Medical Ethics for Renal Dietitians

Michael Kelly MD

Outline

- Review ethical principles.
- Discuss "four box" method of analysis.
- Understand Kelly's "Rules of Thumb."
- Evaluate a case.

Goal

- To be able to analyze very difficult cases, form an opinion and provide appropriate recommendations to physicians, patients and families.

Recent Case 6

75 Y/O demented patient is combative on dialysis. He tries to pull needles out. His daughter insists the patient is not demented and demands to continue dialysis. The patient seems to have no understanding of the treatment. The staff is very frustrated. The nephrologist is against continuing.

- Is it ethically permissible to stop dialysis?

Ethics
Applied morality

Clinical Ethics

The identification, analysis and resolution of ethical problems that arise in the care of a patient

Ethical Principles

- Beneficence - Benefit others
- Nonmaleficence - do not harm others
- Autonomy - Respect a person's self-determination
- Utility (Proportionality) - Balance of benefits over burdens
- Justice - distribute resources fairly

Medical Ethical Problems

- Arise over a conflict in patient care.
- Technological advances have contributed.
- There is almost never a clear resolution.

•Medical Indications	•Patient preferences
•Quality of Life	•Socioeconomic Factors

•Medical Indications (Beneficence)	•Patient preferences (Autonomy)
•Quality of Life (Utility)	•Socioeconomic Factors •(Distributive Justice)

- Medical Indications
  - -Efficacy/futility
  - -Ord/Extraordinary
- Patient preferences
  - -Paternalism
  - -Competent/capable
  - -Consent
  - -Substitive judgment
- Quality of Life
  - -Burden/benefit ratio
  - -Substitive judgment
  - -Withhold/withdraw
- Socioeconomic
  - -Family wishes
  - -Society/legal concerns
  - -Physician's role
  - -Cost of scarce resource

Futility

- "Used to describe any effort to achieve a result that is possible but that reasoning or experience suggests is highly improbable and that cannot be systematically produced."
- Quantitative - less than 1 in 100 chance.
- Qualitative - any treatment that merely preserves permanent unconsciousness or that fails to end total dependence on intensive medical care.

Foregoing Treatment

Ethical Tradition:

- "The work of medicine is threefold: to relieve the suffering of the sick, to lessen the violence of their disease and to refuse to treat those who are mastered by the disease, realize that in such cases medicine is powerless"
  Hippocrates
- "Normally, one is bound to use only ordinary means to preserve one's life and health, according to circumstances of persons, places, times and culture, that is, means that do not involve grave burdens for self and others"
  Pope Pius XII, 1957

Distributive Justice

- Egalitarian
- Utilitarian
- Libertarian

Kelly's Rules of Thumb

- Autonomy Trumps Beneficence.

Kelly's Rules of Thumb

- Autonomy Trumps Beneficence.
- Futility Trumps Autonomy.

Kelly's Rules of Thumb

- Autonomy Trumps Beneficence.
- Futility Trumps Autonomy.
- Autonomy is Trumped by Public Health.

Kelly's Rules of Thumb

- Autonomy Trumps Beneficence.
- Futility Trumps Autonomy.
- Autonomy Trumped by Public Health .
- When in doubt – Treat.
- When in doubt – Do what the patient wants.
- When not in doubt – Don't ask the patient what to do; tell them.

Kelly's Rules of Thumb

- Autonomy Trumps Beneficence.
- Futility Trumps Autonomy.
- Autonomy Trumped by Public Health.
- When in doubt – Treat.
- When not in doubt – Don't ask what to do.
- Tell the Truth.

Advance Directives

- Living Will
- Durable Power of Attorney for Health Care
  - (DPA)

  Code Status

Living Will

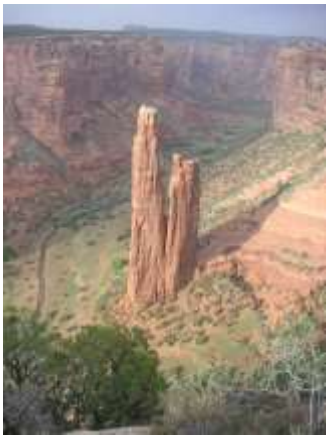
- Very primitive tool
- Hard to interpret patient's wishes
- Considerations include
  - Intubation
  - Tube Feeding
  - Code Status

Durable Power of Attorney

- Individual must decide as patient would
- Can be very difficult job
- Think twice before accepting
- Family disagreements can make this responsibility very difficult

ASSESSMENTMENT OF CASE

- MEDICAL INDIC
  - Will Rx help?
  - Will it prolong his life?
- QUALITY OF LIFE
  - Will it improve his Q/L?
  - Will he know it?
- PATIENT PREFER.
  - What does he want?
  - Is DPOA acting as pt would want?
- SE FACTORS
  - What is cost?
  - To society, to staff, to family, etc?



