

Paging All Physicians as Health Advocates

ROBERT FULBRIGHT, J.D., M.A.

Hippocrates, the Greek physician and philosopher traditionally described as the father of medicine, sagely advised physicians to make a habit of two things: to help or at least do not harm. However, over the centuries since Hippocrates wrote, determining precisely how to help and how to avoid harm have become increasingly complex. Most recently, discussion and debate has centered on what counts as "harm," while decidedly less attention has focused on what it means to "help." Here, we examine three critical — if sometimes overlooked — helping roles that physicians play as health advocates.

Directing patient care is the most visible demonstration of physicians helping patients. It is well accepted that the patient's health and well-being are the most important aspects of medicine. A prominent role physicians play in achieving that goal begins at the bedside, where good communication and establishing a relationship of trust serve as the foundation.

The next step is developing a shared decision-making process between the patient and physician. This process involves the physician providing information about treatment options based on the patient's medical history and current clinical indications. The patient participates by communicating personal values, treatment preferences, and ultimate goals. When the physician is confident that the patient understands the treatment options, along with the associated risks and benefits, the physician can provide recommendations that align most closely with the patient's expressed values, preferences, and goals.

When the shared decision-making process leads to an agreement, the next step is to develop a care plan to achieve the goals. However, if doctor and patient don't reach agreement, the physician continues to help as clinician and educator by communicating the risks and benefits associated with treatment, as well as the consequences of the patient's refusal.

The role of physician as educator has proved to be a crucial public education tool during the pandemic. Due to lack of information combined with misinformation, some segments of the public have been reluctant to act in their own best interest, failing to follow public health guidelines and avail themselves of life-saving practices. Many factors have likely created this lack of trust, including limited access to treatment, historical disparities in care, or belief that physicians are driven by other motives, such as research or financial benefit. Nevertheless, physician experts have widely disseminated reliable scientific information and physicians involved in local, state, and federal government have played significant roles in promoting safe practices to the public at large. Their efforts have been essential to reducing the spread of illness and saving lives.

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The Ethicist Is In: Capacity and Refusal

JOHN FRYE III, PH.D., M.A.

The Case:

Allen is a 78-year-old male with mild dementia who suffered a stroke that left him extremely agitated. In the days following the stroke, the medical team

noted that Allen could not safely swallow while eating without food and drink possibly entering his lungs, which could cause pneumonia. The team recommended a feeding tube from the nose to the stomach that would allow Allen to safely ingest sufficient nutrition. If after two weeks he still could not swallow without difficulty, a more permanent feeding tube would be placed in his abdomen.

However, Allen strongly resisted a feeding tube of any kind. He believed that if he ate slowly and carefully, he could

safely get the food he needed. In contrast, the medical team believed that if his swallowing did not improve, he would eventually aspirate food or drink into his lungs, suffer recurrent pneumonia, and greatly shorten his life.

Allen was cared for by his wife, Iris. She pleaded with Allen to agree to feeding-tube placement, but Allen refused. Even talking about it made him agitated and angry, and it was highly likely he would try to pull out a feeding tube if one were placed.

The medical team, uncomfortable with Allen's refusal, requested an ethics consult, asking, "We are concerned that this patient may not fully understand the potential consequences of his refusal. Should his wife be asked to make the treatment decision on his behalf?"

The Ethicist:

In such situations, the ethicist's role is to assist the medical team in determining the level of understanding and reasoning needed for making treatment decisions. If this patient were capable of meeting that threshold, then he should be supported in making that decision in line with his own values. If not, by law and hospital policy his wife would be considered the surrogate decision-maker and would be supported in making a decision in line with his values and best interests.

The appropriate threshold of understanding is partly based on the complexity and potential consequences of the medical situation. Accordingly, the ethicist asked key questions about Allen's prognosis, time course, and potential to improve his understanding and reasoning. In Allen's case, a lack of nutritional support would not immediately compromise his health, and aspiration pneumonia could potentially be managed in the short term. It was unclear whether his agitation would decrease or his swallowing improve, but he might do better in a familiar and supportive environment. Although a feeding tube was medically indicated now, it could be placed sometime in the next few days or potentially weeks without the patient suffering a significantly increased chance of a poor outcome.

With this in mind, the ethicist asked for clarification on what treatment options were under consideration: Was the team asking whether a feeding tube should ever be placed, a

choice between a future of agitation or perpetual high risk of aspiration pneumonia? Or was the decision much smaller and less consequential: whether to place a feeding tube now, or delay it awhile to see if Allen's agitation decreased or he became more agreeable to a feeding tube?

The medical team and Allen's wife were wrestling with the possibility that Allen might never accept or tolerate a feeding tube. Given Allen's level of understanding and agitation he may not have recognized the long-term consequences of such a choice, and, therefore, may not have been capable of making that decision at that time.

