

Ethics Case Consultation Summary

About the Ethics Case Consultation Summary Template

This tool is designed to help individuals who perform health care ethics consultation summarize their cases and document their work. In conjunction with the ethics consultation pocket card and the CASES approach, the print version of this template provided below can also be used as a worksheet while performing an ethics consultation. An electronic version of this template can be downloaded for local use from vaww.ethics.va.gov/IntegratedEthics.

The template is designed to help consultants generate a comprehensive summary at the end of the “Synthesis” step of each case consultation. This is useful not only for recordkeeping and documentation purposes, but also as a guide for communicating information to key participants, including family members when appropriate. Consultation summaries can also serve as a valuable educational resource to others involved in the patient’s care when placed in the patient’s health record.

The template is longer than most clinical consultation notes. However, the comprehensiveness of the form helps to ensure that the record is complete, and that steps are not overlooked in the consultation process. If a particular data field is not relevant to the case at hand, the consultant should enter “Not Applicable” to indicate to the reader that this element was considered. Since some readers will only read the final two sections (Recommendations and Plans), consultants should pay special attention to these sections and how they are phrased.

About the Sample Ethics Case Consultation Summary

This sample demonstrates how the summary might look at the completion of an ethics case consultation. Please note that the names and events in the sample case are fictionalized and any similarity to actual people or events is unintentional.

Sample Ethics Case Consultation Summary

Requester Information

First name: Zelda Last name: Button Degree(s): MD Title: Chief, ICU

Role in the case:

- Physician – Staff
- Physician – Trainee
- Nurse – NP
- Nurse – RN
- Nurse – LPN
- Physician assistant
- Social worker
- Other clinical staff
- Patient
- Family member
- Other

Date of request: 2-2-07

Time of request: 9:00 AM

Timeframe (Check one): Routine Urgent

Requester's Description of Ethics Case and Concern:

Dr. Button requested an ethics consultation to help the treatment team decide whether they should comply with the family's request for complementary or alternative therapy consistent with the teachings of Edgar Cayce. She described the therapies as "fumes of apple brandy into the patient's endotracheal tube, a nutritional mixture of ground figs, cornmeal and milk via the patient's NG tube, and olive oil rubs to the patient's back and chest."

Steps taken to resolve the concern prior to ethics consultation:

Team members discussed the case.

Type of assistance requested (Check all that apply):

- Forum for discussion
- Conflict resolution
- Explanation of options
- Values clarification
- Policy interpretation
- Recommendation for care
- Moral support

Patient Information

First name: Benjamin Last name: Ruiz

Age: 72 Gender: Male Female

Clinical service (check one):

- Medical and Subspecialty Care (including Neurology)
- Geriatrics and Extended Care/Rehabilitation Medicine
- Mental Health
- Surgical and Anesthesia
- Other (Specify):

Patient's location: ICU, Bed 1

Attending physician: Zelda Button, MD

Was the attending notified? Yes No If no, explain:

Ethics Question (Use one of the following formats):

Given [uncertainty or conflict about values], what decisions or actions are ethically justifiable?

- or -

Given [uncertainty or conflict about values], is it ethically justifiable to [decision or action]?

The ethics question is:

Given that the team recognizes the importance of shared decision making and wants to honor the surrogate's treatment request but feels that doing so might compromise their professional standards, is it ethically justifiable to refuse the request for such therapy?

Ethics Consultants

Primary: Salvatore Garibaldi, RN

Other (List): Jane Ostrow, MD

Decision-Making Capacity

Does the patient have decision-making capacity?

- Clearly yes
- Clearly no
- Partial/fluctuating/unclear (If checked, explain):

Surrogate Decision Maker

Does the patient have an authorized surrogate? Yes No (If no, explain):

Name of surrogate: Robert Ruiz

Surrogate's contact information: (111) 555-1212

Surrogate's relationship to patient:

- Health Care Agent
- Legal guardian or special guardian
- Next-of-kin (If checked, specify):
- 1) Spouse
 - 2) Child
 - 3) Parent
 - 4) Sibling
 - 5) Grandparent
 - 6) Grandchild
- Close friend

Comments about surrogate selection:

The team does not expect the patient to regain decisional capacity anytime soon. The patient's spouse has relinquished decision-making responsibility to the son.

