



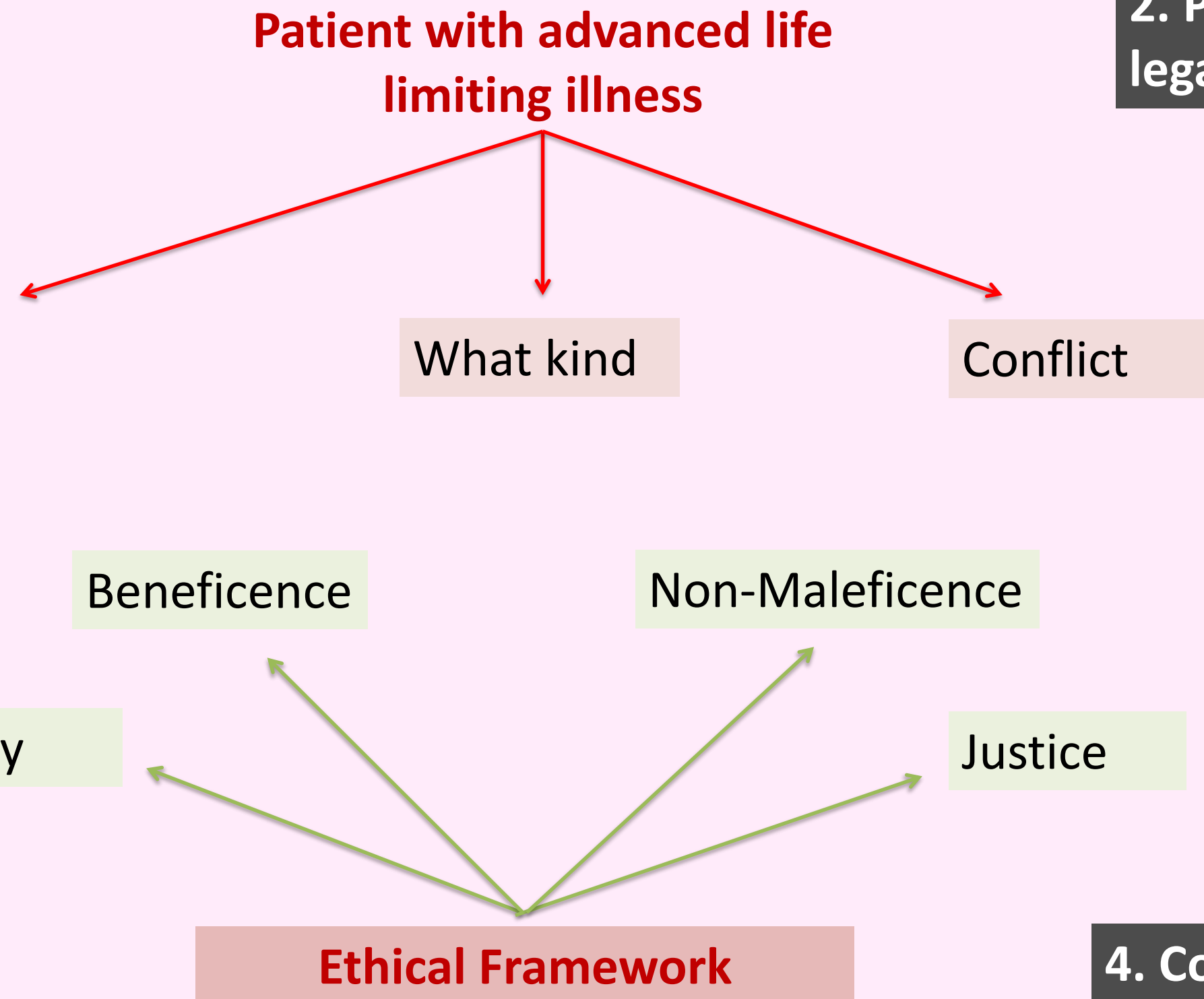
Ethics For MO



PRINCIPLES OF BIOMEDICAL ETHICS

1. Rapidly changing medical technology

2. Polarized medico-legal environment

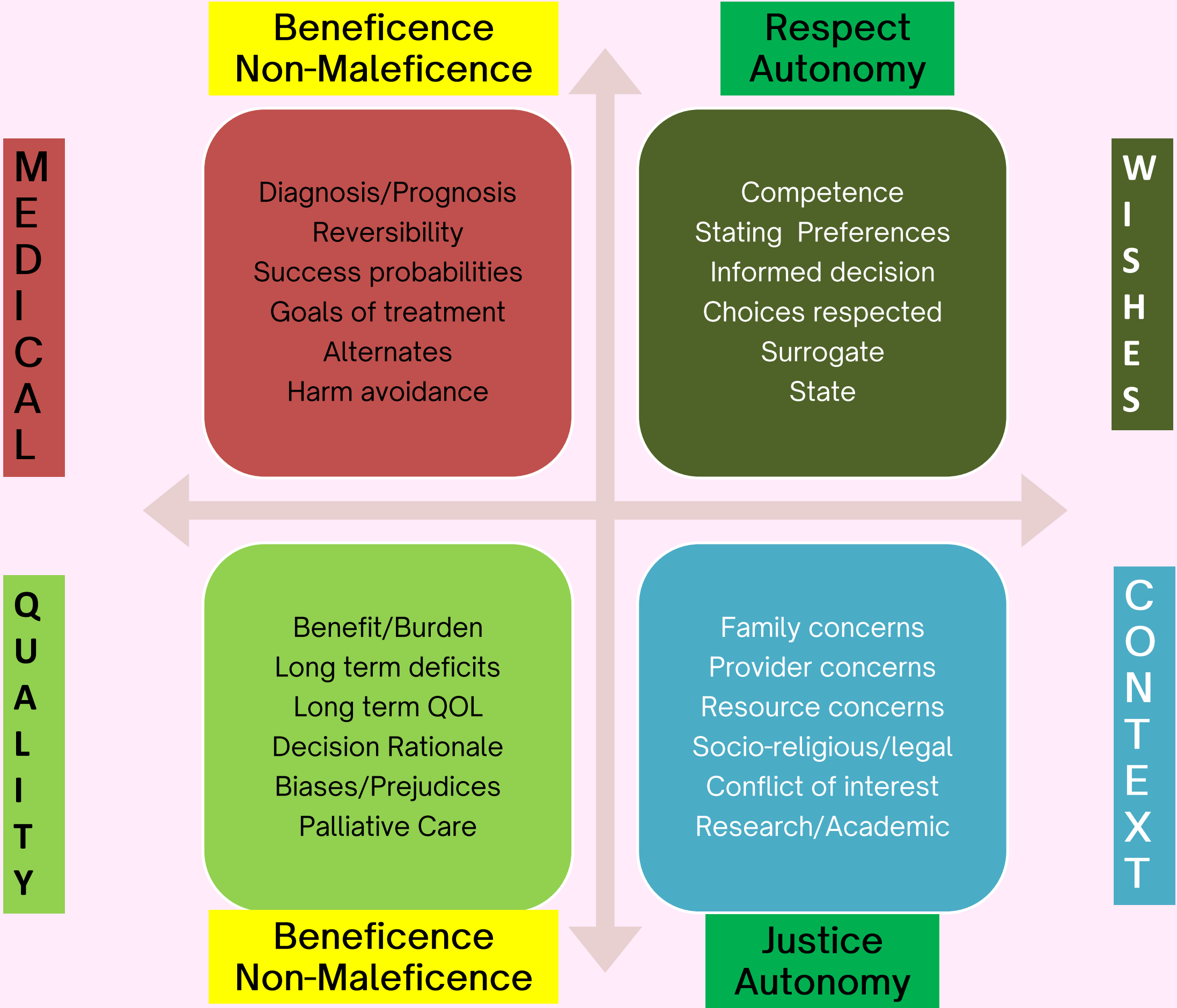


3. Expectations for longer life

4. Communication Conundrums



FRAMEWORK FOR ETHICS BASED DECISION MAKING





BEST INTEREST PRINCIPLES IN ETHICS-BASED DECISION-MAKING

Trigger Case

- AB 82-year-old male with dementia
- (FAST 7b that is a significant inability to speak an intelligible word(s))
- Difficulty in swallowing and coughing
- UGI Endoscopy showed a circumferential mass in the middle 1/3 of the esophagus. HPE-SCC
- CECT – Bilateral lung metastasis
- The treating team felt that he is a candidate for best supportive care

BEST INTEREST PRINCIPLES IN ETHICS-BASED DECISION-MAKING

- However, patient's sought a virtual second opinion who suggested SEMS, RT and Chemotherapy
- Patient's son wants all of them for his father

BEST INTEREST PRINCIPLES IN ETHICS-BASED DECISION-MAKING

Case discussion

1. What is best interest decision-making and how will you apply best interest decision-making in this case scenario?
2. How will you assess your capacity to make decisions?
3. What is surrogate decision-making and what are your views on surrogate-decision making in this case?
4. As a clinician yourself, what is your role in applying best-interest decision-making principles in this case?



