

Interview Ethics

Advance Care Planning & Advance Directives

- To help patients with a decision-making capacity for their future health decisions
 - Talk about values and preferences
 - Determine spokesperson
 - Reviewing periodically and updating
- Advance Directives
 - The written documents
- Advance Care Planning
 - The process
- Few conflicts with family after death

Breaking Bad News

- Competence in these situations is fundamental for establishing trust
- 6 Steps: **GFFSRP**
 1. Getting started
 - Private, with anyone the patient may want to bring with them
 2. Find out how much the patient knows
 - Understand how much they have been told
 - Helps understand emotional state
 3. Find out how much the patient wants to know
 - Every medical detail, or big picture
 - You can always ask more questions in follow ups
 4. Sharing formation
 - Disclose diagnosis
 - Process of treatment
 - Let them ask questions as you go, make sure they understand
 - Coping strategies discussion
 5. Responding to Patient feelings
 - Be attentive, if don't understand how they feel its ok to ask "could you tell me a bit about how you are feeling?"
 6. Planning and Follow Through
 - Concrete plan explained step by step
 - Contact

Clinical Ethics and Law

- Informed Consent dependent on *competency/capacity*:
 - Patient
 - Family

- Act in the best interest of what they think the patient would want, ask family doctor
- Deserve to know in a way that they can understand:
 - Treatment nature and anticipated results
 - Alternative treatments
 - Benefits and risks
- Failure to follow standard of care
- *Don't forget that older people may also not be able to have capacity- concussions, dementia, etc.
- If faced with J. Witness, first check if the child has capacity to make decision

Complementary Medicine

- Complementary medicine is treatments that are used along with standard medical treatments but are not considered to be standard treatments. One example is using acupuncture to help lessen some side effects of cancer treatment. Alternative medicine is treatments that are used instead of standard medical treatments.
- Just focus on what's proven, don't assume allopathic is better

Confidentiality

- Important for trust relationship, don't want them to hold back information because they don't trust you
- Especially when it could be a stigmatized topic
- Technology causes issues
- Can be breached if:
 1. Concern for the safety of other persons
 - Information that could prevent harm
 2. Legal requirements to report certain conditions or circumstances
 - I.e. Sexually transmitted diseases

Cross Cultural Issues and Diverse Beliefs

- Failure to take beliefs seriously impacts the trust relationship, and may prevent some people from seeking care
- Social workers, interprofessional approach
- Important to remember that not all people in a belief system are the same in their values~!!
- If they refuse treatment with capacity to make decision
 - Talk them through it to make sure that they understand the treatment
 - You address misunderstandings
 - Understand the basis of refusal, and try to find a compromised solution
- Parent cannot deny medical care to child when it would cause significant harm to child's health
 - Court order, child protective services
 - Try to discuss alternatives with their beliefs

- o If you are not comfortable doing a treatment that the patient wants, then still acknowledge their issue, but you don't have to do it. Find a different solution.

Difficult Patient Encounters

- o No matter how difficult, you still owe them good care,
- o Make sure to control your own emotions, easy to get frustrated
- o Can use interprofessional team approach
- o If you feel they are not receiving the best care because of your relationship, transfer patient to different provider- helps maintain trust
- o Beware of own bias

End-of-Life Issues

- o Control of pain
- o Symptom control
- o Psychological issues
- o Spiritual or existential issues (i.e., religious)
- o Hospice care= terminally ill care

Ethics Committees and Consultation

- o Provide clinical ethics consultation
- o Develop/revise political policies
- o Facilitating education about topical issues

Medical Futility

- o Interventions that are unlikely to produce significant advantage to patient
- o Sometimes okay, such as to buy time for family to come visit, but if it causes harm to the patient, doesn't matter what the family says
- o Make goals with family on what their end desire is

HIV/AIDS

- o You can't test someone without informed consent

Informed Consent

- o Process where treating health care provider discloses appropriate information to a competent patient
 - o The nature of the decision/procedure
 - o Reasonable alternatives to the proposed intervention
 - o The relevant risks, benefits, and uncertainties related to each alternative
 - o Assessment of patient understanding
 - o The acceptance of the intervention by the patient
- o Encourage that are participating in the decision-making process, not just signing a form
- o An exception you maybe didn't know

- o A lack of decision-making capacity with inadequate time to find an appropriate proxy without harming the patient, such as a life-threatening emergency where the patient is not conscious
- o For older children and adolescents, assent should always be sought *in addition* to the authorization of legal surrogates

Interdisciplinary Team Issues

- o Use respectful exchange of views (listening, understanding different viewpoints)
- o When members of a team cannot arrive at a consensus of what should be done, it may be helpful to consult **other professionals** (interprofessional approach) who are not directly involved in the patient's care team for objective input. If the disagreement still cannot be resolved, another resource may be the hospital's **ethics committee**, which can listen to disagreements and help suggest solutions.

