Ethics and Palliative Care Nursing

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1. Terminology
2. A list of “typical” ethical issues in clinical palliative care
3. An ethics discussion of a case
4. Review, last questions and comments
Terminology

- Ethics
- What are we looking for when we “do ethics”?
- Ethical uncertainty
- Ethical dilemmas
- Ethical difference/conflict
- Moral agency
- Moral distress
- Virtue (character) ethics
- Ethical principles
- Professional ethics (role-specific responsibilities)
“Ethics” defined

“*Normative ethics* is the attempt to identify norms, or standards, of right or good behavior….The attempt to answer Socrates’ questions, ‘How should I behave? What sort of person should I be?’ These questions are answered by presenting arguments and explanations, by appealing to certain norms and explaining why the appeal to these particular norms is appropriate.”

(Boulton, Kennedy & Verhey, *From Christ to the World*)
What are we trying to do when we “do ethics”?

- “Good” conversation
- Illumination
- Decision-making/problem-solving
- Conflict resolution
- Character formation
Ethical uncertainty

“arises when one is unsure what ethical principles or values to apply or even what the moral problem is” (CNA code)
Ethical dilemmas

“situations arising when equally compelling ethical reasons both for and against a particular course of action are recognized and a decision must be made” (CNA code)
Ethical difference/conflict

“involve value preferences and arise where people of good will are uncertain of or disagree about the right thing to do when someone’s life, health or well-being is threatened by disease or illness.” (CNA et al., Joint Statement on Preventing and Resolving Ethical Conflicts)
Moral agency

We speak of “moral agency” when we are thinking of that aspect of a person’s being according to which he/she can be understood as one bearing moral responsibility for his/her voluntary actions (including the act of “doing nothing” or “not choosing”), and for which he/she might therefore be expected to give account.
Moral distress

“situations in which nurses cannot fulfill their ethical obligations and commitments (i.e., their moral agency) or they fail to pursue what they believe to be the right course of action, or fail to live up to their own expectation of ethical practice, for one or more of the following reasons: error in judgment, insufficient personal resolve or other circumstances truly beyond their control. They may feel guilt, concern or distaste as a result.” (CNA code)
Virtues and vices

Virtues are cultivated traits of character that dispose a person to do what is right, at the right time, with the right motivation, and for the right reason (and vices are the opposite)

Among the classic cardinal virtues—courage, justice, discernment
Ethical principles
(Principles of right action)

Consequentialist/teleological principles

- it’s wrong to harm people (non-maleficence)
- it’s right to do people good (beneficence)
Ethical principles (2)

Deontological principles
- respect each person as a person
- respect individual autonomy
- treat people as they have a right to be treated
- treat people fairly (principles of distributive justice)
Professional ethics

focuses on role-differentiated duties, privileges, authority, character traits

- not all principles apply equally or with equal importance to all persons, but vary according to the socially-validated role the agent occupies
- it is not equally important for all virtues to be inculcated in all persons; the character traits that are essential for being a morally good nurse may not be the same as those essential for a morally good statesman
A list of “typical” ethical issues in clinical palliative care (suggested by session participants)

- Pts don’t have full knowledge and therefore aren’t making informed decisions—is it my job, my responsibility to do something about this? Whose right/responsibility is it?
- What if that’s happened and the doctor isn’t listening to the nurse?
- Interprofessional power issues
- Moral compromise (integrity issues)
A list of “typical” ethical issues in clinical palliative care (suggested by session participants)

- Courage to do the right thing for the patient
- Doing the right thing in the right way
- Cultural values that differ from our expected norms—e.g., around what health information is given directly to the person who is ill/dying
- Health care directives that are (apparently) being disregarded
- Withdrawing treatment once it has been started
A list of “typical” ethical issues in clinical palliative care (Laurie Read’s non-exhaustive list)

- Autonomy, self-determination, decision making
  - Informed consent
  - Competence, substitute decision makers, conflicts in stakeholders
  - Advance care planning, statements, health care directives, selection of proxies
  - Refusal of treatment
  - Ambiguity/ambivalence
- Euthanasia, (Physician) assisted suicide
- Withholding/withdrawal of treatment
- Extraordinary measures
- Medical futility, powerlessness
- Professional adherence to standards, codes of ethics, policy development that is moral and ethical; commitments to excellence and continuous growth, development and improvements
A list of “typical” ethical issues in clinical palliative care (Laurie Read’s non-exhaustive list)

- Acceptable treatments and the questions related to suffering
  - Pain and other symptom management
  - Palliative sedation
  - Nutrition & hydration issues
  - Spiritual care access, adequacy, guilt
  - Psychosocial care, especially relational issues
  - OT/PT and goal delineation for outcomes
  - Diversional activities and QoL issues
  - Tragedy: does living a good life include dying a good death?
  - Research participation and need for expanding knowledge about living with the awareness of death (mortal time)

- Truthtelling:
  - how?, where?, when?, by whom
A list of “typical” ethical issues in clinical palliative care (Laurie Read’s non-exhaustive list)

- Sharing of stories/narratives:
  - by whom,
  - how to protect information?
  - When appropriate?

- Team roles, values, and power dynamics
  - subtle abandonment (Stanley & Zoloth-Dorfman) versus need for presence
  - caring for care providers, celebrating the joys and privileges, grief care

- Expanding roles of nurses means expanding accountabilities and responsibilities to make ethical decisions

- Social distributive justice, questions of costs (e.g., PCPDAP)
  - access to palliative care in the most appropriate location, with the optimal resources;
  - resource limitations (e.g., time for interaction)
  - financial burdens of persons in care

- Community care and education
  - grief support
  - information dissemination
An ethics discussion of a case
A framework for “doing ethics”

- Problem
- Stakeholders
- Facts
- Alternative actions
- Assessment of alternatives based on ethical principles
- Decision/ Recommendation/ Learning from decision
“Karen”

If you were a nurse on the team caring for Karen, when would you have felt you were in an ethically important moment?

How would you define the ethical issue of that moment?
Review, last questions &/or comments