Steering Through the Ethical Challenges of Pain Management

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Disclosure

I have or have had a financial interest or other relationship with the following companies:

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  - Speaker
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  - Advisory Panel

Objectives

1. Delineate basic ethics concepts and principles
2. Distinguish differences between values and ethics
3. Apply Jonsen model to clinical situations to arrive at recommendations for ethical dilemmas
4. Describe situations at high risk for ethical dilemmas
5. Identify 3 tools/skills helpful to empowering nurses involved in situations made challenging by ethical conflict
Professional Standards

- ANA Code of Ethics for Nurses with Interpretive Statements
- Ethics in Pain Management Nursing Scope and Standards of Practice
  - **Standard 3 Outcomes Identification**
    - "Defines expected outcomes in terms of the patient, patient values, ethical considerations, environment, or situation with consideration as associated risks, benefits, costs, and current scientific evidence"
  - **Standard 7 Quality of Practice**
    - "Demonstrates quality by documenting the application of the nursing process in a responsible, accountable, and ethical manner"
  - **Standard 12 Ethics**
    - "Integrates ethical provisions to guide pain management practices"

Ethics in Practice

- Every encounter has tension with compromise/balance
  - Compromise/balance is often intact—except when it isn’t
    - Results in conflict, angst, dilemma, distress

Bioethics

- Has two levels
  - Philosophical (30,000 foot level) Beauchamp & Childress
  - Clinical (where the rubber meets the road) Jonsen
- Is the art of compromise
- Is a process not a product—options exist
Ethics in Practice

• Sources of Conflict
  – Between members of healthcare team
  – Between team and family
  – Between family members

• Is NOT what you believe or perceive to be right

Unethical OR Moral Distress?

Moral Distress

• Occurs when you know the ethically appropriate action to take, but are unable to act upon it.
• You act in a manner contrary to your personal and professional values, which undermines your integrity and authenticity
Terms

- Values
  - Important and enduring beliefs or ideals shared by members of a culture about what is good or desirable and what is not
  - Meaning of values
    - Personal
    - Professional
    - Societal

Terms (cont’d)

- Autonomy
  - Self rule (Beauchamp & Childress)
  - Liberty of person to act as he chooses (Mill)
  - Internal liberty to act in accord with moral law (Kant)
  - Respect for autonomy implies respect for person, his right to hold views, make choices, and act based on personal values and beliefs

Terms (cont’d)

- Beneficence
  - Doing
  - NOT benevolent—which is being rather than doing
  - Help, make better, do no harm
Terms (cont’d)

• Nonmaleficence
  – Causing harm without desire or intent to do so
  – Harm
    • Medical error
      – By definition are unintentional
    • Adverse event
      – Harm due to treatment
  – Not malevolence which is desire or choice to cause harm
  – Avoid harm, not inflict harm

Point to Ponder

• Warfare—how do you do something for beneficence knowing you will cause large amounts of harm?

Terms (cont’d)

• Justice
  – Moral virtue of a political society and its institutions
  – To give to each what is due
  – To treat similar situations in similar fashion
  – To treat each according to merit, according to need
Terms (cont’d)

• Veracity
  – Accuracy
  – Factual
  – Truthfulness

Terms (cont’d)

• Fidelity
  – Faithful
  – Exactness

Terms (cont’d)

• Dignity
  – Worthy of esteem/ respect
  – Honored
Terms (cont’d)

• Capacity
  — Ten myths
    • Decision making capacity (DMC) and competency are the same
    • Lack of DMC can be assumed when patients go AMA
    • There is no need to assess DMC unless patient goes AMA
    • DMC is all or nothing
    • Cognitive impairment means a lack of DMC
    • Lack of DMC is permanent
    • Lack of relevant information means lack of DMC
    • Some psychiatric disorders mean a lack of DMC
    • Only mental health experts can assess DMC
  — Consistent choice
  — Understanding of options
  — Appreciate the situation
  — Manipulate information rationally
  — Shades of gray

Terms (cont’d)

• Competence
  — Legal determination
  — All or nothing/black or white

Terms (cont’d)

• Futility
  — Incapable of producing benefit to patient, hopeless
  — Honest, reality based, reasonable assessment the intervention will effect positive change for the patient
  — A judgment about probabilities
  — Physiologic futility Vs Quantitative futility Vs Qualitative futility
Clinical Ethics

• Structured approach to identify, analyze and resolve ethical problems in clinical care

