Regional Geriatric Rounds: Ethical Issues and Geriatric Patient Populations

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Objectives

- Participants will gain an understanding of foundational ethical principles.
- Participants will understand how ethical principles apply to geriatric patient populations.

Case

You have an 86 year old female patient admitted to hospital due to an increasing inability to cope at home. She has previously been diagnosed with COPD, hypertension and increasing cognitive deficits. In addition, since her hospitalization an abdominal mass has been found (malignancy suspected but not confirmed), she has had an increase in her care needs and a decrease in her ability to care for herself, difficulty swallowing with increasing aspiration risk, early stages of renal failure and an exacerbation of her cognitive issues. The patient does not have an AD nor has she assigned a POA. She has three daughters and one son who is a cardiologist and lives out of the province. The patient was admitted to the hospital 2 days ago, was not seen by a palliative care team or a nutritional support team, requested that a PEG tube be placed and that they expect dialysis should her kidneys fail. The son phoned you over the weekend and stated that given his mother's age and complex medical situation he expects that she would be provided symptom management and comfort care but that no aggressive measures should be undertaken to interfere with the natural decline and progression of his mother's diseases. He has requested regular updates regarding her status and any interventions or treatments proposed.

What is an Ethical Issue?

- Any situation where we:
  - Encounter conflicting values, beliefs & goals, or difficult alternatives.
  - Have conflicting obligations or responsibilities.
  - Are concerned that rights are being violated or persons not being respected.
  - Are concerned with fairness & justice.
  - Are unsure about what we should do or why we should do it.

What is Ethical Decision-Making?

- Deciding what we should do (what decisions are morally right or acceptable).
- Explaining why we should do it (justifying our decision in moral terms).
- Describing how we should do it (the method or manner of our response).

[1] Barbara S_exec, Director, Education and Practice, Joint Centre for Bioethics, University of Toronto
Ethical Principles

- Autonomy
- Beneficence
- Nonmaleficence
- Justice
- Respect for Human Life and Dignity
- Accountability
- Balancing Individual v. Collective Interest

Identifying Ethical Issues

- Examples of Clinical Ethics Issues:
  - Informed Consent
  - Decision Making Capacity
  - Code Status
  - End of Life Care
  - Withholding and Withdrawing Care
  - Non-compliant patients
  - Disagreement regarding Plan of Care

Common Ethical Issues in Geriatric Care

- Capacity
- Informed Consent
- Advance Care Planning
- Privacy and Confidentiality
- Substitute Decision Making
- Withholding and Withdrawing Interventions
- Code Status
- End-of-Life Care
- Futility

Capacity in Geriatric Populations

- Decrease in cognitive functioning
- Fluctuating capacity
- May have capacity to make some decisions and at the same time not have capacity to make others
- Diminished capacity can be chronic (dementia), or situational (delirium)

Informed Consent

- Too much information can cause confusion in geriatric patients
- Too little information can impact the informed component of informed consent
- Providers should maximize the opportunity for the patient to have capacity and thus provide their own consent

Advance Care Planning

- Timing is everything
  - Early
  - Revisited
- How detailed should the discussion and directive be
- With the patients permission involve others, especially the person who may become their substitute decision maker
Substitute Decision Making
- When should a SDM be employed
- Identification of the appropriate SDM
- Obligations and responsibilities of the SDM

Withholding and Withdrawing Treatments and Interventions
- We never withhold or withdraw “care”
- Can patients or their SDM’s demand interventions
- It is much easier to not begin an intervention than to have to discontinue it after it has been initiated

Code Status, End of Life Care, Futility
- Is code status chosen by the patient or designated by the health care provider?
- How is futility determined and who defines it?
- SDM demands for interventions that will only prolong the dying process.

Physicians Perspectives*
- Would you ever give life sustaining therapy if you believed it to be futile?
  - Yes: 35%
  - No: 24%
  - It depends: 41%


Would you ever devote scarce or costly resources to a younger patient rather than to one who was older but not facing imminent death?
- Yes: 27%
- No: 39%
- It depends: 35%

Is it ever acceptable to perform “unnecessary” procedures due to malpractice concerns?
- Yes: 23%
- No: 55%
- It depends: 22%
Should physician-assisted suicides be allowed in some situations?
- Yes: 47%
- No: 40%
- It depends: 13%

What was your toughest ethical dilemma?
- Withdrawal of treatment
- Requests for assisted suicide
- Overstating conditions to get care
- Deciding whether to report a colleague
- Dealing with family conflicts in end-of-life issues

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