

Ethics Case Study: Length of Stay and Code Status

Discussion Guide



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REFLECTION QUESTIONS

1. What is the central ethical question that needs to be resolved?
2. What are the most relevant moral principles, virtues, or norms for this proposal?
3. In what ways can the mission, vision and values of Catholic health care help to frame the proposal and conversation such that all involved can empathize and understand each other's concerns?
4. What nuances in these code status conversations might make them morally acceptable or unacceptable?

KEY ISSUES

Facilitator's note: if the following key issues and pertinent ethical terms are not intuitively incorporated into discussion, consider how they might create a richer framework for conversation.

Values based decision making :

- + In order to discuss how to decrease Length of Stay, the team in this scenario are struggling to strike a balance between respecting patients' and families' autonomy in decision-making and presenting a full picture of the impact of the CPR technique and process. While some team members think to discuss this within 24 hours of admission is manipulative and disrespects the grief process of families, others think this will be the most effective way to decrease length of stay.
- + What values do their respective perspectives highlight? What can the roles of mission and formation contribute to the decision-making process?

Patient-professional relationship

- + Part Three of the ERDs is grounded in respect for human dignity. This principle upholds the right of a patient, or surrogate decision maker, to have a say in their treatment. The relationship is one of mutual respect and trust. Finally, it reminds that all parties bear the responsibility to build a relationship that is both participatory and collaborative.
- + How do you think each character might articulate for themselves the components of a patient-professional relationship? How can we assist the patient, or their loved ones, to make a well-informed decision regarding code status? How can our role as a respected medical provider help, or detract from this duty?

PERTINENT ETHICAL TERMS

- ✦ **Beneficence:** Decisions and actions should contribute to the well-being of others.
- ✦ **Benefits and Burdens:** Benefits are the goals that a medical intervention (in all probability) will be successful in attaining. Burdens are the physical and emotional pain, discomfort, suffering, and/or losses that a medical intervention will impose. Whenever possible, benefits and burdens are determined by the patient. An assessment of the proportion of benefits to burdens is crucial in determining whether or not a particular intervention is ethically required (cf. ERDs, Directives 56 and 57).
- ✦ **Decision-Making Capacity:** Refers to the ability of an individual to make particular decisions in a particular time and place, to be able to make the decision at hand (as opposed to a wide range of decisions). The person making the treatment decision should be able to understand relevant information about the nature of the treatment(s) and the burdens and benefits and likely outcomes; 2) deliberate on the information in light of his or her values and goals; 3) communicate (verbally or non-verbally) with caregivers.
- ✦ **Human Dignity:** Respect for the inestimable and inalienable value of every individual; respect for fundamental human rights, including life, food, shelter, education, employment, and health care. Respect for dignity also underscores the fundamental equality of all persons (ERDs, Part One, Introduction).
- ✦ **Informed Consent:** Self-determination implies free and informed consent on the part of individuals who are able to make decisions for themselves. When making decisions about possible diagnostic, preventive, therapeutic, or palliative measures, individuals should have adequate information about their medical condition and the nature of the various alternatives and their likely risks and benefits (including choosing none of the alternatives). They should be able to comprehend the significance of the risks and benefits in light of their personal values and beliefs and have the capacity to make this decision. Finally, their decision should be voluntary, i.e., there should be as much freedom as possible from coercion, manipulation, and undue influence. Seeking informed consent is usually a process and not a one-time event (cf., ERDs, Directives 26 and 27).
- ✦ **Integrity and Totality:** These principles dictate that the well-being of the whole person must be considered in deciding about any therapeutic intervention or use of technology (cf., ERDs, Directives 29 and 33).
- ✦ **Professionalism:** The provider-patient relationship is professional in nature and therefore implies a fiduciary responsibility to those being served, that is, the well-being of those being served takes precedence over the interests of health professionals and health organizations. The professional responsibility of clinicians and health care organizations also requires that patients are provided only with that care which is needed and beneficial (cf., ERDs, Part Three, Introduction).
- ✦ **Respect for Human Life:** Human life is gift of God and the basis for all other human goods. Because of its origin, it is considered to be sacred and inviolable from conception until natural death (ERDs, Part Four, Introduction; Directives 45, 60).
- ✦ **Self-Determination:** Essential to respecting human dignity is respect for all persons' rights to make their own decisions in accordance with their own values and life goals, while always taking account of their responsibilities to others (cf., ERDs, Directive 28).

BACKGROUND

The *Ethical and Religious Directives for Catholic Health Care Services*, often called the ERDs or the Directives, is the document that offers moral guidance, drawn from the Catholic Church's theological and moral teachings, on various aspects of health care delivery. The Directives can be found on the website of the [United States Conference of Catholic Bishops](#). Additionally, this [page](#) might be helpful in providing an abbreviated overview of some key Directives.

For a complete list of other key terms which might further build a framework for discussion, [see here](#).