Dilemmas Surrounding Hospitalization and Discharge

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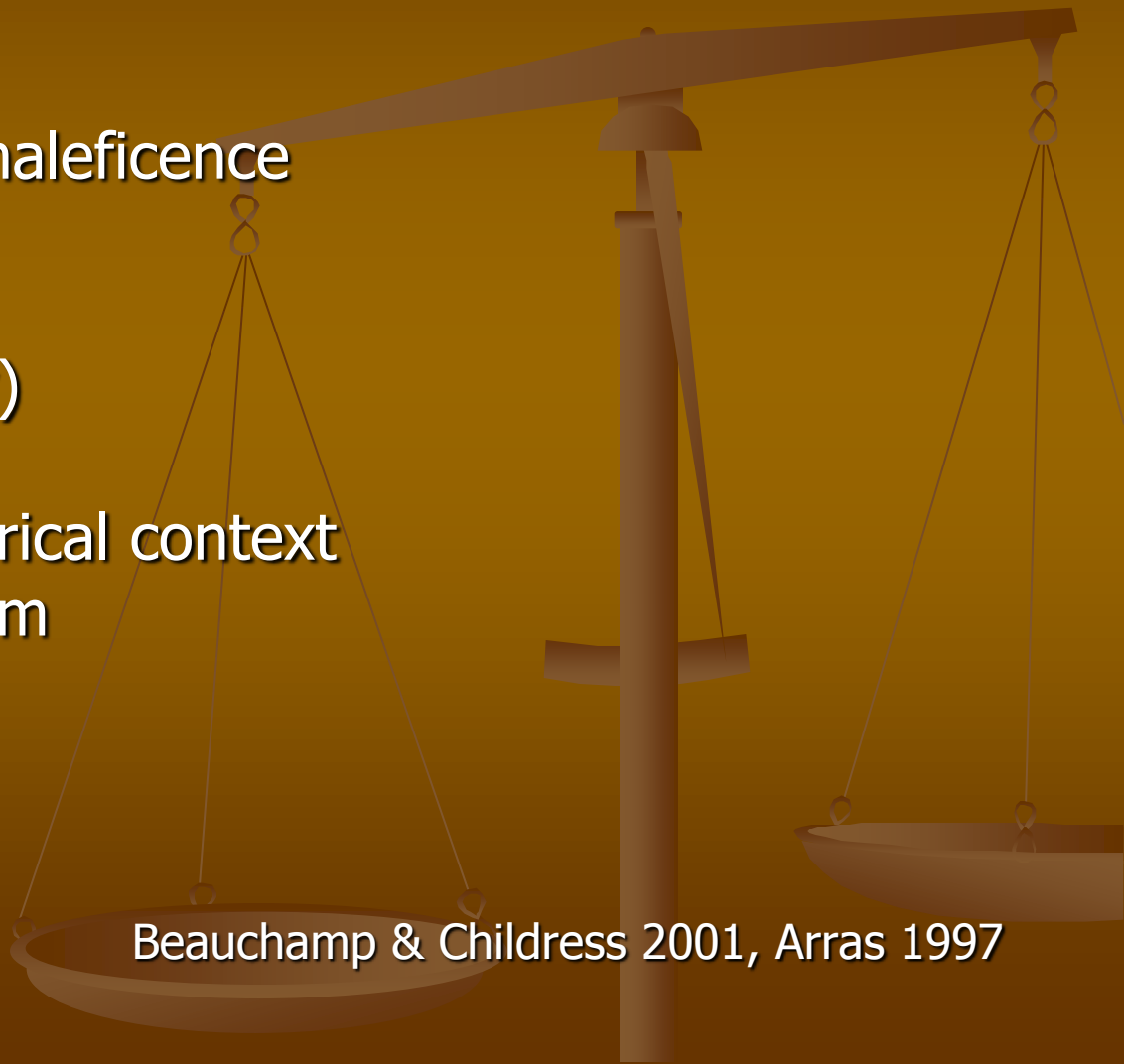
Ethical Frameworks

