide information or education
  – Clarify policy
  – Review documents
  – Analyze hypothetical or prior cases
  – Consider organizational ethics cases
### VA CASES approach

1. **Clarify the request**
2. **Assemble the relevant information**
3. **Synthesize the information**
4. **Explain the synthesis**
5. **Support the consultation process**
CASES approach

• **Clarify the request**
  – Is there an ethical concern?

  – What are the values that are in conflict?
    • Pt and/or family values
    • Clinician/staff values
    • Hospital policies, laws, etc
    • What are YOUR values?

  – What’s the QUESTION?
    • Given _(uncertainty or conflict about values)_ is it ethically justifiable to _____?
    • Given _(uncertainty or conflict about values)_ what decisions or actions are ethically justifiable?
CASES approach

• **Assemble the relevant information**
  - Medical information
  - Pt preferences and interests
  - Other parties and preferences
  - Ethics knowledge
    • Policies, Guidelines, Laws, Literature, etc

  – Meet with pt and/or family
  – Talk to involved clinicians
  – Talk to others (ethics colleagues, lawyers, etc)
### 4 Box Method – from Jonsen, Siegler, Winslade

<table>
<thead>
<tr>
<th>Medical Indications</th>
<th>Patient Preferences</th>
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<tr>
<td>Quality of Life</td>
<td>Contextual Features</td>
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</table>
CASES approach

- **Synthesize the information**
  - Is a formal meeting needed?
  - Ethical analysis
    - What are the different options?
    - What are the claims and counterclaims?
  - Identify the ethically appropriate decision-maker
  - Develop recommendations
  - Resist the urge to try to FIX everything!
CASES approach

- **Explain the synthesis**
  - Write it up
  - Communicate the synthesis to key participants
  - Provide additional resources

- **Support the consultation process**
  - Follow up
  - Evaluation of the process
  - Identify underlying systems issues
EC Web

REQUESTER DATA

Joe
Requester's First Name: * Soldier
Requester's Last Name: *

Family/Significant Other: 

Job Title

Role: *

Phone

Fax

Email

02/01/2012
Date of Request: *(mm/dd/yyyy)

Time of Request

Is request urgent?: * Y N

Requester's description of the case and ethics concern, including steps taken to resolve the concern: *

60 year male, dx with early onset dementia and COPD. Patient needs consent for procedures.
EC Web

**FINISH CONSULT**

Please assign a domain *(tab)* and topic *{}* to this consult:

- Business & Management
- Government Service
- Research
- Everyday Workplace
- Integrated Ethics Program
- Shared Decision Making
- End-of-Life Care
- Privacy & Confidentiality
- Professionalism
- Resource Allocation

**Topics** *(Select one)*

- Decision making capacity/competency
- Informed consent process
- Surrogate decision making
- Advance care planning
- Limits to patient choice
- Other *(Enter description)*
Ready for cases?

1. Is there an ethical concern?
2. What are the conflicting values?
3. What’s the ethics question?
4. What information is needed?
5. What’s your analysis?
6. What are your recommendations?
A new Chief of Respiratory Therapy balks at following an order for home oxygen therapy in a patient who continues to smoke cigarettes.

He contacts the ethics committee for guidance stating, “I’m not going to be responsible for blowing up a building full of innocent people so some smoker can continue to puff away!”
C-A-S-E-S Approach

- Clarify the Consultation Request
- Assemble the Relevant Information
- Synthesize the Information
- Explain the Synthesis
- Support the Consultation Process
C-A-S-E-S Approach

• Clarify the Consultation Request
  - Confirm that the request is appropriate for ethics case consultation
  - Yes (ethics concern + active patient case)
  - Obtain preliminary information from the requester
  - Establish realistic expectations about the consultation process
  - Formulate the ethics question
    - Given that the oxygen therapy is medically indicated, but providing the smoker with oxygen may put him and others at unintended risk, is it ethically justifiable for the provider to deny the order for home oxygen?
### C-A-S-E-S Approach

