



Hospice of the Twin Cities

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“I long to accomplish a great and noble task, but it is my chief duty to accomplish humble tasks as though they were great and noble.”
-Helen Keller

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Principles of Bioethics

In all areas of medicine there are times we question if what we are doing is in the best interest of the patient. There are times when we wonder if the patient is making the right decision.

There are times when we want to talk with other professionals about a treatment plan, or about what a family wants. Sometimes what we are facing seems much larger than what we are capable of handling. In those times there is something we can fall back on and something every medical professional should have available to them ~ the Ethics Committee.

Why should we have an Ethics Committee? We need them “to provide a standard process for discussing the ethical dilemmas that arise and to offer options to staff and patients for their resolution”. Ethics Committees can also provide a multidisciplinary viewpoint to ensure that one perspective does not always control

the outcome of the decisions.¹ Ethics Committees also “provide support to staff, patients, and family members that demonstrates the virtues of responsibility and care”.¹

Who should serve on an ethics committee? The Ethics Committee should consist of a multidisciplinary representation consisting of administrators, medical directors, social workers, nurses, therapists, home health aides, chaplains, volunteers, attorneys, and an ethicist.²

There are several characteristics a member of the Ethics Committee should possess, such as an interest in serving on an ethics committee; being available for consults as some meetings may be scheduled when it is not convenient for a member; openness about different viewpoints; tolerance; not quick to judge; listen to the whole story before

reaching a conclusion; compassion; optimism; clinically astute; self-awareness, so they are cognizant of their own limitations and issues; and courage to bring up concerns which may not be popular with one’s employer.³

Now we know a little about Ethics Committees, what they do and who the members are. We also are aware of why we might need one. There are four “Principles of Bioethics” we should also be familiar with.⁴

◆ The first is ***Patient Preferences: Respect for Autonomy.***

- Is the patient mentally capable and legally competent? Is there evidence of incapacity?
- If competent, what is the patient stating about preferences for treatment?
- Has the patient been informed of benefits and risks, understood

this information, and given consent?

- If incapacitated, who is the appropriate surrogate? Is the surrogate using appropriate standards for decision making?
- Has the patient expressed prior preferences, e.g., Advance Directives?
- Is the patient unwilling or unable to cooperate with medical treatment? If so, why?
- In sum, is the patient's right to choose being respected to the extent possible in ethics and law?

◆ The second is ***Medical Indications: Beneficence and Nonmaleficence.***

- What is the patient's medical problem? History? Diagnosis? Prognosis?
- Is the problem acute? Chronic? Critical? Emergent? Reversible?
- What are the goals of treatment?
- What are the plans in case of therapeutic failure?
- In sum, how can this patient be benefited by medical and nursing care, and how can harm be avoided?

◆ The third is ***Quality of Life: Beneficence and Nonmaleficence and Respect for Autonomy.***

- What are the prospects, with

or without treatment, for a return to normal life?

- What physical, mental, and social deficits is the patient likely to experience if treatment succeeds?
- Are there biases that might prejudice the provider's evaluation of the patient's quality of life?
- Is the patient's present or future condition such that his or her continued life might be judged undesirable?
- Is there any plan and rationale to forgo treatment?
- Are there plans for comfort and palliative care?

◆ The fourth is ***Contextual Features: Loyalty and Fairness.***

- Are there family issues that might influence treatment decisions?
- Are there provider (physicians and nurses) issues that might influence treatment decisions?
- Are there financial and economic factors?
- Are there religious or cultural factors?
- Are there limits on confidentiality?
- Are there problems of allocation of resources?
- How does the law affect treatment decisions?
- Is clinical research or

teaching involved?

- Is there any conflict of interest on the part of the providers or the institution?

Now you have enough information to begin your Ethics Committee. Try it out, see if this is a committee which could benefit your patient's/resident's care; review case studies on a regular basis and make it a regular part of your practice; understand there are many ways to look at each ethical dilemma and that you will not always agree with each other; and most importantly, it will make you think.

¹Richardson, M. Rev. *Establishing an Ethics Committee: Reasons to Develop a Committee, Qualifications of Committee Members and the Role of the Social Worker.* 2006.

²Richardson, M. Rev. (see 1)

³Richardson, M. Rev (see 1 & 2)

⁴Jonsen AR, Siegler M, Winslade WJ. *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine.* 5th ed. New York, NY: McGraw-Hill; 2002.



Hospice of the Twin Cities
10405 6th Avenue North
Suite 250
Plymouth, MN 55441

(763) 531-2424

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www.hospiceofthetwincities.com

Mission Statement

Hospice of the Twin Cities' mission is to enhance the quality of the lives of our patients and their families by providing respectful care based on maintaining dignity, alleviating physical, psychosocial, and spiritual suffering, advocating for fundamental rights, and affirming the sacred value of life.