

## **Session: Flexing Your Core – Domain 7 Professional and Ethical Practice**

### **Presenter: Leanne Drumheller**

### **April 21, 2023**

#### **Session summary**


##### Learning objectives:

- 1) Identify common ethical issues in palliative care
- 2) Indicate the first step to take in addressing any ethical issue

#### **Case study and discussions:**

You are caring for Mrs. Lin, an 84-year-old patient with end stage renal failure, in the last days of her life. She is no longer competent, and her family is now making decisions on her behalf. They are adamant about Mrs. Lin receiving lifesaving measures and do not want her to have a no CPR order. After reviewing her advanced stage of illness, you question Mrs. Lin's families request and feel uncomfortable about the decision. The family is very angry at the possibility that she will not get resuscitated, while the nursing staff and care assistants are very distressed at the thought of having to do compressions on Mrs. Lin, since she is so frail.

1. How did your group consider navigating this dilemma?
  - Facts of case are important. Discuss with team anyone who had particular rapport with family. Find out about family beliefs about death, ask what they think the outcome of CPR might be. Understanding what people understand. Maybe do some relationship rebuilding with the family.
  - Meeting family where they are at. Address and inquire about family understanding. We as HCPs can make assumptions what people may know about end-of-life and things like CPR.
  - Importance of family meeting - bringing in team members who can support family
  - Ask family if any of them had discussions with Mrs Lin about her wishes for care. Finding out who may have that connection with her.
  - Cultural or religious beliefs around this. Who do we involve – family may identify if there is a spiritual or cultural leader to support them
  - Clarifying who is the family? Looking back in the files as to who TSDM is
2. How did it feel to be in this conversation?
  - A typical day in palliative care. Not all colleagues are that open to discuss
  - Sometimes we have the knee jerk reaction of what's right and not. Ex. ICU team assessment
  - Importance of palliative care education across all units
  - Families having confidence to tell us they don't agree with the plan. Them being up front is encouraging, when families are quiet it can be harder and they just go along with the plan even if they don't agree with it. People who have been oppressed by the system may often remain quiet

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- Can initially feel overwhelmed to address this type of situation. Talking through as a team makes it easier and helps with different perspectives
  - This conversation is not easy but involving the team is important and supportive. Everyone has something to contribute
  - Good practice ground to have with disagreements with team on how to address situations like this can dialogue and talk through. Use this with how to address ethical situations with families
  - Speaking to times with team members experience distress - providing reassurance to the team that we will address the issue. Open conversation to include the members of team. Caring for family and also colleagues