Recent Case 2

- B.F. 50 y/o woman – IV drug abuser.
- Has infected 5 tunneled catheters with different organisms. Recently admitted with K of 7.8. Admitted to ICU as usual.
- Should she be allowed PD treatment?

Case 3

- A 35y/o man has been worked up and found acceptable to donate to his father. In confidence, the son says he does not want to donate but does not want his father to know that.
- Is it OK to tell the father that the son has mild proteinuria and cannot donate?

Recent Case 4

- M.P. – 40 y/o woman- IDDM, cerebral anoxia from respiratory arrests, no memory.
- Pulled out several catheters; hospitalized for months. "Hallucinates" and screams on dialysis disrupting the unit; demands to come off early every run.
- Must we continue to dialyze?

Case 5

- A 50 y/o man wants to sell one of his kidneys for 1 million dollars. He goes on line and arranges with a potential recipient to have the transplant performed under the guise of being a long lost friend. (true story)
- Is it ethical?

Recent Case 6

75 Y/O demented patient is combative on dialysis. He tries to pull needles out. His daughter insists the patient is not demented and demands to continue dialysis. The patient seems to have no understanding of the treatment. The staff is very frustrated. The nephrologist is against continuing.

- Is it ethically permissible to stop dialysis?

Recent Case 1

- B.H. 60 y/o man-psychotic, physically abusive. No outside dialysis facility will accept him. He has been in HMC inpatient psych for more than a year.
- Is it ethically permissible to stop dialysis?

CASE 7

- 80 Y/O somewhat demented patient develops chronic renal failure. His devoted family wants him to dialyze thinking he might get better and the family enjoys his company.
- Is it ethically correct to refuse dialysis?

CASE 8

- 60 Y/O man on dialysis refuses to let anyone talk to his family about his medical condition. The patient appears competent. The staff is sure it would help to let his family know of some of the difficulties the patient is having so the family could help.
- Is it ethically permissible to talk the family without the patient's permission?

Case 9

- 70 y/o male physician with advanced lung cancer is admitted to hospital with SOB. No further treatment is possible except comfort measures. He demands to be a full code.
- Is it ethically permissible to make him DNAR?
- Is it ethically permissible to order a "slow code?"

ASSESSMENTMENT OF CASE

- MEDICAL INDIC
  - Will Rx help?
  - Will it prolong his life?
- QUALITY OF LIFE
  - Will it improve his Q/L?
  - Will he know it?
- PATIENT PREFER.
  - What does he want?
  - Is DPOA acting as pt would want?
- SE FACTORS
  - What is cost?
  - To society, to staff, to family, etc?

Recent Case 3

- M.M. 50 y/o man with advanced IDDM; Dementia; several loose BMs (2-8) every dialysis and demands to be cleaned up immediately interfering with other patients' care. DPOA complains that the nurses don't attend to him appropriately. DPOA refuses home dialysis.
- Is it permissible to refuse to dialyze him?

Poll Everywhere

- Take out your handhelds (phones, smartphones, etc.). Anything with texting capability.
- You will need two sets of number
  - First 5-digit number goes in the "to" field (where you'd usually put the phone number)
  - Next 6-digit number goes in the "message" field (where you'd usually write your message)
- Press send

EVALUATION OF CASE

Surrogates of Incompetent Patients in Descending Priority

Washington State Law, 1987

- Court appointed guardian - rarely necessary
- Durable power of attorney for ***health care purposes***
- Spouse - not common law
- Children over 18*
- Parents*
- Adult Siblings*

* requires unanimous opinion

DNAR

- Purpose of CPR: To prevent sudden and unexpected death
- Two rationales for DNAR
  - Medical indications - futility
    a. consultation, consensus, communication
    b. don't need patient consent
    c. don't need to offer CPR to patient or surrogate
  - Patient preference - competent patient refuses or surrogate of incompetent patient refuses

Code Status

- Poorly discussed
- Poorly understood
- Discussion not remembered

CPR Considerations I

- Summary of medical conditions
- Description of resuscitation procedures
- Description of outcome statistics

- In hospital arrests	6 - 15% survival
- Nursing home arrests	1 - 2% survival
- Out of hospital arrests	4 - 38% survival

CPR Considerations II

- Life philosophy
- Previous family experiences with CPR
- Religious beliefs
- Ability to function independently
  - pre and post arrest
- Cultural influences - distrust of health system

CPR Considerations III

- There is no ethical obligation to resuscitate a patient if the effort is considered futile despite the patient's demand

  "I want everything done regardless."

