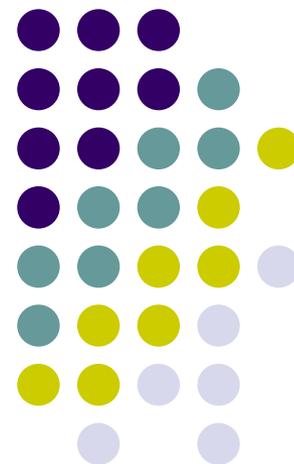
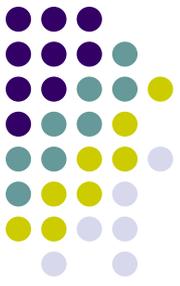


Ethical issues related to Emergency Medicine

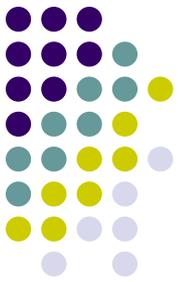
Fr Kevin McGovern,
Caroline Chisholm Centre for Health Ethics:
St John of God Geelong,
21 August 2014





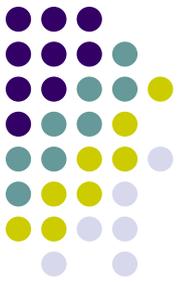
Outline

1. Catholic Ethics
2. Advance Care Planning
3. Preventing pregnancy after sexual assault



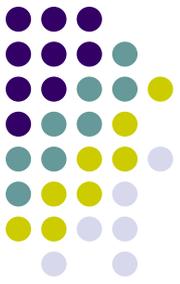
1. Catholic Ethics

Why Catholic ethics?

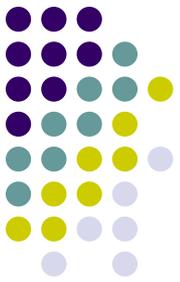


- **Traditional Ethics**
 - at the heart of Western civilisation
 - based on Greco-Roman philosophy & Judeo-Christian revelation
- **The Enlightenment and the New Morality**
 - The Enlightenment was a project of European intellectuals which began in the late C17.
 - It sought to free ethics from the superstitions of the past.
 - The result of this project is the New Morality, whose essential basis is autonomy and free choice.
 - The New Morality has significant limitations, particularly in protecting the most vulnerable.
- **Catholic ethics preserves Traditional Ethics.**

The *Code of Ethical Standards*

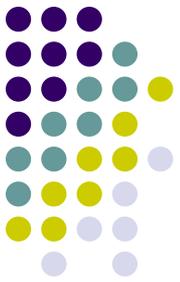


- Download the *Code* for free from **Catholic Health Australia** website: <http://www.cha.org.au/publications.html>
- Part I (pp 1-10) is about Values, Basic Principles, or Guiding Beliefs;
- Part II (pp 11-68) is about Specific Issues, Guidelines, or Daily Practices:
 - Guidelines without values are blind;
 - values without guidelines are lame.



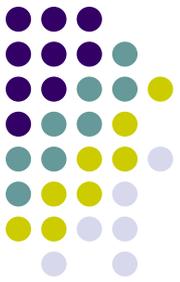
Part II of the *Code*

1. Decision Making in Health Care
2. Human Sexuality, Procreation & the Beginning of Life
3. Respect for Bodily Integrity
4. Older Persons and Those with Special Needs
5. End of Life
6. Research
7. Healthcare Institutions
8. Cooperation with Others
 - Index (pp 69-82)



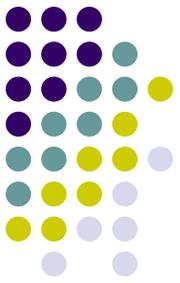
2. Advance Care Planning

What do doctors know?