Advance Directive

Does the patient have an advance directive? Yes No

If yes, did the consultant(s) review the directive? Yes No (If no, explain):

If yes, summarize the relevant content of the directive, using direct quotes if possible:

Data Sources and Summary

The consultant(s) collected data from the following sources:

Examination of the patient's medical record: Yes No (If no, explain):

Face-to-face patient visit: [x] Yes [] No (If no, explain):

Other people interviewed and their roles (staff, family/friends, etc.):

Dr. Button, Dr. Mary Cola (resident), Betty Brown, RN (nurse), Mrs. Ruiz (wife), Robert Ruiz (son).

The *medical facts* of the case are summarized as follows:

The patient is a 72-year-old male who has been receiving treatment for pulmonary TB in the ICU for several weeks. He is intubated and receives nutrition via an NG tube. He is unable to be weaned from the ventilator at this time. He is clinically stable and tolerating the current medical regimen (4 anti-TB meds, nutritional and other supportive care), although he remains weak and nutritionally compromised. Dr. Button is cautiously optimistic that the patient will recover from the TB and be able to be extubated.

The *patient's preferences and interests* in the case are summarized as follows:

The patient is unable to participate in medical decision making due to confusion. His wife, who speaks only Spanish, has indicated through an interpreter that she wishes all medical decisions to be made by their only child, Robert. The patient has not completed an advance directive and was not a follower of Edgar Cayce.

Other parties' preferences and interests in the case are summarized as follows:

The patient's son has requested that his father receive alternative therapies for TB as described in the teaching of Edgar Cayce. Specifically, he requested that the patient be allowed to inhale fumes of apple brandy steeped in a charred wooden keg via his endotracheal tube in addition to current TB medications. He also wants the patient's diet to be changed to a mixture of ground figs, cornmeal and milk given through the patient's NG tube. Finally, he would like to be able to rub the patient's back and chest with olive oil several times a day. The son said his request was based on what he thought was best for his dad rather than any previous preferences that his father had expressed. The son stated that he could not bear the thought of losing his father and was just trying to make sure that everything that could be done for him was being tried. He believes the alternative therapies will help make his father well.

The attending physician's reluctance to comply with the son's wishes is based primarily on concerns for safety. She explained that the fumes were untested in the respiratory circuit and might damage the machinery or cause an unforeseen reaction. She also postulates that the proposed diet will clog the feeding tube and she does not feel that it would provide the patient with complete nutrition. Clogged tubes would result in more tube changes and discomfort for the patient. Since the son would provide the proposed therapies, there are added concerns that staff could not meaningfully control the composition of the fumes and feeding mixture. Liability and accreditation issues may exist. The team is reluctant to even allow the olive oil body rubs because this practice deviates from usual nursing protocols and might attract insects to the room.

Summary of Ethics Knowledge

The following sources of ethics knowledge were reviewed or consulted:

- VA policy
- Professional codes and guidelines
- Published literature
- Precedent cases
- Outside ethics experts
- Other (Specify):

The *ethics knowledge* relevant to this case is summarized as follows:

Edgar Cayce was a psychic who responded to diverse questions, including health-related issues, after putting himself into trance states. Although he died in 1945, he still has many followers today. The therapies that the patient’s son proposed are in fact based on Edgar Cayce’s teachings but have not been corroborated in the medical literature.

Although surrogates can choose from options offered by the treatment team, including the option of refusing treatment, they have no authority to compel the treatment team to apply therapies that are outside the standard of medical practice, or that may cause the patient harm. Furthermore, surrogates are obligated to make decisions based on the patient’s values and previously stated preferences and, only if they are not known may the surrogate apply other reasoning to the decision (i.e., best interests). [VHA Handbook 1004.1 and local informed consent policy describe procedures, roles and responsibilities for surrogate decision-making.]

