

HS20-HC2

Examine how personal, cultural and societal beliefs affect ethical decisions regarding health care.

Indicators for this outcome

- (a)** Pose questions about ethical dilemmas within health care.
- (b)** Understand the core ethical questions to be considered when making health care decisions:
 - What can be done for the patient? (intervention technologies)
 - Does the patient understand the options? (informed consent)
 - What does the patient want? (autonomy)
 - What are the benefits? (beneficence)
 - Will it harm the patient? (non-maleficence)
 - Are the patient's requests fair and able to be satisfied? (justice)
 - Are the costs involved fair to society? (economic consequences)
- (c)** Analyze a health care issue with respect to the core ethical questions.

Philosophies and Ethics: Difficult Choices

Ethics is about right and wrong and the reasons that we give for our choices and actions. This is clearly central to Health Science, since doing the right thing for patients--minimizing suffering and treating illness--contains a large moral component. Ethics should help clarify and present alternatives when you are faced with a difficult decision within the Health Science field. When it comes to ethical problems and dilemmas, you should first of all be able to recognize them and be able to analyze them carefully; keeping in mind the three core ethical principles:

1. **What does the patient want? (Autonomy)**
2. **What can be done for the patient and what are the harms and benefits? (Beneficence and Maleficence)**
3. **Are the patient's requests fair and able to be satisfied? (Justice)**

A 7-step procedure for resolving ethical dilemmas has been proposed by Philip C. Hébert; this is not a moral set of rules, but is "good enough for our purposes" (1995, p. 15).

1. **Recognize that a case raises an important ethical problem.** Ethical problems arise when there is a conflict of values and when there are different ways of proceeding. It is important to be as knowledgeable as possible about the case.
2. **Identify the problem that needs to be solved.** Once the problem is precisely identified, you will be better able to decide what resources you need to handle the problem.
3. **Determine reasonable alternative courses of action.** These options need not be exhaustive, but they should be clearly distinct.
4. **Consider each option in relation to the three fundamental ethical principles.** None of these principles is always paramount, but in certain situations, one may trump another.
5. **Decide of a resolution to the problem.** Your conclusion may be disputed, so you should be able to say why you think it is the best one.
6. **Consider your position critically.**
 - Are there circumstances under which you would advocate a different course of action? Could your decision be formulated into a general principle?
 - Consider your emotions, conscience and the opinion of others.
 - Would you make the same choice if your decision were made public?
7. **"Do the right thing."**

All information has been modified from its original version found in *Doing Right: A Practical Guide to Ethics for Medical Trainees and Physicians* by Philip C. Hébert and adapted for this course by Ms. T. Greenshields and Ms. A. Lafontaine.

Case 1: Quality of Life

Read through the true case presented below. Based on your experiences and beliefs, decide whether Mr. Grouch should be artificially fed.

A 76-year old man (Mr. Grouch) with advanced dementia requiring 24-hour nursing care has now stopped eating and has developed a cough. The quality of his life has markedly diminished in the past few years; he has largely been bedridden and incontinent. While not evidently in physical pain, he is totally confused and often agitated and seems fearful of his surroundings. Should he be artificially fed? (Hébert, 1995, p. 178)

Case 2: A Starving Patient with Anorexia: To Feed or Not to Feed?

A 22-year old woman with an 8-year history of severe anorexia nervosa (an illness of self-starvation), is brought into the emergency room in cardiovascular collapse. She is extremely emaciated, weighing less than 60 pounds, and is virtually unresponsive. She receives a bolus of intravenous glucose and perks up long enough to pull out her intravenous line.

The patient has been admitted numerous times in her starved state and has spent most of her previous eight years in hospital. All corrective therapy has so far failed, and she has been considered one of the most difficult patients by various hospitals. On previous admissions, she has been force fed. Her resistance to this has required restraints and caused major disruptions on the ward. She has not consistently expressed a wish to die, although she told her family doctor that she wished her suffering would end soon and requested no forced feedings in the future. She is unhappy with her weight (she thinks she is overweight) and does not feel that her refusal of food endangers her life.

What should be done on this admission? Suppose the peripheral intravenous line cannot be re-started. Would it be reasonable to provide her nutrition through a gastrostomy tube (a tube in the stomach through a small incision in the abdominal wall) and restrain her against her will until she gains weight? (Hébert, 1995, p. 21)

Case 3: Cultural Influence

Mrs. S. is a 53-year old female patient hospitalized for weight loss and anemia. She is found to have inoperable colonic cancer. She speaks no English.

Her family requests that you not tell her the true diagnosis. They say that in their culture, patients are not told bad news. They feel that such news will be too stressful for her and that they will be able to look after her needs better if she does not know. Despite many discussions with them, they remain adamant in their views. What should you do? (Hébert, 1995, p. 76)

Case 4: Prior Wishes

A 54-year old woman presents to the emergency room in a coma from a drug over-dose. She needs to be intubated and put on a ventilator as her level of consciousness is declining and she will not be able to breathe on her own. She has a written advance directive that says she does not want to be ventilated. Her family says this has been her expressed wish since a motor vehicle accident three years ago left her a quadriplegic. Should she be intubated despite such advance instructions? (Hébert, 1995, p. 33)

Case 5: Secrets

A 20-year old female student has recently become your patient. She has been well other than undergoing surgery as a young teen for what she was told were 'diseased reproductive organs'. She knows little else about the surgery.

When you receive her medical records, a letter from her pediatrician informs you that she is, in fact, genetically a male and has androgen insensitivity syndrome. (A disorder of gonadal dysgenesis; patients usually have an XY genotype with inguinal testes and a female phenotype. The testes are removed to prevent the risk of gonadal cancer.) The patient's family and her physicians decided not to tell the patient of her 'true sex', feeling it would do her no good and possibly cause great psychological trauma. The letter urges all future caregivers not to tell her. What, if anything, should you say to this patient? (Hébert, 1995, p. 70)

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