Ethics Case Database

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Introduction

This database of cases was developed as an educational tool to help build capacity to recognize, analyze and address ethics issues related to health care, professional practice, and policy development. You are free to use the content of this resource for your teaching and learning needs; we ask only that you acknowledge the Nova Scotia Health Ethics Network (NSHEN) as the source.

Unless otherwise indicated, the cases presented here are fictional or have had significant details fictionalized to respect confidentiality and privacy concerns. Some have been adapted from previously published materials (details indicated in italics following the case). To use space more efficiently and avoid redundancy, the cases have been loosely categorized under several broad headings. However, many encompass more than one ethics issue and could therefore fit just as well under a different heading.

Each case in the database includes one or more questions as well as a list of relevant values and ethics issues to help get the discussion started. These are only suggestions and certainly not exhaustive- feel free to adapt the cases, discussion and analysis to suit your own learning needs. As you consider a case, keep in mind that often there is no single "right" answer, but some will be "more right" than others. Reflecting on this and trying to understand why it may be so is a big part of working through the analysis and developing potential solutions for each case.

Some of the cases refer to a particular decision-making tool and these frameworks are also available to you on the NSHEN website (www.nshen.ca). Click on the *Ethics Resources* tab and follow the *Decision Tools* and *Ethics Frameworks* links to access the tools. The resource list at the end of this document includes several resources that provide some case analysis and discussion.

It is NSHEN's intent that this database will grow and change over time. If you have cases or references/ resources that have been helpful to you or would be instructive for others, please let us know. Many of the resources listed at the end of this database are also available from NSHEN's Lending Library. You can access this Library via NSHEN's website—use the *Resource Packages* link under the "Ethics Resources" tab and follow the link *Library of NSHEN books for loan*.

Please contact NSHEN at krista.mleczkoskerry@iwk.nshealth.ca with any questions or for more information.

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Respect for Autonomy

1. CASE: Sensitive Information

John is a young man with a traumatic spinal cord injury that has resulted in paraplegia. He is leaving the rehab hospital on a weekend pass and has confided to his chaplain that he intends to kill himself. The chaplain calls the ethics service for assistance.

- **Should the hospital issue the pass?**
- **What are the ethics issues involved?**
- **What information do you need to find out to move forward?**
- **Who would you invite to a discussion about this issue?**

Some Values and Ethics Issues to Consider

- Respect for autonomy
- Beneficence
- Non-maleficence
- Duty to provide care
- Living at risk
- Moral distress
- Compliance with policy
- Respect for privacy and confidentiality

2. CASE: Treatment and/or Termination? Tough Choices

Melanie is a 21 year old who was recently involuntarily committed after she started a serious fight at a local shelter, thinking that one of the leaders was trying to steal her favourite T-shirt. Melanie has schizophrenia and is well-known to both the police and mental health care providers. She has been living on and off the streets since she left home when she was 16 years old, and has a rather strained relationship with her parents. They have been trying to support her and often provide money for her medications. When Melanie is taking her medications, she is able to find work and has talked about going back to school. However, Melanie finds the side effects of the medications awful and stops taking them, leading to being kicked out of apartments or friends' places when she gets too aggressive.

In doing Melanie's work-up upon admission, it was discovered that she is about 7-8 weeks pregnant. While trying to determine what to do with respect to the pregnancy, she is placed on medications that minimize teratogenic effects for the fetus, and that may have some success in stabilizing Melanie's condition (although it is recognized that this is not the "gold standard" treatment). Melanie's mother, Krystine, was named by Melanie as her substitute decision-maker (witnessed by her psychiatrist at the end of her previous admission), despite some of the challenges in their relationship, and she endeavours to do the best for her daughter. The team has been in discussion with Krystine about treating Melanie and about her pregnancy.

Melanie has indicated that she doesn't know who the father is, as she has had several partners over the last few months. She also alternates between saying that she wants the baby to saying that the baby is cursed and she should be rid of it. Krystine indicates that Melanie has not talked to them about having children, only about trying to get well to go back to school.

Both Krystine and the health care team have some questions and concerns about how to move forward with Melanie's treatment. The health care team calls for a clinical ethics consultation.

- **If the medication regime doesn't stabilize Melanie, would it be ethical to move to a different treatment plan, knowing that this might cause substantial harm to the fetus?**
- **Should the possibility of terminating the pregnancy be discussed further?**
- **Should an attempt be made to find and notify the biological father?**
- **How do the dynamics if Melanie's family relationships factor into this case?**
- **Can or should someone other than Melanie make these decisions?**

Some Values and Ethics Issues to Consider

- Capacity
- Respect for patient autonomy
- Living at risk
- Vulnerability
- Patient-family relationships
- Substitute decision-makers
- Beneficence and non-maleficence

3. CASE: Superbugs

Jeannette Cutler is an 83-year old woman admitted to hospital after falling and breaking her arm. She reports that she fell because she passed out, and so further investigations are being conducted. She has mild dementia but is otherwise seemingly healthy. Upon admission, she screens positive for MRSA and is subject to strict isolation procedures as per hospital policy.

Jeannette was a long-time volunteer at the hospital where she is now a patient. Jeannette is having trouble adhering to the isolation protocol, and several times a day she gets up and starts going into other patients' rooms to "visit". The team has had discussions with her regarding the need for her to remain in her room, but they have failed to achieve the desired effect.

Staff is concerned that she is spreading MRSA and are considering various means of confining her to her room. They aren't sure how best to express respect for Jeannette while also ensuring that other patients are not unnecessarily exposed to harm. They have contacted the ethics committee and the legal department asking for help in working through this case.

- **What ethics concerns are you thinking about as you respond?**
- **Who should be involved in making this decision?**
- **What are some competing values that arise in this case?**
- **Should the well-being of others take precedence over Jeannette's freedom of mobility?**
- **What potential creative solutions can you think of to resolve this issue?**

Some Values and Ethics Issues to Consider

- Respect for individual liberty
- Patient-centered care
- Distributive justice
- Policy compliance
- Respect for autonomy
- Responsibility for health
- Quality of life
- Respect for dignity
- Capacity
- Beneficence and non-maleficence

4. CASE: Expectations for Care

Ned is an elderly patient with relatively advanced dementia who is recovering from surgery to repair a hip fracture. He spends most of every 24-hour period screaming unless someone familiar sits with him. Staff members on the unit are becoming increasingly frustrated and stressed. The unit manager has received numerous complaints, verbal and written, from other patients on the unit and from some of their family members. She decides to call the ethics line.

- **What are the ethics issues?**
- **What are the non-ethics issues?**
- **What underlying values are at stake?**
- **How would you respond to this call?**

Some Values and Ethics Issues to Consider

- Moral distress among health care providers
- Distributive justice
- Resource allocation
- Patient-centered care
- Capacity
- Empathy
- Respect for human dignity
- Quality of life

5. CASE: Caring for a "Difficult" Patient

A female patient in her mid-forties has been on the GI service for several months now due to severe Crohn's Disease, which has left her with multiple draining abdominal fistuli. She has recently moved out of the province but her condition could not be treated adequately in the local hospital so she was transferred back to Nova Scotia. She has no GP. She has one sibling, a sister, who lives elsewhere in NS.

The patient does much of her own care, refusing nursing care inconsistently off and on. She is also unpredictably non-compliant in regards to medications and other treatments. Staff members describe her as extremely demanding and emotionally abusive to them, particularly when it comes to nurses and residents. She has a history of depression and anxiety, but has refused psychology support. As a result of her long hospital stay she is now VRE+ and MRSA+ so is being cared for in isolation. She has experienced 2 admissions to ICU during this admission and has had a cardiac pacemaker inserted. Interestingly, her behaviour has showed marked improvement following each of these ICU admissions, i.e., less abusive, more appropriate.

Nursing staff is feeling extremely frustrated, manipulated, and abused. They are asking for this patient to be transferred off the GI unit. The ethics consult requestor (charge nurse) feels GI is the most appropriate service for her to be on given her diagnosis and severity of her chronic illness, but also concerned for staff morale.

- **Is this an appropriate situation for an ethics referral? Why or why not?**
- **If yes, what are the ethics issues?**
- **Should the health care providers be asking for the transfer? Do they have a duty to provide care?**
- **What ethics issues arise around the patient's mental health and non-compliance issues, and how do they factor into this case?**
- **How would you respond to this request?**

Some Values and Ethics Issues to Consider

- Duty to provide care
- Duty to provide a safe work environment
- Moral distress among health care providers
- Responsibility for health
- Respect for autonomy
- Respect for professional integrity
- Staff morale
- Organizational culture

6. CASE: To Feed or Not to Feed?

You receive a call on the ethics line about a patient's relative (next-of-kin and legal decision-maker) force-feeding her sister who is a patient on the unit (pushing food into the patient's mouth and then holding her mouth closed, pinching her nose, etc. until she swallows). Apparently, this was not an uncommon approach to getting her to eat in the group home where she had lived very happily for 10 years prior to admission (she is 58 years old). The charge nurse feels this is abusive and dangerous behaviour, not acceptable in the hospital setting, and has told the relative this. The patient currently receiving TPN-GI does not feel she is a candidate for a peg-tube. The psychiatrist has assessed the patient as depressed and medication has been started- it takes several weeks to reach full effect, so the team is waiting to see how this will go. The option of ECT has been looked into also, but the anaesthetist feels the patient is too fragile to receive the sort of sedation needed for this procedure.

The team does not feel the patient is appropriate for the acute care orthopedics unit (she is unlikely to walk again, is incontinent, immobile, dependent for ADLs with little sign that this will ever change, so not likely to get back to a group home situation in the community). The team's concern appears to be "we need our beds for patients we can operate on and fix", although they have not voiced this opinion explicitly.

The charge nurse has learned the patient's relative is angry with the team because she feels the patient is being discriminated against on the basis of her cognitive and physical disabilities so that PT and OT are not working hard enough with her. Staff says this is not the case- the patient is refusing to participate (originally she was told that if she walked and ate she could get back to her group home- this has not happened and the nurse feels she has given up, and is exerting the only sort of protest she can by not eating or cooperating with staff efforts any longer).

Finally, there is concern about the possibility of a feeding tube down the road - should the patient get one if she continues to refuse to eat, even after the depression is adequately treated? Is this a decision the relative can make? There are also questions about the possibility of modifying the patient's diet to be more palatable to her, realizing that this is also more dangerous given her high risk of aspiration.

- **How would you work through this case?**
- **Which issues are ethics issues and which are medical decisions?**
- **Who needs to be involved in making necessary decisions to move forward?**

Some Values and Ethics Issues to Consider

- Patient-family relationships
- Respect for professional integrity
- Moral distress of health care providers
- Resource allocation
- Substitute decision-makers
- Respect for dignity
- Staff morale

- Quality of life
- Duty to provide care

7. CASE: Unknown Risks

A person who was a first responder at an accident comes into the Emergency Room with blood/body fluid on himself. The patient who was involved in the accident was immediately sent to Halifax where he later passed away. His family had refused to allow his blood to be drawn for testing. The first responder is concerned about disease transmission and wants this brought to ethics. The request came via the Patient Care Manager in the Emergency Department.

- **What are the ethics issues in this case?**
- **Who has decision-making authority in this case?**
- **How will you proceed with the request?**

Some Values and Ethics Issues to Consider

- Respect for privacy and confidentiality
- Respect for patient autonomy
- Duty to provide care
- Patient-family relationships

8. CASE: Who Should Decide?

This case concerns a 35-year-old developmentally delayed female patient (functional age about 5 years old); her mother is her legal guardian. The patient tested positive for a BRCA gene mutation. Her mother is concerned that her daughter may develop ovarian cancer and wants her to have preventive surgery.

Her physician does not believe this is in the patient's best interests for the following reasons:

1. There is only a 15-30% chance she may develop the disease
2. The procedure does not offer a guarantee against developing cancer
3. The patient has high risk co-morbid conditions including pulmonary stenosis
4. The patient is highly averse to medical procedures (becomes extremely anxious and agitated).

Her physician is questioning the mother's decision and if the surgery should even be offered. He feels surveillance/ screening for the purposes of early detection and treatment is the best option.

