Informing and Critiquing Ethical Behavior

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Objectives

Upon completion of this session participants will be able to:

- Compare and contrast the U.S. and European principles of bioethics and different ethical frameworks.
- Articulate a philosophical rationale to support ethical decision making about common ethical challenges faced by health care professionals in their day-to-day practice.

Principles of Bioethics

- US (autonomy, beneficence, nonmaleficence and justice) and
- Europe (autonomy, dignity, integrity and vulnerability

Common approaches to informing, justifying and explaining moral action

- Virtue
- Duty or obligation
- Consequences
- Theological Ethics
- Rights
- Principles
- Care ethics
- Feminist ethics (Appendix B)

- Justice versus Care as Moral Orientations
- Codes of Ethics

Case One

- As the on call hospice nurse you take a call from the daughter of a woman actively dying of metastatic cancer. The daughter (who lives across country) asks you to visit her mother who is in a nursing home. She explains that she is terrified that her mother may be dying alone and in pain. You promise to make the visit that day. Upon getting to the nursing home you ask for the patient's room and upon entering find the patient alone and deceased. When you report her death it is news to the nurse in charge. The daughter's fears have been realized. Shortly thereafter the daughter calls you again. You inform her that her mother has died. She asks you, were your present when she died. How *would* you respond and why? Is this the same as how you believe you *should* respond?

Case Two

- You are working in the emergency room and rush to assist a new patient who was stabbed in a gang fight. As his clothes are cut away you realize to your horror that his tattoos prove his membership in a gang that is committed to the elimination of your race—even worse, members of this gang, possibly even the patient, beat up your 12 year old brother last month. The E.R. is short staffed and he is definitely your patient. Are you obligated to care. Need you be concerned about his pain and comfort as well as saving his life?

Case Three

- You are reviewing a pre-op checklist and your chart review demonstrates that the patient never signed the appropriate consent for the surgery. The surgeon tells you that he had a long conversation with the patient who absolutely wants the surgery done. You are told to get his signature on the consent. When you report that the patient had enough sedation to make you question his ability to sign the consent the surgeon tells you to take and guide the patient's hand if necessary to get the consent signed and in the medical record.

Case Four

- A woman is brought to your hospital with a gun shot wound to the head—she meets the criteria for brain death but is being maintained on a ventilator because she is 20 weeks pregnant. She was shot by her husband following a fight and they have two children ages 4 and 2. Both the patient and her mothers are addicts in a methadone program. The patient's mother says she might like to have another grandchild—but is doubtful she would have the means to raise this baby. The husband is already in custody for shooting his wife. The doctors and nurses are torn. Some say dead is dead—she should be taken off life supports even though this entails the death of the baby. Others argue that there is an obligation to support innocent life. Neonatologists hope that the mother can be sustained until week 26 to give the baby the best chance for life. What should be done for the patient and her baby?

Case Five

- You find it hard to accept that the parents of a child actively dying of cancer refuse to accept your recommendation to transition to purely palliative goals and refuse to authorize a Do Not Resuscitate order. You believe they are painfully prolonging their child's dying. If the child is extubated you can concentrate on a peaceful dignified death. You believe that continuing to ventilate the child is disproportionately burdensome. You are evaluating whether or not to medically manage the child to prevent unnecessary suffering and a prolonged period of dying by changing the ventilator settings without telling the parents. This would result in the child's death.

Conclusion

We often make small ethical compromises for "good" reasons: We lie to a customer because our boss asked us to. We exaggerate our accomplishments on our resumes to get an interview. Temptation blindsides us. And we make snap decisions we regret. Minor ethical lapses can seem harmless, but they instill in us a hard-to-break habit of distorted thinking. Rationalizations drown out our inner voice, and we make up the rules as we go. We lose control of our decisions, fall victim to the temptations and pressures of our situations, taint our characters, and sour business and personal relationships.

- The authors explain how to master the art of ethical decision making by:
- Identifying potential compromises in your own life
- Applying distinctions to clarify your ethical thinking
- Committing in advance to ethical principles
- Generating creative alternatives to resolve dilemmas

To what degree will today assist you in further developing your personal code to guide ethical decisions and behavior in your work and life?

Howard, R. A. & Korver, C.D. (2008). Ethics for the Real World: Creating a Personal Code to Guide Decisions in Work and Life. HBS Press.