Summary of Formal Meetings

Did formal meeting(s) take place? Yes No

If yes, list date(s), time(s), and attendees, and summarize:

On 2/4/2004 at 2 PM, the ethics consultation team met with members of the health care team (attending, resident, nurse) and the patient’s family (wife, son). The team reviewed the patient’s medical condition and explained to his son that they were not inclined to comply with his requests because they felt that the current treatment regimen gave his father the best chance for recovery and was within accepted medical practice standards. The team also outlined the potential harm’s of the alternative therapies. The ethics consultants reviewed the roles and responsibilities of surrogate decision makers.

The son understood his role as surrogate decision maker as well as the team’s safety concerns but felt that the team was “closed minded” about the teachings of Edgar Cayce and that his wishes were being dismissed without thought. Although he considered the information carefully, he still felt that the alternative therapies he proposed were best for his father. At no time did the son object to the current treatment regimen. He only wished to add the alterative therapies to the existing treatment plan.

Ethics Analysis

Describe how the relevant ethics knowledge applies to the case and the ethics question:

It is important to note that the ethically appropriate decision maker in a particular case is based on the circumstances as well as the nature of the decision to be made. Specifically, it is important to distinguish between the patient's right to choose among medically acceptable options, and the provider's duty to offer the patient choices that are consistent with their professional judgment. Decision making rests with patients, or authorized surrogates, in cases where patients or surrogates are choosing among medically appropriate options for care. However, when the decision is about determining what particular treatments or procedures are consistent with sound medical practice, clinicians are the appropriate decision makers. When clinicians make medical decisions, they must assure that they do so on the basis of sound professional judgment, and must be careful not to abuse their authority by substituting their own preferences and values for those of the patient.

Options Considered

Describe the options considered and explain whether each option was deemed ethically justifiable and why:

1. Supply all the alternative therapies requested by the surrogate. (This option was not deemed ethically justifiable, because the health care team indicated that some of the therapies would likely cause harm.)
2. Deny the surrogate's request for any alternative therapies. (This option was deemed ethically justifiable, but only if the health care team first explored whether some aspects of the request could be reasonably accommodated without imposing undue burdens.)
3. Negotiate a treatment plan that includes only the alternative therapies that are believed to be safe and consistent with professional standards. (This option was deemed ethically justifiable as it inherently respects both professional and surrogate roles as well as optimizing the patient's safety.)

Ethically Appropriate Decision Maker

Who is the rightful decision maker(s) regarding the critical decision(s) in the case?:

Dr. Zelda Button, attending physician.

Explain: The critical decision in the case—whether particular therapies should be offered—is a matter of professional judgment. Therefore, the ethically appropriate decision maker is Dr. Button, the responsible clinician.

Agreement

Did the relevant parties reach agreement in the case? [] Yes [x] No (If no, explain):

The son understands that the decision is outside of his authority but he continues to feel that his preferences should be honored. Dr. Button continues to resist any alternative therapies, but agreed to try to keep an open mind.

RECOMMENDATIONS

1. The team should consider the ethical analysis and the options as detailed above.
2. The team should review some of the literature the ethics consultants provided on complementary/alternative medicine. Patients are increasingly requesting/expecting clinicians to integrate alternative care into the treatment plan. The recommended articles discuss ways of approaching complementary and alternative medicine in a manner that minimizes potential harm and maximizes the aspects that play a role in a healing relationship.
3. An “all or nothing” approach to care planning should be avoided when at all possible. The team should negotiate a treatment plan that includes only the requested therapies that are known to be safe and are reasonable for staff to allow. For example, the treatment team may wish to give further consideration to the request that the son be allowed to rub olive oil on his father’s chest several times a day, at least on a trial basis. If the son is permitted to rub olive oil on the father’s chest, staff should assess to ensure the patient is not uncomfortable or showing evidence of resisting, and that there are no adverse effects from this activity.
4. The wife and son should be offered support services such as social work or chaplaincy.

PLANS

The team will further explore the possibility of allowing the use of one or more alternative therapies, especially the olive oil. The ethics consultant team will check in with the treatment team and the patient’s family in one week.