Jonsen 4 Box Model
Every Clinical Case has Four Constant Features

<table>
<thead>
<tr>
<th>Medical Indications</th>
<th>Patient Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life</td>
<td>Contextual Features</td>
</tr>
</tbody>
</table>

Medical Indications

• Philosophical Principles
  — Beneficence
  — Nonmaleficence

• Clinical Information
  — Diagnosis, history, prognosis
  — Is problem acute, chronic, critical, emergent, reversible
  — Goals of treatment
    • Often not clearly asked
    • Are they clear and achievable
  — Probabilities of success
  — Plans in case of failure
  — Can the patient benefit
  — Can harm be avoided
Patient Preferences

• Philosophical Principles
  — Respect for autonomy

• Clinical Information
  — Is patient competent
  — Patient has capacity
    • What is the patient stating
    • Has patient been informed and consented
  — Patient incapacitated
    • Who is the surrogate
    • Is surrogate using appropriate standards for decision making
    • Patient expressed preferences
    • Patient unwilling or unable to cooperate with treatment
    • Is patient’s right to choose being respected within the law

Quality of Life

Perhaps Most Difficult to Determine

• Philosophical Principles
  — Utility: Effect Greatest Satisfaction

• Clinical Information
  — Prospects with or without treatment for return to normal life
  — What physical, mental, social deficits might result
  — Biases that prejudice the evaluation of quality of life
  — Present or future condition such that living might be judged undesirable
  — Plan and rationale to forgo treatment
  — Plans for comfort and palliative care

Contextual Features

The “Leftovers”

• Philosophical Principles
  — Justice
  — Loyalty
  — Fairness

• Clinical Information
  — Family issues that might influence treatment decisions
  — Provider issues that might influence treatment decisions
  — Financial economic factors
  — Religious or cultural factors
  — Limits on confidentiality
  — Problems with allocation of resources
  — Legal implications/ramifications
When Is the Risk High for Ethical Conflict?

• When the action is irreversible
• When treatment is potentially controversial

Empowering Nurses in Ethics

• Core competencies of ethics consultant
  – Skills
    • Ethical assessment
    • Process
    • Interpersonal
  – Knowledge
    • Bioethical
    • Healthcare systems
    • Clinical
    • Local institutional policies and ethos
    • Culture and religious awareness
    • Professional conduct codes/guidelines
    • Relevant health law

Empowering Nurses in Ethics

• Core competencies of ethics consultant (cont’d)
  – Character Traits
    • Tolerance
    • Patience
    • Compassion
    • Honesty
    • Courage
    • Prudence
    • Humility
    • Integrity
Empowering Nurses in Ethics

- Core competencies of ethics consultant (cont’d)
  - Effective Communication
    - Listening—it can be revealing and healing
      - Do so with sympathy even if despicable
      - Ask “why” if person doesn’t agree to do something that is thought to be in his/her best interest
    - We talk too much about what we aren’t going to do rather than what we can do
  - Objective
    - Factual
  - Cultural sensitivity
    - Be specific about what is important to pt/family
    - Do not generalize (faithful Catholics Vs all Catholics)

Point to Ponder

- We as individuals advocate for those who are like us which means we are NOT advocating for those who are not like us

Minimizing Discord in Ethics

- Interdisciplinary learning—nursing should lead!
  - Clinical scenarios for illustration of high risk situations
  - Increase knowledge of ethics concepts

  - WHAT IS THE ETHICS QUESTION
    - Potter’s Three
      - What is going on here?
        • Make the diagnosis—describe the situation
        • What ought we to care about?
        • What is important
        • Who are we trying to help or protect
        • What good are we trying to do
        • What can be changed to the situation turn for the better
      - What is a fitting response?
        • Compromise is ALWAYS necessary to make our action fit the situation

[Note: The specific content includes guidance on effective communication, cultural sensitivity, and ethical decision-making frameworks such as Potter’s Three, emphasizing the importance of understanding the situation, what ought to be cared about, and the fitting response.]
Minimizing Discord in Ethics

– Self awareness by members of healthcare team
  • Be aware of biases about “difficult” patients
    – Mental illness
    – Substance abuse
    – Noncompliance
    – Racial/cultural differences
    – Coping style
    – Weight
    – Low SES
    – Scarce resource utilization
    – Distrust/hostility toward providers
    – Conflict among family members

Minimizing Discord in Ethics

• Systematic process
  – Disclosure is ethics living and breathing
  – Preventative ethics
  – Safety as critical to ethics
  – Blame free reporting
  – Just culture: hold people accountable when they should be
  – Policy development
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