- **Assemble the Relevant Information**
  - Consider case specific information needed
    - **Learn about home oxygen therapy**
    - Determine the relevant sources of information
      - **Patient**
      - **Health record / RT / team / safety officer**
      - **Published literature**
    - **Similar cases**
      - **Applicable policies / rules / laws**
      - **Fire department**
  - Gather information systematically from each source
  - **Summarize** the case and the ethics question
## Assemble Relevant Information

### Medical facts

- **Home oxygen therapy**
  - 6 – 800,000 home oxygen patients in the US
  - 10 – 30% smoke
  - Benefits: survival, shortness of breath, exercise, cognition, sleep
  - Risks: local irritation, CO2 retention, fire
    - Barillo et al: 8/4510
    - JCAHO: 11 sentinel events 1997-2001
      - Fire causes: smoking, cooking (up to 26%), lighting pilot lights or other’s cigarettes, sparks
### Assemble Relevant Information

- **Patient / Other’s preferences and interests**
  - **Patient**
    - Has a history of unsuccessful attempts to stop smoking
    - Says smoking is the only thing left in his life that he enjoys
    - Says he will take off the oxygen when he smokes
  - **RT**
    - Prior facility had a rule against smokers receiving oxygen
    - There is no such policy in this facility, other smokers get O2
  - **Team**
    - The treatment is important and indicated
    - Statistically, similar patients have improved life expectancy from at least 20 hours per day of oxygen therapy
Assemble Relevant Information

- Ethics Knowledge
  - Principles
    - Autonomy, beneficence, non-maleficence, justice
  - Precedent cases
    - 10 – 30% of similar patients smoke
    - Other home oxygen patients in the facility smoke
  - Values
    - Provider – patient relationship (limits?)
  - Laws/policies/regulations
    - No local policies
    - Coombes v. Florio – the physician is responsible to inform the patient of dangers; the patient is responsible for the consequences of his/her actions
• Ethics question
  - Given that the oxygen therapy is medically indicated, but providing the smoker with oxygen may put him and others at unintended risk, is it ethically justifiable for the provider to deny the order for home oxygen?
C-A-S-E-S Approach

• Synthesize the Information
  - Determine whether a formal meeting is necessary
  - Engage in ethical analysis
  - Identify the ethically appropriate decision maker
  - Facilitate moral deliberation among ethically justifiable options
Sythesize the Information

• Ethical analysis
  - **Principilism**
    • When does our obligation to provide a therapy (beneficence) and a patient’s right to choose a behavior (autonomy) become less important than our duty to prevent an unsafe situation (non-maleficence) and prevent danger to others (justice)?
    • No clear way to prioritize options
**Synthesize the Information**

- **Ethical analysis**
  - **Casuistry**
    - When has important therapy been denied on the basis of risk to others?
      - based on clear and imminent danger
    - Would the prohibition be extended to other behaviors?
      - e.g., cooking
    - Logical threads
C-A-S-E-S Approach

- **Synthesize the Information**
  - Determine whether a formal meeting is necessary
  - Engage in ethical analysis
  - Identify the ethically appropriate decision maker
  - Facilitate moral deliberation among ethically justifiable options
    - Provide the oxygen therapy to this patient in as safe a manner as possible
C-A-S-E-S Approach

- **Explain the Synthesis**
  - Communicate the synthesis to key participants
  - RT / patient / team / safety office / ?community
  - Emphasize education and support
  - Provide additional resources
    - Articles
  - Document in the medical record
  - Progress note
    - Document in consultation service records
  - Consider similar cases individually
<table>
<thead>
<tr>
<th><strong>C-A-S-E-S Approach</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>• Support the Consultation Process</strong></td>
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<tr>
<td>- Follow up with participants</td>
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</table>
A 75 y.o. Chinese male is in the MICU on a ventilator for advance tuberculosis

He is fed through an NG tube

He is intermittently alert but not able to participate in care decisions

His wife only speaks Chinese and has abdicated her surrogate status to their only daughter
The daughter, based on the teachings of Edgar Cayce, wants the patient to receive alternative therapies for TB:
- Applewood brandy fumes
- A diet of ground figs, dates, corn and milk
- Olive oil rubs to the chest and back

The attending MD refuses to honor the daughter’s request.