- **How do you approach this case?**
- **What ethics issues must be considered?**
- **Where do the value tensions lie in this situation?**
- **Should the mother's request for surgery be granted despite the physician's expert opinion?**
- **Should the daughter's aversion to medical procedures be considered?**
- **Who should make this decision?**

Some Values and Ethics Issues to Consider

- Capacity
- Respect for patient autonomy
- Respect for professional integrity
- Substitute decision-makers
- Resource allocation
- Quality of life
- Risk

9. CASE: Right to Treatment

A 54-year-old male patient has been treated for cancer for 2 years, but his illness has not responded to the major lines of treatment. He has been admitted to hospital with worsening nausea and vomiting, abdominal pain, and failure to thrive.

A CT scan showed progression of disease as evidenced by new ascites along with peritoneal and bone metastasis. He remains on dialysis, but otherwise the treatment plan is symptom management.

His physicians have held several conversations with the patient and his family (wife and children) regarding his "code status." The patient and his wife want him to be a "full code," but the physicians feel it is not in his best interests given his terminal illness; they feel it will actually be harmful to him. ICU physicians were consulted and agree.

The patient and his family are Muslim and believe that everything needs to be done to prolong his life, otherwise they will "displease their God". The patient's wife is under considerable pressure from her husband's brother to ensure everything is done to save him.

The patient is currently a full code and "stably ill", but the physicians and nurses are worried about what will happen in the event he suffers a cardiac and/or respiratory arrest.

- **What are the competing values in this case?**
- **How might you respond to this request?**
- **What additional information could be shared between the patient/family and health care team to help resolve this issue?**
- **What role does the patient's faith play in this case?**

Some Values and Ethics Issues to Consider

- Respect for autonomy
- Patient-family relationships
- Spirituality and religious values
- Substitute decision-makers
- Respect for professional integrity
- Capacity
- Pluralism and diversity
- Beneficence and non-maleficence
- End of life decision-making

10. CASE: At a Crossroads…

Sandra Livingstone, age 45, was admitted to the hospital with diffuse ischemic encephalopathy – a very significant, global brain injury – secondary to sustaining a massive stroke at home. It is now ten months after her admission. Ms. Livingstone is on an acute internal medicine unit where she has been living since her discharge from the intensive care unit.

She is unable to communicate with others and appears to be in profound distress, spending much of her time screaming and obstructing the attempts of nurses to care for her. She is unable to eat and drink due to neurological damage to her swallowing mechanism. She has just managed to remove her J-tube for the fourth time despite being in arm restraints and having her hands padded on a twenty-four hour basis. Trials of various medications to target her intense agitation have been unsuccessful.

The consultant neurologist, Dr. Bailey, recently reassessed Ms. Livingstone. In his opinion, her neurological status is now stable and the prognosis for further neurological recovery is extremely low. He comments that "this is the way she will always be".

Ms. Livingstone had not made a personal/ advance directive prior to her stroke. Her statutory decision-maker is her father, Mr. Livingstone, a person of strong religious faith. He believes that his daughter is "still in there" and that she will eventually recover sufficiently to allow him to take her home. He refuses to discuss the possibility of withdrawing life-sustaining treatment, i.e., her J-tube.

The clinical unit's social worker, Mr. Roberts, has been exploring alternative residency options for Ms. Livingston. Given her current health status and long term, significant care requirements, Ms. Livingstone cannot be formally classified for placement in a continuing care facility. Her local rural hospital has declined to accept her for care through a transfer from the tertiary care centre.

A health lawyer from Legal Services and a clinical ethics consultant are asked to participate in a health care team conference to explore potential ways forward.

- **What issues should be discussed at this meeting?**
- **Which of these issues are ethics issues?**
- **What decisions need to be made?**
- **How should the decision-making be prioritized?**
- **What resource allocation and policy issues in this case have ethical implications?**

Some Values and Ethics Issues to Consider

- Substitute decision-makers
- Capacity
- Compliance with policy
- Spirituality/ religious values
- Patient-family relationships
- Respect for human dignity

- Quality of life
- Resource allocation

11. CASE: Truth-Telling

The patient is an 89-year-old gentleman with moderate dementia and a history of COPD, swallowing difficulties, a CVA, and recent aspiration. The investigation of his aspiration uncovered a lesion in his lung- the physicians felt it was likely to be cancerous. Thoracic surgery verified that it was lung cancer and a determination was made that he would not be a candidate for surgery or chemo, but potentially for radiation if he were to become symptomatic.

Sometime later, the patient underwent a CT scan, which showed that the lesion had not grown much. The attending physician believes the patient is more likely to die from aspiration pneumonia than his cancer.

The patient's son does not want him to be told about the cancer for fear he might become depressed and "give up." According to the physician, the patient can engage in discussions about his health, i.e. diet, etc., but would need assistance from his son for any major decisions.

The health care team is questioning whether they are doing the right thing by following the son's wishes and not telling the patient about his cancer diagnosis. They put in a call to the ethics line.

- **Identify the competing values in this case**
- **How will you proceed with this request?**
- **Who should make the decision about what information the patient receives?**
- **How does one really know what is best for a patient?**
- **Is withholding health care information from a patient ever the right decision?**

Some Values and Ethics Issues to Consider

- Honesty, trust and truth-telling
- Respect for patient autonomy
- Patient-family relationships
- Capacity
- Moral distress among health care providers
- Respect for professional integrity
- Substitute decision-making
- Beneficence and non-maleficence

12. CASE: Should Steve Go Home?

Throughout his life, Steve was the athlete that everyone admired. He played all sports well, especially excelling at basketball. While being quite competitive, Steve was a team player who enjoyed being a part of the team experience.

Unfortunately, while 'horsing around' with his friends last summer, Steve dove off a dock into water that was too shallow. His head cracked on the bottom resulting in a spinal cord injury. He is no longer able to walk and has slowly been regaining some control over a few of his fingers.

At 17, Steve felt that his life was over and has had difficulties participating in his rehabilitation program, saying things like, "What's the point if I'm never going to walk again?" and, "I can't even go to the bathroom by myself!"

Steve's family, friends, and health care team rallied around him providing lots of support and encouragement. Over the past month-and-a-half, the health care team noticed some positive changes in Steve's involvement in his rehabilitation program. He is participating more and talking about wanting to get out of the rehab facility. Accordingly, the health care team was working with Steve on a discharge plan in three weeks, if his progress continued. All of this seemed to indicate that Steve was beginning to see a new life for himself - until one of the Recreation Therapists came to the team meeting three days ago.

Steve and Andrea, the Rec Therapist, developed a close working relationship over his time at the rehab facility. Steve often shared with Andrea what he was really thinking and this has been helpful for the health care team to identify what interventions and supports may be needed. Steve confided to Andrea (three days ago) that the only reason that he was working so hard at learning to use his motorized wheelchair was so that he could control the joystick well enough to ensure that he could kill himself by driving off the same dock where his injury occurred.

A consult with a psychiatrist who specializes in persons with spinal cord injuries reports that Steve is not depressed and does not seem to have the intent to follow through with his plan of suicide. He said that this expression may have been primarily an indication of Steve's ongoing frustration and adjustment to his spinal cord injury.

Even with this information, the team is conflicted about what to do. Their own hopes that they were making progress with Steve have been challenged too. The team agrees to consult the ethics support service.

- **How would you handle this request?**
- **What values appear to be shaping the dynamic for team members? For Steve?**
- **What are the ethics concerns?**
- **How should the health care team reconcile the difference in opinion between the psychiatrist and those who believe Steve's plan to commit suicide?**

Some Values and Ethics Issues to Consider

- Capacity
- Respect for patient autonomy
- Moral distress of health care providers
- Respect for professional integrity
- Honesty, trust and truth-telling
- Patient-provider relationships
- Compliance with policy

13. CASE: Mind Over Matter?

Essie Marshall is well-known in the community for her many years of dedicated volunteer work and leadership. She is also well-known in the emergency department for her frequent visits. As one of the doctors describes her, "She's a challenging patient, but not in the medical sense."

Today Essie is back in the emergency department, saying she is terribly fatigued and has some "pretty bad stomach gas pain" at night. "I just can't seem to get out of bed these days," she tells the attending doctor. "You've got to give me something to boost my energy!" Dr. Gibson performs a careful physical examination, including a complete abdominal exam, the results of which are unremarkable. He suspects, based on further discussion, that her gas pains are due to gastroesophageal reflux disease (GERD) and tells her that he will prescribe an anti-reflux medication. He also spends some time explaining measures she can take to minimize her reflux symptoms. "But what about my fatigue?" she complains. "You haven't given me anything for that and it's worse than the stomach thing!"

Dr. Gibson isn't sure what to do. With Essie's history, any attempts at referring her for a psychiatric consult or to social work have been repeatedly refused. No previous tests or exams have revealed any direct cause for her fatigue. Many in the emergency department believe that Essie is lonely and not sleeping well since the death of her husband three years ago. Because they know her, they have a hard time trying to "get her out the door quickly," even though they know Essie is taking up time and resources that could be used to reduce wait times.

In talking it over with the nurses on duty, the decision is made to give Essie a "prescription" for some vitamins and to give her a shot of vitamin B-12. This could help with her fatigue, but all are a little uncertain about how far to indulge Essie's complaints. This will deal with her today, but what about tomorrow? Together the nurses and Dr. Gibson decide to call for an ethics consultation to talk about this case and the questions it raises.

[Case substantially modified from: Prescribing Placebos, Virtual Mentor 8(6): 377-380, June 2006 – see virtualmentor.ama-assn.org]

- **What underlying values should the staff involved in this case consider?**
- **What ethics questions are raised in this case?**
- **Is the prescribed treatment the same as giving her a placebo? Is this ok?**
- **Is this the right way to handle "frequent flyers" such as Essie?**

Some Values and Ethics Issues to Consider

- Capacity
- Patient-provider relationships
- Resource allocation
- Honesty, trust and truth-telling
- Respect for professional integrity
- Patient-centered care
- Empathy

14. CASE: I Want to Go Home!

A widower (age 88) lives alone, but has family living nearby. Recently he had a stroke and regained consciousness after being admitted to hospital. He was deemed to have cognitive capacity.

His adult children approached the physician in charge of his case along with the unit's Nurse Manager and requested that the patient be placed in a nursing home. The patient was clear and firm in his desire to return to his own home.

The team has requested a clinical ethics consult.

- **What are the main ethics issues at stake here?**
- **What steps would you take to help the patient, family and health care team come to a decision?**
- **How should risk and quality of life be balanced/reconciled in this situation?**
- **Who else should be a part of this discussion?**

Some Values and Ethics Issues to Consider

- Capacity
- Patient-family relationships
- Substitute decision-making
- Living at risk
- Patient-centered care
- Empathy
- Patient safety
- Community health ethics
- Respect for patient autonomy
- Respect for individual liberty
- Respect for human dignity
- Quality of life

15. CASE: Acceptable Judgement?

Sara Thornton, an unemployed 19-year old woman, lives with her 28 year old sister, Fran, and Fran's boyfriend, Alan. Both sisters were diagnosed with bipolar I disorder in their mid-adolescence. They are both estranged from their alcoholic mother, the only living parent.

Fran has learned to manage her illness reasonably well through lifestyle changes, participation in group psychotherapy sessions, and the regular use of mood stabilizer medications. She has a stable, functional relationship with Alan and works full-time as a paralegal at a local law firm.

Sara, on the other hand, 'loves to party' and has an established pattern of binge drinking to dangerous intoxication. She snorts cocaine several times a month. Despite her older sister's advice, she often takes 'drug holidays' from her mood stabilizer medication in order to enjoy the up-shift phase of her mood cycle and to 'get a lot of stuff done.' She has a rather stormy relationship with her current clinical psychologist at the Bipolar Clinic of the local psychiatric hospital.

Fran was informed about psychiatric advance directives at her last visit with her private psychiatrist. She decides to complete one and provide the instruction that she wishes to be treated with antipsychotic medications and ECT if these treatment modalities are considered necessary by her psychiatrist in the event that she loses capacity and is hospitalized for her mental illness. She has a past history of refusing medications while in full-blown mania and this has delayed her recovery from these episodes. She names Alan as her proxy substitute decision-maker.

Fran encourages Sara to write a psychiatric advance directive (PAD) as well. Sara decides to name a friend of hers, who is also a person with mental illness, to be her substitute decision-maker. Because she had a bad side-effect experience with the use of an atypical antipsychotic medication during one of her manic episodes, Sara indicates in her PAD that she does not wish to receive antipsychotic medication if and when she loses the capacity to make her own health care decisions during a manic episode. Following hospital policy, Sara's social worker forwards her completed PAD to her electronic health record.

