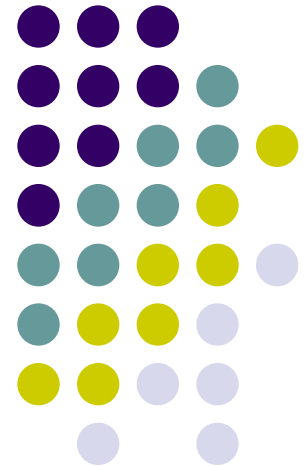
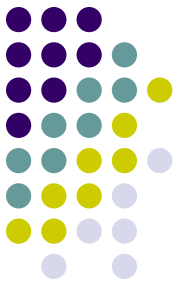


Ethical Issues and Ethics 101

Fr Kevin McGovern,
Caroline Chisholm Centre for Health Ethics:
Calvary Health Care Bethlehem,
1 July 2014



Outline



1. Catholic Resources

- *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*
 - Refusing, Withholding or Withdrawing Treatment

2. Two Frameworks for Ethical Consults

- The Values-Based Framework
- The DECIDE Model

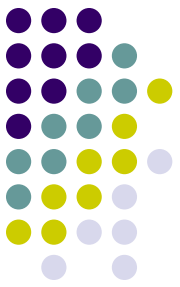
3. A Case for Study

4. YOUR Case Studies

Catholic Resources



- *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*
- *Advance Care Plan*
- *A Guide for People Considering Their Future Health Care*
- *A Guide for Health Care Professionals Implementing a Future Health Care Plan*
 - Download them all for free from **Catholic Health Australia** website:
<http://www.cha.org.au/publications.html>



Code of Ethical Standards

- I. **Values** (pp 1-10)
- II. **Guidelines** (pp 11-68)
 - 1. Decision-making
 - 2. Sex and Procreation
 - 3. Bodily Integrity
 - 4. Vulnerable Groups
 - 5. End of Life
 - 6. Research
 - 7. Organisational Culture
 - 8. Cooperation in Wrongdoing
- III. **Index** (pp 69-82)

Refusing treatment



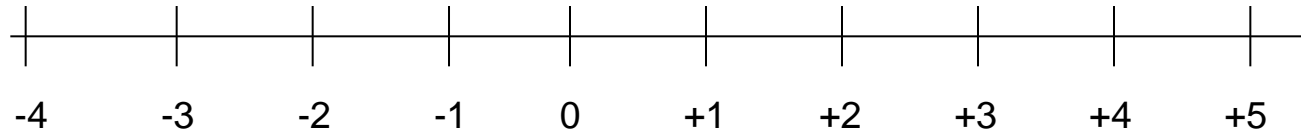
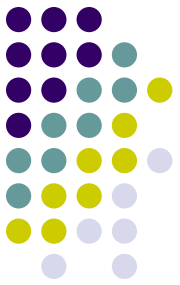
- **Traditional Morality (Catholic standards)**
 - We should make use of those means of sustaining our lives that are effective, not overly burdensome and reasonably available (‘ordinary’ or ‘proportionate’ means)
 - “Treatments may legitimately be forgone (withheld or withdrawn) if they are therapeutically futile, overly burdensome to the patient or not reasonably available without disproportionate hardship to the patient, carers or others.” [*Code*, II.5.9] (‘extraordinary’ or ‘disproportionate’ means)

Refusing Treatment

(Traditional / Catholic Standard)



- Futile and/or
- Overly burdensome
 - physically too painful
 - psychologically too distressing
 - socially too isolating
 - financially too expensive
 - morally repugnant
 - spiritually too distressing
- ‘heroic’ or ‘cruel’ treatment
- may be refused

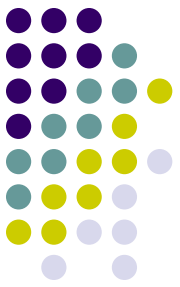


<p>Trying to End Someone's Life</p>	<p>Trying to Preserve Someone's Life</p>	
<p>Euthanasia</p>	<p>Ordinary or Proportionate Care</p>	<p>Extraordinary or Disproportionate Care</p>
<p>an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering</p>	<p>Consider:</p> <ul style="list-style-type: none"> . the patient's condition and resources, and . the benefits and burdens of treatment 	<p>FUTILE or TOO BURDENSOME:</p> <ul style="list-style-type: none"> . physically too painful . psychologically too distressing . socially too isolating . financially too expensive . too burdensome in any other way

A Values-Based Framework for Ethical Consults



- What are the **facts** of the case?
- What are the **values** at stake?
- Are there any **guiding ethical principles**?
- **Who** should be involved in deciding?
- Can the decision be **reviewed**?



The DECIDE Model

Define the problem

what facts? ethical issues?

Ethical review

values? principles? priorities?

Consider options

what is reasonable to do?

Investigate outcomes

costs/benefits, outcomes

Decide on action

agreed action plan

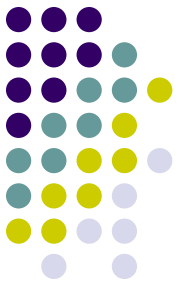
Evaluate results

criteria for assessment?

A Case for Study



- A sixty-four year old patient was admitted four days ago for diagnostic tests that revealed a very large tumour of the oesophagus that is clearly inoperable. There is also evidence of metastases to the liver, bones in an arm and, possibly, the brain. A feeding tube in the stomach is providing for nutritional needs since oral intake is no longer possible. The patient is receiving analgesics for severe pain in his arm due to the bone cancer. The patient also has advanced diabetes and for the past twenty years has been insulin dependent. During the last two years the patient has experienced chronic suffering, including surgical debriding of the feet.



A Case for Study (cont'd)

- The patient, who is alert and understands his condition, asks the attending physician to discontinue the insulin. The patient says that “I am ready to die; I’m at peace.” The attending physician agrees to stop the insulin, but a consulting physician and two staff members object, saying that stopping the insulin would be “helping to commit suicide.”



YOUR Case Studies

- What are the facts of the case?
- What does the *Code* say?
 - Use the *Code* often, especially at first
- Are either of the frameworks useful?
- What do you conclude? How certain are you?
- When should the decision be reviewed?