Three Approaches to Decision-making

The Philosophical Approach to Medical Ethics
(Beauchamp and Childress)

- Autonomy
- Beneficence
- Confidentiality
- Distributive Justice
- Equity
Conflicts generally arise when two principles compete.

For example, the patient is refusing a treatment the physician believes is beneficial.
Making Resuscitation Decisions (Jonsen Model)

- Medical Indications
- Patient Preferences
- Quality of Life
- Contextual Features
Medical Indications and the Goals of Medicine

- Promotion of health and prevention of disease
- Relief of symptoms
- Cure disease
- Prevent *untimely* death
- Improve functional status
- Education about prognosis and condition
- Avoiding harm
Special Considerations Related to Patient Preferences

- Decision making capacity
- No need to offer treatments outside the goals of medicine
- Conscientious objection by the health care provider

- Medical Indications
- Quality of Life
- Contextual Features
- Patient Preferences
Quality of Life

Subjective satisfaction

Expressed or experienced the person in his or her physical, mental, and social situation...(it is the patient’s definition)
Contextual Features

- Legal rules
- Hospital policies
- Family wishes
- Conscientious objection by providers
- Allocation of scarce resources (triage)
- Teaching
- Societal needs
Unique Aspects of Ethics in EM (Iserson)

Ask yourself 3 questions

- Is this a type of problem for which you have already developed a rule?
- If, no...is there an option which will buy time?
- If no...ask yourself....
Impartiality

Would I be willing to have this action performed if I were in the other person’s place?
(The Golden Rule...do unto others...)
Universality

Am I willing to have this action performed in all relevantly similar circumstances?
Justifiability

What action would I like to defend to others?
Rights of Minors

An 8 year old boy comes into the emergency department alone stating that he has hurt his arm while riding his bike.
Considerations

Would it matter if the child was 17 years old?

Would it matter if the child was in shock with abdominal injuries?

Would it matter if the child was 14 years old and pregnant?
Medical Indications

• Wrist injury

Patient Preferences

• This is a child

Quality of Life

• Pain, can this wait?

Context

• Laws, parents’ wishes, medical insurance
Legal Requirements of Notification

A 30 year old man comes to the emergency department stating he has been shot. He states that he will only agree to be treated if the physician agrees not to notify the police.
Medical Indications

• What do we know on assessment?
  Where is the wound?

Patient preferences

• Treatment, no notification

Quality of life

• Without treatment, with notification

Context

• Local laws
32-year-old male comes in with signs and symptoms consistent with pneumocystis pneumonia

He tells you he is bisexual but you must not tell his wife
Medical Indications

- For patient and wife

Preference

- He does not want wife informed

Quality of Life

- For him and wife

Contextual features

- Tarasoff case, duty to others
Case Study

- Your ED has been asked to do evidence exams for women who may have been sexually assaulted.
- You need to establish a policy about whether or not to provide the “morning after pill”.
- At least one staff member is morally opposed on the grounds that it is a form of abortion.
Medical Indications

- Rate of pregnancy after sexual assault is unknown (estimates are 1-5%)
- Follow-up rates for these women range from 6-60%
- Hormonal treatment must be given within 72 hours and the failure rate is estimated at 1.8%
Patient Preferences

- Unknown, unless asked
- Many women may not be aware of the option
Rape is a traumatic event and women need to feel in control.

Offering pregnancy prevention may impact quality of life of the provider.
Rights of the health care provider, “every physician, like every human being, has duties to self….“ (Jonsen)
Context: The Law

- Roe v Wade (US Supreme Count)
- Brownfield v Daniel Freeman Memorial Hospital (California)

“...in general, care givers have a duty to provide patients with objective information about therapies even if the care giver believes the information is morally wrong. But there is no duty to provide the treatment itself.”
Solutions
Case Study

Two commercial airline pilots arrive in the emergency department at 2 am intoxicated (unsteady on feet, slurred speech) and asking for help sobering up.

They plan to fly a plane at 7 am and do not want anyone told they were in the ED. What should you do?
Medical Indications

- ETOH is metabolized at 20 mg/dL per hour
- ETOH level 100-150 mg/dl equates with unsteadiness, speech abnorms
- There is no known method of increasing metabolism
- Therefore, 5 am ETOH level: 40-90 mg/dl
Medical Indications, cont...

- Alcohol can effect visual ability and vestibular system for up to 43 hours.
- A Navy study found that 24 hours after an ETOH level of 100 pilots showed continued impairment (although on self-assessment, the pilots were unable to perceive their own deficits).
Patient Preferences

The pilots have made the wishes clear: They refuse blood draws or notification.

Do they have decision making capacity?
Quality of Life

- The pilots
- The passengers
Contextual Features

- FAA rule
  - No crew member may work within 8 hours of drinking alcohol, or ETOH level of 0.04% (40 mg/dL)

- Tarasoff and the duty to warn
Weighing Competing Principles

Justice
(obliteration to warn others of potential danger)

VS

Confidentiality
(and patient preferences)
Risk-Probability Analysis

- High risk-high probability
- High risk-low probability
- Low risk-high probability
- Low risk-low probability

Probability

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Solutions
References