Autonomy versus Weak Paternalism

- Health care professionals sharing the burden of responsibility

Autonomy and Beneficence

- Patient's right to choose

Autonomy and Non-Maleficence

- Doctor's right to refuse



Assessment of decision-making capacity in Cognitive Impairment

- Ability to communicate
- Ability to comprehend
- Ability to reason
- Ability to understand consequences

Assessment of decision making in Depression

- Look for depression clouding decision making
- Help of surrogates, psychiatrist, ethics committee



Surrogate Decision making – Ethical Dilemmas

- Surrogate not aware of patient wishes
- Surrogate not competent to make/participate in medical decision making
- Surrogate not acting in accordance to patient wishes
- Surrogate not acting in best interest of patient's clinical situation
- Surrogate has a conflict of interest
- Surrogate facing conflict
- Surrogate feeling burdened





FUTILITY PRINCIPLES IN ETHICS-BASED DECISION-MAKING

Trigger Case

- 68/male, Adenocarcinoma of Lung with Skeletal Metastasis on Oral Gefitinib
- Patient was admitted under Medical Oncology for Dehydration and Hypercalcemia. ECOG 3 on admission. Corrected Ca 16.8, K 5.7, Creatinine 3.1. Had a sudden in-hospital cardio-respiratory arrest. 1 week of ICU stay



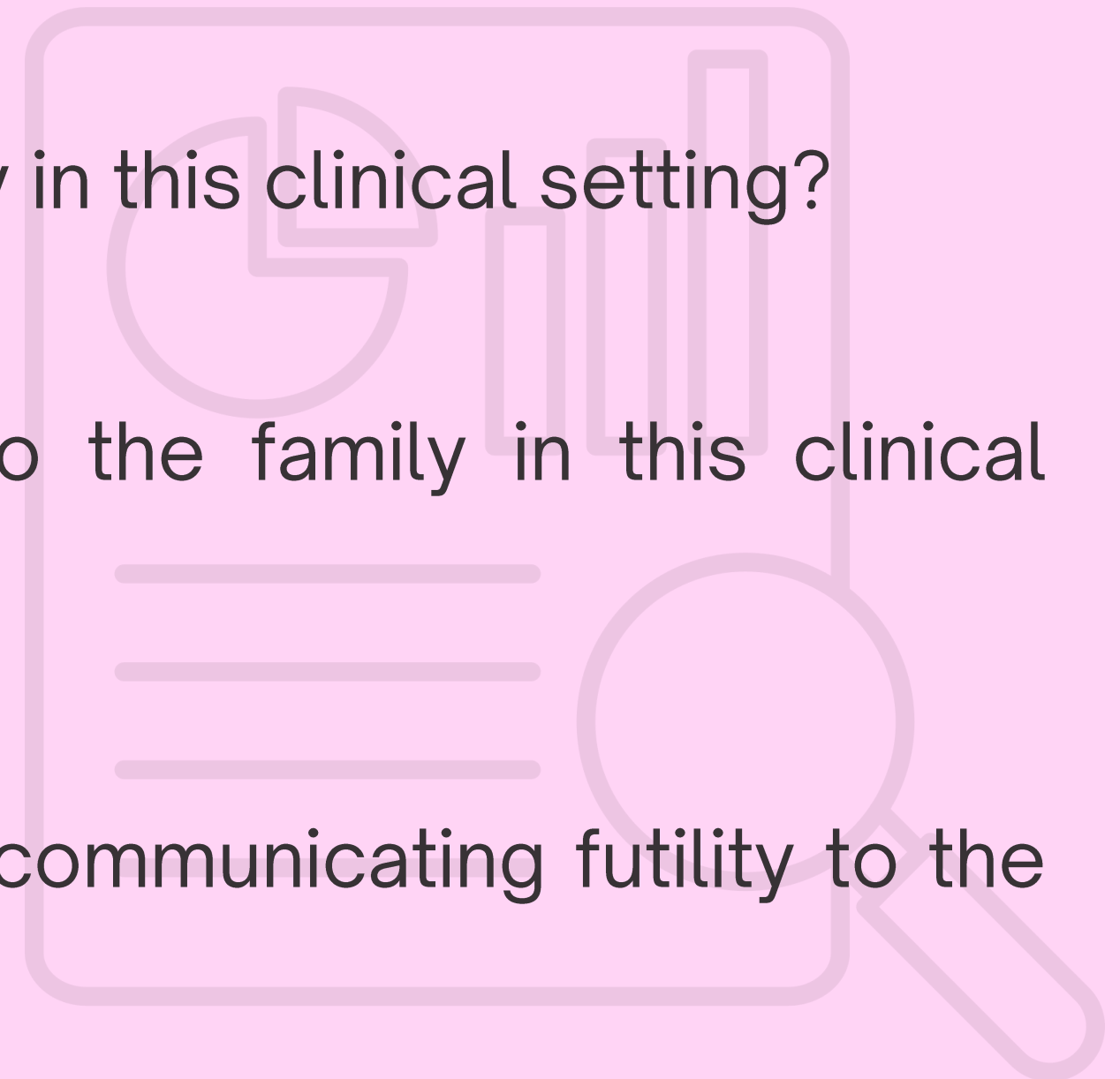
FUTILITY PRINCIPLES IN ETHICS-BASED DECISION-MAKING

- In the ICU he has developed ventilator associated pneumonia, sepsis and septic shock and is needing two inotropes to maintain blood pressure. He is unresponsive with a GCS of E1VTM1. EEG shows severe encephalopathy and MRI is suggestive of Hypoxic Ischemic Encephalopathy
- A family meeting is convened to discuss future care of this patient



Case Discussion

- How will you recognize medical futility in this clinical setting?
- How will the team arrive at consensus on futility in this clinical setting?
- How will you communicate medical futility to the family in this clinical setting?
- What are the next steps to be followed after communicating futility to the family?