However, considering whether the feeding tube should be placed immediately or possibly delayed was a much less consequential decision. An immediate refusal would be easily reversible if Allen's agitation decreased or it became more evident that he needed long-term nutritional support. It also did not require deciding between quality-of-life evaluations that were currently beyond his ability to evaluate. Given that there was less at stake in this version of the question and the benefits and burdens did not clearly fall on one side, Allen did not need a high degree of capacity to be able to direct his own care. With supportive conversations and shared decision-making, Allen could possibly meet this threshold.

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Paging All Physicians

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The role of physician as educator has proved to be a crucial public education tool during the pandemic.

Trusted physicians also have championed safe practices and vaccine safety to individual patients and their families looking for guidance. For many people, reliance on an established relationship with their doctor goes beyond the power of noted experts.



Developing policies is a vital way in which physicians promote the health and well-being of our society. The American Medical Association's Principles of Medical Ethics calls out the physician's responsibility to seek changes in legal requirements that are contrary to patients' best interests. It also specifies a doctor's responsibility to participate in activities that contribute to community and public health improvement. In other words, it is a doctor's professional obligation to advocate for societal improvements for the betterment of all patients. This includes working to create appropriate policy within a healthcare organization and to advocate for changes to local, state, and federal laws and regulations, including those that affect healthcare access. As part of their policy-developing responsibilities, physicians

are obligated to act as prudent stewards of the shared societal resources with which they are entrusted.

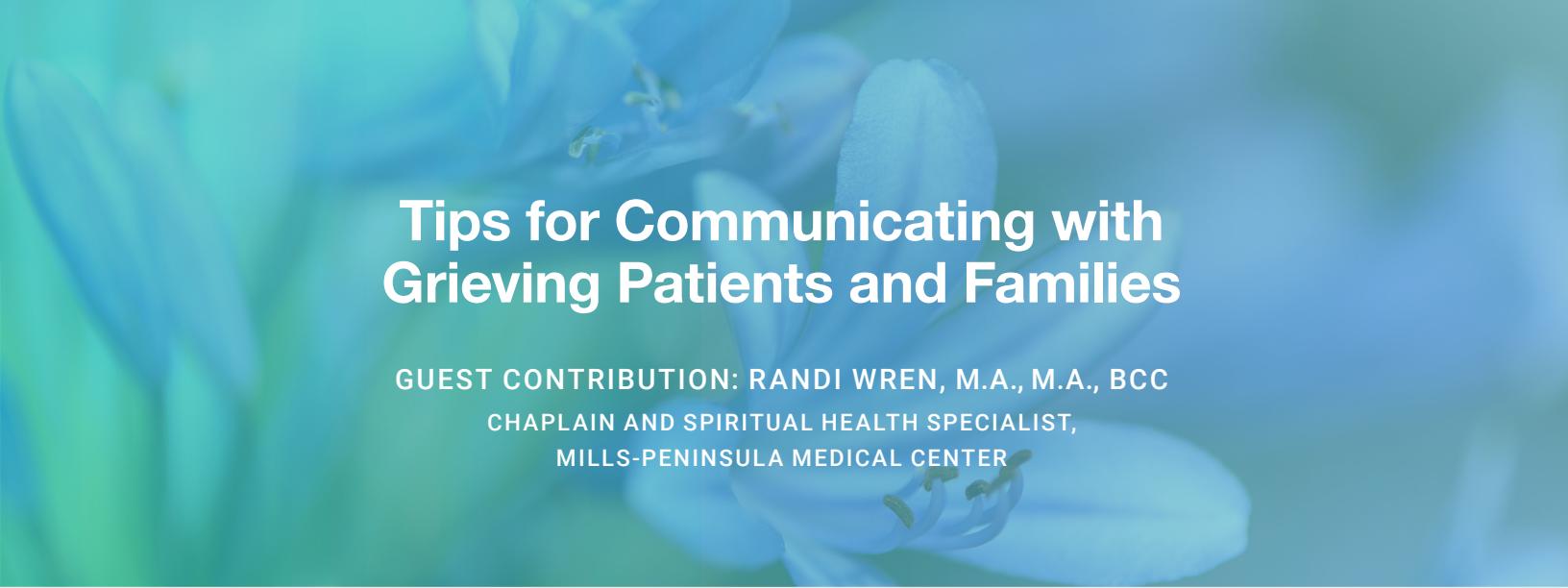
Physicians' policy-making role was called into immediate action in response to the organizational challenges of the COVID-19 pandemic. Revised and expanded treatment guidelines and policies were needed to determine how best to respond to a new and critical crisis.

