Clinical Ethics for the Acute Care Chaplain

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

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Introductions

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

Introductions II

A Little Bit About Me

Grew Up in Washington DC
Introductions II
A Little Bit About Me

College

Seminary and Graduate Studies

Clinical Pastoral Education / Residency
Introductions II
A Little Bit About Me

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

An Interest in Ethics

Transition to Mission Integration
Introductions II
A Little Bit About Me

Family and Home

Introductions III
The First Question

Why did we start our time together with introductions?

How Communities Develop

Communities ...
Form
Norm
Storm
Re-Form
Why have social norms at all?

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

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.
A Values- and Principles-Based Approach

Values-Based Discernment and the Importance of Principles
(Hint: Start with Integrity)

Moral Dilemma
An Example

Small Group Discussion

Special Forces Driver in Vietnam

Moral Dilemma
An Example

Large Group Discussion

Special Forces Driver in Vietnam
Wrap-Up of Introductory Thoughts

SHORT BREAK
You don’t want to miss the video we come back to!

Return from Break

Video:
The West Wing
Season 02, Episode 21
18th and Potomac
Short Discussion about Video

Comments?

Ethics as a Discipline

Ethics is the study of methodologies for resolving moral dilemmas. Particular methodologies are often summarized as a set of principles.

One Ethical Paradigm: The Four Principles Approach

Autonomy
Beneficence
Nonmaleficence
Justice

~Beauchamp and Childress
Principles of Biomedical Ethics, 2001
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.

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.

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.
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?

Expressions of Autonomy

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

Benificence

- 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.
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

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.

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)
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**

“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)

So ...

Is a DNR order a good thing?

What about chemotherapy?
Important Tools II: The Principle of Double Effect

- Primary Effect:
  - Anticipated
  - Desired
  - Intended
  - Proportionally Good

- Secondary Effect
  - Anticipated
  - Undesired
  - Unintended
  - Proportionally Justifiable

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

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?
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?

SHORT BREAK

There's another great video to come back to!

Return from Break

Video:
Madame President
Season 01, Episode 03
The Operative
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)

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

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
SHORT BREAK

Do not miss the exciting conclusion!

Return from Break

Video:

Madame President
Season 01, Episode 03
The Operative

Short Discussion about Video

Comments?
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

Group Discussion and Lessons Learned

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
Role Play II: Formal Consult

Group Discussion and Lessons Learned

Coming to a Close

Questions? Comments? Discussion?

Thank You and God Bless!