

2.4 Ethical Considerations

Key Points

1. The primary ethical principles in Palliative Care are autonomy, beneficence, non-maleficence, justice, and informed consent.
2. Ethical principles can sometimes conflict with each other.
Unlimited or unguided patient autonomy can conflict with beneficence, non-maleficence and justice.
3. An action is ethical if its intent is beneficent even if outcome is negative.
Double effect is the recognition that any action taken on behalf of the patient can have multiple impacts, both positive and negative. Thus, if taken to its logical conclusion, the principle “First of All, Do No Harm” would paralyze physicians.
4. Use of opioid medications for relief of pain or dyspnea is accepted and expected as standard pain and symptom management.
The medical system too often under treats pain; providers have recently faced criminal prosecution for under treatment of pain in terminally ill patients.
5. Forgoing life-sustaining treatment applies to a number of interventions beyond ventilator support.
The decision to withdraw or not begin a therapy includes such interventions as CPR, dialysis, tube feeding and medications as well as ventilator support.
6. The purpose of intentional/terminal sedation is symptom-relief, not death (double effect).
Intentional sedation seeks to provide relief from severe, unrelenting physical symptoms that are irreversible and unresponsive to maximal symptom control.

Ethical Considerations

The Palliative Response



The Ethical Principle of Autonomy

Patient Choice

Self-determination in decisions regarding accepting or refusing specific treatment.

The Ethical Principle of Beneficence

Do Good

Working out together what would be in the best interest of a patient.

The Ethical Principle of Non-Maleficence

Minimize Harm

Protection of patients from injury and iatrogenic harm.

Includes wise counseling as a component of informed consent.

The Ethical Principle of Justice

Fair use of available resources for health care

Conflict of Autonomy with Other Principles

- In the recent history of medicine, autonomy often has been considered the most important of the ethical principles
- Unlimited or unguided patient autonomy can conflict with the ethical principles of beneficence, nonmaleficence, and justice

The Ethical Principle of Informed Consent

Voluntary and informed agreement to specific treatment or plan of care

Capacity

The presence of sufficient mental capacity to exercise autonomy and to give consent

Beneficence and Double Effect

- Any action taken on the behalf of a patient has potential for multiple impacts, positive and negative, on a patient's well-being
- An action is ethical if its intent is beneficent even if a negative outcome should occur

Limiting Considerations

First of All, Do No Harm

If carried to its logical conclusion, this principle would prevent physicians from participating in any patient-care decisions; since any action, however harmless it may appear, could have negative consequences for an individual patient

Exercise in Ethical Decision-Making

Six different scenarios will be described regarding care at Life's End. As a group you will fill out a table regarding:

- Certainty of death
- Requirement for patient competence
- Physician involvement in the interventions
- Legal status of the intervention
- Ethical consensus

Interventions

Standard Pain Management

- Use of opioid medications for the relief of pain or dyspnea is accepted and expected
- Intent is control of pain or other symptoms
- Medical system too often under-treats pain
- Some providers have faced criminal actions for inadequate pain control for terminally ill patients

Foregoing Life-Sustaining Therapy

- Discussions often limited to ventilator support
- Includes a number of interventions beyond ventilator support
 - CPR*
 - Dialysis*
 - Tube feeding*
 - Medications*
- Includes withdrawing a therapy or making a proactive decision not to begin a treatment

Voluntary Cessation of Eating and Drinking

- A rare event requiring sustained will power
- Some may consider this suicide
- Evaluation of depression and capacity are appropriate

Intentional/Terminal Sedation

- May be indicated for severe unrelenting physical pain or other distressing symptoms, such as delirium or dyspnea, which are not reversible and not responding to maximal symptom control
- Patient is sedated—usually with a combination of opioids, benzodiazepines and haloperidol—because sleeping provides respite from the symptoms
- Purpose of the treatment is relief of symptoms, not death (double effect)

Physician-Assisted Suicide Oregon Regulations

Physician provides the means for patient to take his/her own life

- Patient must make request in writing
- Waiting period
- Second physician must certify illness as terminal
- May be a psychiatric evaluation
- Patient fills prescription for barbiturate to use at his/her discretion
- Patient must take the medication unaided by staff or family

Voluntary Active Euthanasia

Physician, upon patient request, administers lethal medication by injection or oral route

- Patient must be competent
- Illegal and likely to be prosecuted
- Limited and controversial support for this practice

The Ethical Principle of Beneficence

Do Good

While all the ethical principles are important, working with the patient/family toward beneficence often, in the end, will achieve the other principles.

Intervention	Certainty of Death	Patient Competence	Physician Involvement	Legal Status	Ethical Consensus
Standard pain management					
Foregoing life-sustaining therapy					
Voluntarily stopping eating and drinking					
Terminal sedation: heavy sedation to escape pain, shortness of breath, other severe symptoms					
Physician-assisted suicide					
Voluntary active euthanasia					

Ethical Considerations

Selected Readings

Emerging Ethical Issues in Palliative Care

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Lo, B., L. Dornbrand, L. E. Wolf, and M. Groman. "The Wendland Case—Withdrawing Life Support from Incompetent Patients who Are not Terminally Ill." *New England Journal of Medicine* 346 (2002): 1489–1493.

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