

## Ethics Consultation Video Course Materials

### Training Checklist

All members of the ethics consultation service should, at a minimum:

- read the IntegratedEthics communications materials
- read the ethics consultation primer, *Ethics Consultation: Responding to Ethics Questions in Health Care*
- complete the ethics consultation video course

Use the following checklist to make sure that all members of the ethics consultation team have received the minimum training:

- Identify who should receive ethics consultation training.** Your list should include all members of the ethics consultation service, as well as the IntegratedEthics Program Officer.
- Make sure that everyone has read the IntegratedEthics communications materials.** Distribute copies, if necessary.
- Make sure that everyone has read the ethics consultation primer.** Distribute copies if necessary.
- Schedule dates and times for the ethics consultation video training sessions.** There are two one-hour sessions, including exercises to be completed during the videos.
- Reserve a room with TV and DVD player for each training session.** Make sure that the room has ample seating and table space for all viewers. The sessions include group discussion and written exercises.
- Photocopy worksheets and answer keys for each participant.** Masters for the worksheet and answer key can be found following this checklist.
- Distribute worksheets and answer keys before starting the video course.** Answer keys may be referred to as needed to guide the discussion/activity.

## Exercise #1

### Analysis of Phone Conversation

**Instructions:** In this phone conversation between Dr. Burrows and Dr. Ingersoll, Dr. Burrows does many things well. Your task in this exercise is to identify those things that he could have done better. Reflecting on your own experiences, think about things that you might say or do in the context of ethics consultation that Dr. Burrows did not do in this scene. Focus on things that might have made a difference in this case.

**Record your notes on these questions on the notes page included after the dialogue.**

**Burrows:** This is Dr. Burrows, returning a page?

**Ingersoll:** It's Jill Ingersoll with an ethics question.

**Burrows:** Jill, you called at a really good time, we've got the whole consult team in here, doing a little training – OK if I put this on speakerphone?... OK, go ahead.

**Ingersoll:** Here's the thing: I have this patient with a living will that says he doesn't want his life prolonged, and it also names his wife as durable power of attorney. She thinks it's too soon to give up and wants everything done. I want to follow the patient's wishes and withdraw his feeding tube. I can do that, right?

**Burrows:** Hmm. Sounds like it might be a little too complicated for a quick yes/no response. Can you back up a minute and give me more specifics about the case?

**Ingersoll:** Sure. The patient is Everett Johnson, he's about 75. He's had multiple strokes, and he has a feeding tube. He's also got Grade 4 pressure ulcers and chronic osteomyelitis that has not responded to antibiotics. He's been in and out of the ICU with sepsis, and has been on the ventilator several times for his COPD. We've been trying to stabilize him long enough to go to a nursing home, but it's been one thing after another. His wife has been saying, "Do everything," so we have been. Then yesterday, out of the blue, his sister brings in a living will that says he doesn't want to be tube fed. It also says he wants his wife to be durable power of attorney for health care. And it says, specifically, that his wife has to follow his wishes as stated in the living will. So I think it's pretty straightforward.

**Burrows:** It sounds pretty straightforward, but let's clear up a couple of things so we know for sure what we're dealing with.

**Ingersoll:** Shoot.

**Burrows:** Is it a VA living will?

**Ingersoll:** Yeah, it's on our standard form.

**Burrows:** And the power of attorney is our form too?

**Ingersoll:** Yup.

**Burrows:** Signatures there and everything?

**Ingersoll:** Absolutely. Two witnesses, everything seems to be by the book.

**Burrows:** And it says specifically he doesn't want a feeding tube?

**Ingersoll:** No life-sustaining procedures of any kind.

**Burrows:** OK. Next: What's the patient's prognosis?

**Ingersoll:** Really poor. He's been going steadily downhill. The way things have been going, I seriously doubt he'll survive another trip to the ICU.

**Burrows:** And why does he have a feeding tube? Is he eating anything at all?

**Ingersoll:** No, he's NPO. Recurrent aspiration pneumonia. Practically everything he eats goes straight to his lungs.

**Burrows:** So there's no way he could be fed orally?

**Ingersoll:** No way.

**Burrows:** And you're sure he lacks decision-making capacity?

**Ingersoll:** He doesn't talk at all.

**Burrows:** Can he communicate nonverbally?

**Ingersoll:** Intermittently. He's pretty out of it most of the time.

**Burrows:** Has he had a formal assessment of decision-making capacity?

**Ingersoll:** I think so. I'll check.

**Burrows:** You should make sure that's adequately documented in the chart – especially if you're thinking about withdrawing life-sustaining treatment.

