Clinical Ethics at the Bedside

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Very little is needed to make a happy life; it is all within yourself, in your way of thinking.

Waste no more time arguing what a good man should be. Be one.

The soul becomes dyed with the color of your thoughts.

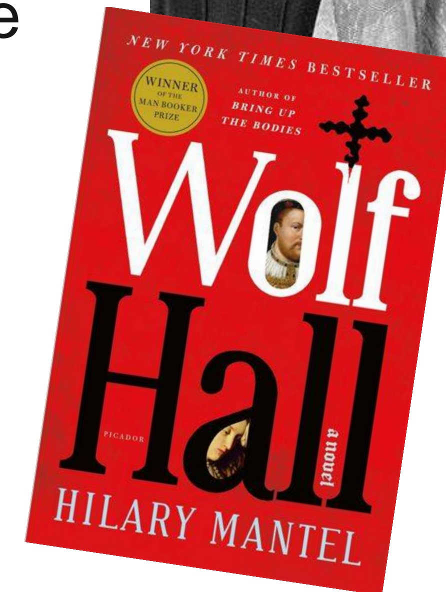
Marcus Aurelius
Roman emperor 161-190 AD
Stoic philosopher, author of Meditations

Agenda

- From why to how
- Focus on bedside ethics
  - Not to neglect organizational and preventive ethics
- Case-based, from simple to complicated
- Outcomes, training, and local control
- (more-detailed approach in break out session)

“Wolsey always said that **the making of a treaty is the treaty**. It doesn't matter what the terms are, just that there are terms. It's the goodwill that matters. When that runs out, the treaty is broken, whatever the terms say. It is the processions that matter, the exchange of gifts, the royal games of bowls, the tilts, jousts and masques; these are not preliminaries to the process, they are the process itself.”

Hilary Mantel, Wolf Hall (emphasis mine)



Dates	Event
1960’s	“The God Committee” at Seattle Swedish selects dialysis recipients
1970’s	Medical-moral committees at Catholic hospitals
1976	Quinlan decision in New Jersey
Mid- to late-1970’s	Bioethics committees emerge at forerunner academic institutions (MGH, Montefiore, DHMC)
1983	President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research
1984	Baby Doe laws added to Child Abuse Law via advocacy of C. Everett Koop (first case in Bloomington, IN)
1984	Ethics committees endorsed by AMA, AHA, ACP
1992	JCAHO mandates a hospital mechanism to resolve ethical conflicts (but not ethics committees)

Rosner JAMA 1955; Ausilio AMA J Ethics 2016

A Representative Case

72-year-old retired mailman with dementia is dying in the cardiac ICU. Intensive measures are failing. He is intubated and sedated and cannot speak. No loved ones available. Attending cardiologist considering discontinuing medical care.

The attending asks, “Should I just write an order to transition to comfort care or is he bound to die all lined up in the ICU or what…?”

Who should help decide?

Only 60% of 381 surveyed critical access hospitals have clinical ethics committees

