Ethics in Oncology

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Basic Principles in Biomedical Ethics

- **Respect for Autonomy**
  - The healthcare professional should not interfere with the effective exercise of patient autonomy

- **Nonmaleficence**
  - The healthcare professional does not act in a way that entails harm or injury to a patient

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Basic Principles in Biomedical Ethics

- **Beneficence**
  - The healthcare professional acts in a way that promotes patient welfare

- **Justice**
  - Social benefits (access to healthcare) and social burdens (taxes) are distributed in a manner that is in accordance with justice

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Jonsen’s “Four Box Method”

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**Beneficence and Nonmaleficence**

*Duty to bring out improvements in physical or psychological health that medicine can achieve in a manner that prevents further injury or reduces the risk of further injury.*

**“Four Boxes”: Medical Indications**

- What is the patient's medical problem?
- What are the goals of treatment?
- In what circumstances are medical treatments not indicated?
- What are the probabilities of success of each treatment option?
- How can this patient benefit from medical and nursing care and how can harm be avoided?
“Four Boxes”: Medical Indications

- What is MM’s medical problem?
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“Four Boxes”: Advanced Directives

- Physician Orders for Life-Sustaining Treatment
- “DNR” or “Slow Code” or “Chemical Code”
- Living Will
- Healthcare Power of Attorney

- Is it ever ethically acceptable to make a unilateral decision without the consent of the patient or the patient’s surrogate?

“Four Boxes”: Medical Indications

Respect for Autonomy

- Acknowledging the moral right of every individual to choose and follow his or her own plan for life
Has the patient been informed of benefits and risks, understood this information, and given consent?

Is the patient mentally capable and legally competent, and is there evidence of incapacity?

What are the patient's preferences?

Who is the appropriate surrogate to make decisions for the incapacitated patient?

Is the patient unwilling or unable to cooperate with medical treatment? If so, why?

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**Four Boxes**: Patient Preferences

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**Informed Consent**

- Process by which a fully informed patient can participate in choices about her health care.

- It originates from the legal and ethical right the patient has to direct what happens to her body and from the ethical duty of the physician to involve the patient in her health care.

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**Informed Consent: Elements**

- Nature of the decision/procedure
- Reasonable alternatives to the proposed intervention
- Relevant risks, benefits, and uncertainties related to each alternative
- Assessment of patient understanding
- Acceptance of the intervention by the patient

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**When is a patient informed?**

- How do you know if you’ve said enough?
  - Reasonable Physician Standard
  - Reasonable Patient Standard
  - Subjective Standard

- Patient’s RIGHT to the truth
  - Placebo treatment
  - Disclosure of a medical error

- Refusal of Information
Has the patient been informed of benefits and risks, understood this information, and given consent?

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What are the patient's preferences?

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Is the patient unwilling or unable to cooperate with medical treatment? If so, why?

Informed Consent: Decision-making Capacity

Understand his or her situation

Understand the risks associated with the decision at hand

Communicate a decision based on that understanding
**Surrogate Decision-making**

- **Substituted Judgment**
  - Previously explicitly expressed preferences
    - *In the Matter of Karen Quinlan* (1976)
  - Surrogate can reasonably infer
    - *Cruzan v. Missouri Dept. of Health* (1990)

- **Best Interests**
  - If the patient's own preferences are unknown or unclear
  - Surrogate’s decision must promote patients welfare
    - Relief of suffering
    - Preservation or restoration of function
    - Extent and sustained quality of life

**“Four Boxes”: Patient Preferences**

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**“Four Boxes”: Quality of Life**

- Beneficence, Nonmaleficence, Respect for Autonomy

- The degree of satisfaction that a person experiences and values in their life as a whole and in its particular aspects such as physical health
What physical, social, and mental deficits might the patient experience with treatment? Without treatment?

How does the patient describe their desired quality of life?

What is the patient's subjective acceptance of the likely quality of life?

What are the views of the care providers about the quality of life?

Is quality of life "less than minimal?"
Quality of Life: Healthcare Provider Bias

- Lack of understanding of patient’s own values
- Divergence between healthcare provider's and patients assessment of quality of life
- Bias and discrimination that negatively affects the healthcare providers dedication to the patients welfare
- Introduction of social worth criteria into quality of life judgments

“Four Boxes”: Quality of Life

- What physical, social, and mental deficits might the patient experience with treatment? Without treatment?
- How does the patient describe their desired quality of life?
- What is the patient's subjective acceptance of the likely quality of life?
- What are the views of the care providers about the quality of life?
- Is quality of life “less than minimal?”

Quality of Life

- Life-sustaining treatments
  - Restricted
  - Severely diminished
  - Profoundly diminished

- Withdrawal
  - Voluntary
  - Involuntary
  - Nonvoluntary

Quality of Life

- The Principle of “Double Effect”
  - The action itself is ethically neutral
  - The healthcare provider must intend good effects
  - The morally objectionable effect cannot be a means to the morally permissible one

- Medical Marijuana Law
  - Struggle between autonomy and clinical data
Quality of Life

- Euthanasia – “good death”
  - Direct act of a physician

- Medically-Assisted Dying
  - Direct act of the patient
  - Oregon “Death with Dignity Act” (2008)
  - Washington “Death with Dignity Act” (2009)

Medically Assisted Dying

- Favor
  - Respect for Autonomy
  - Justice
  - Compassion
  - Individual Liberty v. State Interest
  - Honest & Transparency

- Oppose
  - Sanctity of Life
  - Passive v. Active
  - Potential for Abuse
  - Professional Integrity
  - Fallibility of the Profession

“Four Boxes”: Contextual Features

Justice

- Attempt to distribute the benefits and burdens of a social system in a fair and equitable way among all participants

“Four Boxes”: Contextual Features

- Interested parties
- Financial resources
- Clinical Research
- Allocation of scarce healthcare resources
- Influence of religious & cultural beliefs
Role of Oncology Nurse

“Moral Distress”
- One knows the right thing to do but institutional constraints make it nearly impossible to pursue the right course of action
- Nurses who feel constrained by the hierarchy of power relationships or by administrative structures
- The presence of “moral distress” negatively affects the care of the patient

Ethics in Oncology

- Respect for Autonomy
- Nonmaleficence
- Beneficence
- Justice
- Medical Indications
- Patient Perceptions
- Quality of Life
- Contextual Features

Ethics in Oncology

Ethical issues are imbedded in every encounter between a healthcare provider and a patient because the care of the patient involves BOTH technical and moral considerations