- There is an ethical obligation to tell the patient or family what you plan to do

CONCLUSION

- Opportunity to review ethical principles.
- Learn a technique for evaluating ethical dilemmas.
- Evaluate a few cases.

Recent Cases

- Somalian woman who refused C section
- Chinese woman with colon cancer
- 12 y/o JW with Hct of 12
- Orthodox Rabbi son who refused to stop Rx
- 35 woman c. triplets who wanted abortion
- 60 y/o man wants to buy kidney transplant
- Internists stop DSHS referring pts to others

Kelly's Rules of Thumb

- Autonomy trumps Beneficence
- Futility trumps Autonomy
- Autonomy also limited by Justice
- When in doubt – treat
- Tell the Truth!

Maxims for Foregoing Treatment

- The capable patient, with one exception
- Burden / benefit ratio
- No exceptions to burden / benefit ratio
- The duty to inform patients or family
- The ethical disagreements with surrogate decision makers, treat until dispute is resolved with one exception

Rationales for Decisions to Forego

- M.I. Futility of intervention (Barber, Conroy)
- P.P. Competent refusal (Bartling)
- Q.L. "Quality of Life" (Quinlan)
- S.E. Prior consent (Cruzan)

CASE 2

- 75 Y/O wealthy man wants a renal transplant. He wishes to pay someone for a kidney. He does not want to wait on the list and he has no available donors. He wants me to care for him post transplant. Is this ethically acceptable? How do you make your decision to care for him?

CASE 3

75 Y/O demented patient is combative on dialysis. She tries to pull needles out. Her daughter insists the patient is not demented and wants to continue dialysis. The patient seems to have no understanding of the treatment. The staff is very frustrated. The nephrologist is no help. Is it permissible to stop dialysis?

CASE 1

- 80 Y/O somewhat demented patient develops chronic renal failure. His devoted family wants him to dialyze thinking he might get better and the family enjoys his company.
- Is it ethically correct to dialyze him?
- Is it ethically correct to refuse dialysis?

ASSESSMENTMENT OF CASE

- MEDICAL INDIC
  - Will Rx help?
  - Will it prolong his life?
- QUALITY OF LIFE
  - Will it improve his Q/L?
  - Will he know it?
- PATIENT PREFER.
  - What does he want?
  - Is DPOA acting as pt would want?
- SE FACTORS
  - What is cost?
  - To society, to staff, to family, etc?

RECOMMENDATIONS?

CASE 2

- 75 Y/O wealthy man wants a renal transplant. He wishes to pay someone for a kidney. He does not want to wait on the list and he has no available donors. He wants me to care for him post transplant. Is this ethically acceptable? How do you make your decision to care for him?

RECOMMENDATIONS?

CASE 3

75 Y/O demented patient is combative on dialysis. She tries to pull needles out. Her daughter insists the patient is not demented and wants to continue dialysis. The patient seems to have no understanding of the treatment. The staff is very frustrated. The nephrologist is no help. Is it permissible to stop dialysis?

RECOMMENDATIONS?

CASE 4

- 60 Y/O man on dialysis refuses to let anyone talk to his family about his medical condition. The patient appears competent. The staff is sure it would help to let his family know of some of the difficulties the patient is having so the family could help.
- Is it ethically permissible to talk the family without permission?

RECOMMENDATIONS?

Medical Indications

- Efficacy/Futility
- Ord/Extraordinary

Paradigm 1

Withdrawal of Competent Patient Doing Well

- Ethical conflict: Autonomy vs. Beneficence
- Considerations:
  - Mentally unstable?
  - Clear and consistent request vs. impetuous decision?
  - Physician's and staff exasperation?
  - Legal precedents
  - Must get family, friends, church involved
  - Physicians agree with patient 88% of the time
- Conclusion: Autonomy trumps beneficence

CASE 1

- 80 Y/O somewhat demented patient develops chronic renal failure. His devoted family wants him to dialyze thinking he might get better and the family enjoys his company.
- Is it ethically correct to dialyze him?
- Is it ethically correct to refuse dialysis?

CASE 2

- 75 Y/O wealthy man wants a renal transplant. He wishes to pay someone for a kidney. He does not want to wait on the list and he has no available donors. He wants me to care for him post transplant. Is this ethically acceptable? How do you make your decision to care for him?

