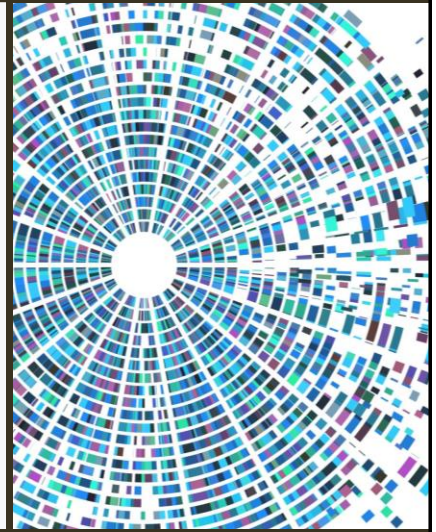


ETHICS IN PRACTICE: AN INTRODUCTORY GUIDE TO DECISION MAKING IN THE MEDICAL SETTING

Ethics for Clinicians Conference
Jan 26th 2021

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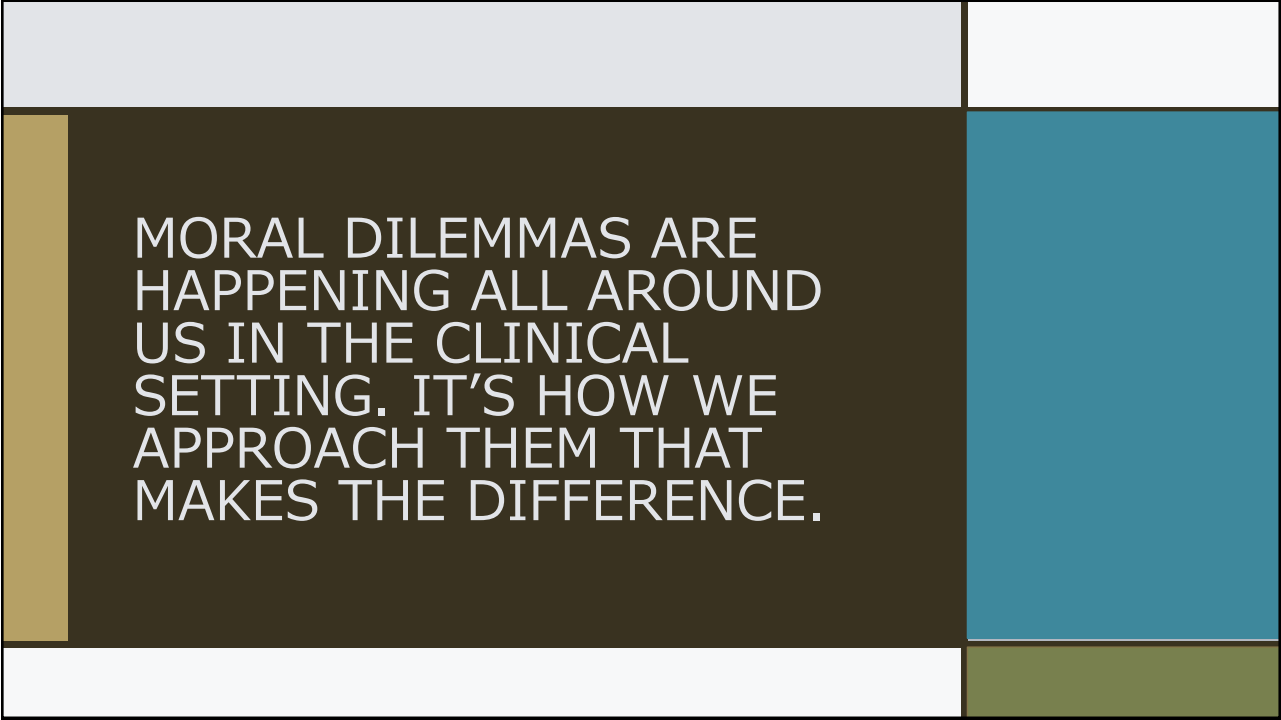