Three months later Sara presents to the psychiatric hospital ED in full-blown, acute mania. She is threatening to kill her new boyfriend. She is admitted to hospital on an involuntary basis. The psychiatrist on her clinical unit, Dr. Control, knows both sisters from previous hospitalizations and calls Fran about her sister's emergency admission. With support from Fran, Dr. Control challenges the validity of Sara's PAD claiming that, in all likelihood, Sara lacked capacity when she made it. He orders intramuscular antipsychotic medication for management of Sara's acute mania. The nurse preparing this medication for injection notices that Sara's PAD was witnessed by her family doctor. She calls the ethics support line.

- **How would you handle this request?**
- **What issues need to be considered?**
- **Who should be making care decisions in this case?**
- **Who should determine the validity of a personal directive?**

Some Values and Ethics Issues to Consider

- Capacity
- Substitute decision-making
- Respect for professional integrity
- Respect for patient autonomy
- Professional competence
- Care for the vulnerable
- Beneficence and non-maleficence
- Advance care planning

16. CASE: Shifting Gears

Nedra has been fighting ovarian cancer for 3 years. When first diagnosed, Nedra had surgery followed by intensive chemotherapy. Although it initially looked like she might be moving into remission, things started to change about 6 months ago. Nedra started experiencing some bone pain and it was discovered that her cancer had metastasized. Although radiation treatment seemed to make a difference initially, recent scans indicate that there are new spots in the bones throughout her body and the previous ones are growing. Despite this news, Nedra has steadfastly been committed to her treatment and wants to continue fighting.

The health care team knows from previous conversations with Nedra that a number of years ago she became estranged from her family. They did not accept her when she "came out" as lesbian and they have refused to see her and her partner, Willow. This rift has only been recently bridged – in part due to the seriousness of Nedra's cancer – and is still mending. Nedra mourns the loss of time with her family and is struggling with her anger towards them as well. Nedra hopes that there is something else to try that may give her a bit more time as she wants to be able to get things in order with her family.

Unfortunately, Nedra came into emergency a week ago with delirium. Further tests have confirmed that she has brain metastases. She has good and bad days; some days she is aware and able to discuss what is happening, but clearly her capacity is fluctuating.

Willow is Nedra's substitute decision-maker. In discussions with both Nedra and Willow, an increased focus on palliative care and lessening treatment has been discussed and agreed to, given what is happening. This is clearly a change from Nedra's previous position of treatment at all costs. And, as a result, this change in the goals of care has exacerbated some of the family problems.

Nedra's parents and brother do not believe that Nedra has actually changed her mind and are convinced that Willow is interfering with the treatment decisions. They claim that Willow is not supporting Nedra's previously expressed wishes and it seems that when they talk with Nedra that she is inclined to start thinking about treatment again.

The health care team is struggling with providing care for Nedra, feeling that everything that is done is under scrutiny and subject to challenge. Dealing with the pressure to do more coming from Nedra's family is taking its toll on the health care team, as well as Willow. Some team members are unsure about how to understand Nedra's change in the goals of care.

- **How would you assist the health care team, Nedra, Willow and the family to work through these issues?**
- **Does Nedra have the capacity to make this choice?**
- **Is Willow acting appropriately as the substitute decision-maker?**
- **Should Nedra's rocky relationship with her family be considered in the decision-making?**

Some Values and Ethics Issues to Consider

- Respect for patient autonomy

- Substitute decision-making
- Capacity
- Patient-family relationships
- Advance care planning

17. CASE: Too Much to Expect?

92-year old Ellie MacPherson has recently moved to a long-term care facility. She had found that the increasing difficulty she was experiencing due to arthritis with getting dressed, making her meals and getting out of the house meant that she could no longer live on her own.

Ellie brought a number of her favourite clothes to the long-term care facility. While she was initially asked what she would like to wear, this practice has changed. Now the person assisting Ellie with getting dressed chooses the clothes for her. Ellie expressed her frustration with this situation saying, "I'm 92 years old! Don't you think I can choose what to wear? I'm not a baby!"

The response she heard back was that it took too long for Ellie to choose her clothes and that she would have to make do: "Other residents in the facility need assistance with getting dressed as well and I can't spend all my time on you." Ellie's family has requested an ethics consultation to address the issue.

- **Is Ellie's complaint unreasonable?**
- **Is this an ethics issue?**
- **How would your ethics committee handle this inquiry?**

Some Values and Ethics Issues to Consider

- Resource allocation
- Patient-centered care
- Respect for human dignity
- Patient-provider relationships
- Quality of life
- Respect for patient autonomy

18. CASE: When the "Truth" is Painful

Mrs. Sally Parrot, a 73-year old widow, has mild dementia of a presumed neurovascular type. She resides in her own small apartment in Serenity, a private continuing care community in Bedford, where she receives some assistance with housekeeping, meal preparation and organization of her medications. Sally is actively engaged in Serenity's structured activities and, in particular, enjoys participating in the music program and walking group. One of her two children, Lorna, resides in Halifax and visits her once weekly.

Sally was recently diagnosed with slowly progressive, metastatic bowel cancer. After talking it over with Lorna and her son Fred, Sally decides to go ahead with a series of recommended palliative treatments: a short course of chemotherapy, de-bulking bowel surgery and low dosage radiotherapy.

After the chemotherapy, which she has tolerated well, Sally is admitted to hospital for her surgery, which involves removal of a section of large bowel that contains the primary tumour. Unfortunately, she develops post-operative delirium, which has been slow to clear over the past few weeks in hospital. At the present time, she is reasonably clear-headed in the morning, but her cognition deteriorates in a 'sun-down' fashion as the day progresses.

Seeing how her mother has reacted to surgery, Lorna begins to wonder if the planned third phase of treatment, i.e., palliative radiotherapy, is the still the way to go. She decides to wait until her brother arrives later that week from Australia to sort this out. In the meantime, during the late afternoons and evenings, Sally has begun to ask her health care providers about why she is in the hospital. They tell her that she is in hospital for surgical treatment of her bowel cancer. However, Sally does not retain information for more than ten minutes late in the day due to her delirium-related confusion, so each time the direct care nurses inform her that she has cancer in response to her question, she responds in the same way – with surprise and significant emotional distress.

The nurses consider truth-telling in the disclosure of health information to be an important professional value and practice. However, they begin to wonder whether they are doing more harm than good in responding to Sally's repeated questions in an honest and forthright way.

A group of nurses who are experiencing moral distress in these challenging circumstances get together and, with the knowledge of their health services manager, contact the clinical ethics service to make a formal request for ethics support.

- **What are the ethics issues in this case?**
- **How would you work through the issues with the health care team?**
- **Is withholding the truth from a patient ever the right decision?**
- **Should alleviating the distress of the patient and/or the health care team be more of a priority than upholding the value of truth-telling?**

Some Values and Ethics Issues to Consider

- Honesty, trust and truth-telling

- Capacity
- Substitute decision-making
- Respect for patient autonomy
- Moral distress among health care providers
- Patient-family relationships
- Respect for human dignity
- Patient-centered care
- Respect for professional integrity
- Beneficence and non-maleficence

19. CASE: Craig's Right to Choose?

Craig Renaldo is a 14-year old boy who was recently diagnosed with a right lower leg malignant vascular tumour. Staging investigations have been negative for distant metastases. Craig's attending medical oncologist, Dr. Purvis, consults a pediatric orthopedic surgeon, Dr. Mendes, who recommends a below-knee amputation. Dr. Purvis concurs with this recommendation given the aggressive nature of the tumour and the lack of other effective treatments – chemotherapy and radiotherapy have had poor response rates in relevant clinical trials. Dr. Purvis estimates that Craig has a seventy percent chance of survival with the surgery and a twenty percent chance without it.

Craig grew up in the Jehovah's Witness (JW) faith and has been very active in the JW youth community. For the last two years, he and his younger sister Stacy have been living with their maternal aunt and uncle due to the tragic death of their parents in a motor vehicle accident. Uncle Bob and Aunt Kay are strong adherents to their JW faith. Craig and Stacey have a twenty-year old sister, Jane, who is a college student. She left the JW faith community after the death of her parents.

Craig and his aunt and uncle participate in an informed consent process for the proposed surgery including a lengthy sit-down discussion with Dr. Purvis and Dr. Mendes and some other members of the health care team. At the end of this dialogue, Craig and his aunt and uncle, in full agreement, emphatically state that they will not consent to blood transfusion during the surgery due to their religious beliefs. Dr. Mendes indicates that he is unwilling to operate on Craig without such consent given the vascular nature of the tumour and the high likelihood that whole blood transfusions will be required.

The surgical resident contacts Jane who has not been permitted to see or speak to her siblings for the past two years due to her JW disfellowship. She expresses concern for the welfare of her brother and is alarmed by the refusal of consent for blood transfusion. Jane strongly believes that blood should be transfused if it is absolutely necessary during the surgery.

The unit manager contacts Legal Services and the health district's legal counsel, in turn, contacts the Children's Aid Society (CAS). The CAS supervisor indicates an interest in being involved in health care decision-making in these circumstances. A formal clinical ethics consultation is arranged.

- **What are your 'gut' responses to this scenario?**
- **What ethics principles and values are at play?**
- **Who should make this decision?**
- **If the decision is a substituted one, how should such a decision be made?**

Some Values and Ethics Issues to Consider

- Substitute decision-making
- Capacity
- Spirituality and religious values
- Patient-family relationships

- Respect for professional integrity
- Respect for patient autonomy
- Compliance with policy

20. CASE: To Treat or Not to Treat

Stan Miller, a retired widower, sustains severe burns covering 80% of his body surface in a house fire secondary to a propane gas leak. He is initially assessed in the ED of the local hospital where he is sedated and intubated without any pre-resuscitation discussion about the seriousness of his thermal injuries and his care preferences. He is transferred by air ambulance to the ED of the provincial tertiary care centre where he is assessed by an on-call, senior plastic surgery resident. The brief transfer documentation indicates that Mr. Miller has a variety of pre-morbid health conditions including type II diabetes, essential hypertension, coronary artery disease and moderate COPD. He is admitted to the Burn Unit from the ED.

Mr. Miller has three adult children, two of whom arrive on the scene shortly after their father's admission to the Burn Unit. The children, David and Sarah, describe their father as a "go-getter" who approaches his retired life with enthusiasm despite his chronic health problems. They mention that he has been living with a partner, Cathy, who was away on a visit to Ontario to see her family when the fire occurred.

Mr. Miller's three children had an informal discussion with their father a couple of years ago at Christmas time about what he would wish to have done if he ended up in an ICU Unit and could not make treatment decisions on his own. Mr. Miller essentially told them that his care preference would be to fight to stay alive.

A family meeting held on the Burn Unit is held in order to decide the course of treatment. It is attended by Sarah, David, the attending plastic surgeon on rotation, two residents and a nurse who provides direct care to Mr. Miller.

- **What issues would be important to discuss during this meeting?**

<u>Now Consider:</u>

What if the above scenario is the same except that Sarah's 17 -year old son Mike (Mr. Miller's grandson) was staying over for the weekend when the fire happened and he too sustains severe burns- in his case, covering 90% of his body. He arrives with his grandfather by air ambulance after being sedated and intubated in the local hospital ED. In discussion with members of the health care team, Sarah comments that her son recently received an athletic scholarship to attend Acadia University next fall. She reports that he loves the outdoors and has always been in excellent health. The same plastic surgeon and residents and a nurse who directly attends Mike participate in a family meeting with Sarah and her husband in order to decide the course of treatment.

- **What issues would be important to discuss during this meeting?**
- **Does the age and relative health of the patient in this scenario change the issues at hand compared to the first scenario?**

Some Values and Ethics Issues to Consider

- Substitute decision-making
- Advance care planning
- Pediatric ethics

- Resource allocation
- Patient-family relationships
- Quality of life

21. CASE: Balancing Concerns

"Where's the door to my bathroom? Can't a man get some privacy?"

"Uh oh, that's Elias again. We'd better make sure he's alright."

"How many times are we going to have to go through this with him? Maybe we should just put the bathroom door on again."

"The only problem is that on his 'bad' days, he often gets confused and trapped in the bathroom. Don't you remember how long it took us to calm him down after that happened about five weeks ago? He was so worked up! Elias and his family agreed to taking the door off at the meeting about this a couple of weeks ago. It seemed the safer way to go. The problem is that Elias can't always remember that this is something he said he wanted."

"Well, that must have been on one of his 'good' days. We don't seem to be having so many of them now. I'm finding it hard to have this conversation with him every shift!"

