ETHICS AND THE ROLE OF THE ADVANCED PRACTICE PROVIDER

FAITH KINNEAR CPNP-AC
BAYLOR COLLEGE OF MEDICINE/TEXAS CHILDREN'S HOSPITAL
DEPARTMENT OF PEDIATRICS: PALLIATIVE CARE & CRITICAL CARE MEDICINE
DISCLAIMERS

• THE COURSE IS INTENDED TO OFFER GENERAL RESOURCES AND NOT SPEAK TO EVERY HOSPITAL OR STATE'S SPECIFIC LAWS

• NO CONFLICTS OF INTEREST

• CASE DISCUSSED FROM A PRIOR INSTITUTION
OBJECTIVES

• REVIEW BASIC ETHICAL PRINCIPLES
• IDENTIFYING ETHICAL DILEMMAS
• ROLES OF THE APP AS PART OF THE ETHICS CONSULT COMMITTEE
• A CASE STUDY OF AN APP'S ROLE IN AN ETHICAL DILEMMA
• AVENUES FOR APPS TO GAIN FURTHER ETHICS EDUCATION OR CERTIFICATION
THE TEXT BOOK ON MEDICAL ETHICS IS OUT OF STOCK... BUT I COULD GET YOU ONE IN THE BLACK MARKET.

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- BIOETHICS
- MEDICAL ETHICS
- LEGAL ETHICS
- ETHICS ETHICS

search (ID: 041469)
MEDICAL ETHICS HISTORY

• HIPPOCRATIC OATH: C. 275 AD (1)
• PERCIVAL’S MEDICAL ETHICS & THE 1847 CODE OF ETHICS OF THE AMERICAN MEDICAL ASSOCIATION (AMA)
  • UPDATED IN 1949, 1957, 1980 AND 2001
• INFORMED CONSENT
• PRIVATE PRACTICE ETHICS
  • ACCESS
• RESEARCH ETHICS
  • CITI TRAINING
• PUBLIC ETHICS
  • VACCINES, EPIDEMICS
• HOSPITAL ETHICS
  • IN 1983, ONLY 1% OF US HOSPITALS HAD AN ETHICS COMMITTEE, BUT BY 2001 MORE THAN 90% HAD ONE.(2)

https://www.medscape.com/courses/section/898061
ETHICS PRINCIPLES

- RESPECT FOR AUTONOMY
- JUSTICE
- BENEFICENCE
- NON-MALEFICENCE

Beauchamp and Childress (2008)
AUTONOMY

• SELF-DIRECTING FREEDOM AND ESPECIALLY MORAL INDEPENDENCE
  • MERRIAM-WEBSTER DEFINITION

• IS THE CAPACITY TO MAKE AN INFORMED, UN-COERCED DECISION
  • WIKIPEDIA DEFINITION

• INFORMED CONSENT
  • PROCEDURES
  • TREATMENT
  • COMFORT/PALLIATION
JUSTICE

- PERSONS WHO HAVE SIMILAR CIRCUMSTANCES AND CONDITIONS SHOULD BE TREATED ALIKE
- ETHICAL PRINCIPLE THAT INDIVIDUAL PEOPLE AND GROUPS WITH SIMILAR CIRCUMSTANCES AND CONDITIONS SHOULD BE TREATED ALIKE; FAIRNESS WITH EQUAL DISTRIBUTION OF GOODS AND SERVICES

- ACCESS
- RESOURCE UTILIZATION

https://medical-dictionary.thefreedictionary.com/justice
BENEFICENCE

1. ONE SHOULD NOT PRACTICE EVIL OR DO HARM, OFTEN STATED IN LATIN AS PRIMUM NON NOCERE
2. ONE SHOULD PREVENT EVIL OR HARM
3. ONE SHOULD REMOVE EVIL OR HARM
4. ONE SHOULD PRACTICE GOOD
   - [HTTPS://EN.WIKIPEDIA.ORG/WIKI/BENEFICENCE_(ETHICS)]

Do the right thing
Promote Good
NON-MALEFICENCE

- NOT DOING HARM
- HARM < BENEFIT
- “FIRST DO NO HARM”