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OBJECTIVES

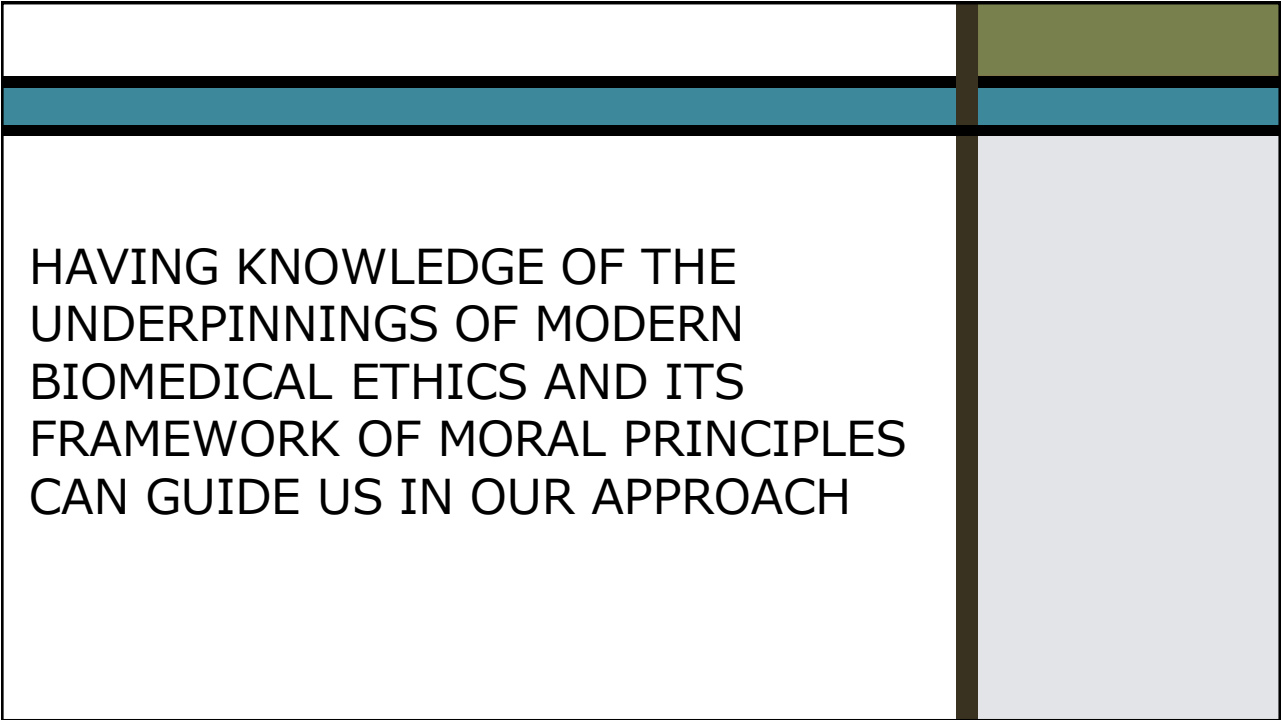
- 1) Discuss the basic ethical principles guiding medical decision making
- 2) Recognize methods for tackling challenging clinical decisions
- 3) Accurately document situations involving ethical and challenging medical and clinical decisions.

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MORAL DILEMMAS ARE
HAPPENING ALL AROUND
US IN THE CLINICAL
SETTING. IT'S HOW WE
APPROACH THEM THAT
MAKES THE DIFFERENCE.

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HAVING KNOWLEDGE OF THE
UNDERPINNINGS OF MODERN
BIOMEDICAL ETHICS AND ITS
FRAMEWORK OF MORAL PRINCIPLES
CAN GUIDE US IN OUR APPROACH

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THE CORE 4 OF MEDICAL ETHICAL DECISION MAKING

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- **AUTONOMY:** Respect for individual's capacity to act on their own behalf without outside control, and supporting those decisions
- **BENEFACTENCE** the concept of our overarching duty to be of benefit to our patients, with intention of trying to remove harm from patient's path.
- **NONMALEFICIENCE:** the principle that we not intentionally cause harm or pain to an individual through our actions. This is what standard of care is based upon, as we set out a level of care that minimizes/avoids risk of harm to individuals.
- **JUSTICE** the principle of equal treatment for all individuals, distributing care and resources equally.

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CAPACITY ASSESSMENTS

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COMPETENCE

- Competence is a legal state, referring to the degree of mental soundness necessary to make decisions about a specific issue or carry out a specific act
- All adults are presumed to be competent unless adjudicated otherwise by a court.
- *Incompetence* is defined by one's functional deficits (e.g., due to psychiatric illness, intellectual disability, or other mental condition), which are judged to be sufficiently great that the person cannot meet the demands of a specific decision-making situation, weighed in light of its potential consequences.
- Only a court can make a determination of incompetence.

