

# Ethics Case Study: Critical Case ID Rounds

## Discussion Guide



**NURSE**



**SLP**



**NUTRITIONIST**



**CASE MANAGER**



**HOSPITALIST**



**CHAPLAIN**

### REFLECTION QUESTIONS

1. In what ways can you empower people to be ethics champions within your own ministry?
2. How can we prevent ethical dilemmas in the future?
3. In what ways can a creative dialogue around moral care ensure that we meet the highest goals that we have for our own organization?

---

### KEY ISSUES

*Facilitator's note: If the following key issues and pertinent ethical terms are not intuitively incorporated into discussion, use the follow-up questions below to prompt conversation.*

#### **Dignity of the human person:**

This fundamental principle of Catholic social teaching affirms that humanity has been created in God's likeness and image. As such, every individual is to be respected and valued. Additionally, respect for human dignity includes respect for fundamental human rights such as food, shelter, education, employment and health care. See also *Human Dignity and Respect for Human Life* below.

#### *Follow-Up Questions*

1. How is this fundamental principle elevated as a value by the various characters in the video?
2. How might each character highlight its value even further?

#### **Patient-professional relationship:**

Grounded in respect for human dignity, this third part of the ERDs highlights the necessity of mutual respect, trust, honesty and appropriate confidentiality not only between patients and their care providers but also between patients and all professionals in relationship with those receiving care. It reminds us that all parties bear the responsibility to build a relationship that is both participatory and collaborative.

#### *Follow-Up Question*

1. How do you think each character might articulate the components of a patient-professional relationship?

## End-of-life care and planning documents:

While the names and specific nature of these types of documents vary by state, their goal is to articulate for family and caregivers a patient's desires for the types of care they wish to be provided in the event that they become unable to articulate it for themselves. While some documents designate a proxy to make decisions on the patient's behalf (Durable Power of Attorney), others simply articulate their wishes regarding desired medical treatments. See also *Self-Determination*, *Best Interests*, *Decision-Making Capacity* and *Durable Power of Attorney* below.

### Follow-Up Question

1. How would this individual's treatment plan be different had there been end-of-life planning documents available to refer to or if the patient had designated a durable power of attorney in writing?

## Role of spiritual care in the care of the whole person:

A hallmark of Catholic health care is its attentiveness to embracing not only patients' physical ailments but also their psychological, social and spiritual dimensions. Spiritual and pastoral care can be both beneficial and influential in understanding how a patient approaches his or her physical suffering. In this example, the chaplain is the only hospital staff member who regularly has contact with the patient's family and, therefore, an understanding of what the patient would want. See also *Wholism* below.

### Follow-Up Question

1. What difference would it have made for the overall well-being of this patient if the chaplain or other member of the spiritual care team had participated in the initial conversation of the care team?

---

## PERTINENT ETHICAL TERMS

- ★ **Best Interests:** When individuals are not able to make treatment decisions for themselves and have never had an opportunity to express their values and preferences, those making decisions by proxy should base decisions on the person's best interests, that is, what will most likely contribute to his or her well-being considering the individual as a whole (cf., ERDs, Directive 35).
- ★ **Decision-Making Capacity:** The ability of an individual to make particular decisions in a particular time and place and the ability to make the decision at hand (as opposed to a wide range of decisions). The person making the treatment decision should be able to (1) understand relevant information about the nature of the treatment(s) and the burdens, benefits and likely outcomes; (2) deliberate on the information in light of his or her values and goals; and (3) communicate (verbally or nonverbally) with caregivers.
- ★ **Durable Power of Attorney:** Legal directive whereby a person appoints another to be attorney in fact with power to perform certain functions when the person is unable to do so.
- ★ **Human Dignity:** Respect for the inestimable and inalienable value of every individual; respect for fundamental human rights, including life, food, shelter.
- ★ **Respect for Human Life:** Human life is a gift of God and the basis for all other human goods. Because of its origin, it is sacred and inviolable from conception until natural death (cf., 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).
- ★ **Wholism:** Responding to the whole person — body, mind and spirit — in the context of his or her relationships; promoting personal development; creating a workplace supportive of all dimensions of the person (cf., ERDs, Directive 33).

## BACKGROUND

*The Ethical and Religious Directives for Catholic Health Care Services* (ERDs)<sup>1</sup> provide guidance drawn from the Catholic Church's theological and moral teachings on various aspects of health care delivery. Additionally, Catholic Health in Buffalo, N.Y., offers a helpful abbreviated overview<sup>2</sup> of some key directives. For a complete list of other key terms that might further build a framework for discussion, consult CHA's Ethics Glossary<sup>3</sup>.

1. <http://www.usccb.org/about/doctrine/ethical-and-religious-directives/>

2. <https://www.chsbuffalo.org/sites/default/files/files/mission/catholic-health-ethical-and-religious-directives-summary-july-2018.pdf>

3. <https://www.chausa.org/ethics/ethics-glossary>