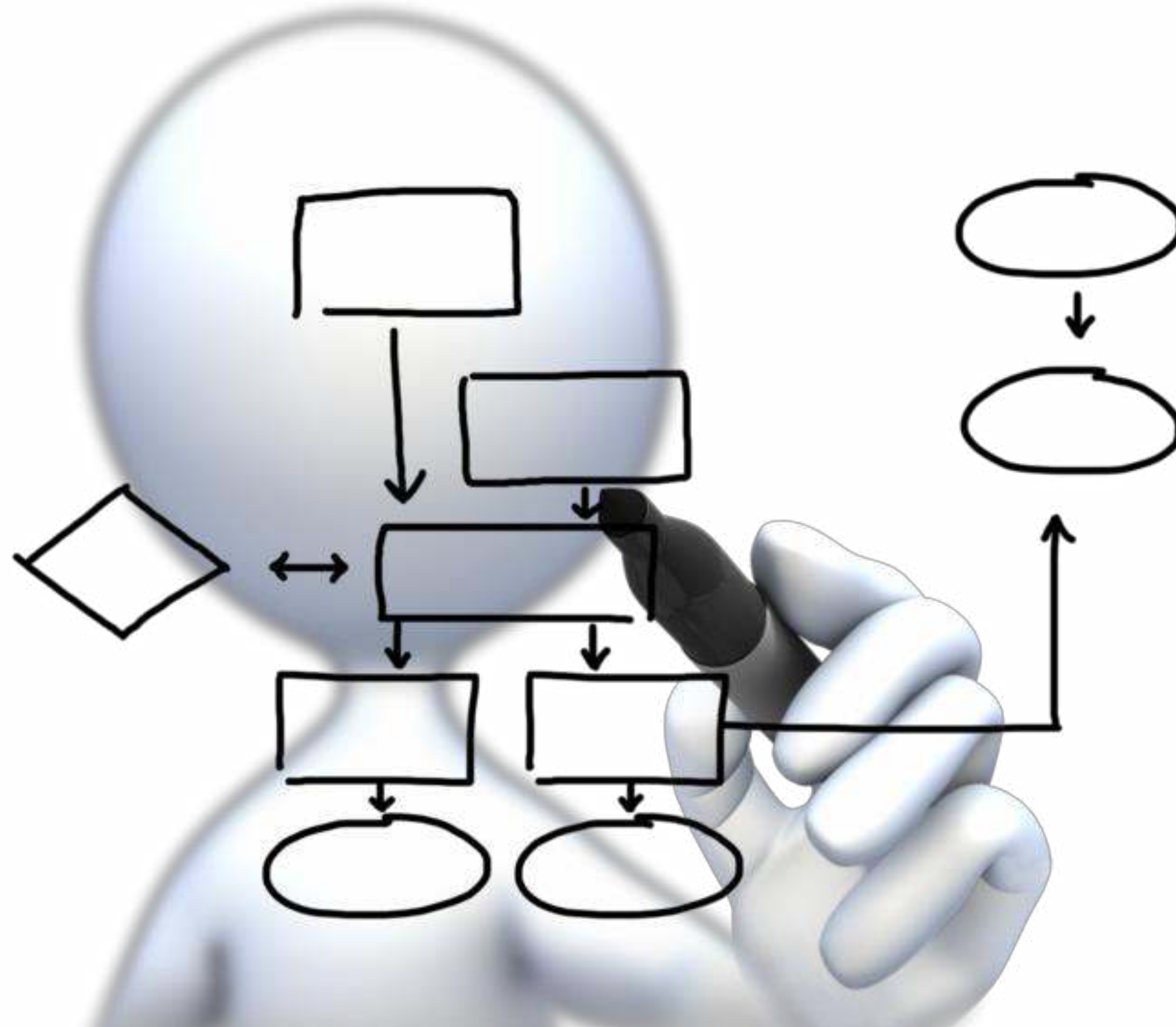
Table 1 Distribution of responses to: "Do you have a formally identified ethics committee or ethics consultation service?" ($n = 381$)

Response	n (%)
Yes	230 (60.4)
No, I do not think we need one	108 (28.4)
No, but I think we need one	39 (10.2)
Do not know	3 (0.8)
Refused to respond	1 (0.3)

Nelson WA et al HEC Forum 2010

Inclusivity VS feasibility

Where should ethics committees live?



How should we decide?

How should we decide?

How to address clinical ethics issues

1. Information gathering
2. Ethical analysis
3. Decision-making
4. Negotiation
5. Teaching & preventing

How to address clinical ethics issues

1 Information gathering

A. Summarize medical situation
B. Discuss the ethical conflict
C. Delineate boundaries of decision-making
D. Identify parties involved
E. Identify decision-maker (patient vs. proxy)
F. Investigate source(s) of conflict
G. Any conflict of interest?
H. Any legal or policy factors involved?
I. Is there any missing information?