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	WHAT DOES IT MEAN TO BE DECLARED INCOMPETENT?
	<ul style="list-style-type: none"> • Guardianship is one means by which a substitute decision-maker can act on behalf of an adult who lacks the ability to make some decisions. Only a court, after a legal proceeding, may judge an individual to be incompetent/incapacitated and appoint a guardian for him or her • Can have limited guardian, guardian of person or the estate in PA. • That guardian would have control over part or whole of the medical and/or financial decisions of the person • Alternatives include: rep payees, health care representatives

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CAPACITY	
<ul style="list-style-type: none"> • Defined as an individual's ability to make an informed decision. • Specific for one medical decision • Restricted the current moment (we don't predict the future) • Based on a sliding scale (higher risk, the more capacity required) <p style="text-align: center;">All adults are assumed to have capacity unless proven otherwise</p>	

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TYPICAL CAPACITY QUESTIONS:

Can they refuse SNF/safe to go home?

Can they refuse treatment/procedure?

Can they leave AMA ?

Can they refuse dialysis?

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WHO CAN EVALUATE FOR CAPACITY? WHEN SHOULD YOU GET HELP?

Any healthcare professionals (MD, DO, APP) and ethicists can assess and document capacity of a patient to make a medical decision

You can ask for help from psychiatry or ethics if there is:

- An issue of surrogate decision-making (POA, NOK, guardian etc)
- Concern!

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WHAT IS HELPFUL TO KNOW PRIOR TO EVALUATION?

- What is the specific decision?
- What are the associated risks/benefits of decision/procedure ?
- Who is involved?

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HOW I EVALUATE CAPACITY

**Preference
Understanding
Manipulation
Appreciation**

The amount of decisional capacity required is based on the gravity of decision

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PREFERENCE

Does the person maintain and communicate a consistent preference?

Ask: what have you decided regarding the teams recommendations?

Determine consistency over time, historical information about the person, collaterals

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UNDERSTANDING

Can the person articulate a factual understanding of the current medical situation?

Ask:

- Tell me what your team has told you about your health
- What treatment/procedure is the team recommending and why?
- Can you explain why this has been recommended?
- What could happen if you don't get the treatment?

If they do not have the correct information, try to educate and then attempt above questions again

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MANIPULATION

Is the person's decision based on reasoning and rational manipulation of information that is relatively free from influence of psychiatric illness or outside forces?

Ask:

- How did you make this decision?
- What factors were important in making this decision?
- How did you balance those factors in making your decision?
- How is the choice you prefer better than the alternatives?

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APPRECIATION

Does the person have adequate insight and appreciation for the impact of this decision?

Ask:

- What do you believe is wrong with your health?
- Do you believe you need treatment?
- How do you think this decision will affect you?
- How likely do you think you would have a bad outcome if you refuse treatment?*

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HOW IT SHOULD BE DOCUMENTED

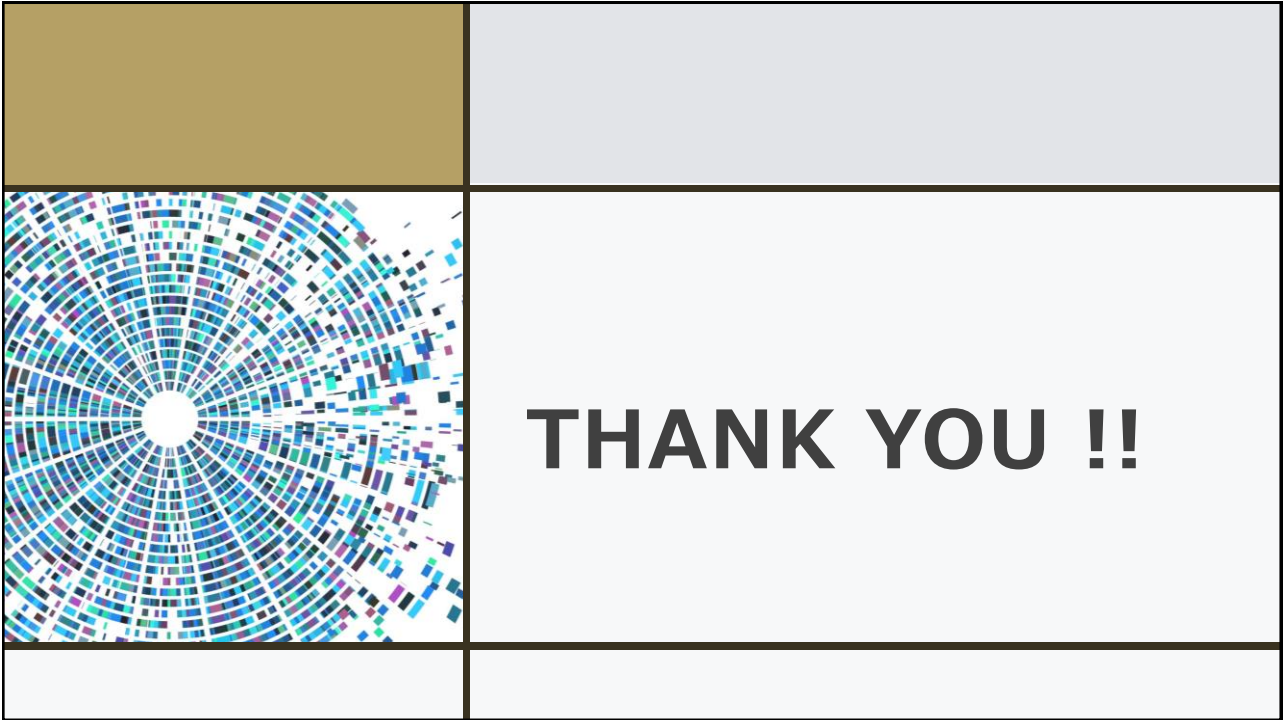
- Discussion of decision being made
- Discuss preference of patient (are they maintaining a consistent preference?)
- Are they able to comprehend the risks / benefits of the decision ?
- Do they have insight into medical / psychiatric illness and can appreciate the R/B of decision
- Discussion if/why they can/cannot manipulate information presented to them
- Discussion of level of capacity required based on risk of decision
- Statement of capacity YES/NO
- If YES then what happens, if NO then...
 - Discussion on how one might regain capacity (ex delirium)
 - Comment on safety and disposition