**Ingersoll:** Good point, you're right. I'll do that.

**Burrows:** OK...let me summarize here by formulating the ethics question: Should you stop the feeding tube over the objection of the surrogate on the basis of the patient's clear advance directive?

**Ingersoll:** That's exactly my problem.

**Burrows:** Now what about the wife – have you talked to her about this?

**Ingersoll:** Not yet. I thought I should talk to you first. What I want to tell her is that we have to follow the patient's advance directive. He said no feeding tubes, so there's really no choice. Isn't that what our policy says?

**Burrows:** Right. According to VA policy, the surrogate has to follow the patient's wishes to the extent that they're known. It's a matter of patient autonomy. The patient gets to make his own decisions even after he loses decision-making capacity.

**Ingersoll:** See? That's what I thought. Tell you what, Mike, I'm going to talk to her and see how it goes. I'm hoping I can get her to go along. That would make things easier.

**Burrows:** It definitely would. These conversations can get a little dicey... Do you want me involved?

**Ingersoll:** I don't think so. I'm going to do what you talked about before – you know, make sure we stay focused on what the patient would want us to do.

**Burrows:** Sounds good. One more question – anybody on the team have a problem with feeding tube withdrawal in this case?

**Ingersoll:** No. Everyone agrees we should go with the advance directive. I don't anticipate any problems on that front.