- **What are the ethics issues here?**
- **Are there other options that could be considered in this case?**
- **How would you suggest the health care team work through this issue?**
- **Should Elias' safety take precedence over his dignity?**

Some Values and Ethics Issues to Consider

- Capacity
- Respect for human dignity
- Quality of life
- Living at risk
- Patient safety
- Beneficence and non-maleficence
- Substitute decision-making
- Organizational policy

End-of-Life Issues

22. CASE: Double Effect?

The following call comes in to the ethics line:

"Hi. It's Celine from Oncology. We have a patient here who is in the end stages of lung cancer and is in a lot of pain. The patient and his family are strongly Catholic. The patient's pain doesn't seem to be well-controlled. But the family won't authorize increasing his dose of hydromorphone because they are concerned, based on the physician's description of possible side effects, that they will be artificially shortening his life. One of the family members accused the team of trying to euthanize the patient. This is causing the team a lot of stress. Can the ethics committee help us out with this?"

- **How will you respond to this request?**
- **Who would you speak to in order to gather the necessary information?**
- **What are the conflicting values in this situation?**

Some Values and Ethics Issues to Consider

- Spirituality/ religious values
- Capacity
- Patient-family relationships
- Respect for patient autonomy
- Substitute decision-making
- Moral distress among health care providers
- Respect for professional integrity
- Professional competence
- Beneficence and non-maleficence
- End-of-life decision-making

23. CASE: Reaching the Limits

Mr. Stanley, a divorced 55-year old journalist with a history of epilepsy, was admitted to the medical ICU after an unwitnessed (presumably prolonged) episode of status epilepticus at home. Investigations, including an MRI study, revealed that he had sustained watershed cortical infarcts and a diagnosis of severe anoxic encephalopathy was made.

Mr. Stanley did not regain consciousness during the first three weeks of his ICU admission. Although formal criteria for brain death were not met, the attending critical care specialist, Dr. Hamilton, was of the opinion that Mr. Stanley would not regain sufficient functional status to allow him to meaningfully communicate with others and to live outside of an extended care facility. A consultant neurologist agreed with Dr. Hamilton's opinion. The unit's transplant coordinator was aware of Mr. Stanley's clinical circumstances and had a brief hallway chat with Dr. Hamilton.

After a long discussion with Dr. Hamilton, two of Mr. Stanley's three adult sons, both of whom were living in the area, made the difficult decision to withdraw their father's life support. The youngest brother, who was angry with his father about his parents' divorce, was living in the UK and had not been in contact with Mr. Stanley during the past two years. Speaking to his brothers over the telephone, he strongly objected to the withdrawal of his father's life-sustaining treatment. He informed them that he had heard of miraculous recoveries in similar circumstances.

A telephone call to the provincial organ donation registry revealed that Mr. Stanley had not indicated "yes" on his MSI card donor certificate. However, one of his Halifax-based sons recalled a brief discussion in which his father had stated that he wished to donate his organs after death.

The transplant coordinator had a prolonged, sit-down discussion with the two locally-based sons. They decided to provide consent for DCD - organ donation after cardiac death. In the day and a half prior to the scheduled discontinuation of mechanical ventilation, several tests were performed to assess the viability of Mr. Stanley's organs. In addition, two intravenous medications were administered to ensure the continued viability of his organs until the organ donation/ transplantation procedure could take place.

Mr. Stanley's youngest son arrived on the scene and witnessed the performance of these tests and interventions. He asked Dr. Hamilton to explain why these were being performed and requested a detailed description of the DCD process. He became very upset and left the unit to seek the advice of a lawyer.

The next morning, Mr. Stanley was removed from life support in the ICU with the two locally-based sons present. His heart stopped thirty-five minutes later. Five minutes after this, he was quickly transferred to a nearby surgical unit where his organs were surgically procured for transplantation to a number of waiting hospital patients in end-organ failure.

- **How would you feel about these circumstances as a health care provider assigned to Mr. Stanley's care?**
- **What are some of the relevant ethics issues?**

- **Does the practice of DCD challenge our usual understandings of death and/or informed consent/ choice?**
- **Do you think the right decision was made?**

Some Values and Ethics Issues to Consider

- Informed consent
- Personal directives and advance care planning
- Patient-family relationships
- Respect for patient autonomy
- Substitute decision-making
- Moral distress among health care providers
- End-of-life decision-making

24. CASE: Changing Care and Care-Giving

Kevin Henderson is an 83-year old man who is hospitalized in an internal medicine clinical unit at the local hospital. Kevin has a variety of serious medical conditions including severe Alzheimer's disease, diabetes, coronary artery disease and advanced chronic obstructive lung disease. He is slowly recovering from a difficult-to-treat pneumonia, which required treatment with intravenous antibiotics.

During this admission, the clinical unit nurses and attending physician are having a difficult time communicating with Kevin. On some occasions, he appears to recognize his wife and children and speaks a few, seemingly appropriate, words to them.

Family members make regular visits to the hospital. Mr. Henderson's wife, Nancy, has osteoarthritis that has been increasingly disabling of late. She is somewhat shy and tends to defer her decision-making to her eldest son, Peter. He lives in Toronto and usually visits home twice yearly. He has recently flown to Halifax to see his father and provide psychological support to his mother. Peter has power of attorney for his father's financial matters.

There are two other children, Sandra and Paulette, who live in Dartmouth. They are estranged from their brother due to unresolved, significant conflict that arose from the sale of the family cottage two years ago.

When out of hospital, Kevin lives with Nancy at home in a rural area, where he is totally dependent on his family and visiting VON nurses. Nancy has been finding it increasingly difficult to care for her husband at home. She arranges to meet with her children in the clinical unit's family room to discuss alternate living arrangements for Kevin. When they meet, Nancy states that she is not willing to make a decision about placing Kevin in a continuing care home on her own. She then looks to Peter to begin the discussion.

An advance/personal directive has not been made. Kevin, who was in denial during the early stages of his dementia, avoided talking to his family about his wishes for his care when his health condition got worse. Sandra recalls that while her father was well, he had once commented to her that he did not want to end up in a nursing home at the end of his life.

- **What ethics concerns should the family be considering as they seek a way forward?**
- **Who should be making decisions about Kevin's care?**
- **How would you help to facilitate this discussion?**
- **Should Nancy's health and well-being be considered equally as Kevin's?**

Some Values and Ethics Issues to Consider

- Capacity
- Substitute decision-making
- Patient-family relationships
- Respect for patient autonomy

- Advance care planning and personal directives
- End-of-life decision-making

25. CASE: A Difference of Opinion?

Mary is a 90-year old woman who has been in hospital several weeks. She has a COPD exacerbation, increasing difficulty swallowing, and pneumonia. She has said repeatedly she is tired of being in hospital and tired of fighting to breathe. She doesn't want a feeding tube or her IV but wants to be allowed to die comfortably.

Mary's daughters who have been regular, frequent visitors, say she has always been a fighter and would never want to give up. They believe she is just discouraged and are requesting everything be done to keep her alive including a feeding tube, IV hydration, and mechanical ventilation if it becomes necessary.

The resident in charge of Mary's care calls the ethics request line.

- **What are the ethics issues in this situation?**
- **What underlying values are at stake?**
- **Should Mary or her daughter's have decision-making authority?**
- **How would you respond to this call for ethics support?**
- **Who should be involved in the discussion?**

Some Values and Ethics Issues to Consider

- Informed consent
- Capacity
- Substitute decision-making
- Advance care planning and personal directives
- Quality of life
- Respect for human dignity
- Respect for patient autonomy
- Patient-family relationships
- End-of-life decision-making

26. CASE: Withdrawal of Life-sustaining Treatment, or Euthanasia?

An ethics request came from nursing staff caring for a patient dying with end-stage throat cancer on acute surgical service. The patient has requested a removal of her tracheotomy and a chance to die as she chooses. She had agreed to try the trach for a while, but is finding it negatively impacts her quality of life too greatly. Her spouse (in his 80s and not physically well) is present and her whole family is agreeable to her request.

The conversation with the patient continued for several days to give her ample time to consider the implications of her decision and allow her to change her mind if she wanted. She remains adamant, has capacity, is well-informed, and has made her decision voluntarily.

Difficulty has arisen because a few staff members on her team see this course as "assisting suicide" and have refused to continue to care for her. Other staff members are uncomfortable and concerned about possible legal repercussions.

When the trach is finally removed, an unexpected crisis develops. The sedation given during the procedure wears off several hours later, such that the patient becomes very short of breath and agitated, which distresses the family and the staff caring for her. Staff felt they were not adequately prepared to handle this sort of crisis and did not have ready/ timely access to palliative care or ENT physician support to deal with it.

The nursing unit manager thinks it would be helpful to have an ethics-focused discussion facilitated by people not connected to this inpatient unit.

- **In this scenario there are a number of different ethics concerns affecting the patient and family as well as staff members. What issues would you consider important to include in the discussion with staff who attend the meeting?**
- **What values may be stake for the various participants in this scenario?**
- **What steps would you take to prepare for this meeting?**
- **Does this case have policy implications? If so, what are they?**

Some Values and Ethics Issues to Consider

- Capacity
- Respect for patient autonomy
- Informed consent
- Respect for human dignity
- Patient-centered care
- Patient-family relationships
- Moral distress among health care providers
- Medical error
- End-of-life decision-making

27. CASE: Withdrawal of Life-Sustaining Treatment

Mr. Windown, age 82, is admitted to a cardiology clinical unit with unstable angina. In addition to his coronary artery disease, Mr. Windown suffers from disabling generalized osteoarthritis, chronic and progressive obstructive lung disease, and diabetes with associated compromise of his vision and kidney function.

The coronary angiography reveals significant blockages of Mr. Windown's coronary arteries. His attending cardiologist recommends that he undergo urgent four-vessel cardiac bypass grafting (to shunt blood around the blockages). The consultant cardiovascular surgeon, Dr. Paterna, gets Mr. Windown to sign a consent form for the procedure and mentions that it is anticipated that Mr. Windown will need to spend two days in the Cardiovascular ICU after the surgery.

In the past year, Mr. Windown's health status has deteriorated to the extent that he can no longer perform any physical chores on his hobby farm. Prior to developing unstable angina, he was limited to walking around the first floor of his farmhouse and watching TV. After giving considerable thought to his future health care and treatment, Mr. Windown named his daughter, Elle, as his delegate in a personal directive, which does not provide any specific instructions. In a general, frank discussion about his health, Mr. Windown clearly expressed to his wife and Elle that he did not wish to be maintained on life support for a prolonged period of time.

Unfortunately, Mr. Windown experiences a significant complication from his cardiac bypass surgery – he suffers an intra-operative stroke, which renders him incapable of making health care decisions on his own.

Two and a half weeks after the surgery, Elle speaks to Dr. Paterna (who is now her father's attending ICU physician) and requests that her father's life sustaining treatment (including mechanical ventilation and renal dialysis) be withdrawn. Dr. Paterna gets annoyed with Elle, describes Mr. Windown's health status in highly technical terms, and emphatically informs her that, in his opinion, her father has a reasonable chance of recovery to a functional status similar to the one he has experienced for the past year. Dr. Paterna tells Elle that this recovery will require another two to four weeks in the ICU and that he is uncomfortable with withdrawing Mr. Windown's life sustaining treatment at this time.

When Elle insists that her father's prior, verbally-expressed wishes be respected, Dr. Paterna manages to put her off for a few days by not responding to her request for a family meeting. He complains bitterly in the staff room that Mr. Windown's family is being "difficult". With the encouragement of the ICU's assertive social worker, Dr. Paterna reluctantly agrees to consult ethics.

- **How would you proceed with this consult?**
- **Is this a communication and/or professional practice issue or an ethics one?**
- **Identify any underlying ethical tensions in this situation?**
- **Is Dr. Paterna right to push back on Elle's request?**

Some Values and Ethics Issues to Consider

- Advance care planning and personal directives
- Substitute decision-making
- Respect for professional integrity
- Respect for patient autonomy
- Respect for human dignity
- Patient-provider relationships
- Patient-family relationships
- Quality of life
- Consent

28. CASE: Mind the Gap!

Mrs. Hardriver is admitted through ER to a general surgery unit for emergency surgical management of an acute small bowel obstruction secondary to her advanced colorectal cancer. After surgery, Palliative Care is consulted and they agree to admit Mrs. Hardriver to their service. As there is no palliative care bed available at the time of referral, the surgical unit agrees to keep her until one is freed up. Three days post-op, Mrs. Hardriver develops significant delirium and lapses into a semi-conscious state, which is thought to be secondary to her known, multiple brain metastases.