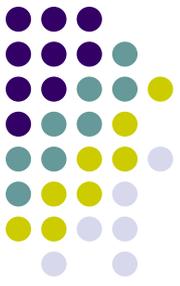
- Ben White et al, “Doctor’s knowledge of the law on withholding and withdrawing life-sustaining medical treatment,” *MJA* 201, no. 4 (18 August 2014): 229-232:
 - survey of 867 doctors in VIC, NSW & QLD
 - questions about advance directives & substitute decision makers
 - average correct: 3.26 out of 7
 - risk: life-sustaining treatment provided or withheld & withdrawn when it should not have been
 - “Our findings strongly suggest that doctors in a speciality involving end-of-life decision making should improve their knowledge of the law, in the interests of their patients, and for their own [legal] protection.” (p. 232)

Catholic anxieties



- Advance Care Planning “is a dangerous idea... It is not generally accepted by the Catholic Church... These ‘plans’ ... can lead to euthanasia.”
- generalised concern that Advance Care Planning might be at odds with Catholic standards

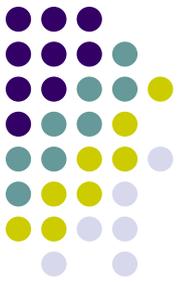
Catholic standard or Traditional Ethics



- “Each person has a moral responsibility to use those means of sustaining our lives that are effective, not overly burdensome and reasonably available (‘ordinary’ or ‘proportionate’ means).”
- “Each person has a moral right to refuse any treatment that is futile, overly burdensome or morally unacceptable (‘extraordinary’ or ‘disproportionate’ means).”

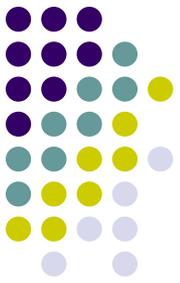
Refusing Treatment

(Traditional / Catholic Standard)

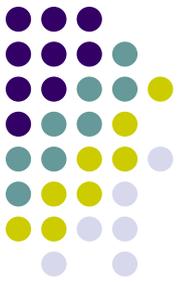


- **Futile** and/or
- **Overly burdensome**
 - physically too painful
 - psychologically too distressing
 - socially too isolating
 - financially too expensive
 - morally repugnant
 - spiritually too distressing
- may be refused

Catholic resources

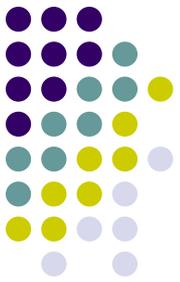


- *Advance Care Plan*
- *A Guide for People Considering Their Future Health Care*
- *A Guide for Health Care Professionals Implementing a Future Health Care Plan*
 - Download them all for free from **Catholic Health Australia** website: <http://www.cha.org.au/publications.html>

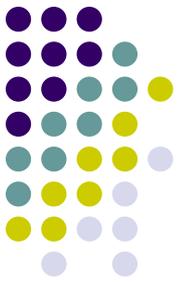


Legal Standard

- Each competent person has an unlimited right to refuse all medical treatment.
- *These two standards*
 - *Traditional / Catholic morality*
 - *Legal standard*
- *co-exist in health care,*
- *sometimes in an uneasy tension.*



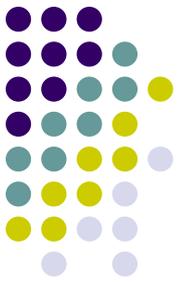
3. Preventing Pregnancy after Sexual Assault



Outline

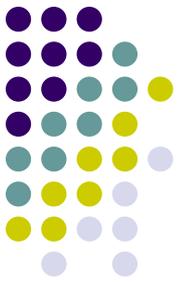
1. The clinical challenge
2. How does levonorgestrel work?
3. Ethical analysis
4. Clinical responses

The clinical challenge



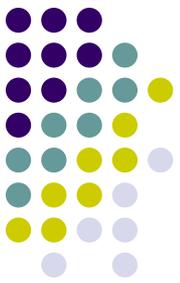
- Some conservative Christians are convinced that emergency contraception prevents the implantation of an embryo into the womb. They hold that its mode of action is abortifacient.
 - **How do we respond appropriately to people with this view?**
- Many other people have never even considered how emergency contraception might work. And if we try to discuss this with them, they might not be very interested!
 - **How do we offer these people sufficient information for informed consent?**

How does levonorgestrel work?