The nurse calls the ethics consultation service.
C-A-S-E-S Approach

• Clarify the Consultation Request
• Assemble the Relevant Information
• Synthesize the Information
• Explain the Synthesis
• Support the Consultation Process
## C-A-S-E-S Approach

- **Clarify the Consultation Request**
  - Confirm that the request is appropriate for ethics case consultation
  - Obtain preliminary information from the requester
  - Establish realistic expectations about the consultation process
  - Formulate the ethics question
    - Given _(uncertainty or conflict about values)_., what decisions or actions are ethically justifiable?
    - Given _(uncertainty or conflict about values)_., is it ethically justifiable to ______?
C-A-S-E-S Approach

• **Clarify the Consultation Request**
  - Confirm that the request is appropriate for ethics case consultation
  - Obtain preliminary information from the requester
  - Establish realistic expectations about the consultation process
  - **Formulate the ethics question**
    - *Given that the patient’s daughter has made a request for alternative therapy that she believes will help her father, but the providers feel that honoring the requests might compromise professional standards, what decisions or actions by the attending physician are ethically justifiable?*
### C-A-S-E-S Approach

- **Assemble the Relevant Information**
  - Consider case specific information needed
  - Determine the relevant sources of information
  - Gather information systematically from each source
  - Summarize the case and the ethics question
C-A-S-E-S Approach

- Assemble the Relevant Information
  - Consider case specific information needed
    - Learn about Edgar Cayce
    - Determine the relevant sources of information
      - Patient/family/team
      - Published literature
      - Similar cases
    - Applicable policies/rules/laws
      - Alternative therapy
      - Surrogate role/authority
  - Gather information systematically from each source
  - Summarize the case and the ethics question
Assemble the Relevant Information

<table>
<thead>
<tr>
<th>Information summary</th>
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<tbody>
<tr>
<td>– Medical facts</td>
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<tr>
<td>• Patient lacks capacity; critically ill but TB therapy is working</td>
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<tr>
<td>• Dietician does not feel the requested diet will meet the patient’s needs</td>
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<tr>
<td>• Diet might clog the tube</td>
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<tr>
<td>– Pt. / others preferences &amp; interests</td>
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<tr>
<td>• Patient was not a follower of Edgar Cayce</td>
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<tr>
<td>• Daughter truly believes in Edgar Cayce’s teachings</td>
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<td>• Daughter is trying to help her father</td>
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<td>• Care team is concerned about the patient and their standards</td>
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<tr>
<td>– Ethics knowledge</td>
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<tr>
<td>• Literature does not show efficacy for Cayce’s treatment</td>
</tr>
<tr>
<td>• No data exists regarding feared risks of Cayce’s treatment</td>
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<tr>
<td>• Staff are not allowed to administer patient’s own medications or formulations</td>
</tr>
<tr>
<td>– Exceptions - herbal teas and Native American practitioners</td>
</tr>
</tbody>
</table>
Assemble the Relevant Information

• Ethics question
  - Given that the patient’s daughter has made a request for alternative therapy, but the providers feel that honoring the requests might compromise professional standards, what decisions or actions by the attending physician are ethically justifiable?
C-A-S-E-S Approach

- Synthesize the Information
  - Determine whether a formal meeting is necessary
  - Engage in ethical analysis
  - Identify the ethically appropriate decision maker
  - Facilitate moral deliberation among ethically justifiable options
Synthesize the Information

- Patient/surrogate can choose from among reasonable health care options offered by the team
  - Basis for surrogate decisions should be understood
- Provider is not obligated to provide unreasonable therapies just because the patient/surrogate demands them
  - Support should be provided to the patient/surrogate
  - Transfer to other providers/sites might be considered
C-A-S-E-S Approach

• **Explain the Synthesis**
  - Communicate the synthesis to key participants
  - Provide additional resources
  - Document in the medical record
  - Document in consultation service records
C-A-S-E-S Approach

• Support the Consultation Process
  - Follow up with participants
  - Evaluate the consultation
  - Adjust the consultation process
  - Identify underlying systems issues
C-A-S-E-S Approach

• Clarify the Consultation Request
• Assemble the Relevant Information
• Synthesize the Information
• Explain the Synthesis
• Support the Consultation Process
Questions?