Risky Business: Ethics of Caring for Patients Who Choose to Live at Risk

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RAH Lunchtime Ethics Series
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Objectives

- Discuss recent clinical ethics cases involving patients choosing to live at risk
- Identify principles for ethical decision making applicable to patients who choose to live at risk
- Review the ways in which clinical ethics can support complex health care decision making
Ethics Service

- Support for families and teams facing difficult decisions
- Clinician model, Committee Model
- Ethics consultation
  - Formal
  - Informal
  - Retrospective
- Facilitation of meetings and discussions
- Staff debriefing sessions
CONSULTATIONS: AHS-WIDE
BY THEME
First Quarter 2014-15

- Capacity/Consent/Informed Decision Making: 30%
- Withholding/Withdrawing/Refusing Interventions: 13%
- Living At Risk/Unsafe Behaviours: 9%
- Difficult/"Non-Compliant"/Abusive Patients: 7%
- Complex Discharge/Transfer/Placement: 11%
- Resource Allocation: 2%
- Policy/Process/Organizational Issues: 14%
- Professional Ethics: 9%
- Healthcare Provider Communication: 6%
Relevance

- Threshold for moral culpability
- Living at risk
- Living arrangements / social arrangements
- Patients who smoke
- Patients with addictions
- Patients who traffic
- Patients who manipulate the health care system
- Financial pressures
- Complex family dynamics
- Physicians, nurses, social workers, administration, security
- Care planning
- Compassion fatigue
- Role of ethics consultation
Principles of Ethics

- **Autonomy**
  - Respect for patient autonomy; informed consent a common thread

- **Beneficence**
  - Obligation to ‘do good’; act in a way that is likely to benefit the patient; proceeding with a beneficent plan of care, using clinical judgment

- **Nonmaleficence**
  - Ethical obligation not to harm or cause injury; to prevent foreseeable harm

- **Justice**
  - Issues involving allocation of resources; organizational ethics; availability of services; “like cases”; fairness; equity
Case: 74 year old woman

- A 74 year old woman living alone with some family supports and some home care support
- Brittle diabetic with multiple comorbidities
- Blindness
- Hard of hearing
- Right below knee amputation
- Husband passed away one year ago
- Falls in bathroom and hits head; intra-ocular hemorrhage
- Presents in ED; pain, confusion, concerning hx
- Reluctantly admitted to medical unit
- Hospital stay exceeds 8 weeks; patient wishes to return home
- Health care team concerned about discharge
What is the right thing to do?

- Role of Clinical Ethics?
- Principled decision making
- Autonomy
- Beneficence
- Nonmaleficence
- Distributive justice
- Who comprises the health care team?
- Consultation / documentation / recommendations
Outcome
Case: 21 year old man

- A 21 year old male admitted to medical unit
- Renal failure
- Diet
- Polysubstance abuse
- Strained family relationships
- Using drugs while in hospital
- Selling drugs outside of hospital
- Leaving hospital without notifying staff
- Patient wishes to leave hospital
- Health care team / hospital administration request an ethics consultation

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What is the right thing to do?

Role of Clinical Ethics?

Principled decision making

Autonomy
Beneficence
Nonmaleficence
Distributive justice

Who comprises the health care team?

Consultation / documentation / recommendations
Outcome
Fatigue & Distress

Compassion Fatigue is different from Moral Distress:

- **Compassion Fatigue**
  - A gradual lessening of compassion over time
  - Exemplified by frustration, cynicism, plateauing of moral development, decrease in productivity, burnout
  - Overcome by self-care, balance, reflection, improved self-awareness, modification of attitudes

- **Moral Distress**
  - Suffering or residue caused by disequilibrium between identifying ethical action and undertaking ethical action
  - Internal (belief system, values) or external (systemic, organizational) barriers to pursuing the right course of action
  - Occurs in the face of the true ethical dilemma
  - Impacts inter-personal and inter-professional communication
  - Alleviated through good communication and debriefing
Conclusions & Recommendations

- Allow for reflection
- Identify stakeholders
- Consultation
- Documentation / charting
- Communication with primary care providers / supports
- Clinical creativity / exploring options
- Debrief
- Repeat
What clinical ethics resources are available to you?

- **General Inquiries**
- For all AHS Staff, Physicians, Patients & Families:
  - 1-855-943-2821
  - clinicalethics@albertahealthservices.ca
Questions?


