



The Lesser of Two Evils- Moral Dilemmas in Acute Stroke Care

Sandra Andreychuk MHSc, MSc
Clinical and Organizational Ethicist
Hamilton Health Sciences
andrey@hhsc.ca

Objectives

How to identify, approach and resolve an ethical dilemma.

Determining the right thing to do

Common ethical principles to guide practice and decision making



Case
Scenario

***Marita's
Story***



Marita's Story

- 76 y/o female
- Stroke while traveling in Florida with family
- No prior history of illness
- On Nasogastric feeds
- S/S of ongoing aspiration, skin bd
- Requiring restrains to avoid pulling tube out
- Ongoing weight loss

Marita

- incapable of making medical decisions
- Active +++ before coming into hospital
- never want to be kept alive on machines

Son:

- Refusing to consent to PEG-tube
- Hopeful that mom will regain swallowing
- Avoiding team/fam meetings
- Believes team is pushing mom out to "free up a bed"

MRP:

- Frustrated that SDM refused to consent

Social Worker

- Built rapport with pt. and family
- Helping team identify sources of conflict

SLP

- Concerned family is misinformed



What now?

What is your gut Reaction and where is it coming from?

What other information would you like to know?

What options do you think are reasonable?



What is an Ethics Question or Issue?

- Are you wondering "What is the right thing to do?"
- Are you feeling caught between two or more obligations?
- Do multiple options seem right, or seem wrong?
- Are you concerned about how to protect others from harm?
- Is there no clear policy, law or standard way forward?
- Would you describe yourself and others as feeling moral distress over an issue?



Areas of Conflict

Patient

- Stated that she would never want to be on machines – will require PEG to sustain life
- Very active and adventurous, loved life and family – QOL diminished

Family

- Loss of control, no voice, feeling of powerless r/t decision making
- Believing that the choice to provide PEG is going against wishes
- Angry about the restraints
- Feel staff are not doing enough to assist in recovery
- Feel staff are motivated by shortage of hospital beds

Staff

- Struggling to honor pt. wishes when it goes against standard of care
- Frustrated with family and their absence from conversations
- Disheartened that family feel staff are motivated by bed spacing
- Feel patient has plateaued in recovery and needs to be transferred to LTC



What are
your
thoughts...?

What are the ethical issues or concerns you have?

What might be some things you are taking away from this case, good or bad?



Ethical Issues in this Case

- Autonomy – Self determination
- Best Interest: Harm vs Benefit – duty to “Do No Harm”
- Informed Consent
- Patient and Family Centred Care
- Moral Distress
- Capacity / competency to make Medical decisions
- Quality of Life



Primary Ethical Issues

- Informed Consent
- Determining Best interest
- Quality of Life



Determining Best Interest

What is the patient telling us... values, wishes, beliefs

- ▶ Advance Care Planning - fears, worries, wants and wishes
- ▶ Advanced Directive and Living wills
- ▶ Previous verbal and written wishes

What is the Health care team recommend

- ▶ Standard of Practice, professional policies, position statements
- ▶ Evidence Based Practice
- ▶ Expert opinions
- ▶ Laws governing actions
- ▶ Alternative or options of care



How does this apply to Marita?

Be Clear on the intervention you are evaluating

- ▶ Her GOC within the context of this clinical situation are unclear
- ▶ She voiced in past conversations never wanting to be on machines
- ▶ Lived a very active and full lifestyle
- ▶ Enjoyed cooking, family time and gardening.
- ▶ Travelled +++



How does this apply to Marita?

1. Will the insertion of a PEG tube...

- **improve** Marita's overall condition or well-being?
- **prevent** Marita's condition or well-being from **deteriorating**
- **reduce the extent or the rate** at which, Marita's condition or well-being is likely to deteriorate

2. Weight benefit and the risk of harm of PEG

3. Is there another option that is less restrictive or less intrusive and still be considered as beneficial as the PEG tube?



Weighing benefits and risks of treatment options

Treatment	Risk	Benefit
Proposed Treatment	<ul style="list-style-type: none"> - May dislodge requiring IR reinsertion - Connected to a pump that needs to be portable - Complications may arise ie. Skin breakdown around site 	<ul style="list-style-type: none"> - provide a sources of nutrition to meet daily requirements - May meet satiety depending on stage of illness - Route to deliver medication - May facilitate transfer - Reduced risk of aspiration
PEG		
Current situation	<ul style="list-style-type: none"> - Nutritional requirements not meet - High risk of aspiration - Risk of pulling tube out - Facial Skin breakdown 	<ul style="list-style-type: none"> - Does not require IR - Satiety may be experienced - Favorite food and fluids to be enjoyed
NG feeding		

Informed Consent

Informed Consent is a discussion b/w HCP and patient

- ▶ Patient needs to be capable to provide consent (understands this information and appreciate how it applies to their own situation)
- ▶ ACE tool to assess capacity
- ▶ decision is voluntary
- ▶ The HPC is responsible to verify the and to respond to requests for additional information

Discussion should include:

- ▶ the nature of the treatment;
- ▶ expected **benefits** of the treatment;
- ▶ material **risks** and side effects of the treatment;
- ▶ the alternative courses of action;
- ▶ the likely consequences of not having the treatment.



Relational Autonomy

Relational Autonomy- (Decisions for ourselves)

- ▶ Honoring the concept of self-determination
- ▶ Multiple factors play into the decision we make for ourselves and these factors make up the context of lives
- ▶ What a person expresses as their wishes more than one facet to their life
- ▶ Autonomy is not limited by capacity



Quality of Life.....



Strategies for Conflict Resolution

Patients:

- ▶ Have conversations with family/SDM about wishes, health preferences, values, fears, trade-offs (Advance Care Planning)
- ▶ Add detail to advance directives about health preferences
- ▶ Appoint formal POA for Personal Care

Team:

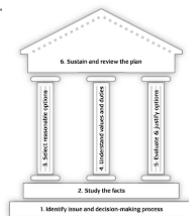
- ▶ Build rapport early
- ▶ Speak with capable patients to understand his/her wishes
- ▶ Set realistic goals – big and small
- ▶ Include family/SDM in conversations even when patient is capable
- ▶ Educate Pt/SDM on role of Decision-makers and how decisions are made in Health care under the HCCA



Framework for Ethical Decision Making

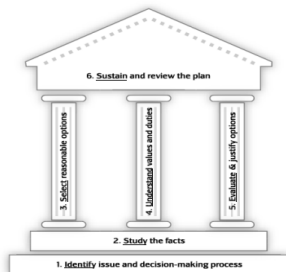


Ethical Decision-Making: ISSUES



HHS Ethical Decision-Making Process

Ethical Decision-Making: ISSUES



ISSUES:

1. **Identify** the issue and best decision-making process, including all stakeholders
2. **Study** all the facts, including the context, patient/family perspectives, and staff/physician concerns
3. **Select** reasonable options; try to identify more than two options.
4. **Understand** values, principles & duties; identify any professional and legal standards
5. **Evaluate** & justify options; choose the option with best alignment to duties, principles, and values, as well as the most benefits/least harms
6. **Sustain** and review the plan; identify how to communicate and document the decision; consider "lessons learned" for future cases

...Here's where you can find help!



Questions are an opportunity to stand on the edge of knowing



Thank you!



www.hamiltonhealthsciences.ca

Sandra Andreychuk,
Clinical and Organizational Ethicist
Officeofethics@hhsc.ca
andrey@hhsc.ca