- FUTILITY
- REASONABLE THERAPY
- COMFORT CARE
ETHICAL DILEMMAS IN HEALTHCARE

• FUTILE CARE/NON BENEFICIAL TREATMENT
  • PT ON VENTILATOR THAT IS BRAIN DEAD
  • FAMILY REQUESTING EVERYTHING BE DONE

• GUARDIANSHIP/EOL DECISION MAKING
  • PROXY DECISION MAKING
  • PARENTS DON'T AGREE
  • COMPLEX CHILDREN OVER 18

• MORAL CONFLICT
  • JEHOVAH’S WITNESS
  • PARENTS REFUSING TREATMENT

• ERROR DISCLOSURE

• ABUSE/NEGLECT

• SYMPTOM MANAGEMENT

• ACCESS/COST EFFECTIVENESS

• GENETICS

https://www.youtube.com/watch?v=-PwCIAlFTN0
### Table 1
**Recent ethical dilemmas that have led to ethics consultation requests**

<table>
<thead>
<tr>
<th>Dilemma</th>
<th>Responses, no. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>End-of-life issues (futility, withdrawal of life-sustaining treatment, etc)</td>
<td>154 (74.0)</td>
</tr>
<tr>
<td>Patient autonomy (decisions made on behalf of patient)</td>
<td>119 (57.2)</td>
</tr>
<tr>
<td>Conflict (between or among involved persons)</td>
<td>82 (39.4)</td>
</tr>
<tr>
<td>Other (includes genetics, abortion, substance abuse)</td>
<td>13 (6.3)</td>
</tr>
<tr>
<td>Religious and cultural issues</td>
<td>11 (5.3)</td>
</tr>
<tr>
<td>Professional conduct (questions about possible misconduct)</td>
<td>9 (4.3)</td>
</tr>
<tr>
<td>Truth telling and confidentiality</td>
<td>6 (2.0)</td>
</tr>
<tr>
<td>Justice issues (insurance, managed care, and fair access to health care)</td>
<td>2 (1.0)</td>
</tr>
<tr>
<td>Beneficence (the best way to promote the patient's welfare)</td>
<td>2 (1.0)</td>
</tr>
</tbody>
</table>

*Values add up to more than 100% because as many as 3 category codes were applied to responses. Responses of “don’t know,” “no” (5%), and uninterpretable (0.9%) were omitted from the table.*

### Table 2
**Factors that trigger ethics consultation requests**

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Responses, no. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td></td>
</tr>
<tr>
<td>Wants help resolving a conflict</td>
<td>66 (34.6)</td>
</tr>
<tr>
<td>Wants help in making a decision about planning care</td>
<td>25 (13.1)</td>
</tr>
<tr>
<td>Has emotional trigger</td>
<td>17 (8.9)</td>
</tr>
<tr>
<td>Category 2</td>
<td></td>
</tr>
<tr>
<td>Wants help interacting with a difficult patient or family</td>
<td>19 (10.0)</td>
</tr>
<tr>
<td>Has regulatory, legal, or administrative reasons</td>
<td>15 (7.9)</td>
</tr>
<tr>
<td>Repeats previously described ethical problem</td>
<td>12 (6.3)</td>
</tr>
<tr>
<td>Wants help thinking through ethical issues</td>
<td>8 (4.2)</td>
</tr>
<tr>
<td>Someone else requested the ethics consultation</td>
<td>7 (3.7)</td>
</tr>
<tr>
<td>Wants assistance with communication</td>
<td>6 (3.1)</td>
</tr>
<tr>
<td>Has concern about the fairness of a decision process or procedural issue</td>
<td>4 (2.1)</td>
</tr>
<tr>
<td>Anticipates a bad situation</td>
<td>2 (1.1)</td>
</tr>
</tbody>
</table>

*Responses add up to more than 100% because 2 category codes were applied to some responses. Responses of “don’t remember” (4.7%), uninterpretable (2.6%), and other explanations (2.6%) were omitted from the table.*
HEALTHCARE PROVIDERS IMPACTED BY ETHICS CONSULTS

• DOCTORS
• APPS
• SOCIAL WORK
• NURSING
• CHAPLAINS/CLERGY
• ANCILLARY STAFF (PCAS, TECHS, UNIT CLERKS)
APPROACH TO ETHICAL QUESTION

Approaching an ethical dilemma

1. Recognise that situation raises ethical dilemma
2. Break dilemma into component parts
3. Seek additional information including patient's view
4. Identify relevant legal /professional guidance

Is the issue resolved?