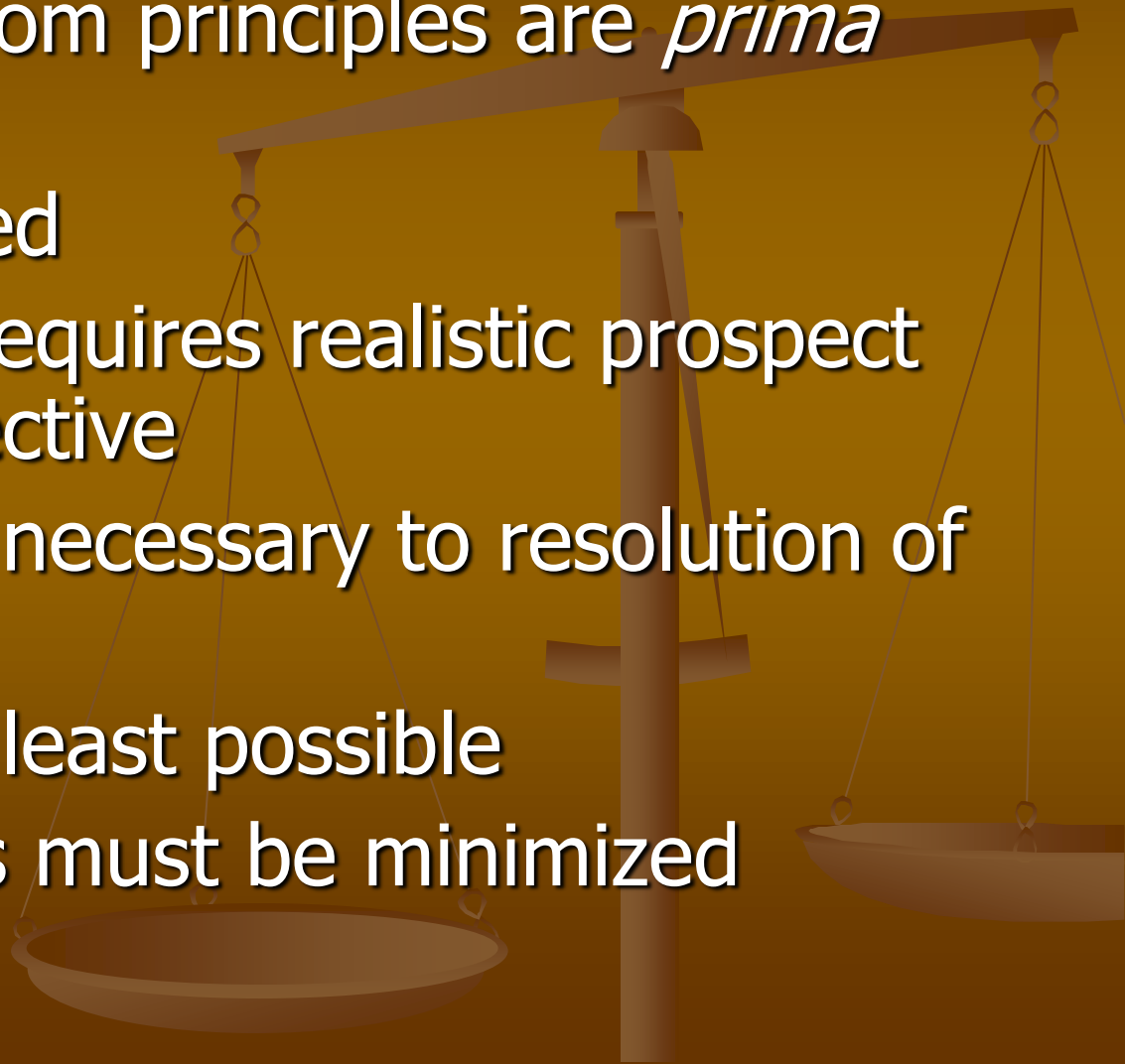
- Principlism
  - Autonomy
  - Beneficence/Nonmaleficence
  - Justice
- Narrative (a typology)
  - Purist
  - Emphasis on historical context
  - Enriching principlsm
- Many others



Beauchamp & Childress 2001, Arras 1997

Rules for applying frames

- Rules derived from principles are *prima facie* binding
- Must be balanced
- Infringing one requires realistic prospect of realizing objective
- Infringement is necessary to resolution of dilemma
- Infringement is least possible
- Negative effects must be minimized



