

Maintaining our Ethical Culture

1 Healthcare & Ethics



ST JOHN OF GOD
Health Care

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Overview of Programme

- Day 1 (29 June 2015)
 - Introduction to Ethics
 - Practical Resources & Case Studies
- Day 2 (27 July 2015)
 - End of Life
 - Case Studies
- Day 3 (17 August 2015)
 - *Code of Ethical Standards*
 - Case Studies



Homework

- For Day 2 (27 July 2015)
 - One-page Case Study
- For Day 3 (17 August 2015)
 - Read a chapter of the *Code of Ethical Standards*
 - One-page Reaction Sheet



Five Steps to Learning (#1)

1. My Present Understanding

- What have I thought until now?

2. Its History

- What has formed me in this opinion?



Five Steps to Learning (#2)

3. New Information

- What did he say?

4. Critical Reflection

- = Let's consider all this...

5. Appropriation

- All things considered, what do I conclude?



'Fields' of Ethics

- Professional Ethics

- Personal Morality
 - Contemporary Eclipse of Moral Values



Contemporary Eclipse of Moral Values

- Decline of Moral Instruction
- Many Moral Controversies
- Moral Relativism
- Church Teaching



Church Teaching (#1)

- “[T]he sin of the [twentieth] century is the loss of the sense of sin.”
- Pius XII (1946)



Church Teaching (#2)

- “[T]he sense of sin is never completely eliminated.... Nevertheless.... Is it not true that modern man is threatened by an eclipse of conscience? By a deformation of conscience? By a numbness or ‘deadening’ of conscience? Too many signs indicate such an eclipse exists in our time...”
- John Paul II (1984)



The Real Standard for Ethics

- = Human Flourishing
(the fullness of life)
- What truly promotes human flourishing is morally right.
- What might appear to promote human flourishing but really does not, is morally wrong.



Two Areas for Ethics

1. Ethics of Being

- Virtue Ethics or Character Ethics
- Four Cardinal Virtues
 - Prudence (Practical Wisdom)
 - Justice ('To each, his or her due.')
 - Fortitude or Courage
 - Temperance or Balance

2. Ethics of Doing

- e.g. the work of *Maintaining our Ethical Culture* and *Ethics ACEs*



St John of God Core Values

1. Hospitality
2. Compassion
3. Respect
4. Justice
5. Excellence



St John of God Core Values

1. Hospitality

- A welcoming openness to all; to the familiar and the mystery of self, people, ideals, experience, nature and to God.

2. Compassion

- Feeling with another in their discomfort or suffering and striving to understand the other's experience with a willingness to reach out.



St John of God Core Values

3. Respect

- An attitude treasuring the unique dignity of every person and recognising the sacredness of all creation.

4. Justice

- A balanced and fair relationship with oneself, neighbour, all of creation and God.

5. Excellence

- Giving the optimum standard of care and service within available resources.



St John of God Core Values

- What do these values look like? (e.g. at reception, in the ward, in theatre, in the boardroom, etc.)
- What stories do you remember which show these values in action?
- Who for you are real role models or exemplars of these values?
- Hospitality
- Compassion
- Respect
- Justice
- Excellence



Three Approaches to Ethics

1. Relativism/Subjectivism/Emotivism

■ not the correct approach!



2. Critical Realism

■ the correct approach!



3. Objectivism/Dogmatism/Legalism

■ not the correct approach



Scenario One (#1)

- Mr. Brown suffered severe traumatic head injuries in a motor vehicle accident nine days ago. His wife has been in the ICU every day and has been fully informed about her husband's deteriorating condition by both the attending neurosurgeon and neurologist. She is praying for his recovery – a miracle - with members of their religious congregation.



Scenario One (#2)

- Three days ago the neurologist performed the appropriate tests to determine the level of Mr. Brown's brain activity. The results indicated no activity in any portion of the brain and Mrs. Brown was informed that her husband was most likely "brain dead" but that the tests would be repeated by another physician the next day to validate the results. The neurologist has just conferred with the second physician who confirms absence of all neurological activity in the entire brain. Both physicians document these findings, with date and timing, and the neurologist enters the Pronouncement of Death.



Scenario One (#3)

- The neurologist and a hospital chaplain sensitively inform Mrs. Brown that her husband has died. They tell her that the ventilator and other forms of medical intervention will be stopped after she has an opportunity to be with his body. Mrs. Brown restates her belief in a miraculous cure and threatens to “hire a lawyer” to keep the machines going.



