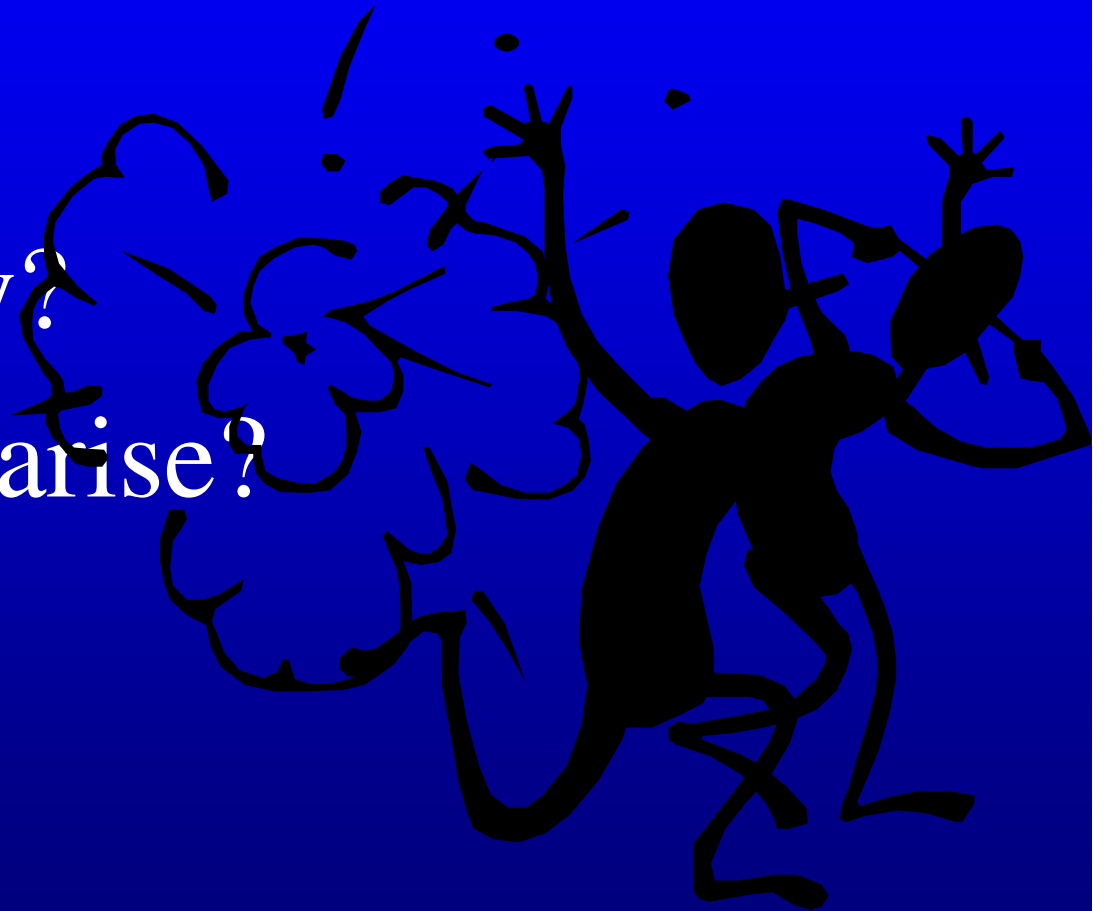


MEDICAL ETHICAL ISSUES

- What are they?
- Why do they arise?



MEDICAL ETHICAL ISSUES

What are they? And Why do they arise?

- Ethics asks questions about what we “ought” to do in very difficult and conflicted situations.
- Ethical dilemmas arise when there are disagreements in treatment decisions between physician, and patient and/or surrogate decision maker.
- Ethical dilemmas arise when there are no advance directives and no decision maker
- Ethical dilemmas arise over futile treatment
- Ethical dilemmas arise over use of scarce resources
- Ethical dilemmas often arise when advance care planning is not desired by patient, surrogate or physician.



MEDICAL EDIETHICAL ISSUES

How do they get resolved?

- **Family Care Conference** with patient, family, physician, chaplain, social worker, case manager and patient's minister if desired.
- Listen to the individual patient/family story
- who is the person? What is their life all about?
- What is important/cherished (values).
- How does this person's faith impact their healthcare?
- What do they fear? Where is their hope?
- How would they want their life to conclude?

ETHICAL ISSUES

how do they get resolve?

- Who is the Legal Decision maker if the patient has been declared mentally incompetent to make medical decisions?
- What is the GOAL of the patient at this point in time?
- What is the Burden v.s. Benefit of continued aggressive care (which can include palliative care i.e. comfort care) v.s. Hospice Care (only in the last 6 months of life.)
- What would the patient want if he/she could speak?
- What is the decision-maker's best substituted judgement?

ETHICS DECISION MAKING GUIDE

- **Autonomy**--supports the patient or surrogate decision-maker's individual choice (if it doesn't conflict with state law or institutional policy.)
- **Non-Maleficence**--"do no harm" Burden v.s. Benefit of treatment v.s. comfort care
- **Benevolence**--"Is the best possible good being done, by preventing and removing harm. Emotional/Spiritual care is as important as physical care. Compassion and love heal when medicine can't cure.
- **Justice**--involves stewardship--requires me to consider the world of needs and limitations of resources. Distribute resources fairly, and where they will be helpful.


ETHICS ISSUES NOT RESOLVED IN

family conferences?

- Formal Ethics Committee will hear the case.
- Patient and/or surrogate decision-maker, physicians, chaplain, case manager, social worker ethicist, legal, patient representative, patient's minister, other committee members from community at large.
- All listen to the story, apply ethical principles, give informed consultation
- Allow patient/or surrogate and physician to make final decision regarding appropriate care.
- Follow Texas Law in resolving any lingering dilemma.

WITH AGGRESSIVE CARE
or
BEYOND AGGRESSIVE CARE
PALLIATIVE CARE



- Palliative Care is comfort care with a focus on:
 - Pain and Symptom Control
 - Emotional and Spiritual Support
 - DNR (when time is appropriate)
 - Love, compassion, storytelling, changing values and lifestyle, preparing for death, making arrangements, saying “I love you, “I forgive you,”
 - Celebrating a good death having accomplished what was desired in relationships and feeling at peace in body, mind and spirit and in unity with all. Saying “Goody-bye”
- 

HOSPICE

(Last 6 Mo. of life)

comfort care only

- Home with Hospice Care
- Free Standing Hospice
- Hospital with Hospice Care
- Nursing Home with Hospice Care