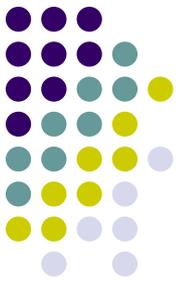
- The strong consensus is that levonorgestrel (LNG) prevents or delays ovulation.
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (2012) has written, “The mechanism of action of levonorgestrel emergency contraception is inhibition or delay of ovulation.”
- The International Consortium for Emergency Contraception (ICEC) and the International Federation of Gynecology and Obstetrics (FIGO) has written (2008) that preventing ovulation “is the primary and possibly the only mechanism of action” of levonorgestrel.

Another view



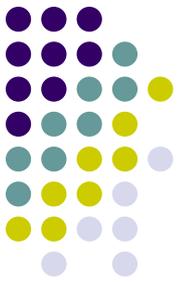
- Rebecca Peck and Juan R. Vélez, “The Postovulatory Mechanism of Action of Plan B,” *National Catholic Bioethics Quarterly* 13, no. 4 (Winter 2013): 677-716:
 - After a review of the scientific literature, Peck and Vélez conclude that “suppression of ovulation is not the dominant mechanism of action accounting for the contraceptive efficacy of LNG-EC. Luteal deficiencies and endometrial changes... suggest a postovulatory mechanism of action...” (p. 677)
 - “The use of LNG-EC... should be abandoned, because there is no safe period to give LNC-EC during a woman’s cycle when it might be efficacious to prevent pregnancy without significant likelihood that it will have an abortifacient effect.” (p. 716)

Ethical Analysis



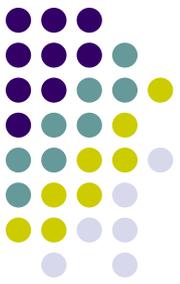
- Agreed general principle:
 - “A woman who has been the victim of rape is entitled, as a matter of justice, to defend herself against its continuing effects.”
 - “Interventions... aimed at... suppressing ovulation are therefore permissible.”
 - “Interventions aimed at causing abortion... however, are not permissible....” (*Code of Ethical Standards*, II.3.9)

Ethical Analysis (cont'd)



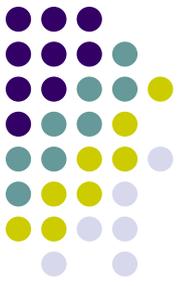
- Three rival guidelines:
 - **Pregnancy approach:**
 - Pregnancy test to exclude existing pregnancy, then LNG.
 - **Ovulation approach:**
 - Pregnancy test to exclude existing pregnancy, then ovulation test to exclude recent ovulation, then LNG.
 - **No treatment approach:**
 - Do not use LNG: the risk of causing an abortion is simply too great.

Ethical Analysis (cont'd)



- Ron Hamel (Senior Director of Ethics, CHAUSA):
 - Given current scientific knowledge, the Pregnancy Approach is not inconsistent with Catholic standards.
 - “my strong sense is that the majority of Catholic hospitals [in the United States] do not test for ovulation but only for a pre-existing pregnancy.”
- The largest Catholic hospitals in 4 Australian capital cities also follow the Pregnancy Approach.
 - e.g. test for existing pregnancy; seek informed consent; refer to Centre Against Sexual Assault (CASA) which will offer LNG and ongoing care.

Clinical responses



- Test for an existing pregnancy.
- In some cases, the clinical judgement might be not to burden an already overwrought patient with another challenging decision.
- In many cases, say, “The Centre Against Sexual Assault will offer you emergency contraception. Do you have any ethical concerns about this?”
- If there are concerns, offer information sheet – then help her decide what to do. (It is bad clinical practice not to support a patient who is making a difficult decision.)