Maternal/Fetal Conflict

- o Can't force a treatment on mother for child, patient autonomy and trust

Mistakes

- o Obligated to be truthful to patients- they will have greater loss of trust if they feel something is hidden from them
- o If you want to keep it a secret, check your justification with colleague or ethics committee
- o If you see a mistake, encourage them to reveal their mistake
 - o If they chose not to, then consider telling supervisor/medical staff office **depending on how serious it is**
 - o **But make sure you double check your facts before doing something like this**

Parental Decision Making

- o Parents have the choice, but their decisions should be guided by the best interest of the child
- o Decisions that are not in the best interest of the child should be challenged
- o Parents can factor family issues and values which may be important, need to make sure that the family can actually go through with the suggested treatment
- o Medical caretakers have an ethical and legal duty to advocate for the best interests of the child when parental decisions are potentially dangerous to the child's health, imprudent, neglectful, or abusive
- o Ethics consultation
- o Even vaccines are ok if the Physician believes that in a circumstance without it the child could be harmed
- o If the child has the capacity to make a decision, and the parents don't agree consult ethics and try to find a solution but at the end of the day you need to advocate for the patient

Physician Assisted Death

Physician-Patient Relationship

- o Fiduciary refers to trust
 - o sit down
 - attend to patient comfort
 - establish eye contact
 - listen without interrupting
 - show attention with nonverbal cues, such as nodding
 - allow silences while patients search for words
 - acknowledge and legitimize feelings
 - explain and reassure during examinations
 - ask explicitly if there are other areas of concern
 - o **Compliance can be improved by using shared decision making.** For example, physicians can say, "I know it will be hard to stay in bed for the remainder of your pregnancy. Let's talk about what problems it will create and try to solve them together." "Sometimes it's difficult to take medications, even though you know they are important. What will make it easier for you to take this medication?"

Professionalism

- o Altruism, life-long learning (excellence), accountability, following policy

Public Health Ethics

- o Preventing diseases- not so much on curing
- o Equitable improvement of health wellbeing of communities
- o Education
- o Community focus, basic needs (i.e., water) met, pollution
- o Social determinants of health
 - o Physical environments,
 - o Social, economic standings
 - o Race, income, sex
- o **If you have to force treatment, like for a disease that can spread, you need to make sure you do it in a least destructive way**

Research Ethics

- o Autonomy, Justice, Beneficence
- o Safety, consent, confidentiality, adverse events back up
 - o Consent
 - Disclosure
 - Understanding
 - Voluntary

Resource Allocation

- o Can be with different resources, like doctors, beds, etc.
- o Many factors to consider, but your other notes do it better this is too messy

Medicine and Spirituality

- o Both are important in health, spirituality is linked with helping suffering, despair, loneliness
- o Important to understand to determine type of care
- o "As physicians, (or, as physicians-in-training,) we have discovered that many of our patients have spiritual or religious beliefs that have a bearing on their perceptions of illness and their preferred modes of treatment. If you are comfortable discussing this with me, I would like to hear from you of any beliefs or practices that you would want me to know about as your care giver."

Truth-Telling and Withholding Information

- o Make sure to tell them alternative treatments
- o If you think you need to withhold information, or their family asks you to, you still have to do it, just do it sensitively UNLESS you feel that it could create real or predictable harm (such as make them suicidal)
- o Or if they ask to be told the truth, then don't share
- o If you do have to share, be culturally sensitive
- o Deceptive use of placebos is not ethically justifiable. Specific exceptions should be rare and **only considered if the following** conditions are present:
 1. the condition is known to have a high placebo response rate
 2. the alternatives are ineffective and/or risky
 3. the patient has a strong need for some prescription