

# Moral and Ethical Issues in Palliative Care

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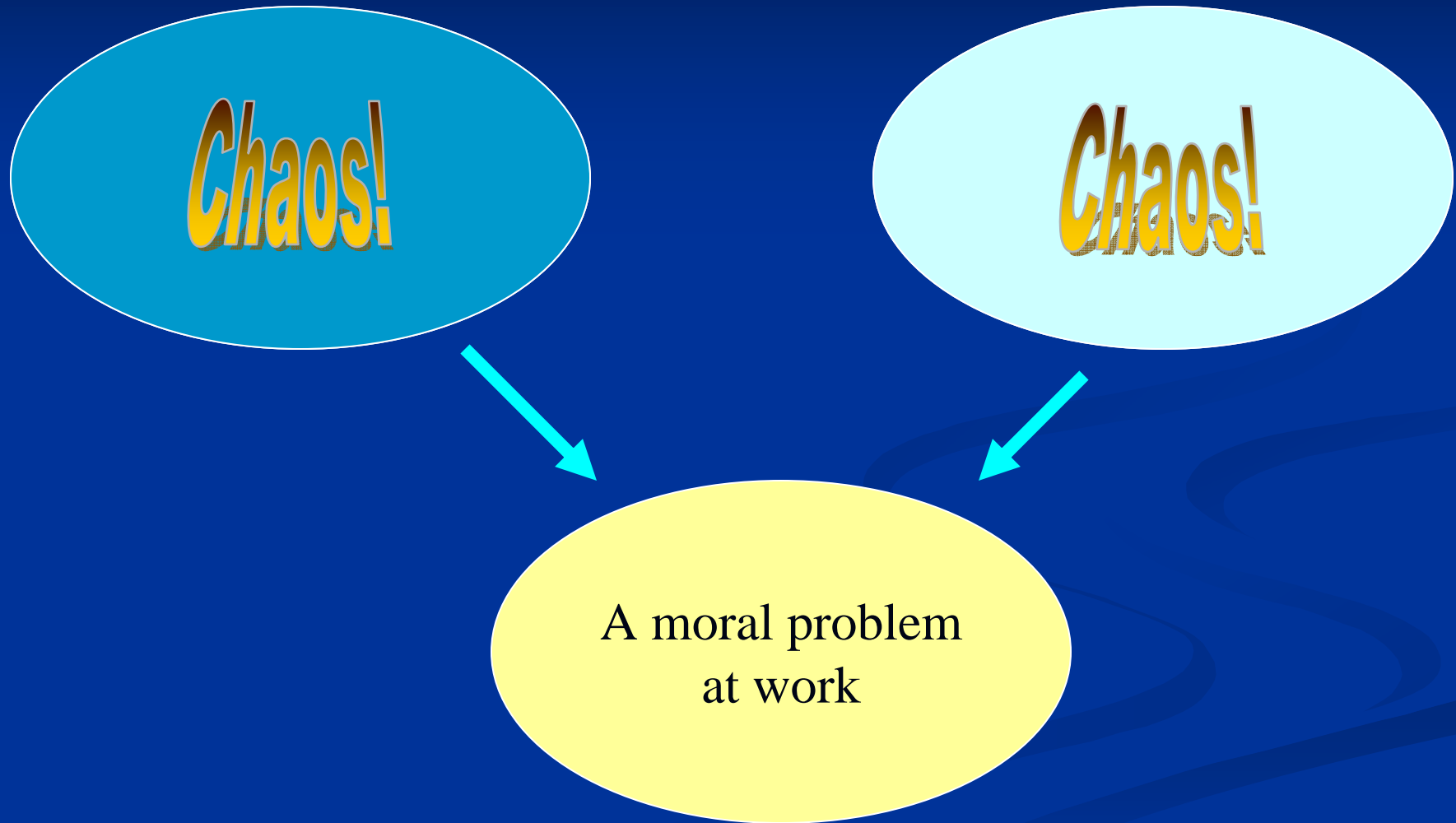
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# Why talk about ethical issues?

- They keep coming up...
- They are loaded with feeling and meaning.
- They interrupt or even co-opt our usual processes.
- Nobody seems to know the right answer.

