Patient Centered Care: Ethics and Caution in Medical Practice

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January 9, 2007
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Objectives

Understand the conflict between patient centered care and defensive medicine

Appreciate the difference between providing for the care of patients and risk management

Recognize the challenges of
<ul>
  <li>Economic conflicts of interest</li>
  <li>Institutional and professional pressures</li>
  <li>Personal apprehensions</li>
</ul>

Goals of Care

What is the guiding standard?

Preventing harm
Non-maleficence

Acting in the patient’s best interest
Beneficence

Relationship of mutual trust
Doctor / patient relationship

Defining Patient Centered Care

Who makes medical decisions?

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<tr>
<th>Hippocratic Period</th>
<th>Doctor</th>
<th>Patient/Family</th>
<th>Others</th>
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<td>Early 20th century</td>
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From Jonsen, Siegler and Winslade, Introduction to Clinical Ethics

Ethical Decision Making

Medical Indications: Consider each medical condition and its proposed treatment.

Patient Preferences: What does the patient want?

Quality of Life: Describe the patient's quality of life in the patient’s terms.

Contextual Features: Social, legal, economic and institutional circumstances in the case

From Jonsen, Siegler and Winslade, Introduction to Clinical Ethics
Law and Ethics

Ethical standard: Consider the patient’s wishes and goals
Care for the whole patient

Legal standard: What would a reasonably prudent physician in like or similar circumstances do?
Why does the law not require caring for the patient’s wishes?

What is bad (mal) practice?

Legal definition: Failure to meet the standard of care

Clinical definition: Failure to meet the patient’s needs to the best of one’s ability

Reality: most malpractice does not result in legal action

Defensive Medicine

Ethics
Law
Risk Mgmt

Values, aspirations, professional norms & personal ideals
Rules, minimally acceptable behavior
Decisions that are intended to reduce liability

Personal Apprehensions

What are your personal values or spiritual convictions that guide treatment decisions?

What are your professional obligations to your patients?

What are your legal liabilities for continuing or discontinuing treatment?

Case Example

Helga Wanglie: 86 year old woman in persistent vegetative state for one year, on ventilator

Institutional and Professional Pressures

Your relationships with peers and superiors may be at stake

If reported for malpractice, even if innocent, it can take a lot of time to clear your name
Case Example
You recommended to postpone a hysterectomy for a patient with no symptoms of uterine abnormality. You are accused of malpractice by a fellow physician, reported to the state medical board for possible disciplinary action including revocation of license.

Economic Incentives
Evidence shows economic incentives for prescribing one drug over another works (Brody, Hooked: Ethics the Medical Profession and the Pharmaceutical Industry, 2006).

Patients’ insistence on ineffective treatment may be more harmful than helpful – but profitable to the physician - what is the physician’s duty?

Case Example
Has one of the most popular treatments for heart disease in fact been killing some of the patients it is meant to help?...

Economic incentives for doctors (including their paychecks and their fear of lawsuits) to choose the most aggressive treatment certainly play a big role. Patients often want the most aggressive therapy.

Disagreements
Refusal:
- Patient with coronary disease who refuses a beta-blocker
- Patient with cancer who refuses any treatment including surgery, radiation, chemotherapy

Insistence:
- Patient with viral infection who wants antibiotics
- Patient with post-surgical pain two weeks after minor surgery wants narcotics

Rights
“Negative rights”
- There is a right to be left alone (to refuse)
- *Cruzan v. Missouri Dept. of Health* (US, 1986)

“Positive rights”
- No right to insist on (every) treatment
- *EMTALA*: stabilize in emergencies, and don’t abandon

It’s Legal but is it Ethical?
The law:
- Resolves conflicts
- Provides “rule of law”
- Forbids certain behaviors
- Protects certain behaviors
- Responds to changes in society
- Only as good as enforcement by state and private parties
**What ethics does**

Ethics:
- Reasons from ethical principals
- Ad fontes – goes back to the beginning
- Inspires through example
- Respects human abilities
- Counsels consideration of others
- Only as good as the integrity of the actor

**What the law does not do**

May conflict with ethics
- Does not provide all the answers
- Sets a floor not a ceiling
- Requires ethical judgment
- Provides few role models
- Fails to anticipate new challenges / responds to cases or controversies

**When law and ethics conflict…**

What do you do when a patient tells you of his homicidal ideations?
- State law may allow / forbid / require disclosure to the intended victim
- How do you reconcile ethical and legal obligations?

**Points to consider**

A caring attitude may be the most effective medical tool at your disposal
- Patient-centered care combines the best of medical technology and patient goals into a treatment plan
- The law is not a full guide to your practice; ethics allows you to set aspirational goals
- Know yourself and why you chose medicine