2 Ethical analysis

A. Identify the ethics question
B. Identify the relevant ethical values
   1) Respect for individual autonomy
   2) Beneficence / non-maleficence
   3) Justice / resource allocation
C. Questions to consider
   1) How can such principles be applied to this case?
   2) What are the harms and benefits of potential solutions?
   3) What circumstances might alter the solution to this case?

3 Decision-making

A. What ethical options are recommended, feasible?
B. Which is preferable, ethically, to involved parties?

4 Negotiation

A. Can a resolution be negotiated with involved parties?
B. Is judicial review needed?

5 Teaching & preventing

A. Teaching & publication opportunities
B. Identify approaches for anticipating conflict
C. Identification of trends, new issues through institutional review

Decision process ⟷ local culture

On ethics expertise

WYDKYDK

Unusual scenarios

Durable or recurrent controversy

On ethics expertise

HELLO
I AM...
Kind of full of
myself

On ethics expertise

On ethics expertise

DIALECTIC

We all have wisdom

Who knows the patient
Should we ask for advice?
Routine ethics process

A Representative Case

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Another Representative Case

42-year-old visiting nurse is hospitalized with an acute exacerbation of a chronic relapsing autoimmune disease. The team thinks relapses are occurring more often than usual in part because the patient misses medication doses, no-shows clinic appointments and declines some home visits. She is originally from sub-Saharan Africa.

A nurse asks, "How many times are we going to rescue her if she won't care for herself? I need her to meet me halfway."

Bedside ethics process

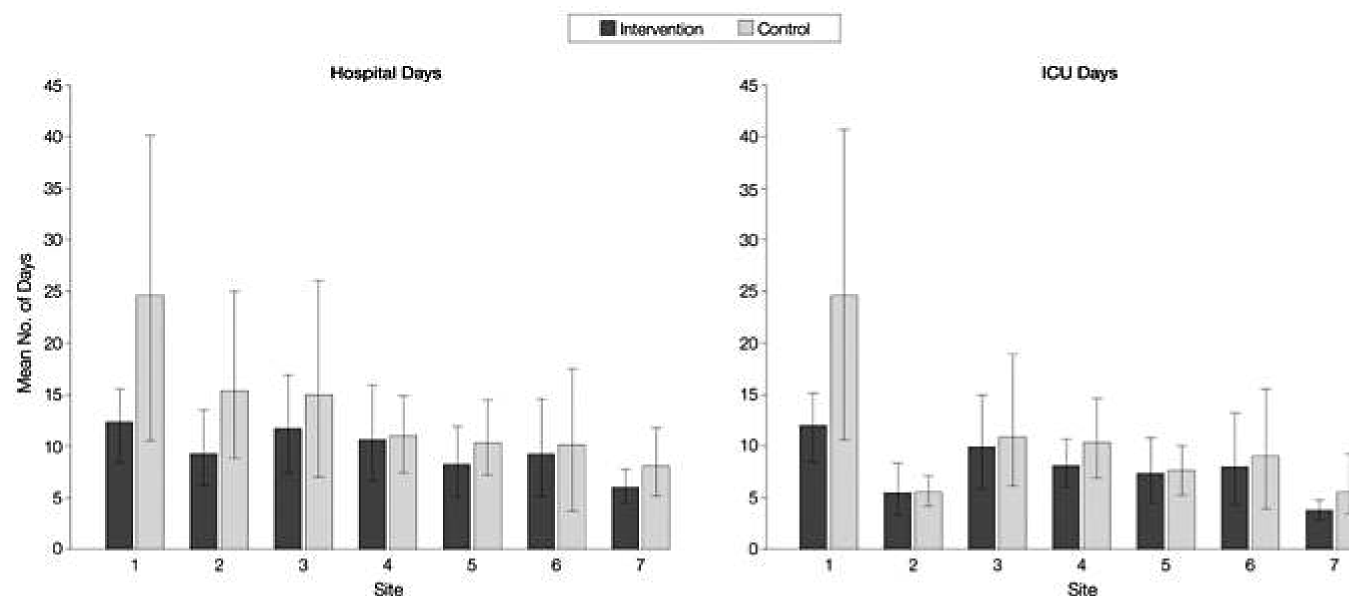
- Get all the information you need
- Gather stakeholders
- Define the ethical problem
- Identify ethical ways forward
- Formulate consensus
- Teach & prevent