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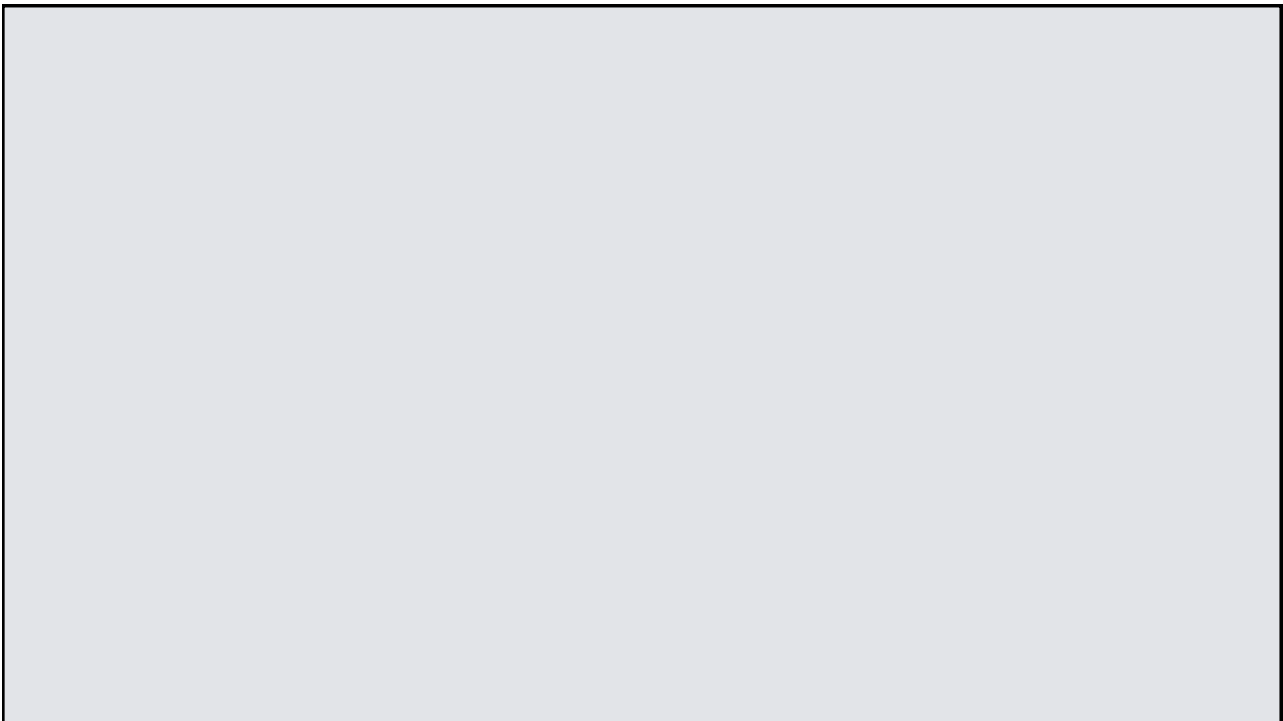
TAKEAWAYS

- Capacity \neq Competency
- Capacity is both time and decision dependent
- Any one can perform capacity assessments, MD/DO/APP can document in medical record.

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