

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

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Session summary

Some common ethical issues in palliative care include disagreements surrounding decision making capacity, withdrawal/withholding of life-sustaining treatment, principle of double effect, advance directives, artificial nutrition/hydration, and MAiD

The first step to take in dealing with an ethical issue is to talk to your healthcare team. They can help to provide knowledge and resources

Discussion:

- Have experience with some variety of all these ethical issues in practice
- Consulting with team, communicating with patient as much as possible with whatever their capacity is and communication with patient's loved ones very important
- Particularly challenging when loved on have all different ideas what should happen. Having team support makes it possible to navigate challenging situations like this
- Dilemma can happen across colleagues too
- Conversation, dialogue key
- Wish/worry/wonder framework can be so helpful to go back in these types of situations
- Knowing patient and family makes a big difference ex. Working on dialysis unit can have long-standing relationships with patients and their families and rapport and trust is built over time. In other settings where you don't have this type of relationship can be more challenging as the trust and rapport isn't there (ex. ED, palliative home care)

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. Identify who and what conversations could be had to address this ethical dilemma.
 - Every family member important to talk with. Talking about quality of life and pros and cons of CPR, chances of her survival with CPR in her frail state. Bringing all members of family to family care conference
 - Hard to address when we don't know what her family knows and understands, good to ask questions to see what they understand. Be present where they are at, help them find where they are at, what are their concerns. Need to be gentle and calm in approach. Ideally there's some rapport but there may not be
 - Revisit ACP (in renal settings often done every year)
 - The law can help us temporary substitute decision maker (TSDM)

2. How did it feel to be in this conversation?
 - Stressful
 - Uncomfortable – depending on where the conversation goes with the family
 - May feel you have an agenda going into conversation with family (not wanting to see the CPR happen). Important to recognize your feelings, talk with team about it
 - Can physician say no we can't offer this treatment (with knowing the harm it could bring about). Ideally navigate and bring in education about treatment options and what can and is likely to happen given condition of patient to try and avoid 'strongarm' of physician saying no
 - Physician on the team can be so great to educate patients if they aren't already part of the conversation to discuss what quality of life could mean and look like and possible increased suffering by doing certain interventions/treatments. Patient's loved ones may look to physician as an authority so having them explain may be very helpful
 - Can sometimes be tensions if patient care overlaps multiple care teams and who should be having this conversation (ideally everyone should be involved)
 - Involve: other teams involved in care such as renal, GP, ideally whoever has some rapport and established trust with patient/loved ones