## **Ethical Decision Making**



## Three Approaches to Decision-making

- Beachamp TL and Childress JF: Principles of Biomedical Ethics 5th Ed Oxford University Press, New York, 2001
- Jonsen AR, Siegler M, Winslade WJ: Clinical Ethics 4<sup>th</sup> Ed, McGraw-Hill, Inc New York, 2001.
- Iserson KV, Sanders AB, Mathieu D (Eds): Ethics in Emergency Medicine Galen Press Ltd, Tuscon, 1995

# The Philosophical Approach to Medical Ethics (Beauchamp and Childress)

- Autonomy
- Beneficence
- Confidentiality
- Distributive Justice
- Equity

## Conflicts generally arise when two principles compete.

For example, the patient is refusing a treatment the physician believes is beneficial.

## Making Resuscitation Decisions (Jonsen Model)

Medical Indications

Patient Preferences

Quality of Life

## Medical Indications and the Goals of Medicine

- Promotion of health and prevention of disease
- Relief of symptoms
- Cure disease
- Prevent untimely death
- Improve functional status

Medical Indications

Patient Preferences

Quality of Life

- Education about prognosis and condition
- Avoiding harm

## Special Considerations Related to Patient Preferences

- Decision making capacity
- No need to offer treatments outside the goals of medicine

Medical Indications

Patient Preferences

Quality of Life

Contextual Features

Conscientious objection by the health care provider

## **Quality of Life**

#### Subjective satisfaction

Expressed or experienced the person in his or her physical, mental, and social situation..(it is the patient's definition)

Medical Indications

Patient Preferences

Quality of Life

### **Contextual Features**

- Legal rules
- Hospital policies
- Family wishes
- Conscientious objection by providers
- Allocation of scarce resources (triage)
- Teaching
- Societal needs

Medical Indications

Patient Preferences

Quality of Life

## Unique Aspects of Ethics in EM (Iserson)

#### Ask yourself 3 questions

- Is this a type of problem for which you have already developed a rule?
- If, no...is there an option which will buy time?
- If no....ask yourself....

## **Impartiality**

Would I be willing to have this action performed if I were in the other person's place?

(The Golden Rule...do unto others...)

## Universality

Am I willing to have this action performed in all relevantly similar circumstances?

## Justifiability

What action would I like to defend to others?

## **Rights of Minors**

An 8 year old boy comes into the emergency department alone stating that he has hurt his arm while riding his bike

#### Considerations

- Would it matter if the child was 17 years old?
- Would it matter if the child was in shock with abdominal injuries?
- Would it matter if the child was 14 years old and pregnant?

#### **Medical Indications**

Wrist injury

#### **Patient Preferences**

This is a child

#### **Quality of Life**

Pain, can this wait?

#### Context

 Laws, parents' wishes, medical insurance

Medical Indications

Patient Preferences

Quality of Life

## Legal Requirements of Notification

A 30 year old man comes to the emergency department stating he has been shot. He states that he will only agree to be treated if the physician agrees not to notify the police.

#### **Medical Indications**

What do we know on assessment?Where is the wound?

#### **Patient preferences**

Treatment, no notification

#### **Quality of life**

Without treatment, with notification

#### **Context**

Local laws

## Risk to Third Party

- 32-year-old male comes in with signs and symptoms consistent with pneumocystis pneumonia
- He tells you he is bisexual but you must not tell his wife

#### **Medical Indications**

For patient and wife

#### **Preference**

He does not want wife informed

#### **Quality of Life**

For him and wife

#### **Contextual features**

Tarasoff case, duty to others

## **Case Study**

- Your ED has been asked to do evidence exams for women who may have been sexually assaulted
- You need to establish a policy about whether or not to provide the "morning after pill"
- At least one staff member is morally opposed on the grounds that it is a form of abortion

### **Medical Indications**

Rate of pregnancy after sexual assault is unknown (estimates are 1-5%)

Follow-up rates for these women range from 6-60% Medical Indications

Patient Preferences

Quality of Life

Contextual Features

Hormonal treatment must be given within 72 hours and the failure rate is estimated at 1.8%

### **Patient Preferences**

- Unknown, unless asked
- Many women may not be aware of the option

Medical Indications

Patient Preferences

Quality of Life

## **Quality of Life**

- Rape is a traumatic event and women need to feel in control
- Offering pregnancy prevention may impact quality of life of the provider

Medical Indications

Patient Preferences

**Quality** of Life

## Contextual Features (Conscientious Objection)

Rights of the health care provider, "every physician, like every human being, has duties to self...."
(Jonsen)

Medical Indications

Patient Preferences

Quality of Life

### **Context: The Law**

- Roe v Wade (US Supreme Count)
- Brownfield v Daniel Freeman Memorial Hospital (California)
  - "...in general, care givers have a duty to provide patients with objective information about therapies even if the care giver believes the information is morally wrong. But there is no duty to provide the treatment itself."