**Burrows:** And the sister, she wants the feeding tube withdrawn?

**Ingersoll:** Definitely.

**Burrows:** Given the conflict in the family, you should probably involve legal counsel.

**Ingersoll:** I've already got a call in to them. Hey, listen, I gotta run, someone's paging me.

**Burrows:** OK, then, let me know what happens, will you?

**Ingersoll:** You bet. Hey, do me a favor – can you do a consult note for the chart?

**Burrows:** Yeah, uh... Yes.

**Ingersoll:** Great! Talk to ya.



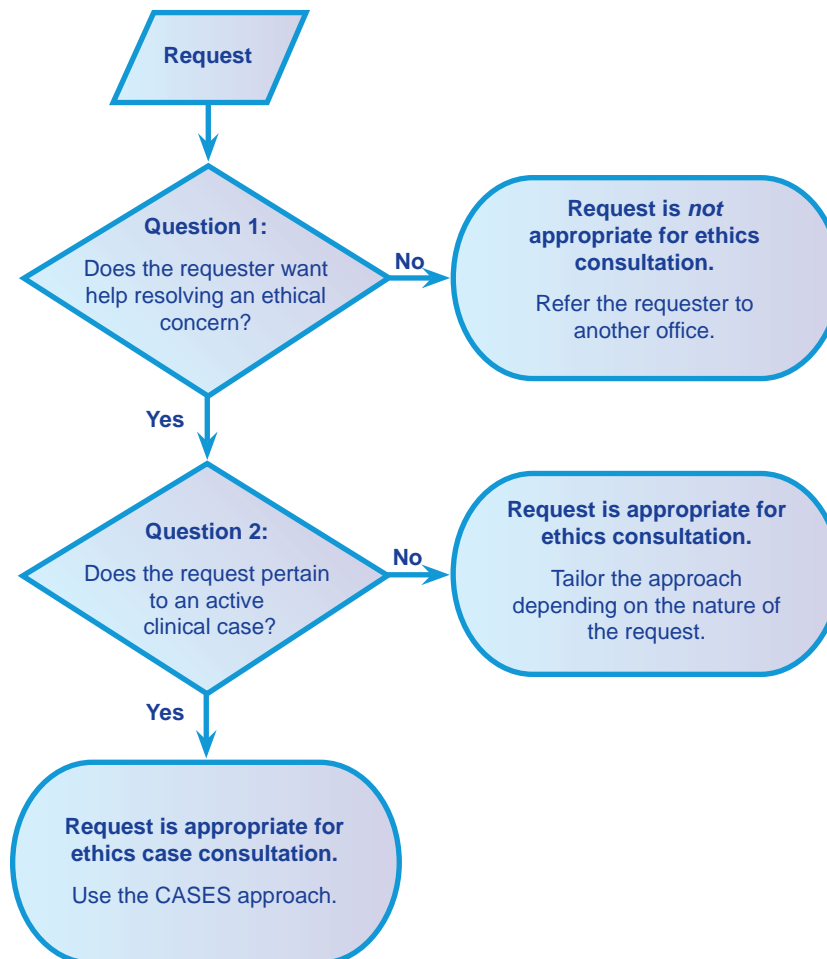
## Exercise #2

### Identifying Whether a Request Is Appropriate for Ethics Case Consultation

Not all requests that come to the ethics consultation service are appropriate for the service to handle. To maximize its quality and effectiveness, the ethics consultation service should handle only those requests in which the requester wants help resolving an ethical concern (i.e., uncertainty or conflict about values). All other requests should be referred elsewhere in the organization.

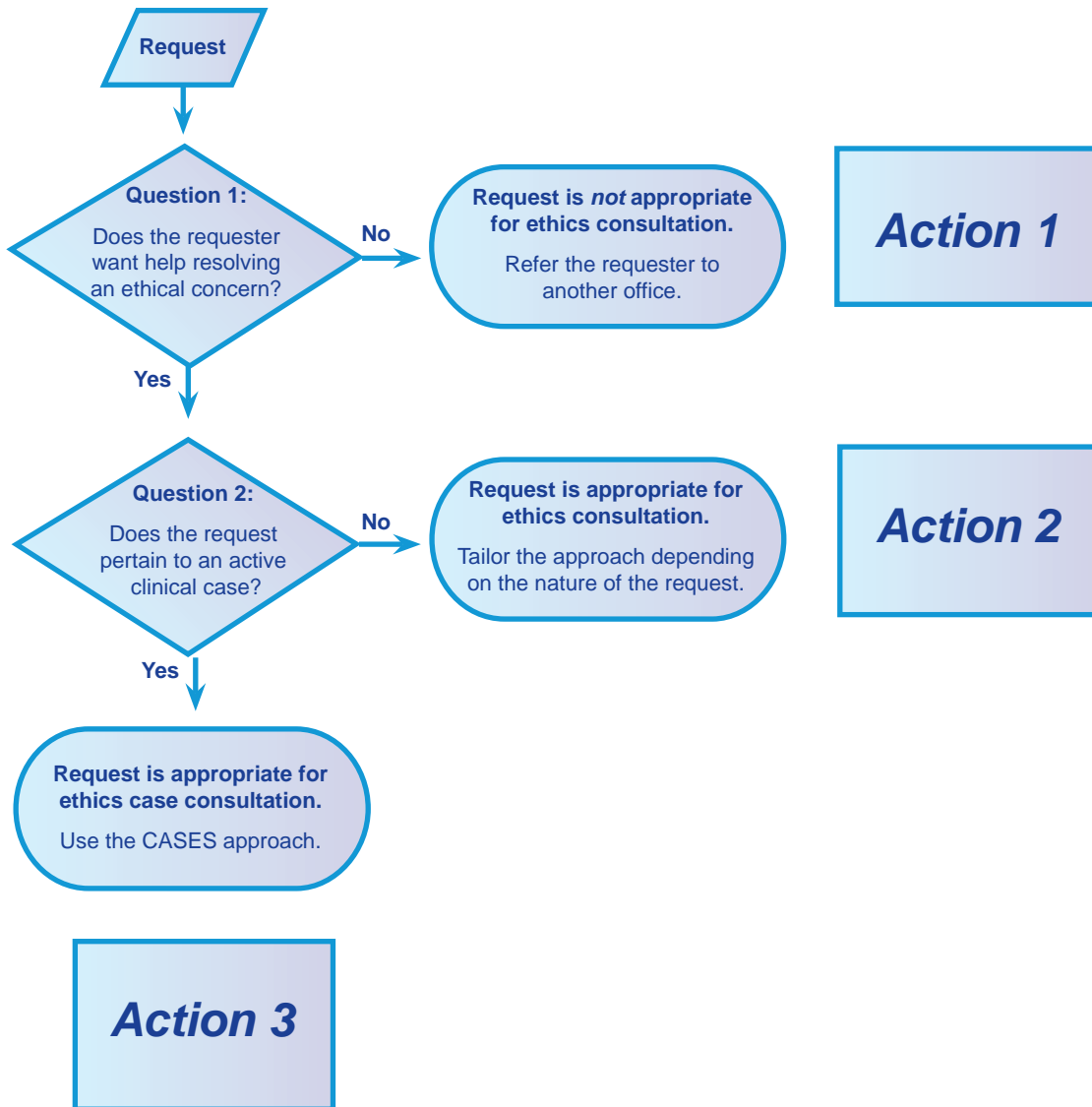
In addition, not all ethics consultations are ethics case consultations (i.e., an ethics consultation pertaining to an active clinical case). Noncase consultations might include, for example, a request to clarify an ethics-related policy or to explore the options in a hypothetical case. All requests for ethics case consultation should be handled through the CASES approach. For other types of requests, the approach should be tailored based on the nature of the request.