Data on ethics committee outcomes

Meta-analysis of studies of variable quality and methods showed decreased resource allocation, higher satisfaction, no impact on survival

Au et al Crit Care Med 2018

Data on ethics committee outcomes



Hospitalizations shorter (by 2.95 days) as were ICU stays (by 1.4 days) among patients in cohort of 551 ICU patients with nurse-detected conflict who were randomized to ethics consultation compared to not

Schneiderman et al JAMA 2003

Data on ethics committee outcomes

Outcome Data			
Discharge status			0.56
Dead	26 (78.79%)	21 (72.41%)	
Survived	7 (21.21%)	8 (27.59%)	
Total ICU stay, day	17 ± 17.26	30 ± 37.50	0.05
Total hospital stay, day	25 ± 35.80	70 ± 42.05	< 0.01
Post-conflict ICU stay, day[a]	6 ± 13.87	20 ± 23.86	< 0.01
Post-conflict hospital stay, day[b]	7 ± 18.52	21 ± 25.02	< 0.01
The average of ethical issues	2 ± 0.63	2 ± 0.58	0.42
Consensus reached			< 0.01
No	5 (15.15%)	22 (75.86%)	
Yes	28 (84.85%)	7 (24.14%)	

Shorter hospitalization and ICU stays, and team more likely to reach consensus about goals of care

Chen et al BMC Medical Ethics 2014

What is the goal of ethics consultation?

Wisdom of decision-making

Patient satisfaction

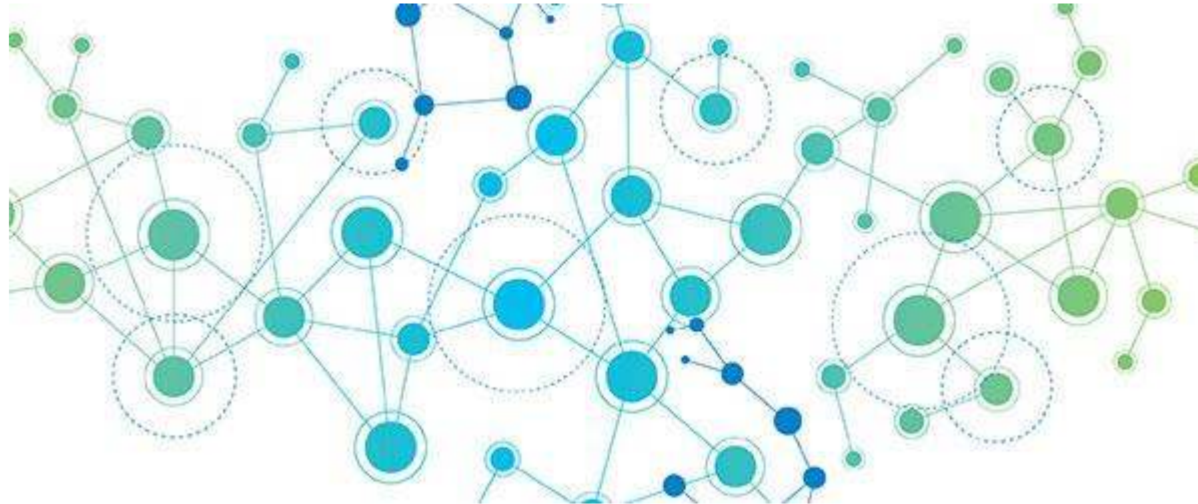
Provider moral distress

Ethics committee training requirements

Ethics committee training requirements

Linkages to other ethics activities

- Policy
- Prevention
- Education



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