- YES: Be able to justify the decision with sound arguments
- NO: Subject dilemma to critical analysis

If there is an irresolvable conflict or the law is unclear, it may be necessary to seek a court declaration.

From the British Medical Association Website: www.bma.org.uk
APP ROLES IN ETHICAL DILEmmas

- CONSULT TEAM
- REQUESTING TEAM
- PRIMARY TEAM OR PCP
- ETHICS COMMITTEE FOR HOSPITAL OR DEPARTMENT
- NURSING EDUCATION AND LEADERSHIP
CASE STUDY

• 24 YR OLD WITH COMPLEX MEDICAL HISTORY INCLUDING NF, OPTIC GLIOMA, MALIGNANT TUMORS. ON PHASE 2 TRIAL WHEN NEW MASS FOUND IN ABDOMEN. UNDERWENT RESECTION OF MASS ONE WEEK PRIOR TO A HOLIDAY. 5 DAYS LATER ACUTE CHANGE ON FLOOR AND SENT TO ICU. CODED ON INTUBATION AND DIED. AUTOPSY UNREVEALING
ETHICAL DILEMMA

• ETHICAL CONCERN WAS FAMILY KEPT SAYING SOMETHING WAS WRONG, AND FAMILY FELT LIKE PT DIED BECAUSE:
  • NO ONE LISTENED
  • MINIMAL STAFFING ON HOLIDAY
  • THEIR HAND WAS ON THE DOOR
  • THEY DIDN’T KNOW OUR COMPLEX CHILD
ETHICS CONSULT

• AS PART OF PRIMARY TREATMENT TEAM MANAGING PHASE 1 STUDY APP ASKED TO BE PRESENT WHEN DISCUSSING CASE WITH FAMILY, HOSPITAL RISK MANAGEMENT.

• ATTENDED 4 MEETINGS WITH FAMILY

• OUTCOME WAS IMPLEMENTATION OF SPECIALTY TRAINING FOR SURGICAL RESIDENTS DESIGNED BY THE FAMILY:
  • COMPLEX PEDIATRIC PATIENTS
  • LISTENING TO FAMILY MEMBERS
  • TAKING TIME AND DOING HANDS ON ASSESSMENTS
  • EVERY SURGERY IS A MAJOR SURGERY TO THAT FAMILY NO MATTER HOW MINOR TO YOU
FOR APP’S

• KNOW BIOETHICS POLICY AND PROCEDURES AT INSTITUTION OF PRACTICE
• FOLLOW ETHICS PRINCIPLES IN PRACTICE
• REQUEST TO JOIN ETHICS COMMITTEE
• COLLABORATE WITH OTHER DISCIPLINES
• LOOK FOR ETHICS EDUCATIONAL OPPORTUNITIES
ETHICS PROGRAMS/RESOURCES
(NOT ALL INCLUSIVE)

• HOPKINS BERMAN BIOETHICS INSTITUTE NURSING DIRECTORY
  • HTTP://WWW.BIOETHICSINSTITUTE.ORG/NURSING-ETHICS-SUMMIT-REPORT/ETHICS-EXPERT-DATABASE

• HTTP://WWW.BIOETHICS.COM/BIOETHICS-WEBSITES

• HTTPS://WWW.BIOETHICS.NIH.GOV/EDUCATION/INDEX.SHTML

• HTTPS://WWW.BIOETHICSDIRECTORS.NET/GRADUATE-BIOETHICS-EDUCATION-PROGRAMS-RESULTS/
THANK YOU

• TCH ETHICS TEAM
• DR CYNDA RUSHTON
• MELISSA KURTZ UVEGES | PHD
• PAMELA GRACE RN, PHD
REFERENCES

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- HTTPS://WWW.NCBI.NLM.NIH.GOV/PMC/ARTICLES/PMC4196023/
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