CASE 3

75 Y/O demented patient is combative on dialysis. She tries to pull needles out. Her daughter insists the patient is not demented and wants to continue dialysis. The patient seems to have no understanding of the treatment. The staff is very frustrated. The nephrologist is no help. Is it permissible to stop dialysis?

CASE 4

- 60 Y/O man on dialysis refuses to let anyone talk to his family about his medical condition. The patient appears competent. The staff is sure it would help to let his family know of some of the difficulties the patient is having so the family could help.
- Is it ethically permissible to talk the family without permission?

CASE 1

- 80 Y/O somewhat demented patient develops chronic renal failure. His devoted family wants him to dialyze thinking he might get better and the family enjoys his company.
- Is it ethically correct to dialyze him?
- Is it ethically correct to refuse dialysis?

CASE 2

- 75 Y/O wealthy man wants a renal transplant. He wishes to pay someone for a kidney. He does not want to wait on the list and he has no available donors. He wants me to care for him post transplant. Is this ethically acceptable? How do you make your decision to care for him?

CASE 3

75 Y/O demented patient is combative on dialysis. She tries to pull needles out. Her daughter insists the patient is not demented and wants to continue dialysis. The patient seems to have no understanding of the treatment. The staff is very frustrated. The nephrologist is no help. Is it permissible to stop dialysis?

CASE 4

- 60 Y/O man on dialysis refuses to let anyone talk to his family about his medical condition. The patient appears competent. The staff is sure it would help to let his family know of some of the difficulties the patient is having so the family could help.
- Is it ethically permissible to talk the family without permission?

•Medical Indications	•Patient preferences
•Quality of Life	•Socioeconomic Factors

Assessment of Case

- Medical indications
  - Treatment is working
- Patient Preferences
  - Patient wants to stop
- Quality of Life
  - Appeared acceptable
- Socioeconomic
  - Cost of dialysis
  - Family approval

Goals

- Review ethical principles
- Learn a technique to evaluate an ethical case
- Understand Kelly's rules of thumb

Recent Cases

- 83 y/o man – 100 days in ICU
- Chinese family requested to not tell pt Dx.
- Somalian woman in labor who refused a C-section.
- 8 year old JW whose parents refused transfusion in life threatening situation.
- "Pillow angel" at Children's
- 13 y/o JW at COH who refused blood Tx.

Ethical Theory

- Non-normative
- Normative
  - Teleological - utilitarianism
  - Deontological

Patient Preferences

- Paternalism
- Competence
- Consent
- Confidentiality
- Surrogacy
- Advance directives

Quality of Life

- Burden / Benefit ratio
- Withhold / Withdraw
- A/P euthanasia
- Substitive judgment - the subjective evaluation of an onlooker of another's subjective experience

Socioeconomic Factors

- Family wishes
- Society / legal concerns
- Physician's role
- Cost of scarce resources

Active Euthanasia

- Ancient but pervasive moral taboo says killing is wrong
- AIDS and Alzheimer's patients raise questions
- What is best for individual vs. best for society?
- Passive euthanasia requires physician; Anyone can do active euthanasia
- America is not Holland
- Physicians cannot be legislated to kill against their will

Principles of Double Effect

- There is a morally relevant difference between the intended effects of a person's action and the non-intended but foreseen effects of the same action
- Four criteria must be met:
  - The action itself is not intrinsically wrong
  - The person must intend only good effect
  - The bad effect must not be a means to the good effect
  - The good result must outweigh the evil permitted

Cruzan Decision

- The supreme Court affirmed the right of competent patients to refuse life-sustaining treatment
- The court did not treat the foregoing of artificial nutrition and hydration differently from foregoing other forms of medical therapy
- The state of Missouri could require continued treatment of a patient in PVS unless there was "clear and convincing" evidence that she had previously authorized termination of treatment
- The Court did not require other states to adopt Missouri's rigorous standards of proof
- This decision does not alter the laws, ethical standards, or clinical practices permitting the foregoing of life-sustaining treatment that have evolved since the Quinlan case in 1976

No Code - DNAR

- Indications
  - Futile medical condition
  - Patient refuses to be resuscitated

Case Report

- 39 y.o. W/M on chronic hemodialysis for two years. He walks to his dialysis center from his apartment. He does not work. He has no close friends except for the personnel at the unit. He expresses a desire to stop dialysis on his 40th birthday. He feels life is not worth living. His family concurs in his desire. He is not physically ill except for his renal failure and a hoarse throat that make it hard for him to speak.
- He requests his physician's assistance in making his death comfortable including injecting a lethal drug if necessary.
- Is it ethically correct to allow him to withdraw from dialysis?
- Is it ethically correct to inject a lethal drug to kill him?