

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

Facilitator: Della Roberts

March 21, 2024

Resources mentioned:

1. Learning Hub module for [Domain 7 Professional & Ethical Practice](#). Note: it is a requirement of this curriculum on learning hub to complete Domain 1 course beforehand. Each module course takes approx. 15min to complete.
2. Serious Illness Conversation resources: [Serious Illness Conversations Resources - BC Centre for Palliative Care \(bc-cpc.ca\)](#)

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. It is important to be aware of these tensions in our day-to-day work.

A 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 Questions: What's been your experience with ethical issues in practice? What are steps you've taken to address ethical issues in your practice?

- Providers have duty to give options and information of treatment, interventions to patients. At times it doesn't always feel that informed the consent, do patients really understand the consequences and challenges that various interventions and treatments may cause? Providers can get stuck in the need to share treatment options rather than conversations on patient's beliefs and values.
- Important to start in a place of curiosity. A great first step even before talking to team members. Can start with this when you experience other ethical tensions as well. Having a foundation and understanding of patient's values are vital.

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.
 - Ensure they have objective information about the success rates of CPR and the repercussions
 - While education is important, starting with objective information doesn't always go over well. Often patients/family members often process emotional at first so acknowledging, validating, being curious is a better place to start in these cases
 - Ask what they would hope to achieve if CPR would be carried out? Do they understand the underlying renal failure cannot be reversed?
 - Being curious, follow the Palliative Care principle "**Ask, tell, ask**"
 - What if family does know the chances are slim? What could you ask next?
 - What does the patient want?
 - Ask "if your Mom could tell us right now what she would want what do you think she would say?"
 - Substitute decision maker (SDM) – role to do what the patient wants, not what the SDM would want

2. How did it feel to be in this conversation?
 - Anxious, uncomfortable – there's tension. Important to acknowledge and recognise these feelings as a normal response to tension in ethical situations. Remind ourselves to be careful
 - Good to reminder when we feel this tension that as a care provider, I need to be curious not just share information

3. Where could you take the situation with Mrs. Lin if you still feel like things are getting anywhere by exploring with curiosity?
 - If you hold the tension to yourself, feeling totally accountable and stuck this leads to burnout and moral distress
 - None of us is alone in this. Reach out to a trusted colleague, leadership. Verbalizing and sharing with a team member. With Mrs. Lin's case specifically, we'd want to reach out to her primary care provider to ensure they are brought into the conversation

Concluding thoughts: theme of **ask, tell, ask**. Recommended to refer to the Serious Illness Conversation guide for some of the phrases and ways to enter into curiosity with patients and families. Ex. "What are you willing to go through to gain the possibility of more time?"