ETHICS AND END OF LIFE CHALLENGES

PRESENTED BY:

PURPOSE

The participant of this activity will increase their knowledge on ethics and the challenges of ethical situations during end of life care. This program will define medical ethical principles, explain medical intervention treatments, define competency vs. capacity, and discuss possible ethical dilemmas that may arise during end of life care.

OBJECTIVES

- Identify four medical ethical principles and how they influence decision making
- Explain withdrawing vs. withholding treatment for medical interventions
- Define competency and how it differs from capacity to make one’s own decision
MEDICAL ETHICS
- Discipline of evaluating the merits, risks and social concerns of activities in the field of medicine
- Evolved during the 20th century due to increase in medical technology

MEDICAL ETHICAL PRINCIPLES
- Autonomy
- Beneficence
- Non-Maleficence
- Justice
  - Social
  - Distributive

AUTONOMY
- The right of an individual to choose between various alternatives
- Informed consent
- The right to say NO is absolute
- No right to demand and receive specific intervention(s)
The obligation to provide treatment that is to be of BENEFIT to the individual
NON-MALEFICENCE

- "DO NO HARM"
- The obligation to provide care that is not harmful to the individual
- Most treatment interventions have risks
- Relates to issue of "Informed Consent" and "Double Effect"

NON-MALEFICENCE

* This might cause a heart condition but that would take your hand off your dry skin. *

JUSTICE

- **Social Justice**: determination of what is good for the society as a whole
  - Cloning, stem-cell research, fetal tissue
- **Distributive Justice**: distribution of limited resources
  - Organs for transplantation, ICU beds
JUSTICE

DERIVATIVES FROM MEDICAL ETHICS

- Determining Capacity
- Informed Consent
- Double Effect
- Withdrawing vs. Withholding Treatment

COMPETENCY VS. CAPACITY

- Competency:
  - Legal determination regarding a person’s ability to make legally binding decisions in any realm
    - *Determined only by COURT*

- Capacity:
  - Medical determination regarding a person’s ability to make specific decisions. (i.e. health care decisions)
    - *Can be determined by the person’s physician.*
DETERMINING CAPACITY

The physician determines and documents the following:

- Does the individual have an awareness of the nature of the situation?
- Does the individual have a factual understanding of the issue?
- Does the individual have the ability to manipulate the information to reach a reasonable decision?

INFORMED CONSENT

- Duty of the medical professional to make sure the patient is aware of:
  - Risks
  - Probable outcomes
  - Side effects

THE PRINCIPLE OF DOUBLE EFFECT

Defined:

- An act which is intended to have beneficial effect may also have, as an undesired but known risk, a negative effect
  - The act itself must be morally good (or at least be morally neutral)
  - The negative effect is not the primary intent, but may be allowed in order to obtain the beneficial effect
  - “the good outweighs the bad”
EXAMPLES OF DOUBLE EFFECT

- Chemotherapy for cancer
- Most medications

WITHDRAWING VS. WITHHOLDING TREATMENTS

**Withdrawing Treatment:**
- Decision to remove an active intervention that is already being provided to an individual

**Withholding Treatment:**
- Decision not to provide an active intervention to an individual

WITHOLD/withdraw

**Withholding/Withdrawing life supportive treatment:**
A competent patient makes an informed decision to refuse life-sustaining treatment, there is virtual unanimity in state law and in the medical profession that this wish should be respected.
COMMON ETHICAL DILEMMAS AT THE END-OF LIFE

- CPR, DNR
- Physician Assisted Suicide
- Euthanasia
- Withdrawing/Withholding Life Supportive Therapies
- Palliative and Therapeutic Sedation
- Nutrition and Hydration

CARDIOPULMONARY RESUSCITATION

- Also known as CPR
- Beneficial if the individual is younger and the response time is quick
- Not a benefit in someone who is entering the end of life phase
- Cause of anoxic encephalopathy and death if not performed well

DO NOT RESUSCITATE (DNR)

- Also known as DNR
- DNR is not the same as Do Not Care...can still care for someone with a DNR
- Can come onto hospice without a DNR, though would educate for it
- Can seem to family/caregivers/individual that nothing is going to be done at the time of death
CURRENT BARRIERS

- Unrealistic views related to effectiveness of CPR
- Conflicting interpretation of state laws

EUTHANASIA

- From Greek: meaning "good death": eu- (well or good) + thanatos (death) refers to the practice of ending a life in a painless manner
- The precise definition "a deliberate intervention undertaken with the express intention of ending a life, to relieve intractable suffering"
- Physician would act directly, for instance by giving a lethal injection to end the patient’s life

PHYSICIAN ASSISTED SUICIDE (PAS)

- Physician-assisted Suicide (PAS) generally refers to a practice in which the physician provides a patient with a lethal dose of medication, upon the patient’s request, which the patient intends to use to end his or her own life
- The patient, not the physician, will ultimately administer the lethal medication
- Associated with Jack Kevorkian-in Michigan circles
CURRENT LEGISLATURE

- Oregon – 1997 Death With Dignity Act
- Washington – 2009 Death with Dignity Act
- Montana – Supreme Court Ruling 2009
- Vermont – 2013 Act 39
- Netherlands
  - Practiced without prosecution in the 1990s
  - Euthanasia and PAS both legalized in 2002

PALLIATIVE AND TERMINAL SEDATION

- Terminal Sedation: the practice of sedating a terminally ill competent patient to the point of unconsciousness, then allowing the patient to die of her disease, starvation, or dehydration

- Palliative Sedation: the practice of sedating a terminally ill competent patient who is having extreme symptoms that are not able to be treated any other way, may be time limited and not till death
WITHDRAWING/WITHHOLDING CASES

- Mechanical ventilation
- Tube feedings
- Antibiotics

NUTRITION AND HYDRATION

- Dietary waivers for patients determined NPO
- Tube feeding initiated for terminally ill
- Myths related to nutritional needs for the terminally ill

FEARS / BARRIERS

- Patient/Family disagreement
- Lawsuits/Legal ramifications
- Limited information
- Personal morals and values
TAKE HOME MESSAGE

Every situation should be viewed individually using the medical ethical principles as our guidelines.

SUMMARY

- Reviewed the principles that guide ethical decision making: autonomy, beneficence, non-maleficence and justice.
- Reviewed challenging dilemmas that face us at end-of-life.
- Reviewed the difference of competency vs. capacity on decision making situations of healthcare and end-of-life.

RESOURCES:

- [http://depts.washington.edu/bioethx/topics/index.html](http://depts.washington.edu/bioethx/topics/index.html)
- Michigan Ethics Resource Network
ACKNOWLEDGEMENTS

- American Academy of Hospice and Palliative Medicine
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THANK YOU!