

**TEACHING OF INTRINSIC ROLES:**  
**ETHICS MORBIDITY AND MORTALITY ROUNDS, UNIVERSITY OF TORONTO**

(based on 'CASES' approach, adapted from E Fox, KA Berkowitz, BL Chanko, T Powell, Ethics Consultation, National Center for Ethics in Health Care Veterans' Health Administration and 'FOUR-BOX MODEL' adapted from AR Jonsen, M Siegler, W Winslade, Clinical Ethics 7<sup>th</sup> edition. McGraw-Hill 2010)

- **Clarify the ethical concern** *eg. Surrogate decision maker for patient not taking physicians advice regarding treatment. The second potential ethical issue in this case would be definition and recommendations regarding futility in medical care.*
  - What are the conflicting values?
    - Pt and/or family values *eg. Son feels they need more time versus sister explains that*
    - Clinician/staff values *eg.. Surgeon feels that any further treatment would prolong suffering and use additional resources.*
    - Hospital policies, laws, etc: *eg. Hierachy of surrogates = oldest child after spouse*
    - What are YOUR values? *eg.. As a resident I feel that the person who knows the patient best should have this conversation and would have liked to facilitate that.*
  - Which ethical principles conflict? *eg. Autonomy (of patient or surrogate) versus non-maleficence. Secondary=Justice (Resource utilization)*
- **Assemble the relevant information (use FOUR-BOX MODEL)**
  - Medical indications (this is VERY important information as the details matter since this is not theoretical!)
  - Patient preferences (*eg. Family is very religious and believes in miracles*) and quality of life
  - Contextual Features (can talk to anyone involved to clarify if you do not know what happened exactly *eg. CMPA, Ethics service*)
    - Ethics knowledge
    - Policies, Guidelines,Laws, Literature, etc (your advisor or librarian can help with this as well as refer to the developing surgical ethics library)

**MEDICAL INDICATIONS**

The Principles of Beneficence and Nonmaleficence

1. What is the patient's medical problem? Is the problem acute? Chronic? Critical? Reversible? Emergent? Terminal?
2. What are the goals of treatment?
3. In what circumstances are medical treatments not indicated?
4. What are the probabilities of success of various treatment options?
5. In sum, how can this patient be benefited by medical and nursing care, and how can harm be avoided?

**PATIENT PREFERENCES**

The Principle of Respect for Autonomy

1. Has the patient been informed of benefits and risks, understood this information, and given consent?
2. Is the patient mentally capable and legally competent, and is there evidence of incapacity?
3. If mentally capable, what preferences about treatment is the patient stating?
4. If incapacitated, has the patient expressed prior preferences?
5. Who is the appropriate surrogate to make decisions for the incapacitated patient?
6. Is the patient unwilling or unable to cooperate with medical treatment? If so, why?

**QUALITY OF LIFE**

The Principles of Beneficence, Nonmaleficence, and Respect for Autonomy

1. What are the prospects, with or without treatment, for a return to normal life, and what physical, mental, and social deficits might the patient experience even if treatment succeeds?
2. On what grounds can anyone judge that some quality of life would be undesirable for a patient who cannot make or express such a judgment?
3. Are there biases that might prejudice the provider's evaluation of the patient's quality of life?
4. What ethical issues arise concerning improving or enhancing a patient's quality of life?
5. Do quality-of-life assessments raise any questions regarding changes in treatment plans, such as forgoing life-sustaining treatment?
6. What are plans and rationale to forgo life-sustaining treatment?
7. What is the legal and ethical status of suicide?

**CONTEXTUAL FEATURES**

The Principles of Justice and Fairness

1. Are there professional, interprofessional, or business interests that might create conflicts of interest in the clinical treatment of patients?
2. Are there parties other than clinicians and patients, such as family members, who have an interest in clinical decisions?
3. What are the limits imposed on patient confidentiality by the legitimate interests of third parties?
4. Are there financial factors that create conflicts of interest in clinical decisions?
5. Are there problems of allocation of scarce health resources that might affect clinical decisions?
6. Are there religious issues that might affect clinical decisions?
7. What are the legal issues that might affect clinical decisions?
8. Are there considerations of clinical research and education that might affect clinical decisions?
9. Are there issues of public health and safety that affect clinical decisions?
10. Are there conflicts of interest within institutions or organizations (e.g. hospitals) that may affect clinical decisions and patient welfare?

- **Synthesize the information**

- Ethical analysis

- What are the different options? (often changing the scenario here helps in terms of the “what if” questions *eg. What if the patient were asking for a new heart rather than mechanical ventilation both of which would be unindicated in this case*)
    - What are the claims and counterclaims? (*eg. Literature of different standards for surrogate decision makers such as the substituted judgement versus substituted interest versus best interest standard*)

- **Explain**

- The conclusion(s) of the group: (While there is not always a correct answer there is a best answer for that particular case or patient) *eg. 1. Physicians are not obliged to offer care that is not indicated based on the clinical factors 2. A second opinion is often a useful step in communication with family members*
  - Would you have done anything differently the next time? *eg. Emphasized during family discussions that the family is expected to think about what the patient, not they, would have wanted and involve patient’s family physician.*
  - Resources used (to potentially add to reference library)
  - Follow up any systems issue or changes *eg. Is there are hospital policy on reconsideration of DNR status for the operating room.*
  - Any unresolved issues/questions *eg. To what extent should hospital resources factor into individual physician-patient decision making.*

- **Summarize:**

- Date/Time:
  - Facility:
  - Presenter:
  - Attendance (#):
    - Faculty
    - Residents/Fellows
    - Students
    - Allied Health
    - Special guest
  - Other feedback:

- **Clarify the ethical concern**
  - What are the conflicting values?
  - Which ethical principles conflict?

- **Assemble the relevant information**

<u>Medical Indications</u>	<u>Patient Preferences</u>
<u>Quality of Life</u>	<u>Contextual Features</u>

- **Synthesize the information**
  - What are the different options? What are the claims and counterclaims?

- **Explain**

- The conclusion(s) of the group:
  
  
  
  
  
  
  
  
  
  
- Would you have done anything differently the next time?
  
  
  
  
  
  
  
  
  
  
- Resources used:
  
  
  
  
  
  
  
  
  
  
- Follow up any systems issue or changes:
  
  
  
  
  
  
  
  
  
  
- Any unresolved issues/questions:

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