### **Case Study**

2 am

- Two commercial airline pilots arrive in the emergency department at 2 am intoxicated (unsteady on feet, slurred speech) and asking for help sobering up.
- They plan to fly a plane at 7 am and do not want anyone told they were in the ED. What should you do?

## **Medical Indications**

2 am

- ETOH is metabolized at 20 mg/dL per hour
- ETOH level 100-150 mg/dl 5 am equates with unsteadiness, speech abnos
- There is no known method of increasing metabolism
- Therefore,5 am ETOH level: 40-90 mg/dl

## Medical Indications, cont...

- Alcohol can effect visual ability and vestibular system for up to 43 hours
- A Navy study found that 24 hours after an ETOH level of 100 pilots showed continued impairment (although on selfassessment, the pilots were unable to perceive their own deficits)

### **Patient Preferences**

The pilots have made the wishes clear: They refuse blood draws or notification

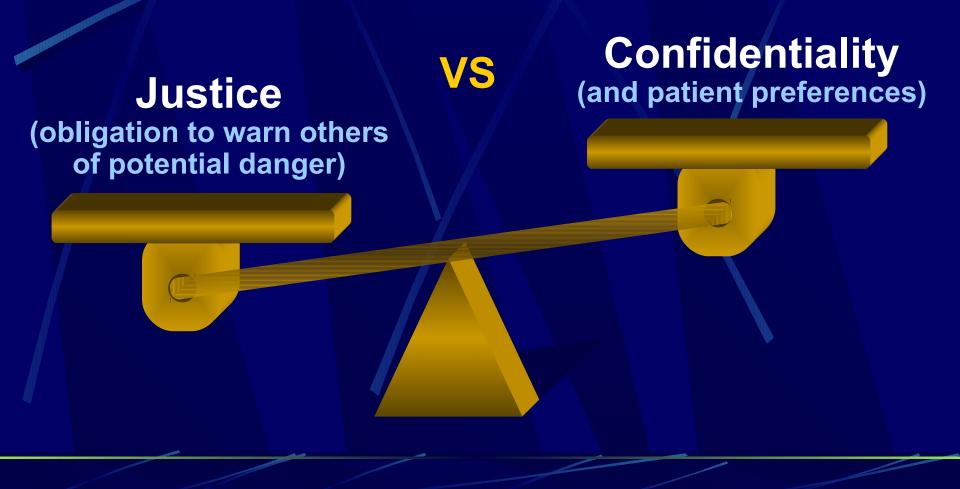
Do they have decision making capacity?

## **Quality of Life**

- The pilots
- The passengers

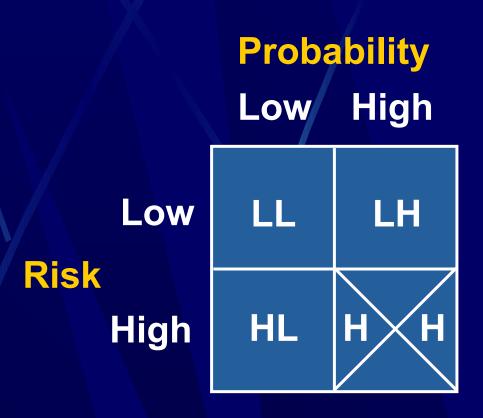
- FAA rule
  - No crew member may work within 8 hours of drinking alcohol, or ETOH level of 0.04% (40 mg/dL)
- Tarasoff and the duty to warn

## Weighing Competing Principles



## Risk-Probability Analysis

- High risk-high probability
- High risk-low probability
- Low risk-high probability
- Low risk-low probability





#### References

- Beachamp TL and Childress JF: Principles of Biomedical Ethics 5<sup>th</sup> Ed Oxford University Press, New York, 2001
- Jonsen AR, Siegler M, Winslade WJ: Clinical Ethics 4<sup>th</sup> Ed, McGraw-Hill, Inc New York, 2001.
- Iserson KV, Sanders AB, Mathieu D (Eds): Ethics in Emergency Medicine Galen Press Ltd, Tuscon, 1995