



# Little Booklet

September 2010

**INGHAM**  
REGIONAL MEDICAL CENTER  
A McLAREN HEALTH SERVICE

## Medical Ethics

All Patient Care RN's, Nurse Assistants and Unit Assistants are required to review this booklet and complete the quiz. Return your completed quiz to your PCM by October 1<sup>st</sup>, 2010.

### Introduction

In today's complex healthcare environment, ethical issues often arise. These issues may be difficult to sort through, can be emotionally charged and result in considerable stress for healthcare workers, patients and their families. When this occurs, the IRMC Medical Ethics Committee is available to clarify issues, make recommendations and support communication with all involved in the decision-making process.

### Definitions of Ethical Terms

**Medical Ethics** is the study of standards of right and wrong, of moral conduct, and moral judgments. An **ethical dilemma** occurs when conflicting moral beliefs intrude on the ethical decision-making process. **Morals** are your beliefs about what is right and what is wrong. **Moral distress** occurs when one is unable to follow their own moral beliefs due to external restrictions such as organizational policies and procedures or state laws.

**Values** are beliefs, customs, goals, or modes of conduct that are highly prized by individuals, groups, cultures, or society. To give an example of the difference between ethics and morals, let's assume a nurse makes a medication error. To meet the ethical standard the nurse must complete an occurrence report, however s/he may make the moral decision to not fill out an occurrence report.

### Potential Reasons for a Medical Ethics Consult

- Conflict between the patient's Advanced Directives and family/friends about withholding or withdrawing medical treatment
- Futile care (belief that in cases where there is no hope for improvement of an incapacitating condition, that no course of treatment is called for) – refer to Futile Care Policy
- Patient refusing treatment, that may be medically helpful

- Consider the following scenarios – what is the ethical response?
  - The patient is brain dead or anencephalic and continues to be cared for in the ICU.
  - The patient is incapacitated, daughter is DPOA. The patient’s Living Will reflects she does not want aggressive care, daughter is insisting that ‘everything possible is done’.
  - An infant’s bilirubin level is dangerously high. The parents are refusing an exchange transfusion.
  - The patient is an unconscious 99-year-old patient with a ruptured abdominal aortic aneurysm. Chances of survival with a good outcome are very unlikely.
  - The cancer patient or their family is requesting additional chemotherapy. The likelihood this chemotherapy will extend the patient’s life is minimal and the side effects of the medication are significant.
  - The patient is receiving end-of-life and their family is insisting we continue to provide nourishment.
  - Patient care providers choose not to receive an influenza vaccine and care for patients who are immunocompromised.

### **How to Initiate a Medical ETHICS Consult**

(Refer to Patient Care Service Policy/Procedure #200-27a)

#### ***Who can initiate a Medical Ethics Consult?***

ANYONE who has direct patient contact with the individual of concern. This may be done by notifying the office of the Chair of the Medical Ethics Committee, currently, Linda Mercado Peterson, MC, FAPM @ 975-6475.

#### ***What happens after notification/request?***

Since communication between the patient, the family and the physician team including the RN, is often a concern, a family care conference may be requested. This is usually facilitated by the hospital’s medical social work department. If a conflict is identified during the meeting, a resolution of the issue will be attempted. If no resolution is achieved or if a specific Medical Ethical issue is identified, than a consult may be requested.

#### ***Who performs the Medical Ethics Consult?***

The Medical Ethics Consult is performed by our trained team, which includes a Physician and our Medical Ethicist, if necessary. The team gathers information from the medical staff, including the primary physician, the medical record, and if needed the patient and family. Then the consultant makes written recommendations, on a specific Medical Ethics Consult form and places the information on the patient’s chart. The Attending Physician has the autonomy to proceed with the committee’s recommendation, if desired.