Mr. Hardriver, his wife's legitimate substitute decision-maker, informs members of her attending medical team that she has been 'a fighter' all her life and that, at the time of admission, she told him that she wished to have everything possible done to save her life, including admission to an intensive care unit after surgery. He produces a valid, up-to-date advance directive, which contains instructions that are consistent with Mr. Hardriver's account of his wife's previously expressed wishes. A health record review reveals that Mrs. Hardriver had always rejected the option of 'Do Not Resuscitate' on previous hospital admissions for management of various complications of her colorectal cancer.

Despite Mrs. Hardriver's expressed wishes, Mr. Hardriver believes that a palliative care (only) approach is in his wife's best interests at this time. The consensus view among the medical team and other attending health care providers is supportive of his position. However, Mr. and Mrs. Hardriver's daughter Sara believes her mother's expressed wishes should be respected and calls the ethics committee.

- **Given this (near) consensus among the decision-makers, is it reasonable to seek an ethics consultation? Why or why not?**
- **When should a substitute decision-maker be able to override a personal directive?**
- **What is the ethics committee's role in assisting Sara in this difficult situation?**

Some Values and Ethics Issues to Consider

- Advance care planning and personal directives
- Substitute decision-making
- Respect for patient autonomy
- Respect for human dignity
- Patient-family relationships
- Quality of life
- End-of-life decision-making

29. CASE: Complicated Caring

Mr. Sundown is a 78-year old African Nova Scotian who is a patient in an internal medicine clinical unit at the Halifax Infirmary. He has a variety of serious medical conditions including diabetes, coronary artery disease, and advanced COPD. He is experiencing progressive respiratory failure on the basis of a difficult-to-treat pneumonia. Mr. Sundown has Alzheimer's disease and, when out of hospital, lives at home in Dartmouth, where he is totally dependent on his family and visiting VON nurses.

During this admission, the clinical unit nurses and attending physician are having a difficult time communicating with him. On some occasions, Mr. Sundown appears to recognize his wife and children and speaks a few seemingly appropriate words.

Mrs. Sundown and her children make regular visits to the hospital. Mrs. Sundown is a physically healthy person. She is shy and tends to defer in her decision-making to her eldest son, Peter, who has power-of-attorney for both his parents. He lives in Toronto and usually visits home twice yearly. There are two other siblings, Don and Paulette, who live in Halifax.

Mrs. Sundown and Peter are members of a fundamentalist faith. Mr. Sundown is a life-long agnostic, while Don and Paulette attend protestant churches. They all get along pretty well as long as no one brings up religion.

At a health care team conference, there is discussion of the possibility of withholding further potential treatment (including mechanical ventilation) for Mr. Patterson whose health condition is rapidly deteriorating. The attending physician and most other members of the treatment team believe that this is in Mr. Sundown's best interests, given his apparent low quality of life and what they perceive to be his potential for prolonged suffering.

On a review of Mr. Sundown's health record, the charge nurse notices that Peter Sundown is listed as the next-of-kin on the admission notes, and that an advance directive has not been made. Family members report to the attending medical resident that Mr. Sundown has not clearly indicated his wishes/ preferences for medical care and treatment at the end-of-life.

The attending physician is aware that the relevant intensive care unit is full and that there are five other very ill patients waiting for urgent admission. He calls for an ethics consult.

- **What issues should be discussed during this meeting?**
- **Who should be present at this meeting?**
- **What weight should resource allocation have in this case?**

Some Values and Ethics Issues to Consider

- Advance care planning and personal directives
- Substitute decision-making
- Spirituality and religious values
- Resource allocation
- Respect for patient autonomy
- Respect for human dignity

- Patient-family relationships
- Quality of life
- Capacity
- End-of-life decision-making

Organizational Ethics Issues

30. CASE: Awards – Who Gets Them and Why?

This case involves an organizational concern about inconsistency in the approach to applying for, being nominated for, and receiving awards. Specifically, the requestor identified that there wasn't a process or policy in place to objectively review each application and there were inconsistencies in the process for selecting those to receive individual awards.

Overall, the motivation for identifying these issues for consideration from an organizational ethics perspective was a genuine concern about maintaining the integrity of the awards and recognitions that are bestowed by the hospital. There is a strong desire to help ensure that suitable persons and teams are given appropriate awards and recognition now and in the future. Further, a clear commitment to the stewardship of these awards (especially for the ones that have a financial component) is connected with the need for exploring these issues.

- **How would your committee work respond to this request?**
- **Upon which values could such a policy be based?**
- **What process would you use to assist the policy-makers with this request?**

Some Values and Ethics Issues to Consider

- Compliance with policy
- Fairness
- Accountability
- Resource allocation
- Transparency
- Organizational ethics

31. CASE: Stakeholders' Role in Decision-Making

This case concerns parental involvement in decision-making related to maintaining a residential facility for adolescent patients. Due to a lack of sustainable funding, in consultation with the operations team, the facility board has made a decision to close the facility. The requestor indicated that the parents of the adolescent residents were concerned because they felt that they were not being respected within the decision-making process, i.e., their status did not feel equal to that of the health care professionals involved in the process.

The parents felt that they had not had adequate opportunity to express their concerns or to contribute their perspectives. They expressed concern over their current level of involvement in terms of:

- Its contrast to their previous high level of involvement when the facility was being established
- It not being in keeping with the organization's commitment to transparency and accountability.

They described a secondary concern which had to do with the organization not honouring verbal promises related to the permanence of the residential facility that were made to the parents by hospital representatives when the facility was established.

- **Are there ethics concerns here?**
- **How would you handle this request?**

Some Values and Ethics Issues to Consider

- Accountability
- Resource allocation
- Transparency
- Compliance with policy
- Duty to provide care
- Organizational ethics

32. CASE: To Report or Not

Dr. B is the epidemiologist and director of infection control for an academic health centre. The reportable disease statutes and regulations in Dr. B's province specify that hospitals and other health care facilities throughout the province are required to track nosocomial infections (infections not present in patients prior to their admission to the hospital) and to "rapidly report outbreaks" to the local health department. What constitutes an "outbreak" is not specifically defined in the statute or in the regulations. This determination is left to the discretion of each facility's epidemiologist.

As the hospital's epidemiologist, Dr. B is charged with collecting data on all reportable diseases. He is responsible for determining when the threshold for an outbreak has been met. His staff provides him with data indicating that the rate of several nosocomial infections has been increasing steadily. The increases have been sustained over a period of three and a half months and are statistically significant. Although Dr. B's data lag behind by approximately one month due to data collection limitations, all indications are that the rates will remain at their current elevated levels or may even escalate. In Dr. B's opinion, these increases constitute a nosocomial outbreak and should be reported to the local health authorities.

The hospital is still reeling from the political fallout resulting from intense media attention on a young patient with epilepsy who was left unattended and who suffered a serious fall during a grand mal seizure. The patient is now in a persistent vegetative state. The hospital administration, risk management, and the legal counsel for the medical centre and the university are highly sensitive about the incident. The situation has upset the provincial health minister as well, who has expressed his concern about its reflection on him and his chances for re-election. He is said to have told those close to him that he will "make heads roll" in order to appear to have dealt adequately with the situation.

Dr. B's infection control staff believes that they have identified the probable cause of the outbreak. They have found that healthcare providers are frequently not adhering to basic hand-washing regimens that are required by standard infection control procedures. Observers on the units report that only 30% of healthcare workers wash their hands between patient contacts. The situation is even worse in the ICUs where only 10% of physicians wash their hands between patient contacts. The welfare of every patient on every unit of the hospital is jeopardized by this situation. Dr. B plans an aggressive internal communications campaign to increase awareness of the current low levels of hand washing and to emphasize the importance of infection control in the care of patients.

Dr. B relays his findings to the hospital leadership and maps out his plans for an aggressive communications campaign. He receives a less than lukewarm response. He is questioned about the provincial reporting requirements. He is told that, since the parameters defining "outbreak" are not specifically defined, it is highly doubtful that the institution is experiencing an outbreak. Hospital administrators agree that the situation must be monitored closely. However, they instruct Dr. B not to report the nosocomial outbreak to the local health agency. In addition, they advise him not to disseminate data on the levels of hand washing observed on the units and instruct him to limit his campaign to a general message emphasizing the importance of

hand washing in any successful infection control effort. He is told to monitor the situation closely. In response, Dr. B calls the ethics committee for assistance.

[Case modified from: Ann E. Mills, Edward M. Spencer, and Patricia H. Werhane, *Developing Organization Ethics in Healthcare: A Case-Based Approach to Policy, Practice, and Compliance*, Hagerstown, Maryland: University Publishing Group, 2001, Case #11 by Margaret Skelley, pp. 41-42]

- **What is your gut feeling as you read through this case?**
- **What values are at play for Dr. B? For the hospital administrators?**
- **Would a decision-making framework be relevant or helpful in this situation?**
- **How would you approach this situation when Dr. B. called for an ethics consult?**

Some Values and Ethics Issues to Consider

- Accountability
- Transparency
- Medical error
- Patient safety
- Compliance with policy
- Duty to provide care
- Risk
- Honesty, trust and truth-telling
- Respect for professional integrity

33. CASE: Ethical Advertising?

A hospital has placed billboards throughout the region with the following statement: "Are You a Victim of Sexual or Domestic Assault? Come to Warman Center Where We Will Treat You Immediately. Our Staff of Counsellors and Providers Have Received Special Sensitivity Training in This Area. You Are Our Main Concern."

A twenty-five-year-old college student presents to the Warman Center's emergency department stating, "My boyfriend assaulted and raped me and I need help." The registration clerk notices that there are fresh bruises and bleeding on her face, neck, and arms. The student fills out registration information and is asked to sit in the waiting room.

Several hours pass. The young woman approaches the registration clerk and states, "I am really scared. I have pain. I am terribly upset about what has happened to me, and I just can't sit here any longer."

The registration clerk responds, "Haven't you seen all the ambulances come in? We have patients with critical injuries like pneumothorax here. You will have to wait your turn."

Three and a half hours later, when a nurse calls out the student's name to be seen, she is no longer in the waiting room.

(Case adapted from: Ann E. Mills, Edward M. Spencer, and Patricia H. Werhane (eds), Developing Organization Ethics in Healthcare: A Case-Based Approach to Policy, Practice, and Compliance, Maryland: University Publishing Group, 2001, p. 55)

- **What do you see as the organizational ethics issues?**
- **How should these issues be addressed?**
- **What values should be considered in this discussion?**

Some Values and Ethics Issues to Consider

- Accountability
- Duty to provide care
- Honesty, trust and truth-telling
- Compliance with policy
- Priority-setting

34. CASE: To Tell or Not to Tell

The head pathologist of the regional hospital informs the head pathologist of the tertiary care centre that the post-mortem examination of a former patient, Mrs. Dempsey, has revealed that she suffered from a neurological infection called CJD (Creutzfeldt-Jakob Disease). The tertiary centre pathologist reports this to the VP of Acute Care who determines through investigation that Mrs. Dempsey had brain surgery at the tertiary care centre a year and a half ago. At that time, Mrs. Dempsey had a few symptoms consistent with CJD but this diagnostic possibility was not considered by the attending health care team. The surgical instruments used in the Mrs. Dempsey's surgery were sterilized as per standard protocol and subsequently used in other neurological surgeries at the centre.

Some relevant CJD facts:

- The involved infectious agent is a prion
- Prions are transmitted only by neural tissue (brain/nerves) to neural tissue exposure
- Unlike most infectious agents, prions can survive standard sterilization procedures
- CJD is a progressive, devastating neurological infection that leads to disabling illness and premature death
- The usual incubation period from a person's exposure to CJD to symptomatic infection is 12 to 28 months
- There is no way to conclusively determine that a person has CJD prior to post-mortem autopsy
- There is no known treatment for CJD

An ad hoc disclosure working group is struck. In the course of using their hospital's disclosure policy's decision-making framework, a participating infectious disease specialist, Dr. Bugg, reports on the clinical literature (evidence) related to CJD disease and its transmission. He expresses his informed opinion that, in the particular circumstances under consideration, there is a theoretical, extremely low risk of past transmission of CJD to patients who had surgery utilizing the potentially contaminated instruments for the month after Mrs. Dempsey's surgery. Dr. Bugg also comments that, in the last twenty-five years, there have been no reported cases of CJD (world-wide) resulting from patients' exposure to contaminated surgical instruments.

