Ethical Caregiving – What we Owe: The President’s Council on Bioethics

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Disclosure

• The presenter does not have an interest in selling a technology, program, product, and/or service to CME/CE professionals.
Learning Objectives

At the conclusion of the presentation, attendees will be able to:

- Identify key principles and values of bioethics
- Cite common ethical conflicts and the use of a framework for resolution
- Define what a “culture of caregiving” is
Established in 2001 by President Bush, the “Council” shall advise the President on bioethical issues that may emerge as a consequence of advances in biomedical science and technology. In connection with its advisory role, the mission of the Council includes the following functions:
The President’s Council

The Mission of the Council is to:

- undertake fundamental inquiry into the human and moral significance of developments in biomedical and behavioral science and technology;

- explore specific ethical and policy questions related to these developments;

- provide a forum for a national discussion of bioethical issues;

- facilitate a greater understanding of bioethical issues;

- explore possibilities for useful international collaboration on bioethical issues.
Taking Care: Ethical Caregiving in our Aging Society

• One of a series of reports by the Council, this report was released in 2005, and highlighted concerns that are relevant to us today:
  • The human and moral shape of our emerging geriatric society
  • Intergenerational obligation
  • Balancing the values of autonomy and commitment to others
Ethical Caregiving in our Aging Society

• A culture of caregiving requires moral support from an “ethic of care”
Overview of Principles of Bioethics

• Morals:
  Modes of conduct
  moral practices or teaching

• Ethics:
  the discipline dealing with what is good and what is bad
  and with moral duty and obligation

• what are the options?
  “could”
  identify a range of possible options
  • allow input from all participants

• narrow this to a few “best” options “should”
  why are these “best”
  • allow input from all participants
Identification of Common Ethical Dilemmas or Conflicts

• Someone feels uncomfortable
  the family will not do what the physician recommends or wants
  The physician won’t do what the patient or family wants
  the patient’s wishes are unclear (family members have differing understandings)
  it is unclear what is the right thing to do
Identification of Common Ethical Dilemmas or Conflicts

- Advance Directives and End-of-Life Decision Making
- Conflict Over Treatment Decisions
- Informed Consent and Truth Telling
- Patient Capacity and Autonomy
- “Futility”
- Allocation of a Scarce Resource
Ethics Consultation

• Moral deliberation
  
  No null option
  • Inaction has moral value, too

  Principlism
  Casuistry
  Virtue ethics
  Narrative ethics
  Feminist ethics/ethics of care

• Deliberative bioethics
Deliberation

• what are the options?
  “could”
    identify a range of possible options
    • allow input from all participants
• narrow this to a few “best” options
  “should”
    why are these “best”
    • allow input from all participants
Primary goal of consultation

• What is the right act and what makes it so?

What are the alternatives?

What are the morally acceptable alternatives?
Relevant Principles

- Autonomy – self-determination
- Beneficence – do good
- Non Maleficence – do no harm
- Justice – allocation of resources
- Informed Consent
- Truth Telling
- Duties & Obligations
Autonomy

- Self-determination
- Liberty - independence from controlling influences
- Agency - capacity for intentional action
- Legal Standing
Informed Consent and Truth Telling

- Decision Making Capacity
- Disclosure of Information
- Understanding
- Voluntariness
- Decision
Sliding Scale Concept of Capacity

- Capacity to consent may not equate to the capacity to refuse
- Adjusted to consequences of decision
- Increased risks of decision relative to alternatives. Greater the necessary communication, understanding and reasoning skills.
Sliding Scale Concept of Capacity

- Refusal is not necessarily a reason to question someone’s capacity.
- It does demand that the physician review the process to make sure it was done well.
Duties & Obligations

To:  Patients
     Families
     Colleagues
     Institutions
     Society
     One’s Profession
     Oneself
Presentation of Case Examples for Illustration and Discussion
Ethics Rounds Guidelines

- Medical situation – what are the medical facts? What are the psychological and social factors that may affect the decision to be made?
- Pending medical decision – often an ethics dilemma arises at a nexus or decision node. Clarify what you are talking about doing or not doing. What are the real options?
Ethics Rounds Guidelines

- Ethics question – focus on reasons for right action (may or should rather than can or could; and are more interesting when they focus on us or me.
- Players – needs – preferences – values - obligations and “standing”.
Ethics Rounds Guidelines

• Deliberative ethics seeks to balance the claims of the various participants. The first step is to identify the participants (more inclusive rather than less); Seek to understand the motivation of the participants; give people the benefit of the doubt; some individuals will have particularly strong or weak claims in the situation (their “standing”)

• Balancing exercise – this is the actual consultation. Ethics, as noted, is a theory of right action, focused on reasons. What reasons are most compelling in the case at hand? If consensus can not be reached, whose claim for decision-making authority is strongest?
Preventive ethics review – how could this apparent ethical dilemma have been avoided? How could this situation be avoided the next time around? Every ethics consultation is an opportunity to learn.
Q & A

THANK YOU