Ethical and moral issues – a positive response

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Bioethics

- the discipline of applying critical thinking to issues and problems surrounding clinical cases with medical-moral dilemmas
Ethical frameworks

- Principles based
- Rights based
- Duties based
- Consequentialist
- Nonconsequentialist
- Utilitarian
Universal?

- Cultural
- Society
- Legal
Biomedical Ethics

Four Principles Approach

- Patient Autonomy
- Beneficence
- Non Malice
- Justice

Beauchamp and Childress
Beneficence

- Do good for patients
Non malficence

- Not do harm

- ? More important that doing good

- Weigh up the benefit of an intervention as most interventions have harm
Justice

- Distributive Justice – fair distribution of resources
- Rights-based Justice – respect for patients rights
- Legal Justice – Respect for (morally acceptable) laws
Respect for Autonomy

- Autonomy – the right to make decisions and act freely
- Consent
- Communication
Informed consent in the demented patient

- The role of the doctor
- Proxy decision makers
- Advance directive
Goals of Care

To cure sometimes, to relieve often, to comfort always
An intervention may

- Cure
- Rehabilitate
- Prolong life
- Stabilize condition
- Palliate
- Fail
Aim of intervention

- Appropriate
- Attainable
Who decides?

- Patient
- Family – who?
- Doctor
- Health care team
- Proxy decision maker
Balance – Benefits vs Burden

- Pressure area care – can pressure ulcer be healed?
- NSAID – is renal failure important?
Burden of treatment not the burdensome life
Dietary Interventions
Beneficence

- Live longer
- Gain weight
- Less infection
- More energy
- Improve quality of life
- Correct specific nutritional deficiencies
  - anaemias
  - osteomalacia
  - scurvy
Non malficence

- Potential for harm
- Enteral tubes – NG
  - Gastrostomy
- Parenteral tubes
- Hospitalizations
- Weight gain
Autonomy

- Patient choice
- Informed consent
  - what are the real benefits and risks?
  - eg will patients with cancer cachexia gain weight? will they live longer?
Justice

- Resource allocation
- Patients rights
- Law – morally acceptable
“So long as there is a means of nutrition and hydration it is the duty of the nurse to provide nutrition and hydration”
“The Council reiterates its view that access to nutrition and hydration remain one of the basic needs of human beings and all reasonable and practical efforts should be made to maintain both of them.”
Anorexia – the social / family sequale

- eat to live – don’t eat, don’t live
- The meaning of feeding
  nutrition = nurture
- Milestones of life – meals of the day
  - special occasions
Express friendliness
Maintain personal relationships
Promote and maintain social status
Cope with stress and tension
Religious expression
Creative expression

(Leininger 1999)
Dementia

- Tube feeding in patients with advanced dementia
  Finucane TE, Christmas C, Travis R
  JAMA 1999 282: 1365 - 1370

- No compelling evidence that tube feeding helps achieve its aims
Autonomy and the lived body in care of patients with severe dementia
Wim J Dekkers. EAPC, April 2003

- Bodily defensive movements
  - a “reflex”
  - an expression of the body’s autonomy
Weigh the issue of the body’s autonomy with other reasons for intervention
- integrity of the body
- respect for patient’s dignity
- the wishes of the family
- societal expectations

Also - the right to basic care
- the duty to accept basic care
Artificial Hydration

- What is the purpose

- Benefits  - prolong life
  - relieve symptoms

- Burdens
  - IV access
  - Subcutaneous inflammation
  - Hospitalization
  - Fluid overload
Artificial Hydration

Decisions regarding artificial hydration should involve a multidisciplinary team, patient, relatives and carers. Senior doctor has ultimate responsibility for the decision.

- A **blanket policy** is ethically indefensible
- Towards death a person’s **desire for food and drink lessens**.
- Evidence suggests Artificial Hydration in imminently dying patients **influences neither survival nor symptom control**.
Artificial Hydration

- Thirst or dry mouth may frequently be caused by medication
- Good mouth care and re-assessment of medications most appropriate interventions.
- Responsibility of clinical team to make assessment re artificial hydration in each individual case.
- Review regularly
- Health care professionals may not subordinate the interests of patients to the anxieties of relatives but should nevertheless, strive to address those anxieties.
Do Not (attempt to) Resuscitate

- **Poor success of CPR** <10% of patients leave hospital without brain damage

- **Irish culture**
  - Poor awareness of medical outcomes
  - Litigation
  - Patients not involved in decision making
Decision making re DNAR

- Patient involvement is not legally required if decision is DNAR
- Futile treatment should not be offered
- Family have neither the rights nor the responsibilities of the decision
Futile Treatment
Voluntary Euthanasia

Describes the intentional killing of a human being usually by family or professional carer at his request or with his consent.
Assisted Suicide
Physician Assisted Suicide

The patient ends their own life, with the assistance of a doctor

- Prescription of fatal drugs
- Set up IV line with fatal drugs.
The use of drugs which may hasten death

- Analgesia

- Appropriately used analgesia rarely (never) causes death.

- Sedation
  - agitation/confusion/mental or emotional distress
  - predispose to pneumonia
Double Effect

- The intended end must be a good one.
- The bad effect, such as the patient’s death may be foreseen but must not be intended.
- The bad effect must not be a means of bringing about the good effect.
- The good effect must on balance, outweigh the bad effect.
Advance Directive

Competent informed adults have an established right to refuse medical procedures in advance. Case law (in UK) suggests that an unambiguous and informed advance refusal is as valid as a contemporaneous decision.
Advance Directive

No corresponding right to insist upon a specific procedure or to order one of various treatment options.
Research

- Should research be done?
- Can research be done?
- Research in incompetent patients
  - ethics
Ethical issues and dilemmas in dementia need --

- Well informed professionals
- Well informed public/patients
- Team working
- Forward planning