

2012 SAEM ETHICS CURRICULUM

Module 7: Understanding Clinical Ethics Principles

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ACGME EM Milestones:

- *MK: (Medical knowledge)*
- *PROF1: (Professional values)*

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Objectives:

1. Define the terms “ethics” and “morality” and describe their relationship to clinical medicine
 2. Recognize common values in our culture.
 3. Review some principles frequently invoked in medical decision making.
 4. Consider some common formal approaches to ethical problem solving.
 5. Look at some ethical dilemmas through common theoretical lenses to see how bioethicists justify a range of ethically acceptable solutions to dilemmas.
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Case Study 7.1.1 – conflicts between family and career:

You love EMS teaching and work. Your husband is currently working part-time and trying to use day care for your 2 children only 20 hours a week during your residency. Should you try to apply for a fellowship or not?

Case 7.1.1 Questions:

1. What values are in tension as you ponder this decision?
 2. Does a utilitarian “end-justifies-the-means” argument help you decide?
 3. How important is the narrative of your relationship and the particulars of your situation more important?
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Case Study 7.1.2 – Safety vs. environment:

Your car just broke down and you need to replace it. Should you get an SUV to protect yourself and your family if you have an accident, or should you get a hybrid, which is smaller and perhaps less safe?

Case 7.1.2 Questions:

1. What values are in tension for you in this decision?
 2. If you argued from a “duty-based” (deontologic) perspective, how would you justify EITHER a decision for or against the hybrid?
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Case Study 7.1.3 – telling the truth? :

Your best colleague and friend in the residency is going to give her annual Resident lecture in an hour. “How do I look?”, she asks. She has a bright striped blouse on, and a totally mismatched suit jacket. What do you say?

Case 7.1.3 Questions:

1. What values are in tension as you consider what to say?
 2. If you decide that you can’t argue for “truth-telling” this time, what values *will* you invoke to defend your decision?
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Background Information

Ethics is a branch of philosophy that involves a study of the values of a culture and the processes by which people make decisions. Clinical ethics concerns the way in which values are applied to medical care, and the ways in which tensions between two or more values are resolved. An ethical dilemma is often a situation in which two values are in tension, and can’t be both honored at once (e.g. should I honor the patient’s expressed wishes and autonomous choice, even if I feel it is not the best course for him and beneficence would require that I do something else?). A dilemma may also exist when a provider doesn’t know how best to honor a value (e.g. how do I show respect best for this patient?), or when he or she experiences moral distress when honoring a professional or personal value is thwarted.

Common values in Western culture are many. Consider a few: independence, honesty, truth-telling, respect for persons, freedom of the individual, tolerance, education, religious freedom, distributive and retributive justice, the value of caring for others, respect for life, loyalty to family and others. Would we also consider death to be the enemy? Does science have all the answers? While many of these values are part of common morality, different cultures may emphasize different values than we do in our culture. Morality refers to norms in society that are widely held about right and wrong.

Four classical principles are emphasized in medical ethics:

- Beneficence – commitment to doing “good” for the patient
- Non-maleficence – commitment to “do no harm”

- Respect for autonomy – honoring the patient’s right to make decision free from coercion and according to his/her own values.
- Justice -- fairness in resource distribution; treating all persons the same.

Other common values pertinent to medical care include truth-telling, honesty, and confidentiality. Often, these values are in conflict in make specific medical decisions. When that happens, physicians need to take certain steps:

1. Recognize the existence of an ethical dilemma (often recognized by the presence of one or more “should” questions, like “Should I tell the teen patient’s mother that she has gonorrhea?”)
2. Consider and “name” your “gut” bias so you don’t reach resolution too quickly and without deliberation.
3. Reflect on the list of the “stakeholders” involved and the values that they would want to be heard.
4. Consider what options are ethical.
5. Make a choice and justify what you are choosing with your values.
6. Consider if there are ways this dilemma could have been prevented.

Several common approaches to problem solving have been used classically. For all of them, most people believe that the crux is in the details of the particular case. It is useful to recognize the various forms that an argument can take;

1. Outcome-based or consequentialist arguments -- these are the most common to hear in debates on policy within society. They sometimes take the form that we should do the “greatest good for the greatest number” or that the “ends justify the means.” Many public arguments for, for instance, health care reform, argue that reform will save us money in the long run. Arguments for triage or for rationing scarce goods also argue this way: we need an allocation policy that will save or benefit the most people. Objections to the utilitarians or consequentialists argue that some people get harmed if choices are made to benefit the most people, and that outcomes are often unpredictable. In case 7.1.a, you could frame the dilemma as one in which you should consider the long-term advantages or *outcome* to your family of continuing your education against the duty-based importance of nurturing the relationship to your family during this difficult training period.
2. Duty-based arguments: these arguments reason that it is hard to predict outcomes, so the best choice to resolve a dilemma is to act according to basic core principles -- always respect people, tell the truth, put your patient first. Yes, sometimes the best outcome is not achieved, but acting on principle is the best bet almost always. In case 7.1.b, you might ask if your duty is to the environment or to your family, both of which would be duty-based justifications for your decision.
3. Narrative arguments: In medicine, many people argue that the details of the patient’s story make a difference -- is the patient whose heart is failing 80 years old or 30? Is this recurrent endocarditis the result of continued IV drug abuse? Is the patient a

community leader? Is this problem a result of physician error? Differences in the patient's story justify a variety of choices in the face of ethical dilemmas, depending on the circumstances.

4. Case-based arguments: The law is helpful in many ethical dilemmas. What have we done in similar cases before? Consistency is part of fairness. If we don't offer liver transplant to one patient with terminal cirrhosis, shouldn't that be the policy for all patients? If we don't perform non-urgent assessments on uninsured patients without paying up front, we should do the same of patients who do have insurance.

5. Care-based ethics: One feminist-initiated perspective on ethical dilemmas is that the primary principle to guide physicians should be compassion and respect for the patient, who is in a vulnerable position, ill, with less knowledge, and asking for help. Another way of describing this focus for justifying choices is to say that it is important to see the patient as a *person*, not just an object. This perspective is a variation on "virtue ethics", in which it is not so much the action or the outcome of the care that is important, but the character of the physician that is most important. In case 7.1.c, one could argue that a principle-based "truth-telling" argument, in this situation, would not demonstrate caring or compassion for your colleague.

Many thoughtful practitioners today consider that the emphasis of autonomy in Western culture, framed as freedom and individualism, has occurred at the expense of communitarian values that promote compassion, the relational aspects of humans and a caring stance in the delivery of medical care. These principle-based concerns, when translated into public discussion, are sometimes framed in a more palatable utilitarian argument. For instance, while some people may say that having health care is a societal obligation to everybody, but it may be easier to get it passed in a public forum by arguing that it saves money in the long run.

Clearly, the above perspectives on how to resolve ethical dilemmas sometimes end up in the same stance with regard to medical decisions, though sometimes people of good faith disagree profoundly. It is fun to see major policy debates in the country (mandatory reporting for domestic violence, capital punishment, seat belt and helmet laws, ventilator allocation for an influenza epidemic) and decipher the underlying principles various champions are using to argue for and against!

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