

## Clinical Ethics for the Acute Care Chaplain

Jump-Starting your Capacity  
to Contribute in the Most  
Complex of Cases

Dr. D.W. "Donovan"  
D.Bioethics, MA, MS, BCC

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## Introductions

- ❖ Your Name
- ❖ Name and Location Where You Serve
- ❖ Your Particular Ministry
- ❖ What Drew You to This Session?



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2

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## Introductions II

### A Little Bit About Me

Grew Up in Washington DC

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3

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**Introductions II**  
A Little Bit About Me

College

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4

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**Introductions II**  
A Little Bit About Me

Seminary and Graduate Studies




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5

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**Introductions II**  
A Little Bit About Me

Clinical Pastoral Education / Residency

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**Introductions II**  
A Little Bit About Me

- ❖ Staff Chaplain, Department Manager
- ❖ Board Certified in March of 2001

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7

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**Introductions II**  
A Little Bit About Me

An Interest in Ethics




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8

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**Introductions II**  
A Little Bit About Me

Transition to Mission Integration

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9

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**Introductions II**  
A Little Bit About Me

Family and Home



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10

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**Introductions III**  
The First Question ☺

Why did we start our time together with introductions?



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11

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**How Communities Develop**

Communities ...  
Form  
Norm  
Storm  
Re-Form



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12

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## Communities and Social Norms

Why have social norms at all?



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13

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## The First Definition

### Common Morality

Norms about right and wrong human conduct that are so widely shared that they form a stable (although usually incomplete) social consensus. Common morality can be understood as the universal core of a *mostly* agreed upon sense of right and wrong.

-Beauchamp and Childress  
Principles of Biomedical Ethics, 2001

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14

14



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## A Donovan Definition

### Moral Dilemma

A situation where a particular agent feels morally obligated to engage in both  $x$  and  $y$ , and the rationale for engaging in  $x$  and  $y$  are equally valid, but acting upon either alternative would be morally acceptable in some ways and morally unacceptable in other equivalent ways.

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15

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**A Values- and Principles-Based Approach**

Values-Based  
Discernment and the  
Importance of Principles

(Hint: Start with Integrity)



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16

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**Moral Dilemma**  
An Example

Small Group Discussion

Special Forces Driver in  
Vietnam



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17

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**Moral Dilemma**  
An Example

Large Group Discussion

Special Forces Driver in  
Vietnam



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18

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**Wrap-Up of Introductory Thoughts**



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19

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**05:00**

**SHORT BREAK**

You don't want to miss the video we come back to!



20

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**Return from Break**

**Video:**

**The West Wing**  
Season 02, Episode 21  
18<sup>th</sup> and Potomac



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21

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**Short Discussion about Video**

Comments?



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22

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**Ethics as a Discipline**

Ethics is the study of methodologies for resolving moral dilemmas.

Particular methodologies are often summarized as a set of principles.



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23

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**One Ethical Paradigm: The Four Principles Approach**

~Beauchamp and Childress  
Principles of Biomedical Ethics, 2001

- Autonomy
- Beneficence
- Nonmaleficence
- Justice



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24

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### Autonomy The Person as a Moral Agent

Fundamental to the Catholic understanding of moral theology is the belief that every person is made in the image of God (Imago Dei) and blessed with the unique ability (at a minimum capacity) to CHOOSE.



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### Autonomy Case Study

Patient is a 72 year-old white female who was admitted to the medical center with increasing shortness of breath and lethargy. Her initial workup was suggestive of cancer and oncology was consulted. Several tests and scans were ordered.



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### Autonomy Case Study

As the oncologist arrived at the patient's room to inform her of the results, she was intercepted by the patient's husband. He informed the oncologist that he and his wife were leaving the following Monday for a fifteen-day cruise ... a cruise for which they had been saving their entire lives.



27

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### Autonomy Case Study

He asked the oncologist to delay sharing the test results with his wife until they returned from their cruise.

Troubled by this request, the oncologist pages you as the Ethics Resource on-call.

What counsel would you offer?

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28



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28

### Expressions of Autonomy

- ❖ Informed Consent (Direct)
- ❖ Informed Consent (Indirect)
  - ❖ Advance Medical Directive
  - ❖ Durable DNR / POLST
- ❖ Substituted Judgement

- ❖ Best Interests

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29



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29

### Beneficence

- ❖ Do as much good as possible
  - ❖ Example: Ocean Swimmer
  - ❖ Example: Jehovah Witness Patient
- ❖ Sidebar: Medical care which is palliative in nature should not, in principle, be considered any less aggressive than curative-focused care. Palliative care is different in kind, but not in degree.

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30



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### Beneficence

“We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome.”

