



Application of Healthcare Ethics: Consults, Cases, & Choices

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Ms. Brigid Herrick serves as the Chief Experience Officer and Hospital Ethics Committee Co-chair at Walter Reed National Military Medical Center (WRNMMC). She is a health care industry leader with over 20 years of experience in change management, healthcare process improvement, and program design.

Ms. Herrick formerly ran the Patient Experience program at Inova Health System. While there, she was a subject matter advisor to C-suite executives, senior-level nursing leaders, physicians, and other healthcare staff. She conducted over 10,000 direct clinical observations and consultations within the adult inpatient hospital units, women's and children's, ambulatory surgery, emergency department, and outpatient services.

Ms. Herrick earned a Master of Public Health from George Washington University and a Master of Science in Bioethics from Creighton University.



Army Chaplain (MAJ) Vincent Bain, Ph.D.



Chaplain (Major) Vincent Bain is a native of Illinois and now calls Minnesota his home of record. He was commissioned as a chaplain in the United States Army in 2009. CH Bain has served units at Fort Cavazos, TX, Fort Leonardwood, MO, and Fort Campbell, KY. He has deployed twice. He earned a Master of Bioethics from Harvard Medical School in May 2022. He presently serves as the Bioethics Chaplain – Hospital Ethicist at Walter Reed National Military Medical Center (WRNMMC) at Bethesda, MD.



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Disclosures

- Ms. Brigid Herrick and CH Vincent Bain have no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Summarize the purpose of a healthcare ethics consultation.
2. Identify ethical concerns within medical cases.
3. Discuss the implications of responses to ethical concerns.



Polling Question #1

- Does your facility have a healthcare ethics consultation service?



Polling Question #2

- Have you ever requested a healthcare ethics consultation?



Healthcare Ethics Consult

“A set of services provided by an individual or group in response to questions from patients, families, surrogates, healthcare professionals, or other involved parties who seek to resolve uncertainty or conflict regarding value-laden concerns that emerge in health care.”

(American Society for Bioethics and Humanities, 2014)



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Foundational Principles of Medical Ethics

- Autonomy
- Beneficence
- Nonmaleficence
- Justice

(Beauchamp & Childress, 2019)



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Military and Medical Ethics

Theories, principles, and norms related to morally right and wrong decisions and actions in health care. This includes decisions and actions of individuals involved in health care (including patients, families, surrogate decision makers, healthcare personnel, or other involved parties), as well as hospitals, healthcare delivery systems, healthcare insurers, and other institutions involved in the provision of health care.











(Defense Health Agency, 2021)



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Healthcare Ethics Consultation: Valid Purpose - Yes or No?

- Investigate an allegation of a serious ethics violation. 
- Conduct a medical evaluation. 
- Make a treatment plan. 
- Never report anything to authorities. 
- “Clean up a mess.” 
- Give legal advice. 
- Tell the requester what to do. 
- Talk to the family so the requester does not have to. 
- Take the decision out of the hands of the family or out of the hands of the staff. 
- Rubber-stamp what the healthcare team wants or what the patient/family wants. 



Healthcare Ethics Consultation: Purpose

The purpose of a healthcare ethics consultation is to review a case and provide ethically supportable recommendations for patient care.

(Wiesen, 2022)



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Healthcare Ethics Consultation: Focus

- Shared decision making with patients
- Informed consent
- End-of-life care
- Beginning of life care
- Privacy and confidentiality
- Professionalism and building trust



Healthcare Ethics Consultations

Growth over the last 20 Years:

- 6% increase in the prevalence of healthcare ethics consultation (HEC) services.
- 14% increase in the percentage of hospitals with active HEC services.
- 94% increase in the estimated annual number of case consults performed in U.S. hospitals.
- 100% of hospitals allowing anyone involved in a case to request an HEC.

Fox, E., et al (2022)



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Healthcare Ethics Consultations at WRNMMC

One – two ethical
dilemmas
per week brought to co-
chairs for evaluation

Two to
three
family
meetings
per month

Four - six
significant
cases per
year



Healthcare Ethics Consultation: End of Life

- 82-year-old Female, retired service member was hospitalized in the military treatment facility (MTF) intensive care unit with multiorgan failure, cardiovascular failure, and sepsis. The medical team had provided the appropriate standard of care for each of the patient's issues. Unfortunately, the interventions did not provide any positive therapeutic value and the prognosis was extremely poor. They suggested comfort care would be a possible next step with code status moving to Do not Resuscitate (DNR)/Do not Intubate (DNI).
- The patient was unresponsive and did not have an advance directive. The eldest daughter was now responsible for medical decisions. She had a strongly held belief her mother would recover and should remain "full code" and all interventions continue to be employed to sustain her life, because she had "always been a fighter."



Healthcare Ethics Consultation: End of Life

Ethical Perspectives

- Patient Autonomy
 - ✓ Surrogate Decision Maker
 - ✓ Patient's Best Interests
- Beneficence v. Nonmaleficence
- Withdrawal or Withholding Treatment
- Futile or Non-Therapeutic Treatment

(Dressler et al, 2021; Tanaka et al, 2023; Weisen et al, 2021)



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Healthcare Ethics Consultation: Abandonment

- 91-year-old male, retired service member living outside the contiguous United States (OCONUS) for over 30 years was escorted to a CONUS MTF for treatment. The patient was seen in the Emergency Department (ED) for an infection which required admission for treatment, lasting seven days. While in the ED, the patient's escort departed, leaving only limited information about the patient's extended family.
- The patient was medically ready to discharge after seven days but while inpatient had been assessed to not have decision making capacity for his medical care. Placement in a long-term care facility was the recommendation. The eldest daughter, who was now his decision maker, was contacted and agreed her father should be in a long-term care facility, but never followed through on her responsibilities to complete this process.
- The VA was also not an option because the patient had never established service with the VA prior to relocating OCONUS. Eventually a step-daughter was identified and contacted who agreed to begin the VA enrollment process. Before this could be initiated, the daughter learned of this course of action and prevented it from being completed. The patient remained in the MTF and medically ready to discharge for a period exceeding nine months while viable solutions for his long-term care were explored.



Healthcare Ethics Consultation: Abandonment

Ethical Perspectives

- Patient Autonomy
 - ✓ Surrogate Decision Maker Responsibilities
 - ✓ Patient's Best Interests
- Beneficence
- Nonmaleficence
- Justice: Allocation of Limited Resources

Ethical Responses; Fulmer & Paveza; Karlawish, J., et al;



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Key Takeaways

- Anyone involved in a patient's care may request a HEC.
- The purpose of an HEC is to review a case and provide ethically supportable recommendations.
- Ethically supportable recommendations may be along a spectrum from good to bad.



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Questions?



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