Scenario Two (#1)

- 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.



Scenario Two (#2)

- 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.”



Scenario Three (#1)

- In a case before the Magistrate's Court, a man with seven drink-driving convictions has pleaded guilty to two more drink-driving charges and one charge of driving while disqualified. In the past, all sorts of legal sanctions including jail sentences of up to 14 months have not worked to deter him from drinking and driving. To break the cycle, the man proposes that he submit to "drastic drug treatment." This involves an expensive drug called Antabuse.



Scenario Three (#2)

- A psychiatrist who gave evidence in support of the man told the court that the drug has such harsh side effects that it would “take only one drink to end up in an intensive care ward.” Indeed, taking the drug and then drinking “could kill him” as “there had been cases where the reaction had been fatal.”
- The psychiatrist explained that the man needed a “psychological hurdle” to keep him sober. He had responded to treatment in the past but lapsed. He needed the threat of “being hit by a lump of three by two” to keep him off alcohol.









Scenario Three (#3)

- The man's counsel explained that her client was a highly intelligent man with tertiary degrees in politics, law and business. He had seen active service in Vietnam, and was involved in community aid work through Apex and St Vincent de Paul. However, his other side was "a binge drinker under stress."
- She proposes that instead of a jail term the court should impose an "intensive correction order" with strict conditions including "close supervision by a community corrections officer" to ensure that the man continued his Antabuse treatment.



What do **ethical problems** look like ?

- ❑ A choice must be made...  *Sense of urgency*
- ❑ ... but we're not sure which option is best.  *Sense of uncertainty*
- ❑ There are multiple factors...  *Complexity of issues*
- ❑ ... and many stakeholders  *Complexity of interests*
- ❑ It is important  *Important values at stake*
- ❑ It will affect many lives (including mine)  *Seeking best outcome for all*



Ethics

making a **reasoned** choice
about **right** behaviour
which expresses core **values**



Ethics, Reason and Reasons

Ethical choices are **reasoned**

- ❑ *Not intuitive or 'gut' reactions,
but **reasoned** and **reasonable** choices*
- ❑ *Ethics allows me not only to **make** good choices . .
. . . but also to **know why** they are good*



Ethics and Rightness

Ethics is about **right** and **wrong**:

If a choice is 'ethical'

there is a sense it is 'the right thing to do'

'*Rightness*' can be measured variously, eg against

- Core values*
- Outcomes or principles*
- Personal authenticity*



Ethics and Rightness

Ethics \neq Law

Some things are ethically ok but unlawful . . .

Some things are ethically wrong but lawful . . .



Ethics and Values

Ethics is related to **values** :

Values are **goods** we seek to promote or protect because they benefit us

- e.g. life, health, unity, truth, . . .



Ethics and Values

- Values
 - ↓
- Principles
 - ↓
- Guidelines
 - ↓
- Decisions about cases
 - not 'mathematical'
 - requires prudence & discernment



Values

- Life
- Knowledge of Truth
- Practical Wisdom
- Justice
- Friendship
- Marriage
- Health
- Self-integration
- Authenticity
- Avoidance of pain
- Pleasure
- Play
- Appreciation of beauty
- Religion



Ethics and Values

An ethical choice tries to **embody** values . . .

. . . in **means** as well as **ends**

*i.e. the value is honoured both
in how I achieve various outcomes (**means**)
and in the outcomes I achieve (**ends**)*



Ethics and Values

Ethics explains the relationship between our **values** and our **practical decisions**:

❑ *'decision X was right because ...'*
(descriptive)

❑ *'I should do X because ...'*
(prescriptive)



In practice, difficult ethical decisions . . .

- . . . rarely achieve perfect outcomes
- . . . rarely embody all values perfectly
- . . . are often complicated by different voices, points of view, personal priorities
- . . . may leave us feeling somehow dissatisfied
- . . . must be made - by you and me !



From values to principles

Reflection on difficult moral choices
and on common features between them
gives rise to **ethical principles**
which can guide future moral choices



Common Bioethical Values

Respect for Autonomy

Beneficence

Non-maleficence

Justice *('Georgetown mantra')*

The Human Person



The ethical challenge

To respect and uphold the dignity of the whole person

- in **outcomes sought** and in **methods used**
- in **actions** and in **intentions** guiding them
- in **patients** and in **health care providers**
- in **every** case



Five Steps for Learning

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2. Its History
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