

Slide 1




---

---

---

---

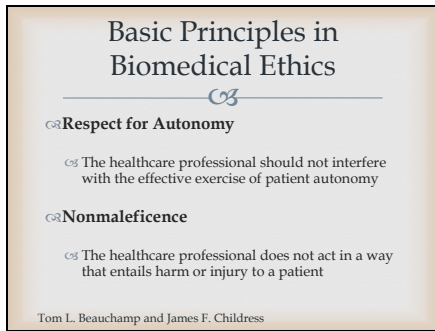
---

---

---

---

Slide 2




---

---

---

---

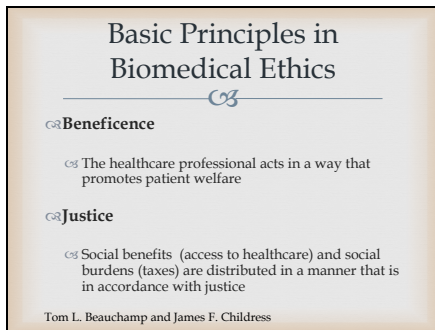
---

---

---

---

Slide 3




---

---

---

---

---

---

---

---

Slide 4

Jonsen's "Four Box Method"

---

Medical Indications      Patient Preferences

Quality of Life      Contextual Features

---

---

---

---

---

---

---

---

---

---

---

Slide 5

Medical Indications

---

**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

---

---

---

---

---

---

---

---

---

---

---

Slide 6

Medical Indications

---

☞ Consider each medical condition and its proposed treatment. Ask the following questions:

- ☞ Does it fulfill any of the goals of medicine?
- ☞ With what likelihood?
- ☞ If not, is the proposed treatment futile?

---

---

---

---

---

---

---

---

---

---

---

Slide 7

**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?**

---

---

---

---

---

---

---

---

---

---

---

---

Slide 8

**Patient Preferences**

---

*⌘*

**Respect for Autonomy**

⌘ Acknowledging the moral right of every individual to choose and follow his or her own plan for life

---

---

---

---

---

---

---

---

---

---

---

---

Slide 9

**Patient Preferences**

---

*⌘*

⌘ Address the following:

- ⌘ What does the patient want?
- ⌘ Does the patient have the capacity to decide? If not, who will decide for the patient?
- ⌘ Do the patient's wishes reflect a process that is
  - ⌘ informed?
  - ⌘ understood?
  - ⌘ voluntary?

---

---

---

---

---

---

---

---

---


---

---

---

Slide 10

**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.

---

---

---

---

---

---

---


---

---

---

Slide 11

**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

---

---

---

---

---

---

---


---

---

---

Slide 12

**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

---

---

---

---

---

---

---

---

---

---

Slide 13

**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**

---

---

---

---

---

---

---

---

---

---

---

---

Slide 14

**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)*  
☞ *In the Matter of Terri Schiavo (2003)*

---

---

---

---

---

---

---

---

---

---

---

---

Slide 15

**Surrogate Decision-making**

---

☞ **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

---

---

---

---

---

---

---

---

---

---

---

---

Slide 16

Quality of Life

---

—*Ω*—

**Beneficence, Nonmaleficence,  
Respect for Autonomy**

Ω 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

---

---

---

---

---

---

---

---

---

---

Slide 17

Quality of Life

---

—*Ω*—

Ω Describe the Patient's quality of life **in the patient's terms.**

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

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

Ω Is quality of life "less than minimal?" (i.e., qualitative futility)

---

---

---

---

---

---

---

---

---

---

Slide 18

Contextual Features

---

—*Ω*—

**Justice**

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

---

---

---

---

---

---

---

---

---

---

Slide 19

**Contextual Features**

---

*3*

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

---

---

---

---

---

---

---

---

---

---

---

Slide 20

**Ethics in Oncology**

---

*3*

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

---

---

---

---

---

---

---

---

---

---

---


Slide 21

**Documentation**

---

*3*

- ☞ Data, such as vital signs or lab results, should always be documented per protocol
- ☞ Descriptions should be objective
- ☞ Ideally SOAP(E) should be used in some fashion
- ☞ Templates must be accurate and updated



---

---

---

---

---

---

---

---

---

---


---

Slide 22

### Documentation

---

*☞*

- ☞ Certain words are "red flags" in medical records, AVOID:
- ☞ Never obliterate or white-out an entry 
- ☞ Do not criticize other providers within the medical record
- ☞ Avoid any reference to incident reports, investigations, or quality reviews within the medical record
- ☞ Do not document hearsay

---

---

---

---

---

---

---

---

---

---

---


Slide 23

### Documentation Pitfalls

---

*☞*

- ☞ Blacked out entries
- ☞ Multiple late entries
- ☞ Write overs
- ☞ "Copy and paste" templates
- ☞ Lack of entries vs. charting by exception
- ☞ Entries made by health care provider not contemporaneously caring for the patient



---

---

---

---

---

---

---

---

---

---


---

Slide 24

### WAC 246-840-710

---

*☞*

- ☞ Failure to adhere to the standards enumerated in WAC 246-840-700(1) which may include:
  - ☞ Willfully or repeatedly failing to report or document a client's symptoms, responses, progress, medication, or other nursing care accurately and/or intelligibly 

---

---

---

---

---

---

---

---


---

---

---



Slide 25



## WAC 246-840-710

Failure also may include:

- Willfully or repeatedly failing to make entries, altering entries, destroying entries, making incorrect or illegible entries and/or making false entries in records pertaining to the giving of medication, treatments, or other nursing care

---

---

---

---

---

---

---

---

---


---

Slide 26

## Patient Confidentiality

Violating the confidentiality of information or knowledge concerning the client, except where required by law or for the protection of the client (and others)

- 42 CFR §§160, 164
- Chapter 70.02 RCW
- WAC 246-840-710



---

---

---

---

---

---

---

---

---

---

Slide 27

## Social Media

**JUST SAY NO!**



---

---

---

---

---

---

---

---

---


---

Slide 28

### Peeking

☞ Only access patient information IF:

- ☞ Providing care
- ☞ Consultation
- ☞ Research
- ☞ QA
- ☞ Peer review
- ☞ Other professional reason



---

---

---

---

---

---

---

---

---

---

Slide 29

### Professional Boundaries

☞ Location

☞ Length

☞ Purpose


☞ Structure

☞ Power Balance

☞ Responsibility to the relationship

☞ Preparation for the relationship

☞ Money



---

---

---

---

---

---

---

---

---


---

Slide 30

### Professional Boundaries

☞ Warning Signs for Boundary Crossing

- ☞ Time spent beyond necessary
- ☞ Personal overtures
- ☞ Exchanging personal contact information
- ☞ Being hesitant or embarrassed to discuss relationship boundaries with colleagues



---

---

---

---

---

---

---

---

---

---