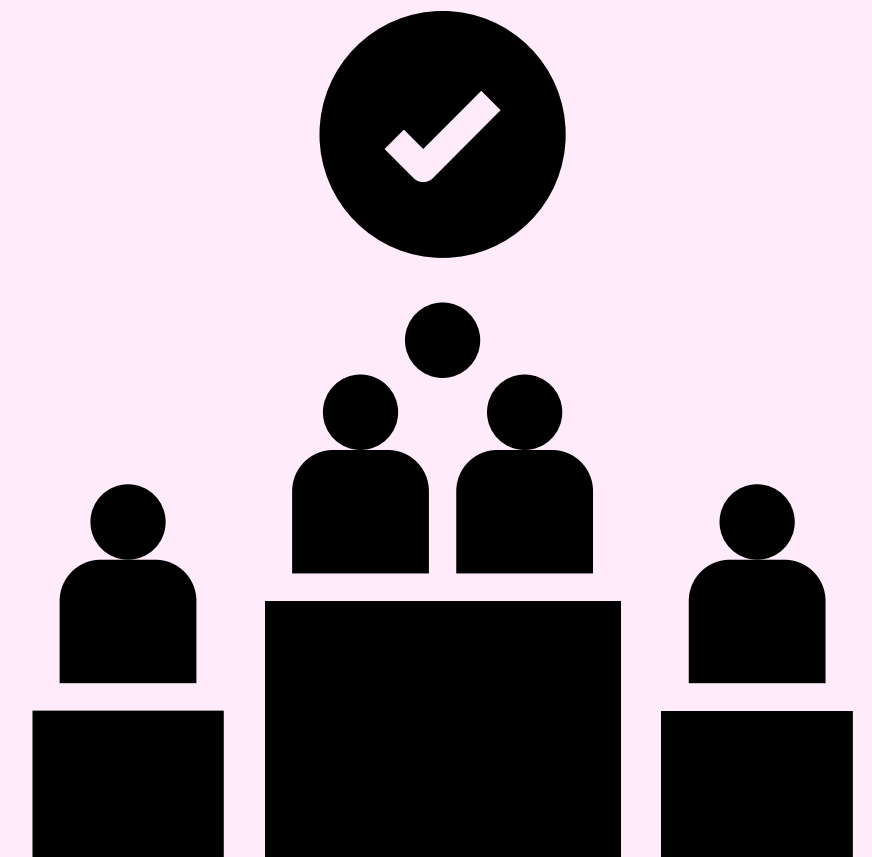
HOW WILL YOU RECOGNISE MEDICAL FUTILITY IN THIS CLINICAL SETTING?

- Oncologic Futility
- Neurologic Futility
- Critical-care Futility



HOW WILL THE TEAM ARRIVE AT CONSENSUS ON FUTILITY IN THIS CLINICAL SETTING?

- Team Meeting
- Evidence-based decision making (Decision-making matrix)
- Justifying the decision
- Documentation of the decision
- Planning communication of the decision





WHAT ARE THE NEXT STEPS TO BE FOLLOWED AFTER COMMUNICATING FUTILITY TO THE FAMILY?

- Consenting for withholding/withdrawing
- Limitation of life-sustaining treatment
- Place of care
- End of life care
- After death care
- Bereavement support
- Review of the care provided



TYPES OF FUTILITY

Type	Description
Physiological	<ul style="list-style-type: none"> Medical interventions that could not possibly result in a physiological goal Each medical intervention has a specific physiological goal. Clinician should be able to determine if achieving that goal is at all possible . Restoration of physiology not possible
Quantitative	<ul style="list-style-type: none"> Numeric probability of achieving the intended goal of therapy Physiological futility is quantitative futility with a probability of zero
Qualitative	<ul style="list-style-type: none"> Focus on the quality of the potential benefits Effect of treatment that is limited to some part of the patient's body and a benefit that improves the patient as a whole
Imminent demise	<ul style="list-style-type: none"> The underlying condition is terminal in the short term (days, weeks, or months) and cannot be reversed or impacted by treatment. Restoration of physiology is possible



Thank You