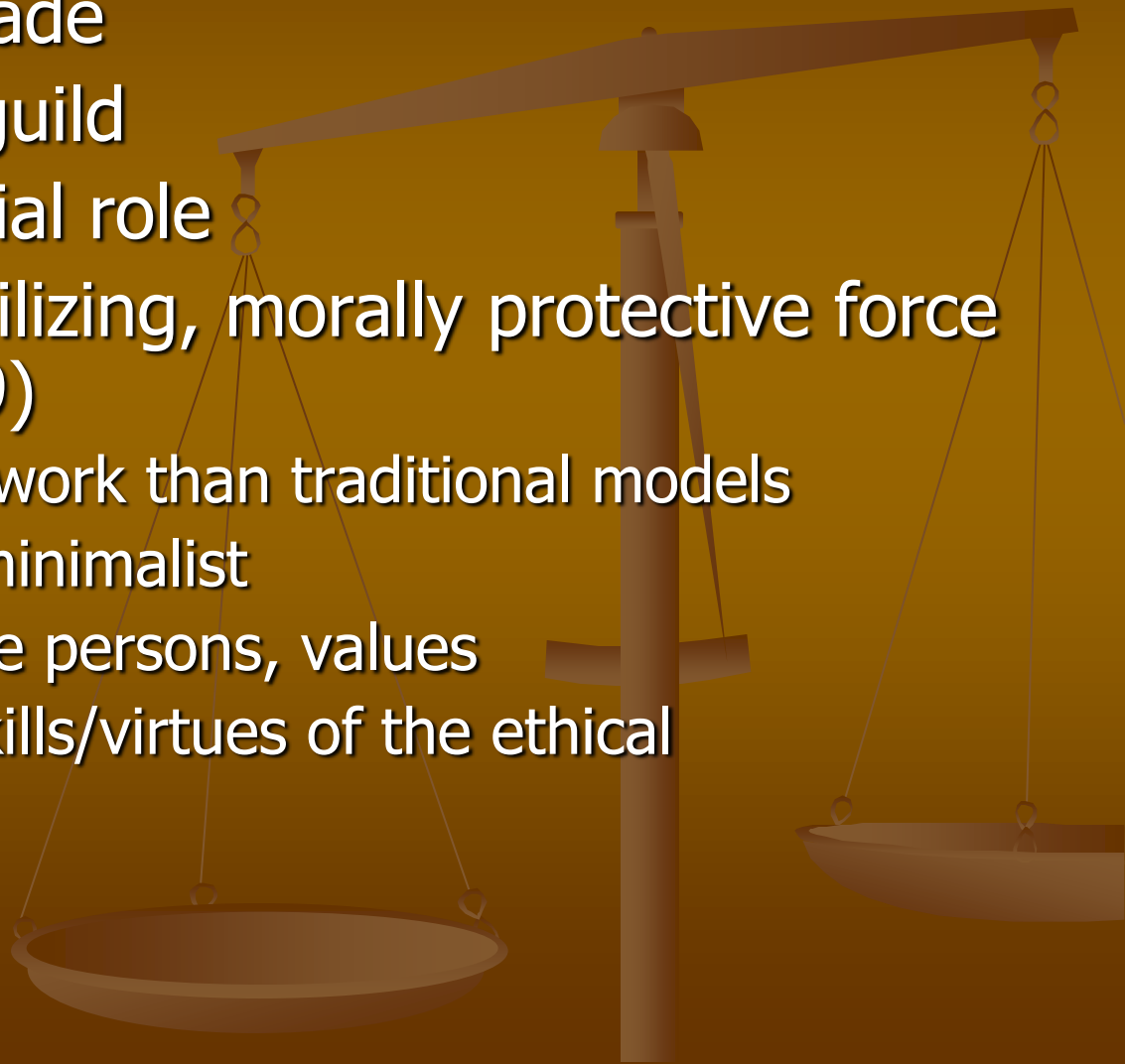
Virtues & Thresholds

- Virtues
  - Sensitivity: awareness of potential ethical dimensions
  - Reasoning: ability to identify moral options
  - Commitment: ability to choose moral values over personal ends
  - Perseverance: ability to persist despite opposition
- Thresholds/moral distinctions
  - Obligatory
  - Optional
  - Permissible
  - Forbidden

Rest 1994, Bebeau 1995; Kalichman & Macrina 2002

Intersection with Definitions of Professionalism

- Knowledge of a trade
- Membership in a guild
- Occupant of a social role
- A structurally stabilizing, morally protective force (Wynia et al, 1999)
  - Does more moral work than traditional models
  - Aspirational, not minimalist
  - Protects vulnerable persons, values
  - Requires habits/skills/virtues of the ethical practitioner



Red flags

- Patient
  - No ADS, no wishes expressed
  - No family, family unsupportive, there is a spouse and paramour
  - Pt is healthcare professional or attorney
  - Pt was low-risk but develops complications
  - Pt with >1 emergency intervention

D Teres, Baystate Health System 1999

Red flags (cont.)

- Family
  - Family proposes treatment contrary to pt wishes
  - Extreme differences in interpreting prognosis (family wants “miracle”)
  - Family has contacted an attorney
  - Family has demanded change in attending/consultant
  - No one in family speaks English
  - Pt transferred from elsewhere over quality-of-care issue
  - Fragmented family
  - Team questions family motivation (trust issues)

Red flags (cont.)