To determine whether a request is appropriate for ethics case consultation, you should ask two questions, as shown in the decision rule below:





**Instructions:** Using the decision algorithm below, read each of the six requests and determine whether they should result in Action 1, 2, or 3. After you've completed the exercise, check your answers using the answer key on the last page.



**Request A:** Dr. Wigg, the chief of staff, requests an ethics consultation to give feedback on the ethical aspects of a facility-wide project, jointly proposed by the cardiology, neurosurgery, and renal services, to increase the number of organ donors.

Action 1  Action 2  Action 3

**Request B:** Dr. Paper, the chief of the neurology service, requests an ethics consultation regarding the care of a patient who was declared brain dead and removed from a respirator last month. He has some nagging thoughts and wonders whether he adequately considered all the ethical aspects of the case or if there was more he should have done.

Action 1  Action 2  Action 3

**Request C:** Mr. Jones, a social worker, requests an ethics consultation on whether he is allowed to testify at an upcoming court hearing about whether a patient on the long-term care unit is competent to manage his own funds.

Action 1  Action 2  Action 3

**Request D:** Dr. Habbitt, the chief of staff, requests an ethics consultation to determine whether the facility is obligated to provide dialysis to a patient with advanced metastatic lung cancer. The patient and his family are demanding the treatment, but Dr. Habbitt and the treating team believe that this would be inappropriate because of the patient's exceedingly poor prognosis.

Action 1  Action 2  Action 3

**Request E:** Ms. Gooden, a nurse, is concerned because Dr. Dunn is improving his performance measure score by recording sensory exams in patients' medical records when in fact he has not performed them.

Action 1  Action 2  Action 3

**Request F:** Mrs. Steel, a veteran, has been told that her prescription for oxycodone will not be renewed unless she agrees to sign a "contract" with the facility. She has some concerns about the contract and wants to know whether she has any other recourse.

Action 1  Action 2  Action 3



**Exercise #2—Answer Key**

**Request A:** Dr. Wigg, the chief of staff, requests an ethics consultation to give feedback on the ethical aspects of a facility-wide project, jointly proposed by the cardiology, neurosurgery, and renal services, to increase the number of organ donors.

Answer: Action 1  Action 2  Action 3

Explanation: Dr. Wigg wants clarification on the value-laden aspects of the project. The project would affect many different patients but there is no specific patient involved in the request.

**Request B:** Dr. Paper, the chief of the neurology service, requests an ethics consultation regarding the care of a patient who was declared brain dead and removed from a respirator last month. He has some nagging thoughts and wonders whether he adequately considered all the ethical aspects of the case or if there was more he should have done.

Answer: Action 1  Action 2  Action 3

Explanation: Dr. Paper is experiencing uncertainty and internal conflict about values that pertain to a case that is no longer active.

**Request C:** Mr. Jones, a social worker, requests an ethics consultation on whether he is allowed to testify at an upcoming court hearing about whether a patient on the long term care unit is competent to manage his own funds.

Answer: Action 1  Action 2  Action 3

Explanation: Mr. Jones's request pertains to what is allowed in VA from a legal perspective, or what is the appropriate organizational protocol. There is nothing to suggest that Mr. Jones is requesting help resolving uncertainty or conflict about values. He should be referred to the social work supervisor and/or regional counsel.

**Request D:** Dr. Habbitt, the chief of staff, requests an ethics consultation to determine whether the facility is obligated to provide dialysis to a patient with advanced metastatic lung cancer. The patient and his family are demanding the treatment, but Dr. Habbitt and the treating team believe that this would be inappropriate because of the patient's exceedingly poor prognosis.

