Recognizing ethical uncertainty and values conflict in practice

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Douglas P. Olsen, PhD, RN
Nurse Ethicist, National Center for Ethics in Health Care &
Associate Professor, Uniformed Services University
Disclaimer

I am responsible for the contents of this presentation. The views expressed should not be construed as representing those of the National Center for Ethics in Health Care, the Department of Veterans Affairs, or the US Department of Defense.
Objectives

Participants will be able to:

• Identify the ethics and values components of clinical situations.

• Discern the critical distinctions needed to move toward resolution in situations of ethical uncertainty.

• Recognize those clinical situations that are susceptible to ethical uncertainty, including:
  – Treatment of patients with unhealthy behaviors, lifestyles, and choices
  – Treatment of patients with preference sensitivity conditions
  – Clinical situations with marginal certainty
Outline

• What is ethics?
• Distinctions
• Situations susceptible to value conflict and ethical uncertainty
  – Unhealthy behaviors
  – Preference Sensitivity
  – Marginal certainty
Harold wants to be left alone

Harold is a 57 year-old man being treated at home for severe COPD and diabetes. He is morbidly obese and is generally uncooperative with his care. His wife cares for him but is emotionally unable to challenge his requests for sweets and cigarettes. He is beginning to develop decubitus ulcers on his coccyx and his heals. He refuses to turn or modify his position.

Thanks to the nurses of the Hartford, Connecticut Visiting Nurses Association
Mary is a 38 year-old woman brought to the ED by her brother. She is diagnosed with depression and personality disorder with mixed borderline and dependant features. She reports being anxious and depressed for the past week prior after being threatened with eviction.

Her brother says Mary called and said she was feeling suicidal and thinking about taking an overdose.

Mary told the ED physician that she had suicidal ideation and took “several meds” but later told the nurse that she was only upset and took “one extra lorazepam” to calm down. Since admission documentation of 15 minute checks all say “calm and co-operative.”

After several hours waiting for an inpatient bed in the crowded ED, she is angry and wants to go home.
What Is Ethics?
Ethics is:

- The study of how one *ought* to act. Rationales as to why one course of action is *better* than another. Finding reasons to agree on about right and wrong.

- *Webster* - “The discipline dealing with what is good and bad, and with moral duty and obligations.”

- *A Concise Introduction to Philosophy* - “The quest for general principles of right and wrong; the attempt to determine what things are really good or bad, right or wrong, and to identify the general principles by virtue of which they are so.”
Types of Problems

• **Temptation** – You know what is moral, but it is hard.

• **Empirical** – If you had the right information you would know the moral action.

• **Ethical Dilemma** – All potential acts have good and bad consequences.

• **Empirical/Dilemma** – Deciding what is right in the face of uncertainty
Ethics Words

• Should
• Ought
• Duty
• Right
• Good
• Values
Ethics Myths

- Get the bad guys
- Ethical is the study of dilemmas
- Ethics is always about deciding right and wrong
- One must be non-judgmental
- Care as a variable to be judged by clinical outcomes
"Health care ethics deals with transplants and gene therapy, but not with whether I greet you in a friendly enough manner"
Who am I to Judge?
Ethics draws on:

Disciplines
- Philosophy
- Clinical Science
  - Medicine
  - Nursing
  - Public health
- Law
- Humanities

Sources
- Scholarly publications
- Professional codes of ethics
- Laws
- Policies
- Treatment standards
- Precedent cases
- Expert opinion
- Popular culture
Uses of the word “Ethics” in healthcare

- **Wrongdoing**
  - Situations or acts that all agree are bad

- **Dilemmas**
  - Legitimate conflict in principles or values

- **Values**
  - Rigorous examination of what values are and should be guiding health care
Elder abuse reports 1986 - 1996

Reports in thousands


“A value is something that is prized or held dear; something that is deeply cared about.”

Values are what tell you – *This* is better than *that*. 
Values can be conflicted within an individual or between individuals.
Moral Dilemma: A real or apparent conflict in possible actions where the different possibilities are each is guided by a legitimate principle. “A situation in which mutually exclusive moral actions or choices are equally binding.” (Angeles, 1992)
When well-meaning people disagree
Distinctions

Ethical situations often require distinguishing between subjective judgments – for example between beneficial and futile treatment.
Examples of distinctions

• Capacity to make decisions or lacks capacity
• Informed consent
  – Adequate or Inadequate disclosure
  – Coerced or voluntary consent
• Fair or unfair distribution
• Medically necessary or unnecessary treatment
• Normal aging or disease
• Cosmetic or needed surgery
• “Mad” or “Bad”
Distinction “words” - 1

- Essential
- Appropriate
- Necessary
- Needed
- Normal/abnormal
- Fair/unfair
- Just/unjust
- Reasonable
- Able/unable

Be Alert to Adjectives!!
Distinction “words” - 2

- Understand
- Appreciation
- Competent
- Coercion
- Good/Bad

- Acceptable
- Ethical
- Control
- Foresee

Or any condition that occurs in alternate states
Harold

- **Type of problem**
  - Dilemma – Turn and keep safe or not turn and honor his decision?