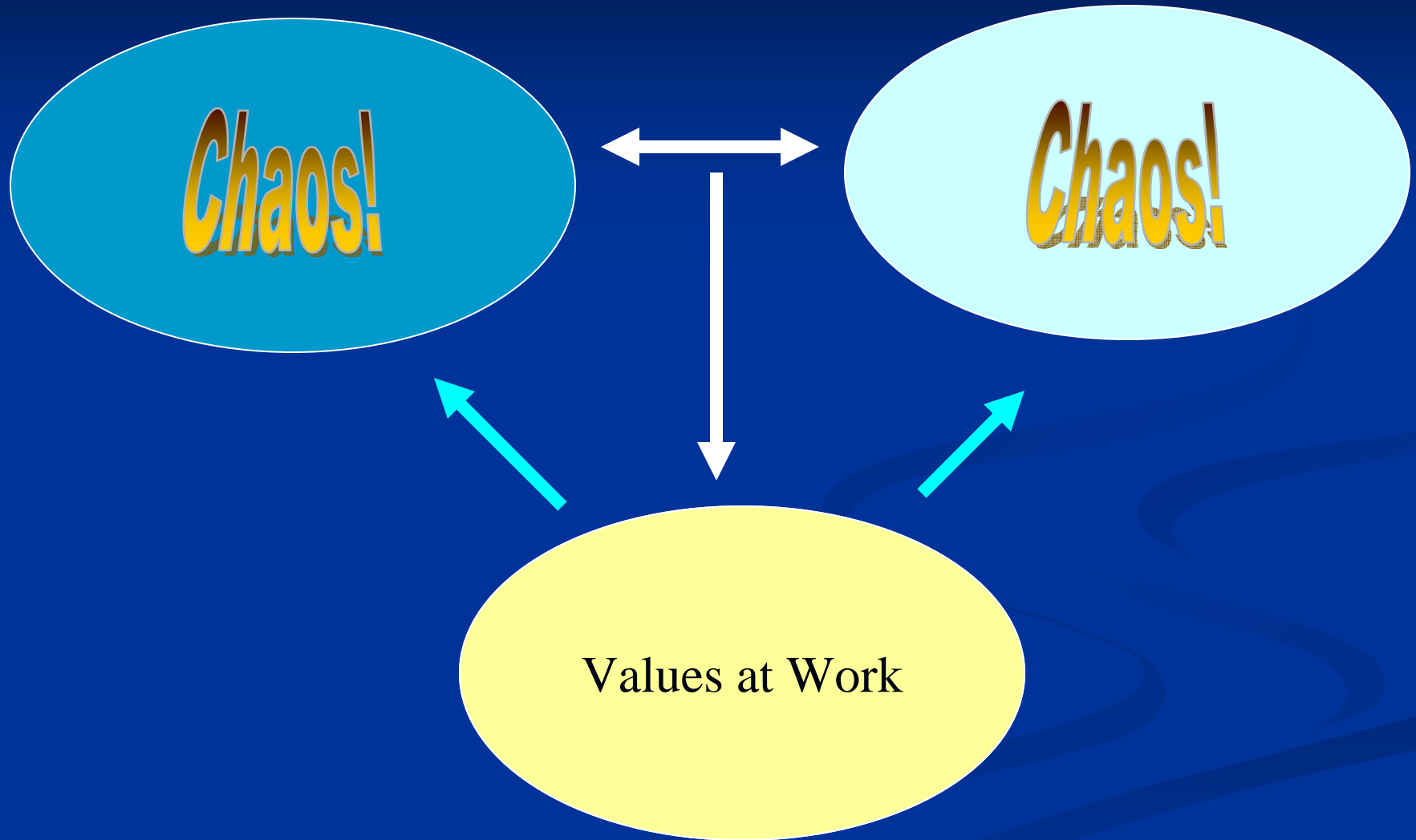
# The Hidden Threat



# Why Do We Work?

- Make money
- Retire
- Sometimes, we actually seem to enjoy what we're doing.
- We like helping people.
- It seems like the right thing for us to be doing.
- Honestly, there's nothing else we'd rather be doing.

# The Hidden Threat



# Values at Work

## Transcendent Values (Principles of Medical Ethics)

- Patient autonomy
- Beneficence (Do good;  
do no harm.)
  - Justice
- Professional integrity

## Organizational Values Derived by Allina Employees

- Integrity
- Respect
  - Trust
- Compassion
- Stewardship

# Case Study: A Confusing Scenario

- Mrs. Johnson is dying of ovarian cancer. Her husband of 36 years has been her staunchest supporter during her treatment. He continues to be hopeful that a new therapy will help her.

Autonomy  
Beneficence  
Justice  
Professional  
integrity

- Mrs. Johnson has confided to her oncologist that she knows the treatments aren't helping, and they agree to stop chemotherapy. She also tells the oncologist that she is deathly afraid of being on a machine, and she would now want CPR.

Integrity  
Respect  
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# Case Study: A Confusing Scenario

- Despite advice from the oncologist, Mrs. Johnson is unable to discuss her CPR wishes with her husband. When they see the doctor together, he reminds the doctor that her living will states she wants to give CPR a chance. She now remains quiet.
- It is late in the day at the hospital. Mrs. Johnson is slipping away, and her death could come any time.
- Mr. Johnson stays with her, as always. He expects that her wishes will be honored, and that CPR will be performed.
- What do you do?

Autonomy  
Beneficence  
Justice  
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# Case Study: This young woman is dying!

- Your patient Barbara is bleeding following a C-section. As a Jehovah's witness, she has stated that she does not want blood products.
- Barbara has two young children and a newborn. Her husband, also a Jehovah's witness, is distraught and withdrawn.
- Barbara's physician is beside herself. She has withheld transfusion while the patient is conscious, but intends to obtain an emergency court order for emergency transfusion as soon as the patient is unable to communicate.

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# Case Study: ?Euthanasia

- “You’re an ethics expert. I need some help. This nice 84-year old woman in my practice has leukemia. She’s ready to die when her time comes, and she’s made her peace and all, but... she wants me to give her a big dose of morphine. It’s not that she wants to take it... she just wants to have it on hand.
- “I asked her that. She said, ‘It’s just insurance. I don’t want to be hauled off the to the hospital and put on machines. I want to be at home.’”
- “So, now what do I do?”

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# What Would You Do?

- A 20 year-old woman has Ewing's sarcoma, widely metastatic. Numerous spinal lesions cause severe pain.
- An epidural catheter produces good analgesia.
- Because of miscommunication, she goes without the infusion for 20 minutes, and experiences profound, severe pain

# What Would You Do?

- IV Dilaudid in large doses failed to relieve her pain.
- Pentobarbital produced sleep, with stable BP and respirations.
- Her husband and mother believed she would choose to maintain sedation because of an overriding fear that severe pain might recur.

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# Summary

When we value our work, it is because we are bringing our values to work.

Thank you!

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