Answer: Action 1  Action 2  Action 3

Explanation: Dr. Habbitt is facing a values conflict about a real patient who is in the hospital now.

**Request E:** Ms. Gooden, a nurse, is concerned because Dr. Dunn is improving his performance measure score by recording sensory exams in patients' medical records when in fact he has not performed them.

Answer: Action 1  Action 2  Action 3

Explanation: Ms. Gooden does not want help resolving uncertainty or conflict about values. The requester knows it is wrong to falsify medical records and wants something done about it. Ms. Gooden should be referred to the compliance officer, the compliance hotline, or administration (e.g., chief of staff).

**Request F:** Mrs. Steel, a veteran, has been told that her prescription for oxycodone will not be renewed unless she agrees to sign a "contract" with the facility. She has some concerns about the contract and wants to know whether she has any other recourse.

Answer: Action 1  Action 2  Action 3

Explanation: Mrs. Steel, an active patient, wants help resolving a situation that involves a conflict in values.

## Exercise #3

### Formulating the Ethics Question

A clear formulation of the ethics question in a case enables the team to focus on the key ethical concerns and work efficiently toward a solution. Sometimes the process of formulating the ethics question may lead to the realization that the situation isn't appropriate for ethics consultation after all. Therefore, it's important to formulate the ethics question near the start of the consultation process and then to revisit this formulation again at a later stage once all the relevant information has been assembled.

**Instructions:** Use either of the following structures to formulate the ethics question for each of the cases listed below.

Given \_\_\_\_\_, what decisions or actions are ethically justifiable?  
uncertainty or conflict about values

Given \_\_\_\_\_, is it ethically justifiable to \_\_\_\_\_?  
uncertainty or conflict about values                      decision or action

**Case 1:** Dr. Habbitt, the chief of staff, requests an ethics consultation to determine whether the facility is obligated to provide dialysis to a patient with advanced metastatic lung cancer. The patient and his family are demanding the treatment, but Dr. Habbitt and the treating team believe that this would be inappropriate because of the patient's exceedingly poor prognosis.

*Given* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Case 2:** Mrs. Steel, a veteran, has been told that her prescription for oxycodone will not be renewed unless she agrees to sign a "contract" with the facility. She has some concerns about the contract and wants to know whether she has any other recourse.

*Given* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Exercise #3—Answer Key

**Case 1:** Dr. Habbitt, the chief of staff, requests an ethics consultation to determine whether the facility is obligated to provide dialysis to a patient with advanced metastatic lung cancer. The patient and his family are demanding the treatment, but Dr. Habbitt and the treating team believe that this would be inappropriate because of the patient's exceedingly poor prognosis.

There are many ways to formulate the ethics question. For example:

**Given that** the health care providers value the patient's right to self-determination, but believe that the burdens of dialysis would outweigh the benefits, **is it ethically justifiable to** deny the patient's request for dialysis?

or

**Given that** dialysis might prolong the patient's life but the health care providers believe that the burdens of dialysis would outweigh the benefits, **is it ethically justifiable to** offer the patient dialysis?

**Case 2:** Mrs. Steel, a veteran, has been told that her prescription for oxycodone will not be renewed unless she agrees to sign a "contract" with the facility. She has some concerns about the contract and wants to know whether she has other options.

There are many ways to formulate the ethics question. For example:

**Given that** Mrs. Steel is entitled to receive her pain medication from VA but does not wish to sign a contract she thinks is unfair, **what decisions or actions are ethically justifiable?**

or

**Given that** Mrs. Steel values pain relief but is reluctant to sign a contract she knows she may be unable to keep, **what decisions or actions are ethically justifiable?**

## Exercise #4

### Analysis of Formal Meeting

**Instructions:** This dramatization of the formal meeting between members of the ethics consultation service, the patient's family, and his health care team takes some license with the timing and manner in which information was revealed. Your task in this exercise is to identify both those things that went well and those that could have been done better. Be sure to consider not only what was said and how, but also nonverbal factors, such as how people are positioned in the room, and body language.

**Record your notes on these questions below.**

**What did the ethics consultation team do well?**

Notes: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**What could the ethics consultation team have done better?**

Notes: \_\_\_\_\_

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