- **Distinctions**
  - Decision-making capacity
  - Informed?

Mary

- **Type of problem**
  - Commit Mary and treat her or let her go home and honor her decision?

- **Distinctions**
  - Dangerous or safe
  - Decision-making capacity
Situations susceptible to value conflict and ethical uncertainty
1. Unhealthy behaviors, lifestyles, and choices
2. Preference sensitive conditions
3. Marginal certainty
1. Unhealthy behaviors, lifestyles, and choices
Frustrations of unhealthy behavior

- We value what is best for patients
- We value shared decision-making
- We value liberty as the right to choose lifestyle

But, at the same time -

- People are responsible to care for themselves
- Its hard to watch patients hurt themselves
  - It’s wrong to “help” patients hurt themselves
  - It can feel like the patient is “wasting” your time
Michel Foucault (1926 - 1984)

The judges of normality are present everywhere. We are in the society of the teacher-judge, the doctor-judge, the educator-judge, the "social worker"-judge.

Patients take risks
Clinicians and patients may assess risk differently.
2. Preference Sensitivity:
When treatment options involve “significant tradeoffs” in a patient’s quality of life.*

Preference sensitive conditions*

• Definition: When treatment options involve “significant tradeoffs” in a patient’s quality of life.

• Recommendation is appropriate
  – How much influence is justified?

• Legitimate limits to patient preference
  – Lack of decision making capacity
  – Preferred treatment not medical accepted care
  – Harm to others

The most costly medical conditions in the US*

Red columns indicate conditions with high treatment preference sensitivity

Treatment goals, preference sensitivity and the clinical relationship

I. Elimination
- Strep throat, hernia, broken arm
- Relationship is minimal
- Little variation in preference

II. Minimization
- Schizophrenia, rheumatoid arthritis, Crohn’s disease
- Relationship is critical because:
  - Clinician better understands the patient’s way of life
  - Patients benefit from feeling personal concerned
- Significant reasonable variation in preference and goals

III. Prevention
- Heart disease from poor diet, COPD from smoking
- Relationship is critical
- Significant reasonable variation in preference and goals
3. Marginal Certainty
The most savage controversies are those about matters as to which there is no good evidence either way.

Bertrand Russell
Uncertainty in:

• Treatment effect
• Desired outcome
• Balance between the benefit and cost
• Values guiding the care
Rheumatoid Arthritis
Doubt is not a pleasant condition, but certainty is absurd.

Francois Voltaire
Harold

- **Values conflict**
  - Harold autonomy to refuse treatment
  - Concern for his wife

- **Uncertainty**
  - Balance between the benefit and cost
    - Does intrusiveness of turning justify the benefit?
  - Values guiding the care

Mary

- **Values conflict**
  - Mary’s right to freedom and to refuse care
  - Desire to protect Mary from her own poor judgment

- **Uncertainty**
  - Treatment effect
    - Will hospitalization help her?
  - Desired outcome
    - Do Mary and providers want the same things?
Principle sources of US Morbidity and Mortality

Health Behaviors and Lifestyle
Poor Adherence
Causes of US deaths, 2000*

The most costly medical conditions in the US*

Red columns indicate conditions related to lifestyle choices

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<th>Billions of Dollars</th>
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<td>$50</td>
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<td>Back Problems</td>
<td>$10</td>
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<tr>
<td>Normal Childbirth</td>
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</tbody>
</table>

Situations which are not “Ethics”

1. Legal questions
   – Patient wants to sue because the doctor refused to prescribe a pain medication.

2. Medical questions
   – Patient feels he should have been given an antidepressant

3. Requests for psychological or spiritual support
   – Someone needs to talk to the son about his mother’s increasing dementia
Situations which are not “Ethics”

4. General patient care complaints
   – The doctor is insensitive and doesn’t listen to me

5. Allegations of misconduct
   – The doctor is ordering unnecessary tests
The End