—Ethical and Religious Directives, Part V, Introduction



31

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### Nonmaleficence

- ❖ DO NO HARM
- ❖ Does NOT mean “do everything possible to avoid the death of a patient.”
- ❖ Also does NOT mean that because I can do something, I MUST.
- ❖ Beware of the technological imperative ... and the theological variation of that.



32

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### Justice

- ❖ Often easier to define by what feels “unjust”
- ❖ Who wins?
- ❖ Who loses?
- ❖ And why?
- ❖ Another Approach ...
- ❖ Do we treat like situations in a like manner? (Holy Cross ER Story)



33

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### Important Tools I: The Benefit-Burden Analysis

Historically, an ethical analysis used the language of

**Ordinary  
Versus Extraordinary**

More recently, the language has shifted to speak in terms of

**Benefit Versus Burden**

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34



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34

### Important Tools I: The Benefit-Burden Analysis

“No person should be obliged to submit to a health care procedure that the person has judged ... not to provide a reasonable hope of benefit without imposing excessive risks and burdens on the patient *or excessive expense to the family or community.*”

—Ethical and Religious Directives, Part III, Directive 32  
*(Emphasis Added)*

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35



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35

### Important Tools I: The Benefit-Burden Analysis

So ...

Is a DNR order a good thing?

What about chemotherapy?

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36



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36



### Important Tools II: The Principle of Double Effect

- ❖ Primary Effect:
  - ❖ Anticipated
  - ❖ Desired
  - ❖ Intended
  - ❖ Proportionally Good
- ❖ Secondary Effect
  - ❖ Anticipated
  - ❖ Undesired
  - ❖ Unintended
  - ❖ Proportionally Justifiable



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37

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### Important Tools III: Medical Futility and "Treatment Not Indicated"

Whenever a man suffers an ill which is too strong for the means at the disposal of medicine, he surely must not expect that it can be overcome even by medicine.

--Hippocratic Writings



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38

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### Putting It All Together I

- ❖ What guidance, if any, has the patient given us as to what would be seen as the minimally acceptable quality of life?
- ❖ If the patient lacks decision-making capacity
  - ❖ Did s/he create an Advance Medical Directive?
  - ❖ Did s/he otherwise communicate about how s/he would want to be treated in such situations?
  - ❖ What other values have they expressed through their life that would help inform decisions today?



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39

39

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### Putting It All Together II

- ❖ What **benefit** does the proposed plan of care offer?
- ❖ What **burdens** will the proposed plan of care place upon the patient, loved ones, and the community at large?
- ❖ Does the proposed plan of care have a reasonable chance of returning the patient to his or her minimally acceptable quality of life?
- ❖ Do the proposed benefits seem to outweigh the burdens?



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# 05:00

## SHORT BREAK

There's another  
great video to come  
back to!



41

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### Return from Break

**Video:**

**Madame President**  
Season 01, Episode 03  
The Operative



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42

42

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### The Ethics Consult Practical Preparation

- ❖ Receiving a Consult
- ❖ Preparatory Conversations
- ❖ Setting Up Time, Place, and People
  - ❖ Types of Consults
  - ❖ Approaches to Consultation (Individual, Team, Committee)



43

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### The Ethics Consult Key Elements

- ❖ Gathering
  - ❖ Right Place
  - ❖ Right Order
  - ❖ Right Tone
- ❖ Introductory Comments / Role of the Ethics Team
- ❖ Clinical Summary
- ❖ Ethical Analysis / Discussion
- ❖ Seeking Common Ground with Integrity and Congruence
- ❖ Next Steps
- ❖ Adjourn



44

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### The Ethics Consult Key Reminders

You don't have to live with the outcome.

“The legacy of Terri’s situation should not be that of those who love her the most, loathing the actions of one another.”

—Bishop Robert Lynch



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**05:00**

**SHORT  
BREAK**

Do not miss the  
exciting conclusion!

46

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**Return from Break**

**Video:**

**Madame President**  
Season 01, Episode 03  
The Operative

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47

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**Short Discussion  
about Video**

Comments?

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48

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### Role Play I: Preparing for the Consult

#### Key "Players"

- Ethics Lead
- Ethics Team Member I (Clinical Expertise)
- Ethics Team Member II (Community Member)
- Critical Care Physician
- Oncologist
- Critical Care Nurse Manager
- Practice Manager



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49

49

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### Role Play I: Preparing for the Consult

#### Group Discussion and Lessons Learned



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### Role Play II: Formal Consult

#### Key "Players"

- Ethics Lead
- Ethics Team Member I
- Ethics Team Member II
- Palliative Care Physician
- Patient's Daughter
- Patient's Son
- Patient's Wife



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51

51

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# Role Play II: Formal Consult

Group Discussion  
and  
Lessons Learned



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52

52

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# Coming to a Close

Questions?  
Comments?  
Discussion?



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53

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Thank You  
and  
God Bless!



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54

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