Introduction to Clinical Bioethics

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Objectives

- Define clinical ethics
- Describe the four principles of bioethics
- Explain why ethics committees have become a part of clinical care
- Explain the goals of ethics consultation
- Demonstrate knowledge of major clinical ethical issues through clinical ethics cases
Why do you need a basic understanding of clinical ethics?

- Accrediting bodies (LCME) require it
- It gets covered in STEP 1
- But most importantly, it's part and parcel of being a competent and compassionate physician

What is clinical bioethics?

- The study of ethical issues that arise out of the clinical encounter
- The practice of facilitating, mediating and resolving conflicts that arise out of the clinical encounter
- Typically focuses on end of life care issues

What is the role of clinical bioethics in practice?

1) Who am I? (virtue-based)
2) What am I doing? (duty-based)
3) What will happen? (consequence-based)
Bioethics Movement

- Began in 60s as a patients’ rights movement
- Produced major documents (Belmont Report), texts (Principles of Biomedical Ethics)
- Major legal cases emerged
- Focus on principles

Four Principles

- Autonomy
  - (respecting patient’s decision-making)
- Beneficence
  - (doing good for the patient)
- Nonmaleficence
  - (avoiding harm)
- Justice
  - (distributing benefits and resources in an equitable manner)

Dax Cowart

- [https://vimeo.com/64585949](https://vimeo.com/64585949)
Emergence of Modern Clinical Bioethics

- Role of technology
- Case Law
- Government reports
  - Presidential Commissions
- Professional Associations
  - AMA's Code of Medical Ethics
- Accreditation Bodies
  - Joint Commission
- Shift in Attitudes and Beliefs

Why do we need ethics committees?

- Quinlan court in the mid-70s cited the work of Dr. Karen Teel:
  - Physicians are sometimes ill-equipped to deal with ethical issues
  - Little or no dialogue
  - Need for a regular forum for discussion
  - Composed of different professionals (physicians, nurses, lawyers, theologians)
  - Advisory body
The need for ethics committees/ethics consultation

Early 1990s: Joint Commission on Accreditation of Healthcare Organizations (Joint Commission) requires “a mechanism for the consideration of ethical issues arising in the care of patients and to provide education to caregivers and patients on ethical issues in health care.”

Two areas of clinical bioethics

- Procedural Structures
  - Ethics committees
  - Ethics Consultation
- Substantive Issues
  - Surrogate Decision-making
  - Withdrawal of Life-Sustaining Treatment
  - Informed Consent

How are clinical ethics issues handled?

- Ethics consultation service
  - Consultant(s) responds to cases involving patients, families and health care team
- Ethics Committee
  - Meets regularly to review previous ethics consultation cases
  - Also develops policy and provides education
What is Ethics Consultation?

- “…a service provided by an individual or a group to help patients, families, surrogates, healthcare providers, or other involved parties address uncertainty or conflict regarding value-laden issues that emerge in healthcare”

What are the top key ethical issues in ethics consultations?

According to our study:

- Withdrawing/withholding
- Patient wishes/autonomy
- Capacity


What guides us in our decision-making in clinical ethics?

- Relevant health law
- Codes of ethics
- Institutional guidelines
- Professional guidelines
- Principles of bioethics
- Peer reviewed literature
A few substantive clinical ethics issues
- Surrogate Decision-Making
- Withdrawal of Life-Sustaining Treatment
- Informed Consent

Surrogate Decision-making
- Patient with capacity is gold standard
- Patient w/o capacity, rely on POA, living will or surrogate
- A surrogate is someone who can represent the patient’s wishes and values

What is capacity?
- Ability to understand consequences of health decisions
- Ability to communicate these decisions
- Health care professionals assess for capacity
- Capacity ≠ Competency
Case One: Surrogate Decision-making/Withdrawal of Life-Sustaining Treatment

- “An 83 year old widow with known progressive renal failure and depression, who signed a living will several years ago stipulating that she does not desire dialysis or other aggressive interventions at the end of life, is admitted in uremic coma. The patient’s only child comes from another state and demands that dialysis be started.”


AMA Code Opinion 5.3 Withholding or Withdrawing Life-Sustaining Treatment

- “a patient who has decision-making capacity appropriate to the decision at hand has the right to decline any medical intervention or ask that an intervention be stopped, even when that decision is expected to lead to his or her death and regardless of whether or not the individual is terminally ill.”

- “When a patient lacks appropriate capacity, the patient’s surrogate may decline an intervention or ask that an intervention be stopped in keeping with ethics guidance for surrogate decision making.”

Informed Consent

- Duty to disclose risks, benefits and alternatives to treatment
- Reasonable physician standard
- Reasonable patient standard
Case Two: Informed Consent

“A 52 year old woman is referred by her primary care doctor to a surgeon after breast cancer is diagnosed. Mammography showed a 2 cm suspicious lesion in the upper outer quadrant of the left breast and a core needle biopsy was diagnostic for cancer. Following the evaluation of the patient, the surgeon explains the risks and benefits of a lumpectomy, a sentinel node biopsy, and a possible axillary lymph node dissection.

A mastectomy, as an alternative approach is also discussed. During the entire 30 minute discussion with the surgeon, the patient appears anxious and depressed and is frequently tearful. She explains that she has no close family or friends that can help with this decision. Following the discussion, she elects to have the lumpectomy and signs but does not read the informed consent. After the patient leaves, the surgeon wonders whether the patient has the capacity to make the decision regarding her surgery.”


AMA Code Opinion 2.1.1 Informed Consent

• “Informed consent to medical treatment is fundamental in both ethics and law. Patients have the right to receive information and ask questions about recommended treatments so that they can make well-considered decisions about care. Successful communication in the patient-physician relationship fosters trust and supports shared decision making.”
Conclusion

- Clinical bioethics developed in response to technology, culture, and law
- Four principles (autonomy, beneficence, nonmaleficence, justice) play major role
- Clinical ethics revolves around procedural and substantive issues
- Procedural issues center on ethics consultations and ethics committees
- Substantive issues revolve around certain recurring issues (e.g., informed consent, capacity, surrogate decision-making, etc.)
- Look to relevant ethics authorities for guidance