- **Using your institution's disclosure policy decision-making framework (or that provided on NSHEN'S website under the "Ethics Resources" tab at http://www.nshen.ca/docs/nshen_adverseevents.pdf), what do you think are the key issues to be considered?**

As per Step 7 in NSHEN's framework, the working group members collaboratively develop a list of benefits and burdens for each of three identified potential disclosure options, i.e., non-disclosure, disclosure to those who have been exposed, and external-public disclosure.

- **Given the facts as presented and using the framework indicated, what decision would you support and why?**

Some Values and Ethics Issues to Consider

- Accountability
- Honesty, trust and truth-telling
- Compliance with policy
- Medical error
- Disclosure of adverse events
- Patient safety
- Transparency

Conflict of Interest

35. CASE: Competing Interests?

A medical device had been developed by a physician who provides care at your local hospital. The department he works in wants to begin to use that device on a regular basis. A process to guide this action has been developed by the physician in question and his team. They would like the ethics committee to review the process to ensure fairness and discuss any ethics aspects of the possible adoption of a medical device developed by a practitioner.

- **What ethics issues would you consider?**
- **Who else should be involved in this review?**
- **What other organizational policies could align with this issue and/or be consulted to inform the review process?**

Some Values and Ethics Issues to Consider

- Conflict of interest
- Fairness
- Patient safety
- Transparency
- Resource allocation

36. CASE: Fee-For-Service Care (Complementary/ Alternative Practices)

A registered nurse is also a registered massage therapist and runs a private practice out of her home. Physicians often refer patients to her privately for massage therapy, but have also begun asking this RN to provide massage services while on duty in the hospital. She feels uncomfortable about this and after speaking with her manager and director, requests an ethics consult.

- **What are the main ethics issues to think about in this situation?**
- **What other issues need addressing in this case?**
- **How would your committee respond to this request?**

Some Values and Ethics Issues to Consider

- Compliance with policy
- Resource allocation
- Health care provider relationships
- Organizational culture
- Overlapping personal and professional roles and responsibilities
- Professional boundaries
- Conflict of interest

Resource Allocation & Priority-Setting

37. CASE: A Question of Resources

Joyce Skinner is a 38-year old woman with non-curative leukemia. She is the single mother of two children, ages 11 and 8, and her ex-husband is 'out of the (parental) picture'. Since her leukemia diagnosis, Joyce has approached her progressive hematological cancer in an assertive manner, seeing it as her responsibility to fight to stay alive and look after her children for as long as possible.

Over the past few years, her attending hemato-oncologist, Dr. Jones, has arranged for her to be a research participant in a variety of experimental chemotherapy trials, which have extended her life beyond what was initially anticipated. However, about 6 months ago, Joyce's leukemia moved into a treatment-resistant phase and her medical regime is currently palliative in nature and intent.

Joyce is now residing in a hematology clinical unit of a tertiary care hospital where she is followed regularly by a palliative care consultant, Dr. Miller. In the last 3 weeks, the frequency of blood transfusions required to keep Joyce's hemoglobin at a low functional level has progressively increased such that she is now receiving transfusions every second day. Joyce is not eligible for transfer to the hospital's Palliative Care Unit while blood transfusions are a component of her care plan.

She is very weak and is confined to her hospital bed. Her children visit her regularly with their aunt Cathy, who has assumed parental responsibility for them. They have missed a considerable amount of school time in the last few months.

Despite the honest information provided by Dr. Jones, Joyce is in some denial about her grim prognosis and strongly believes that she can continue to 'beat the odds'. She remains reasonably clear-headed and is capable of making health care and treatment decisions on her own. She insists that Dr. Jones continue the blood transfusions indefinitely. Her sister and Dr. Jones and Dr. Miller are of the shared opinion that the transfusions should be discontinued and that Joyce should be transferred to the Palliative Care Unit.

Dr. Jones, who sits on the provincial blood management committee, is aware that there has been an exceptional demand on existing provincial blood resources in the last few weeks due to a number of major highway accidents. The hospital is chronically under-resourced. There are typically one or more patients waiting in the emergency department for admission to the hematology clinical unit.

- **What do you think is important to Joyce (in terms of her personal values)?**
- **On what basis could Joyce claim a right to continue receiving blood transfusions?**
- **What ethics principles and values are at play in these circumstances?**
- **What weight in the decision-making should be given to the clinical judgments of Dr. Jones and Dr. Miller?**
- **Should Cathy (as an engaged family member) participate and have some authority in the decision-making? Would this change if Joyce loses capacity and Cathy becomes her sister's substitute decision-maker?**

- **Is 'bedside rationing' of limited health resources an appropriate form of health resource allocation?**
- **With their mandates to manage limited health resources prudently, should the District Health Authority and/or the provincial Department of Health & Wellness have a role in such end-of-life decision-making?**
- **Under what circumstances would it be ethical to deny Joyce's request for further blood transfusions?**

Some Values and Ethics Issues to Consider

- Resource allocation
- Distributive justice
- Substitute decision-making
- Patient-centered care
- Respect for patient autonomy
- Respect for professional integrity
- Compliance with organizational policy
- Quality of life
- End of life decision-making

38. CASE: Managing Human Resources

The Bluenose Villa is a continuing care facility licensed under the Nova Scotia Homes for Special Care Act. It is owned and operated by a rural, non-profit health organization. At a recent meeting of the senior management team and Board of Directors to establish next year's annual budget, the CEO, Ms. Seahead, shares her concerns about the long term, sustainability of the Villa to recruit and retain qualified, motivated employees. She cites the relevant shifting demographics including an urbanization trend, an aging population and workforce, the upcoming retirement of large cohorts of 'baby boomer' workers, and the likelihood of intensified recruitment of personal care workers by acute care hospitals that are able to offer higher salaries.

The Villa devotes as many of its resources as possible to the delivery of a broad range of programs and services for its residents including comprehensive recreational/ social programs and the offering of high quality and varied food choices. The non-profit organization needs to invest on a regular basis in the maintenance and improvement of its aging physical facilities. While the CEO believes that the Villa has been fair in the terms and conditions of employment of its staff, she is worried that the Villa is falling behind other health employers in the District in its ability to attract and retain good staff.

Most of the Villa's residential placements are government subsidized and the CEO has just been informed that the per diem care rate paid by the Department of Health will remain unchanged for the next year.

The decision-making group, consisting of the senior management team and Board, decide to use the health priority-setting decision-making framework developed by the Nova Scotia Health Ethics Network to assist them in their annual budgeting process.

- **Using *A Decision-Making Framework for Health Priority Setting* found on NSHEN's website (http://www.nshen.ca/docs/nshen_healthpriority.pdf) to work through this case, what key budget-related concerns do you identify?**
- **What are your fiscal priorities?**
- **How do your priorities relate to your employee-retention pla?**
- **How will you justify the priorities you determine after using the decision-making framework?**

Some Values and Ethics Issues to Consider

- Resource allocation
- Priority setting

39. CASE: Setting Priorities

In the wake of a mass casualty event, a hurricane that devastated much of Nova Scotia, blood resources within the province are extremely scarce. There is not enough blood to meet all the legitimate blood-related health needs of Nova Scotians, and the blood supply is not expected to increase significantly in the next two months. Tough choices have to be made. The following three patients have been admitted to a rural general hospital and are in need of blood transfusion:

Jim is a relatively healthy, 87-year old man who requires a colectomy for a benign hemorrhagic bowel disorder. He is scheduled for surgery along with many urgent others, and it is anticipated that he will not rise to the top of the waiting list for at least two months. To bridge the gap between now and then, he requires regular (e.g., q 3 weeks) transfusions. Jim lives independently in the community and is very engaged with two of his children and six grandchildren who live in the local area.

Sue is a 42-year old woman admitted to the palliative care service whose progressive leukemia is causing her to be significantly fatigued and short of breath. The attending hematologist estimates that regular blood transfusions would allow her to remain functional at home for about another eight months. She has three children ages 4, 7 and 11. The family is dependent on the single income of her husband who is a plumber.

Kevin is a six-year old boy with a poor prognosis cancer diagnosis. His present quality of life is poor – he is confined to bed and spends most of his time asleep. He is not experiencing any pain. Kevin is able to communicate with his parents for an hour or two a day. His medical oncologist estimates that regular blood transfusions would extend his life for about another five months. It is anticipated that Kevin's quality of life will remain essentially unchanged during this period of time. Kevin's parents are demanding that their son receive these blood transfusions.

Dr. Fairchance, as the hematologist on-call, is asked to make a decision about which of these three patients should be started on blood transfusions. She recognizes that there is currently enough available blood to meet the needs of only one of these patients. Dr. Fairchance is also asked to prioritize the other two patients in the unlikely event that more blood becomes available in the next week or two. As the medical resident on-call, you have been requested to assess Jim, Sue and Kevin and to report back to Dr. Fairchance regarding their present health status. She would also like you to assist her with the rationing decision.

- **What factors should be considered in micro-allocation decisions? How do you prioritize them?**
- **What principles and values would inform your decision-making?**
- **What decision-making process would you use to work through this decision?**
- **Is there a better way than 'bedside rationing' to allocate scarce health resources?**
- **What are the implications – organizational or otherwise – of your decision?**

Some Values and Ethics Issues to Consider

- Resource allocation
- Distributive justice
- Priority setting

40. CASE: All Things Being Equal…

As a member of your health region Foundation Board, you know that there is going to be a rather intense, lengthy, and difficult discussion tonight. A high profile community member recently passed away and left $500,000 in her will to the Foundation. This was an unexpected donation and means that the Foundation is in a position to put the money towards an important project for the health region in addition to what was already planned. Many suggestions for the use of this money have been made, and in conversation with senior leadership, the Foundation Board has narrowed these options down to three for consideration:

- The accreditation report from a few years ago strongly recommended equipment upgrades for both the Emergency Department and the Intensive Care Unit. While some upgrades have been made, there are still a number of important ones left to do. Knowing that accreditation is coming up again soon, there is increasing pressure to find the resources to complete these upgrades.
- The health care teams on several inpatient units recently highlighted the need for equipment to accommodate persons who are obese. This equipment includes specialized beds, lifts, chairs, etc. and will require some renovation of doorways for the new equipment. Issues of patient and staff safety, as well as good patient care, have been identified as motivating this request. Given some local press on the difficulties experienced and the associated shame expressed by patients who are morbidly obese in the health region, a number of people have indicated that this is an issue that requires immediate attention.
- A pledge to expand community palliative care services was made last year by the health region. With the aging population and difficulty for many in accessing hospital-based palliative care, this pledge was received with much anticipation. To date, however, it has been difficult to attract the needed staff. Additional funds could go towards incentive packages as well as to greatly improve the infrastructure for this type of service.

    - **How would you advise your board to make such a decision?**
    - **What further information do you need to move ahead with the discussion?**
    - **What underlying values should be considered?**
    - **How will you justify and communicate the decision that you made?**

Some Values and Ethics Issues to Consider

- Resource allocation
- Distributive justice
- Priority setting

41. CASE: Ethical Budgeting

This is the day you've been dreading as manager of the geriatric day program at your local hospital. Word has come down that your budget is going to be cut by 15% in the next fiscal year (indeed everyone's budget at your facility faces the same cut). You have three months to determine how this money will be eliminated from your budget and must meet with your director to explain both the ways in which the money will be "saved" and what implications will follow from the "cuts." The geriatric day program has been one of the most successful programs at this facility, based on client and family feedback. Among other activities, the geriatric day program includes rehabilitation support, general health monitoring and facilitated access to health professionals, psychosocial support and counseling, organized recreation therapy sessions, transportation to and from the health facility for those who can't otherwise get there, and hosts a variety of speakers on topics of interest. You know that whatever change you make, the effects will be felt in the community. And, you know that some of the very vulnerable people – the clients without many social supports and multiple health issues – could potentially be affected the most.

- **Where do you start?**
- **What questions should you ask?**
- **What information do you need?**
- **Who should you talk to?**
- **What might be a good process to use for this type of decision-making?**
- **Who should be involved in the process?**
- **How will you know when you've got it right (or as right as it can be)?**

Some Values and Ethics Issues to Consider

- Resource allocation
- Distributive justice
- Priority setting

Confidentiality & Privacy

42. CASE: "Oops, Did I Say Too Much?" The Ethics of Confidentiality

You work with a variety of patients and families, and often see firsthand both the joys and disappointments that can come with trying to manage mental health issues. Over time, you have developed some special expertise in working with patients with schizophrenia and often are asked by family doctors for assessments and/or support with treatment plans.