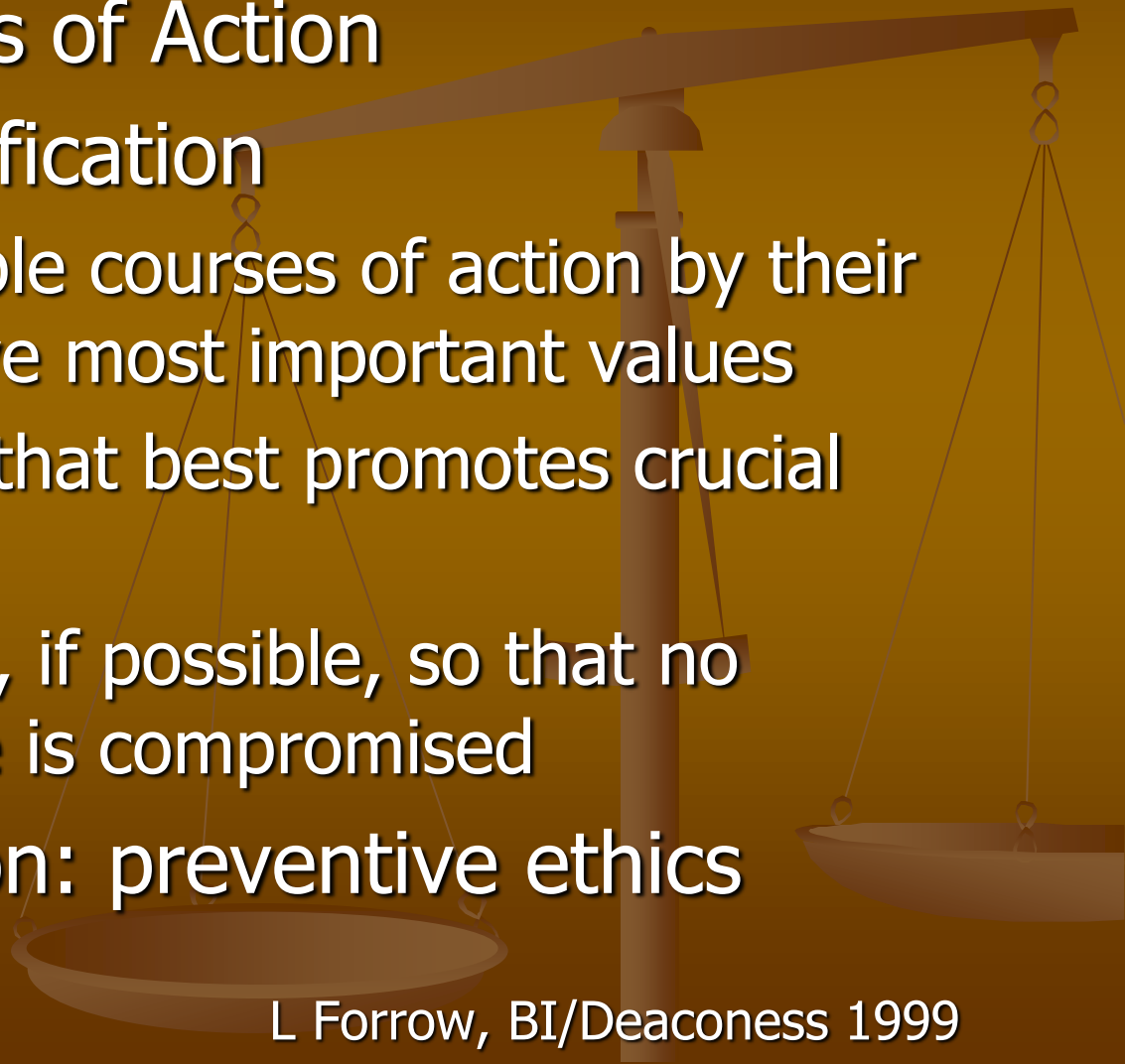
- Team
  - Major iatrogenic complication
  - Insurer has terminated benefits
  - Open disagreement in team is expressed to family

The Ethics Work-Up

- Facts
  - Hx, dx, clinical condition
  - Possible interventions (including doing nothing); likely outcomes/prognosis for each
  - Subjective facts: pt preferences, presence of hope/fear/denial
  - Social context: family/community, practice setting
  - Other: economic, available resources, legal issues
- Values
  - What are most important values at stake?
  - Who are the stakeholders?
  - What values matter most to each?
- Conflicts
  - What values, if any, are in conflict?

The Ethics Work-Up (cont.)

- Possible Courses of Action
- Decision & Justification
  - *Compare* possible courses of action by their capacity to serve most important values
  - *Choose* course that best promotes crucial values
  - *Improve* choice, if possible, so that no important value is compromised
- Further reflection: preventive ethics



L Forrow, BI/Deaconess 1999