Negotiating systems is often overlooked as a physician contribution to patient care. However, it cannot be overestimated as helpful for patients in navigating the sometimes daunting challenges in healthcare. These negotiations can be wide and varied. They can include developing a safe discharge plan for a patient when leaving the hospital, helping to ensure appropriate medical care after discharge, and calling a patient's insurance to secure treatments or medications necessary to improve health outcomes.

Physicians also connect patients with providers beyond the physician's own practice, such as primary care providers, specialists, social workers, and counselors. Patients have a much greater likelihood of positive outcomes when their physician provides these often-unrecognized examples of guidance and support.

The physician's role in benefiting patients is multifold and extends beyond the bedside to include their communities and society at large.

Hippocrates did not expound on what he intended when he counseled physicians to develop the habit of helping. However, it's reasonable to assume that these examples would meet that dictum. The physician's role in benefiting patients is multifold and extends beyond the bedside to include their communities and society at large. Physicians must meet these challenges every day, and especially in times of crisis. Although changing circumstances may present increasingly complex dilemmas, the physician's helping duty remains constant and at the core of the physician's creed.



Tips for Communicating with Grieving Patients and Families

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If you're a healthcare provider and dealing with a grieving patient or family member, here are some communication tips that can help.

DON'T

Say "I am here for you."

"For you" implies you're going to do something that is not for you to enact.

DO

Be present.

"I am here with you."

Say "I know how you feel."

You may know how you would feel in a situation. You shouldn't assume that you know how someone else feels.

Show that you're available.

"I'm concerned about you and I'm here to listen."

Say "Everything happens for a reason."

Loss feels senseless; avoid empty clichés.

Demonstrate understanding and reality of their loss.

"I hear your sadness and sorrow."

Offer instant solutions.

Grief is a deeply personal process, not something to be rushed or "fixed."

Acknowledge that the process of grieving is open-ended.

"You won't forget feelings of loss; but over time they'll change shape and make room for memories."

Offer personal advice.

Loss sometimes provides opportunity for growth, but not always.

Talk about the person who passed.

Ask loved ones to share a story.

If you're a healthcare provider and would like to contribute helpful tips for difficult patient care situations, please email us.

The Ethicist Is In

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An important role of any healthcare professional is ensuring that patients' voices are heard when societal issues or medical conditions threaten to silence them.

The team and Iris recognized that if Allen's condition did not improve and he remained steadfast, a temporary refusal could have permanent consequences. A permanent choice to prefer the comfort of taking food by mouth while accepting the increased risks of pneumonia and short life reasonably required a more robust understanding and reflection on preferences. So far, Allen had not shown that he could either grasp or accept the relevant medical facts, but perhaps that could change with education. With time and effort, Allen might be able to make that decision for himself.

The ethicist told Iris that if, later on, the decision about the feeding tube should fall to her, part of her responsibility as a surrogate decision-maker would be integrating Allen's own voiced preferences into the decision. Iris indicated she would try to persuade him to reconsider the feeding tube as providing the best overall outcome.

An important role of any healthcare professional is ensuring that patients' voices are heard when societal issues or medical conditions threaten to silence them. It also involves helping the voiceless find their own voice to the best degree possible. Sometimes that means focusing the question so that the patient's preferences can inform care. In Allen's case, it also meant supporting his potential recovery in the hope that he would be able to voice his preferences and capably participate in his own medical treatment.

When a patient's preferences seem not to align with their best interests and carry potentially dire consequences, the physician's role of patient advocate requires careful assessment of a patient's capacity to make an informed and well-reasoned choice. If a patient is deemed incapable of doing so, then the patient's voice and lived experience must be a guiding force in the deliberations of the family or other surrogate decision-maker in deciding what is in the patient's overall best interest.

Taking all of the above factors into consideration, the team, Allen, and Iris agreed to a discharge plan without immediately placing a feeding tube. A few weeks later, Allen's agitation had somewhat decreased, and he agreed to have a feeding tube placed in his abdomen.



Resolving Challenging Cases: Bioethics in the Hospital

While the ongoing pandemic means we will again offer our annual workshop virtually and at summer's conclusion, we're pleased to host our bioethics education workshop for the sixteenth consecutive year. This year's workshop will focus on the education of healthcare professionals and hospital ethics committees. We look forward to reporting back about this event.

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MEMORIAL SERVICE



WHEN: October 21, at 1 p.m.

WHERE: Saint Ignatius Church
650 Parker Ave., SF

RSVP: 415-422-6805

A memorial Mass will be celebrated for Dr. Albert Jonsen on Thursday, October 21, 2021 at 1 p.m. at Saint Ignatius Church in San Francisco, located on the corner of Parker Avenue and Fulton Street on the campus of the University of San Francisco.

The Mass can also be viewed via livestream on the St. Ignatius Parish YouTube page: <https://bit.ly/3jcN9dD>.

If you would like to attend in person, please call the Fromm Institute to RSVP: **415-422-6805**. Masks are required.