Ethical Issues in Hospice Care

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Ethical Principles

- Autonomy
- Beneficence
- Non-Maleficence
- Justice

Ethical Dilemma

- Right vs Right choices
- A choice is “wrong” if it
  - Violates the law
  - Departs from the truth
  - Deviates from moral norms

Kidder, 1995
Ethical Dilemmas
• a situation in which an individual is compelled to make a choice between two or more actions that will affect the well-being of a sentient being.
• the actions can be reasonably justified as being good
• neither action is readily justifiable as good
• or the goodness of the actions is uncertain

Moral Temptation
• Right vs Wrong
• Values vs self interest
• The welfare of others vs your own welfare

Ethical Dilemmas in Hospice
• Your experience
What is a “good death”?  
- Pain and symptom management  
- Clear decision making  
- Prepared  
- Completing  
- Contributing to others  
- Affirmation of the whole person  

Steinhauser et al. (2000)

Concept of Suffering  
- State of severe distress that threatens intactness of the person  
- Failure to respond to person's needs intensifies suffering  
- Sources of suffering  
- Depth of suffering

Barriers to Quality EOL Care  
- The realities of life limiting diseases  
- Lack of adequate training of professional  
- Delayed access to hospice/palliative care  
- Death Anxiety
Life-Sustaining Treatments

Typically talking about things like:
- Ventilators
- Dialysis
- Surgery
- Artificial Nutrition
- Antibiotics (life prolonging)
- Chemotherapy and radiation

What is the Role of The Family?
- Increasing responsibility placed on family
- Treatment decisions may impact family
- Patient obligation to family?
- Provider obligation to family?
Standards for Surrogate Decision Making
• Substituted Judgment
• Best Interest

The Concept of Leeway
• Families poor at predicting preferences
• Most patients want families to use their judgment (leeway)

Withdrawing and Withholding
• Omission - withholding
• Commission – withdrawing
• MD has no duty to continue a treatment if it is no longer effective.
• Considerations should be
  • Patient rights and welfare
  • Benefit vs burden as judged by the patient or authorized surrogate
When is it okay to withdraw or withhold treatments?
- Withdrawing versus withholding treatments
- Emotional response
- Religious considerations

Benefits vs Burdens
- Patients/surrogates have a right to make decision related to benefit/burden analysis.
- Even for an incompetent patient, a treatment is not obligatory if it is greatly burdensome.

Proportionate Care
- Risk/benefit analysis
- Ethically mandatory if treatment is likely to confer greater benefits than burdens upon the patient.
What if a patient refuses treatment?

- Refusing help from someone
- Allowing a lethal condition to run its natural course
- NOT necessarily the same as suicide
  - Suicide = The deliberate taking of one’s own life.

Voluntary Refusal of Food and Fluids

- Patients “ready to die”
- Quality of life is poor
- No longer find meaning in life
- “a good death”

Ganzini et al, NEJM, 2003

Artificial Nutrition

- Withdrawing a medical intervention
  - Risks, harms, discomfort, indignity
  - Malnutrition is not hunger, dehydration is not thirst
  - Evidence that it is not uncomfortable
- Providing food is a basic obligation
  - Slippery slope?
Can families demand “non-beneficial” treatment?

- The case of Helga Wanglie (1991)

**Futility**

- Physiological Futility
- Quantitative (probabilistic) measure
- Qualitative

**Medical Futility**

- Defined in terms of the goals of care.
  - "the unacceptably low chance of achieving a therapeutic benefit for the patient"
  - Futility is not a conclusion but a signal that it is time for a difficult discussion.

Heff, Siegler, Lantos, NEJM 2000
Challenges in Futility

- Autonomy rights
- Procedural
- Defining Goals

Does morphine hasten death?

- Double Effect: Intended effect vs foreseen effects
  - Nature of the act
  - Agent's intention
  - Bad effect is not a means to the good
  - Proportionality between good and bad effect
- Clash of values/principles
  - Non-maleficence, don't hasten death
  - beneficence, provide comfort, pain meds

What is Palliative Sedation?

- Palliative Sedation involves the use of non-opioid medications to control intractable symptoms in dying patients.
- Palliative Sedation is used to treat refractory symptoms that are intolerable to the patient.
- It is used in a terminal condition, i.e. in dying patients.
- It involves sedation to the level necessary to render symptoms tolerable...
Key Parts of the Definition

- Refractory symptoms
- The symptoms are intolerable to the patient
  - May be a medical treatment for "terminal restlessness"
  - The clinical context represents a terminal condition.

Is assisted suicide ethical?

- When an individual, knowing that a patient or person intends to commit suicide, provides the means for that patient to do so
- HIGHLY controversial and illegal in most parts of the world (including Indiana)
- Legally available in a few states HIGHLY regulated.

Ethical Issues in PAS

- Conflicting ethics principles
  - Autonomy
  - Beneficence
  - Non-maleficence
  - Suffering
Slippery slope

- An argument that claims a proposal is not morally objectionable in itself, but should be rejected because it will inevitably lead to morally objectionable action.
- One thing leads to another...

How is euthanasia different from physician assisted suicide?

- Active: the intentional and purposeful act of causing the immediate death of another person.
  - Most commonly accepted definition of euthanasia. This is murder.
- Passive: withholding or withdrawing medical treatments or life-sustaining treatments to allow death.
  - Technically accurate, less commonly used.

Role of Patients in Euthanasia

- Voluntary: persons with decision-making capacity authorize physicians to euthanize them
- Involuntary: persons with decision making capacity are not asked and do not authorize euthanasia.
- Nonvoluntary: persons who are not able to express consent to end their lives and are unaware that they are going to be euthanized
Discussion

Center to Address Palliative Care
http://www.capc.org/

Hospice and Palliative Care Nurses Organization  http://www.hpna.org/

Clinical Practice Guidelines for Quality Palliative Care:
http://www.nationalconsensusproject.org/Guidelines_Download.asp