While there have been some real successes, you have also been involved in a number of situations where patients have gone off of their medication(s) with varying outcomes. Some patients have had run-ins with the law while others have retreated from the world and live on the "fringes", while still others, unfortunately, have committed suicide.

At a party yesterday, you had a chance to catch up with your goddaughter, Sherrie. She is twenty two, has an active social life and has just started dating someone seriously. As Sherrie talks about her new boyfriend, Jonas, she mentions that he has had some issues with his medications – "which you would understand all about being that you work in mental health" – and has stopped taking them completely. More details about Jonas and his interests are shared as the conversation continues, and you start to get a bad feeling.

You believe that Jonas is a patient you were asked to assess a few years ago. If you're right and this is the same person, Jonas has paranoid schizophrenia and a tendency to get very aggressive and potentially quite violent when he is not taking his meds. You feel as if you would never forgive yourself if you let something happen to your goddaughter, so should you tell Sherrie what you know?

- **What are your options for action in this situation?**
- **What process would you use to decide what to do?**
- **What are the competing values you would weigh?**
- **Should Sherrie's safety or Jonas' privacy take precedence?**

Some Values and Ethics Issues to Consider

- Community and family relationships
- Compliance with policies and procedures
- Respect for privacy and confidentiality
- Overlapping personal and professional roles and responsibilities
- Professional boundaries
- Honesty, trust and truth-telling
- Community relationships

43. CASE: What's My Responsibility?

You've been a physician at the local hospital for a number of years and greatly enjoy your practice. You get the chance to see a range of patients and have worked closely with a variety of community members to facilitate the development of support networks for patients after they leave the hospital. Recently, in response to the perceived need to build better relationships between your hospital and the community, a council on "improving relationships for improving health" was created. Many of your colleagues felt that you were a natural fit for this council and nominated you for it as one of the hospital representatives.

After the first few meetings, you realize that there are a couple of issues that need to be sorted out if you are going to continue participating on this council. One is that a council member, who you know is waiting for a liver transplant, had a drink at the dinner meeting last evening. It was just one, and the council member asked you to keep quiet about it as this was his first and only "transgression".

- **Is this something you should keep confidential?**
- **Should you tell your colleague, the transplant coordinator, about this occurrence?**

The other issue is that one of the community members on the council has information about staff at the hospital – information that you believe should only be available in the staff's personnel files – and is sharing this information at the meetings to emphasize her points about the need to take a closer look at the qualifications of those who work at the hospital.

- **What should you do about the sharing of staff information?**
- **Does anyone at the hospital need to know about this sharing of information?**
- **You are also aware there are internal processes at the hospital already looking at the issue of qualifications. Can you mention this at the council meetings?**

Some Values and Ethics Issues to Consider

- Honesty, trust and truth-telling
- Overlapping personal and professional roles and responsibilities
- Community relationships
- Compliance with policies and procedures
- Respect for privacy and confidentiality
- Organizational culture
- Professional boundaries

44. CASE: Whose Business Is It?

Brent Wathorn, 78, has been living at Halfway Lake Manor for about 6 years. His main complaint has been that he is lonely and has had difficulty connecting with the other residents. This has been a source of distress for staff at times, as they would like him to feel more 'at home.'

Norma Carkner, 75, moved to the Manor about a month ago. She has limited cognitive abilities as the result of a stroke, but is still able to express herself reasonably well and make some choices if given enough time.

Staff members have noticed that Brent and Norma have been spending much time together and have found them kissing on occasion. While there is no evidence of a sexual relationship beyond this, some of the staff is quite concerned about the possibility.

Given his loneliness, they wonder if Brent may be putting pressure on Norma. Other staff point out how happy both Brent and Norma seem together. Much of the discussion has focused on whether and to what extent they should intervene or say something to family members.

- **What values/assumptions might be at play here for staff members?**
- **What ethics concerns are you considering in this scenario?**
- **Should the staff discourage this relationship?**
- **Should the staff notify Brent and/or Norma's family about the relationship?**

Some Values and Ethics Issues to Consider

- Honesty, trust and truth-telling
- Compliance with policies and procedures
- Respect for privacy and confidentiality
- Respect for patient autonomy
- Respect for dignity
- Quality of life

Professional Boundaries

45. CASE: Un/Reasonable Expectations?

It's one of those days that you don't look forward to as a manager. You have two complaints about staff that need to be dealt with, and it seems that these types of issues are increasing.

The first complaint is from Ann about what was posted on another staff member's social networking page. Ann visited Gregor's site (which was publicly viewable), only to read the complaints he made about his day, including quotes from "problem patients" to emphasize just what he had to deal with. While the patients weren't identified, Ann felt that it would be possible for any staff member on the unit to know exactly who the quote was from. And Ann felt it was inappropriate for Gregor to include this level of detail on a platform viewed regularly by his family and friends. Ann also wondered if it would make a difference whether Gregor talked about staff members rather than patients on his page.

- **Was this social media posting appropriate?**
- **Would it make a difference if Gregor talked about staff rather than patients on this webpage?**
- **Is this a human resources issue or an ethics one?**
- **What are the ethics issues to be addressed, if any?**

The second complaint is from a patient, Greta, about the response that she received from one of your staff members about what Greta had posted on her social networking site. Greta uses her site to share regular updates about her health, as her family and friends are scattered around the world. She finds it to be a great way to maintain her support network and values the input she receives.

Many of your staff who see Greta on a regular basis when she is in hospital are also "friends" on this site and receive these updates. Greta's complaint is that this staff member corrected the health information Greta had posted and went on to explain some of the side effects that Greta had experienced.

- **Was this appropriate for the staff member to do?**
- **Should staff be "friends" with Greta and interact online in this way?**
- **What are the concerns from an ethics perspective?**
- **How would you address this issue?**

Some Values and Ethics Issues to Consider

- Compliance with policies and procedures
- Respect for privacy and confidentiality
- Professional competence
- Community and family relationships
- Patient-provider relationships
- Honesty, trust and truth-telling
- Overlapping personal and professional roles and responsibilities
- Professional boundaries

46. CASE: Team Work?

Judy, who had worked as a senior social worker in a mental health setting for 12 years, was hired as a team social worker in a community health care organization. Shirley, one of the team RNs, perceived Judy as hesitant and ineffective in patient care planning meetings. Other team members also found Judy to be too hesitant in making decisions, often rolling their eyes when Judy asked team members for their opinions. Despite their concerns about Judy's hesitancy, team members also complained when Judy did not consult them before making a patient care decision. As Judy experienced these mixed messages, she became more guarded in her social work assessments.

The inter-professional team on which Judy was placed had a culture of socializing together after work. Initially, team members invited Judy to join them, but she did not have time due to the care that she was providing for her mother after work and also was uncertain about how much to socialize with her colleagues.

When the team was together after work, they discussed Judy's behaviour, often noting that her mode of dress was out of style. Carol, the team facilitator, would occasionally join the rest of the team for a drink after work. During one of these nights, Shirley complained to Carol that Judy was not doing her job. She also mentioned that the team did not like Judy because she did not socialize with them and wouldn't disclose information about her personal life as they all had done with each other. The nursing assistant and dietician on the team told Carol that they saw Judy as being very unfriendly. The following week, Carol spoke with Fran, the social work supervisor, stating that Judy was a problem and she wasn't sure that Judy would work out with this team.

In her monthly supervisory meeting, Fran asked Judy how things were going with her team. As Judy's eyes began to tear she said that she was thinking of leaving. Judy said that that she hadn't realized how hard it would be to work with a team, and commented that the team members kept comparing her to a former team social worker who was not liked by them.

Judy told Fran that the team seemed fairly uncomfortable with mental health issues and that she was shocked when the team made derogatory comments about patients - i.e., that some were dirty and smelly or that the team couldn't stand certain patients. And, in terms of the team, Judy wasn't sure what to do because someone had told her that once you were on Shirley's bad side that you were always on her bad side.

[Case modified from: P.G. Clark, C. Coot, T.J.K. Drinka, 2007, Theory and practice in interprofessional ethics: A framework for understanding ethical issues in health care teams, Journal of Interprofessional Care 21(6): 591-603.]

- **Is this a human resources issue or an ethics one?**
- **How would you handle this situation?**
- **Are there underlying and/or competing values that should be considered?**

Some Values and Ethics Issues to Consider

- Care for the vulnerable
- Community health ethics
- Health care provider relationships
- Moral distress
- Organizational culture
- Overlapping roles and responsibilities
- Professional competence
- Professional boundaries
- Respect for privacy and confidentiality
- Respect for professional integrity
- Staff morale

47. CASE: Collegial Responsibilities

You are a pediatric critical care specialist working in the ICU taking care of a newborn infant who suffered a severe, prolonged reduction in blood flow to his brain at the time of birth. The consulting neurologist has indicated that the infant's prognosis for functional neurological recovery is very poor in the unlikely event that he survives the next few days.

You and the neurologist have spoken at length with the parents about the grim prognosis. They have decided that withdrawal of intensive care modalities and the initiation of optimal palliative care are consistent with their values. They have requested a day to hold their baby and to allow extended family to come and be with them prior to stopping the mechanical ventilation.

You have now gone home after handing the case over to a physician colleague who is on call for the unit that night, explaining that the family will notify staff when they are ready to withdraw life support.

You receive an agitated call from the ICU charge nurse at 2 am, as the family has requested life support to be discontinued but she is refusing to write an order for this, saying that she knows nothing about it. The parents are very distressed about this turn of events.

[Modified version of a case authored by Alixe Howlett]

- **What are the boundary issues, if any, in this case?**
- **Are there issues with communication between team members? How should this be addressed?**
- **How should you deal with this situation when receiving the call at 2 am?**
- **Who should be involved in deciding next steps?**

Some Values and Ethics Issues to Consider

- Compliance with policies and procedures
- Respect for professional integrity
- Patient-provider relationships
- Trust
- Respect for patient autonomy
- Respect for dignity
- Patient-family relationships
- End of life decision-making
- Patient-centered care
- Professional boundaries

48. CASE: Shared Experience

Part 1

You have recently started working as an RN in cardiology at the local pediatric health centre. One of the first cases you are involved with hits a little close to home. It involves a 2-year old patient named Kira who has a congenital cardiac abnormality.

The clinical circumstances are similar to what you experienced with your son, Bradley, about four years ago. Bradley spent several weeks in hospital for investigations and you and your partner were faced with a difficult decision about whether to proceed with cardiac surgery. With some understandable trepidation and anxiety, you and your partner agreed to the surgery and Bradley came through it just fine. However, given the nature of the cardiac abnormality, you know how easily it could have turned out differently.

You now see Kira's parents faced with the same difficult choice. They are struggling with what decision to make and are very anxious.

- **Should you discuss your own experience with Kira's parents?**
- **If so, what might you choose to disclose?**
- **What biases might you contribute to the situation- should you try to minimize their influence?**
- **How will you balance your professional expertise and personal experience?**

Part 2

It is about a year later and you run into Kira's parents in the hallway outside the cafeteria. They have just come from the parents' bereavement group and are having a tough time living without their daughter.

They are organizing a charity event in their community to celebrate their daughter's life and to generate funds for the pediatric cardiology program. Both parents express how much they would appreciate it if you came to the event and spoke at it in the capacity of one of the individuals who cared for their daughter.

The event is scheduled for six weeks from now and the parents indicate that they need to know as soon as possible whether you can participate.

- **Should you go to this event?**
- **If so, should you be a speaker?**

Some Values and Ethics Issues to Consider

- Compliance with policies and procedures
- Respect for professional integrity
- Patient-provider relationships
- Honesty, trust and truth-telling
- Overlapping personal and professional roles and responsibilities
- Family and community relationships
- Professional boundaries

49. CASE: Reality Check?

A clerk and resident are frustrated after a morning of taking histories from and doing physical examinations of patients referred to the GI Clinic. As you (the attending clinic gastroenterologist) are going over the morning's work with them, the clerk and resident complain that most of the patients seem to have less clinically significant symptoms and physical findings than were described by their attending family physicians in the referral notes to the clinic.

They start an argument (which looks to you like it's on its third round) about whether it's the patients or the referring physicians who are responsible. Adding to their frustration, the Department Head interrupted them just as the clerk was beginning with one patient - who she was already thinking might be the healthiest person she'd seen in her entire rotation - and insisted on doing the history and physical himself. The resident, who recently arrived from out of province, gets some local information from the clerk, who tells him the significance of that particular patient's family name (major regular contributor to the Hospital Foundation).

