Bioethics for Medical Students

Learning Unit 6
Department of Medicine
University of the Philippines Manila – College of Medicine

SESSION 2: Ethical considerations in Advance Directives, Substitute Decision Making and End-of-Life Care

OBJECTIVES: At the end of the session, the participants will be able:

1. To apply the basic ethical principles of autonomy, nonmaleficence, beneficence and justice in clinical reasoning and patient care

2. To discuss the ethical issues regarding end-of-life care

ACTIVITIES: Case discussion
Reflection paper / essay with guide questions

MATERIALS: None

TIME REQUIRED: 60 minutes

PROCESS:

1. Read the case of a patient admitted to the intensive care unit.

2. Read the accompanying notes / presentation slides.

3. Answer the guide questions:

   a. What is the main dilemma/conflict or core issue involved in the case?
   b. Who are the affected parties (both directly and indirectly)?
   c. What are the key bioethical principles involved?
   d. If you were Mark, how would you approach the situation?
   e. How can the issue(s) be best resolved?

CASE

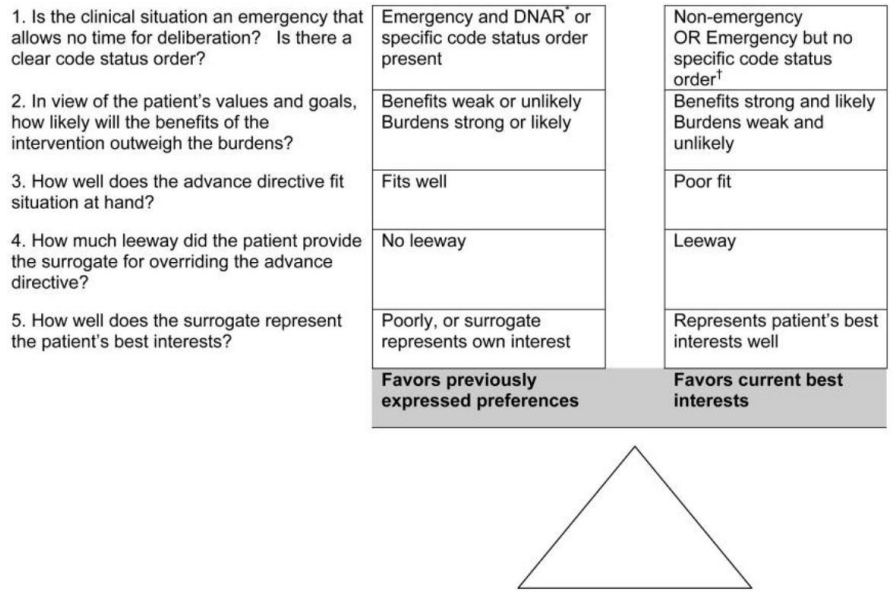
Mark is a clinical clerk rotating in the medical ICU. One of the MICU patients is Mr. D, a 65-year-old man who was initially admitted for a neuroischemic foot ulcer. While in the wards, he developed an ST segment-elevation myocardial infarction and went into cardiogenic shock, prompting his admission to the ICU. On his second night at the MICU, he went into cardiac arrest for 10 minutes, and is now comatose from hypoxic-ischemic encephalopathy. Mark had previously been the student in charge of Mr. D while he was still in the wards. At one time, while Mark was extracting his blood and the patient a few beds from Mr. D was being resuscitated, Mr. D said that he would not want that to be done to him if he ever goes into cardiac arrest. But he had not mentioned this to his wife.

When the MICU resident in charge of Mr. D apprised his wife on her husband's condition, she told them to do everything they can to save him, including resuscitating him if he goes into cardiac arrest again.

Advance directives

- enables competent individuals to design and document their health care decision plan in advance in case of future disability or terminal illness
- **Two types:**
    1. **Instructional** - allow competent individuals to make their healthcare choices in advance; specify their wishes to their providers or families in case of future disability in carrying out end-of-life decision
    2. **Proxy** - families have a responsibility of putting forth the end-of-life care preference of the patient; family members play the role of proxy due to the virtue of their relationship with the patient
        - designated to serve as surrogates, in descending order: the spouse (unless divorced or legally separated); an adult child; a parent; and an adult sibling

- **person's right to autonomously** voice their end-of-life treatment choices has to be respected
    - considering the use of advance treatments and their prognosis
- right of autonomy has some **limitations**
- healthcare professional should **respect the patient's autonomy while considering its limitation** and carry out their duties to benefit the patient without doing harm



When Previously Expressed Wishes Conflict with Best Interests
Alexander K. Smith, MD, MS, MPH, Bernard Lo, MD, and Rebecca Sudore, MD
JAMA Intern Med. 2013 Jul 8; 173(13): 1241–1245.

Guided by prognosis

- Technological advancements and innovations are reshaping the decisions and treatment
    - capable of prolonging the life of a patient rather than allowing the natural dying process

- End-of-life decisions to sustain life are considered on the basis of:
    - patient centered care
    - quality of life after these advance treatments
    - have to be weighed along with shared decision-making process

- The ethical value of patient autonomy and surrogate autonomy should be **respected but weighed against** the use of expensive treatment in futile case circumstances with current increase in healthcare costs.

- In case of futile treatments, families and patients can ethically consider the **option for comfort care**

- if advanced technologies:
    - hold no promises for recovery
    - humiliating and undignified situations for the patients which can be emotionally burdensome
    - financial burden

- It is difficult for the general population seeking medical care to understand the concept of limited treatment in case of futile cases.

- There are no strict criteria to differentiate **futile treatment**; hence it has to be **relied on expert judgment** and **case prognosis**.

Discontinuation of life support

- **Life-support treatment** - used to mean support of vital functions of respiration and/or circulation
- **Life-sustaining treatment** - includes other treatment avenues such as artificial hydration, nutrition, and hemodialysis
- Life-support treatment, under certain circumstances, can become an impediment to the natural process of dying
- Physicians withhold and/or withdraw a harmful, ineffective, or burdensome treatment
- When physicians justifiably withdraw or withhold life-support treatment:
    - they allow patients to die
    - but do not cause, intend, or bear moral responsibility for the patient's death
- These medical actions may be perceived as passive euthanasia, but they are not truly euthanasia because there is no intent to terminate life.

REFERENCES

1. Beauchamp TL and Childress JF. Principles of Biomedical Ethics, 5th ed. Oxford University Press, 2001.

2. Smith, AK., Lo, B., and Sudore, R. When Previously Expressed Wishes Conflict with Best Interests. JAMA Intern Med. 2013 Jul 8; 173(13): 1241–1245.