The clerk thinks several of the morning's problematic referrals came from the same family physician, and that there should be repercussions for that physician, e.g., putting his patients at the bottom of the waiting list, or calling him up to complain. The resident defends the referring physician and speculates that it's the patients who are causing the problem.

You're wondering how to get them to focus on something more productive and professional.

- **Should you communicate to them that practice in the real world is like this, and that they should get on to the next patient? Or is this a teachable moment in some way?**
- **Is this a clinical practice issue or an ethics issue?**

Some Values and Ethics Issues to Consider

- Resource allocation
- Compliance with policies and procedures
- Respect for professional integrity
- Patient-provider relationships
- Health care provider relationships
- Honesty, trust and truth-telling
- Professional boundaries

Rural Health Ethics

50. CASE: Overlapping Relationships

During a routine physical examination at your rural practice, one of your teenage patients shares that he has seen another teenage patient using cocaine at your neighbour's house.

- **What are your ethical responsibilities as a physician?**
- **What are your ethical responsibilities to your neighbour? The law?**
- **Do these roles conflict?**
- **How would you proceed in this situation and why?**
- **How are the ethics issues in this case affected by the rural context?**

Some Values and Ethics Issues to Consider

- Community and family relationships
- Compliance with policies and procedures
- Respect for privacy and confidentiality
- Overlapping personal and professional roles and responsibilities
- Patient-provider relationships
- Professional boundaries
- Honesty, trust and truth-telling

51. CASE: Confidentiality and Privacy

Joanne Baker, a nurse practitioner in a small community, prescribed a partial opiate agonist to a young man, Brian, for treatment of prescription opiate dependence. Brian is talented and plays on the same soccer team as Joanne's son.

Three weeks later, Brian is found unresponsive after an overdose of opiates, requiring intubations and medical evacuation to a city three hours away. He recovered and didn't want others in the community to discover that he had attempted suicide. He began to spread rumours that Joanne was incompetent and prescribed a medication that she didn't know how to use.

Another patient brought up these rumors during his own appointment with Joanne. Joanne wishes she could set the record straight, and explain that Brian obtained opiates from a provider in a neighbouring city and had taken these in large quantities in a suicide attempt. She is unsure of how to discuss the situation without breaching Brian's patient confidentiality.

- **How should Joanne proceed in this situation?**
- **How can she clear her name/ reputation without breaching confidentiality?**
- **What are the competing values in this case?**
- **What role/ responsibility should Brian have in the outcome of this situation?**
- **What is the specific ethics conflict or question in this case?**
- **How is this ethics conflict affected by the rural context?**
- **What resources are available to help Joanne address the situation?**

Some Values and Ethics Issues to Consider

- Professional boundaries
- Community and family relationships
- Respect for professional integrity
- Compliance with policies and procedures
- Respect for privacy and confidentiality
- Overlapping personal and professional roles and responsibilities
- Patient-provider relationships
- Professional competence
- Transparency
- Stigma
- Vulnerability
- Respect for human dignity

52. CASE: Community Values

A patient in your rural community that you have treated for COPD for several years missed her last two appointments. When you speak with her after church, she indicated her husband lost his job as a logger and no longer has family health insurance to cover the cost of the treatments. She refuses to accept charity but does indicate she will be willing to clean your home and office as "payment" for your healthcare services.

- **Should a healthcare professional accept bartering as payment?**
- **What ethics issues should be considered here?**
- **How are these ethics issues affected by the rural context?**
- **Should the health of the patient take precedence over compliance with your organizational policy and/or your professional code of conduct?**
- **What other creative solutions are there that will allow the patient to receive the treatments?**

Some Values and Ethics Issues to Consider

- Social justice
- Professional boundaries
- Duty to provide care
- Community and family relationships
- Respect for human dignity
- Respect for professional integrity
- Compliance with policies and procedures
- Respect for privacy and confidentiality
- Overlapping personal and professional roles and responsibilities
- Patient-provider relationships
- Equality of access

53. CASE: Disease Stigma

A patient has been followed by you, his family doctor, for several medical issues and is being seen for a minor work-related injury. He is very negative and tearful but will not acknowledge his symptoms when asked.

You believe he is depressed and you know you can provide treatment for his depression. However, the patient is uncomfortable seeking treatment or having you document your findings in his record because of the stigmatizing effect of having a mental health disorder known in a remote community.

- **What steps should you take to address his depression?**
- **What factors external to your family practice must be considered?**
- **Do you think that it is likely or unlikely that the patient's concerns about confidentiality are valid?**
- **What policies and procedures should be in place to maintain privacy and confidentiality in rural communities. How should these be enforced?**

Some Values and Ethics Issues to Consider

- Respect for privacy and confidentiality
- Respect for patient autonomy
- Community and family relationships
- Respect for human dignity
- Honesty, trust and truth-telling
- Patient-provider relationships
- Patient safety
- Stigma
- Vulnerability
- Equality of access

54. CASE: Professional Role

While doing a weekday home visit to an elderly patient, a VON nurse in a small community finds the patient's son at home. The patient has mentioned that her son teaches at the local elementary school, but he has never been present during any of the nurse's previous visits to the house.

On a weekday visit he appears to be drinking heavily and the patient seems uncomfortable and ill at ease. During the next few weeks the son is there on several more occasions and appears to be either drunk or "hungover". The nurse is also a member of the town's school board.

- **What is this health professional's responsibility to her patient? To her patient's son?**
- **What should her immediate concerns be?**
- **What is her responsibility as a member of the school board?**
- **How should she proceed in this situation?**
- **Can/should this individual segregate her role as a nurse with her role as a school board member?**
- **Should she mention what she knows about the son/teacher to her colleagues at the school board?**
- **How are the ethics issues at hand affected by the rural setting?**

Some Values and Ethics Issues to Consider

- Professional boundaries
- Duty to provide a safe work environment
- Living at risk
- Duty to accommodate
- Duty to provide care
- Community and family relationships
- Respect for human dignity
- Respect for professional integrity
- Compliance with policies and procedures
- Respect for privacy and confidentiality
- Overlapping personal and professional roles and responsibilities
- Patient safety

55. CASE: What is My Obligation?

A family physician in a small, remote community assesses a patient, who is a local schoolteacher, as developing a post-partum psychosis. He feels he lacks adequate training or experience to manage her care.

He recommends she seek treatment at a distant large mental health centre but she refuses to travel to the centre because of the distance involved. He feels uncertain about caring for the patient when the treatment is outside his area of competency.

- **How should the physician proceed with the patient's care? Should he treat the patient when he feels it is is outside his area of competency?**
- **If the patient is unwilling to disclose her health issues to her employer, as a healthcare professional and/or a member of the community, should the physician report them to school authorities?**
- **What ethics issues are at play here?**
- **What resources could the physician seek to assist with this situation?**

Some Values and Ethics Issues to Consider

- Community and family relationships
- Respect for privacy and confidentiality
- Patient-provider relationships
- Professional boundaries
- Honesty, trust and truth-telling
- Patient safety
- Equality of access
- Resource allocation
- Duty to provide care
- Intellectual honesty
- Respect for professional integrity
- Professional competence
- Overlapping personal and professional roles and responsibilities

56. CASE: Family Friends/ Family Doc

Dr. Jones has been a close friend of the Smith family since coming to town 18 years ago. The Smith's oldest child, Sally (15 years), has come to the office to have a physical to be on her school's track team. Her mother has brought her to the office, but as usual, Dr. Jones sees Sally alone.

After taking the history and doing an exam, it is evident that Sally wants to talk about something. In response to a question about whether she has started dating, she explains that she has been dating JJ for the last six months. She says that she really likes him a lot, and although they "haven't done it yet, they have been thinking about it a lot." She is wondering if she could start taking birth control pills.

Sally also explains that her parents do not know anything about it. She said that when she has tried to talk with her mother, her mom just, "got weird—talking about babies having babies, and nobody having morals any more." She says her mother would be very upset if she knew Sally was talking about it, and asks that this information not get back to her parents.

[From Rural Health Ethics: A Manual for Trainers. William Nelson & Karen Schifferdecker. http://geiselmed.dartmouth.edu/cfm/resources/manual/manual.pdf]

- **Is it ethical to prescribe birth control without parental permission to a patient who is below the legal age of consent for sexual activity?**
- **Should Dr. Jones try to separate her role as Sally's physician with her role as a friend of her parents?**
- **What is the main ethics question in this case? What are the conflicting values?**
- **How should Dr. Jones proceed and why?**

Some Values and Ethics Issues to Consider

- Community and family relationships
- Respect for privacy and confidentiality
- Patient-provider relationships
- Professional boundaries
- Honesty, trust and truth-telling
- Duty to provide care
- Overlapping personal and professional roles and responsibilities

57. CASE: Caregiver Stress

Dr. Morrison has been the only physician in his small community of 1,500 people for about 15 years and is known as the "Town Doc." When he first moved to town, he quickly became friends with many people and involved in the community. However, the longer he practiced, the more awkward his social life became.

He helped coach the baseball team for several years. But then he treated one of the boys on the team for chlamydia and the boy stopped coming to practice. Dr. Morrison didn't sign up to coach the following year. He began to turn down social invitations, as more friends became patients. Eventually he began to feel burdened and overworked but unable to decrease his workload. He attended to numerous horrific farm and motor vehicle accidents, often as the only provider for multiple patients, resulting in increasing mental trauma and distress.

He felt indebted to the community but also began to feel resentful. Where he once took pride in the fact that people looked to him for support, he began to feel overwhelmed and useless. He recognized that he was depressed but had no idea where to turn for help. His patients began to notice that he seemed tired and irritable. At the nearby critical access hospital, where Dr. Morrison is affiliated, the administrators were increasingly concerned about his ability to practice and feared he might even resign.

[From Rural Health Ethics: A Manual for Trainers. William Nelson & Karen Schifferdecker. http://geiselmed.dartmouth.edu/cfm/resources/manual/manual.pdf]

- **What, if anything, should the administrators say or do?**
- **What steps can rural health care providers take to avoid isolation and burnout?**
- **What steps can rural health administrators and community leaders take to avoid isolation and burnout among their health care providers?**
- **What resources could Dr. Morrison access to assist in this situation?**

Some Values and Ethics Issues to Consider

- Community and family relationships
- Respect for privacy and confidentiality
- Resource allocation
- Patient-provider relationships
- Professional boundaries
- Honesty, trust and truth-telling
- Duty to provide care
- Moral distress among health care providers
- Overlapping personal and professional roles and responsibilities

Resources

Case Studies - Center for Bioethics and Human Dignity, Trinity International University
http://cbhd.org/category/case-studies

Case Studies - UK Clinical Ethics Network
http://www.ukcen.net/index.php/main/case_studies/overview

Case studies in medical ethics. Robert M. Veatch. Harvard University Press: Cambridge MA, 1977.

Case studies in public health ethics. Steven S. Coughlin. American Public Health Association: Washington D.C., 2009.

Cases: Interactive modules – Royal College of Physicians and Surgeons of Canada.
http://www.royalcollege.ca/portal/page/portal/rc/resources/bioethics/cases

Classic cases in medical ethics. Gregory E. Pence. McGraw-Hill: New York, 1995.

Clinical ethics: A practical approach to ethical decisions in clinical medicine. Albert Jonsen, Mark Siegler & William Winslade. McGraw-Hill Medical, 2010.

Complex ethics consultations: Cases that haunt us. Paul Ford & Denise Dudzinski (eds.). Cambridge University Press, 2008.

Ethics consultation: From theory to practice. Mark Aulisio, Robert Arnold & Stuart Youngner. Hopkins Fulfillment Service, 2003.

Inside the ethics committee – BBC Radio. (Podcasts - a panel of experts discuss real-life cases.)
http://www.bbc.co.uk/programmes/b007xbtd

Moments that matter: Cases in ethical eldercare. Michael Gordon. iUniverse, Inc.: New York, 2010.

Population and Public Health Ethics Casebook - CIHR, National Collaborating Centre for Healthy Public Policy, and Public Health Ontario, 2012
http://jcb.utoronto.ca/publications/documents/Population-and-Public-Health-Ethics-Casebook-ENGLISH.pdf

Rural Health Ethics: A Manual for Trainers. William Nelson & Karen Schifferdecker. (See page 23 for case studies)
http://geiselmed.dartmouth.edu/cfm/resources/manual/manual.pdf

Virtual Mentor
http://virtualmentor.ama-assn.org/site/cases.html