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Our Aging Patients: Part 4: Ethical Decision-making With the Aging Population

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Learning Objectives

After this course, participants will be able to

- Identify four key principles of bioethics and ethical considerations.
- Describe how to apply principles of bioethics to speech-language pathology practice.
- Explain how to apply ethical decision-making skills to case studies in Speech-Language Pathology

What are Ethics?

- According to Kumer and colleagues (2011), *ethics* refers to “a moral philosophy and/or a set of moral principles that determine what is right, good, virtuous, true, and just, as defined by a culture or society.”

Ethical Considerations in Aging

- University of Washington- Dept of Bioethics states that there are 4 topics by which every ethical problem should be judged
 1. Medical Indications
 2. Patient Preferences
 3. Quality of Life
 4. Contextual Features (social, economical, legal)

<https://depts.washington.edu/bioethx/tools/ceintro.html>

Medical Indications

- Medical Facts
 - Diagnosis
 - Prognosis
 - Interventions
- Ask this question.....what is the true purpose of the medical intervention?

Patient Preferences

- What does the patient want?
 - Goals
 - Personal assessment of benefit vs. burden
- Ethical Questions
 - Is the patient competent to make a decision?
 - Does the patient truly understand the options?
 - Is the patient being coerced?
 - Who makes the decision if the patient can't

Quality of Life

- What does QOL mean?
 - Different for different patients
- Ethical Questions
 - Is our perception of QOL the same as the patient's?
 - Is there bias or prejudice in our decision-making?

Contextual Features

- Patient care is influenced (positively or negatively) by contextual constraints
 - Financial
 - Social
 - Emotional
 - Legal
 - Scientific
 - Religious

Case Study

Mary is a 90 year-old female living in a long-term care setting. Mary has a diagnosis of end-stage Alzheimer's Disease and has drastically decreased PO intake over the course of the past 3 months. Though her weight loss isn't severe yet, it does appear to be on a steady downward trend. Mary's family tries to visit daily and constantly pushes her to eat, even when she refuses. In a family meeting, Mary's son expresses that he's worried that his mom will starve and wants to have a feeding tube inserted to give her nutrition. Mary's daughter isn't so thrilled about this idea, worrying that her mom will not survive a procedure like this. Mary has a DNR but does not have a living will stating her wishes, nor does she have a designated medical POA. The son and daughter are both considered next-of-kin.

What type of ethical considerations do we have in this scenario?

(Check all that apply)

1. Medical Indications
2. Patient Preferences
3. Quality of Life
4. Contextual Features (social, economical, legal)

Medical Indications- Questions to ask...

- What is the purpose of the tube?
- Will the tube prolong life?
- Do the risks outweigh the benefits?

Patient Preferences-

- Since Mary doesn't have a living will, who makes that decision?
- Is Mary capable of giving any input?

Quality of Life

- Will this feeding tube increase quality of life, or will it even prolong life?
- Will placing this tube make staff less likely to encourage PO intake, including pleasure foods?
- How does this affect her relationship with her children?

Contextual Features

- Financial- Is the facility pushing the PEG placement because they could get 100 days of skilled coverage under Medicare Part A?
- Neither child has a POA, so what occurs when they disagree?

Principles of Bioethics and Application to Speech-Language Pathology

- Nonmaleficence
- Beneficence
- Respect for Autonomy
- Justice
- Fidelity
- Dignity
- Truthfulness/Honesty

Nonmaleficence

Nonmaleficence

“Do no harm”

- How may we harm patients?
- “Principle of Double Effect”
 - A single action may have more than one effect. Some may be good, others bad.
 - Choose the lesser of 2 evils (good outweighs bad)
 - Painful procedures may prolong life
 - DNR for patients with terminal conditions

Beneficence

“do good”

This may include:

- EBP
- Always remembering the patient’s best interests
- Removing the patient from harm
- Good Samaritan laws (does this apply in a residential setting where advanced directives are clearly stated?)

Respect for Autonomy

- Patients' right to choose
 - Life-saving procedures
 - Diets
 - Communication modality
 - Refusing medical care

Justice

- Providing what our patients are owed, or what they deserve
 - Payer types?
- Treating all people fairly, equally, and impartially
 - Allocation of resources

Fidelity

- Do we do what we say we will
- Making promises or guarantees about services?

Dignity

- Do we recognize that our patients are people?
- We work where they live!
- Dignity can be influenced by seemingly small actions

Truthfulness and Honesty

- Truth can be spoken in kindness, even when harsh
- Don't lie about progress or lack thereof
- When asked a direct question, we should do our best to answer honestly
 - HIPAA

Case Study 2

Susan is a 42 year-old female admitted to post-acute care after a motor vehicle accident and traumatic brain injury. She is not eligible for Medicare rehabilitation, and only has straight Medicaid benefits. Therefore, the facility will have to absorb any cost of therapy. The administrator has made it clear that the patient is to get as little therapy as possible, since it will cost the facility. Susan has severe aphasia and is unable to express wants/needs or pain verbally. You'd like to try augmentative communication. The administrator says he will only approve 1 visit per week, but in your clinical opinion, Susan needs 3-4 sessions per week to transition to effective augmentative communication use.

Which Principle(s) of ethics are involved in this scenario? (select all that apply)

- Nonmaleficence
- Beneficence
- Respect for Autonomy
- Justice
- Fidelity
- Dignity
- Truth

Principles of Ethics-Questions to Ask

- Nonmaleficence- Will this patient be harmed by not having an effective communication method?
- Beneficence- Are we doing the right thing with treating a specific number of times per week?
- Respect for Autonomy- Does the patient want therapy?
- Justice- Do we treat this patient any differently due to payer type?
- Fidelity- Do we guarantee outcomes?
- Dignity- Will setting up an augmentative communication system make a difference in the patient's dignity?
- Truth- Do we need to have an honest discussion with the administrator about the patient's needs?

What Ethical/Professional Codes or Guidelines Do We Adhere To?

- ASHA Code of Ethics
- State Boards- Practice Acts
- Organizational Codes of Conduct within our Employers
- Guidelines from Payer sources

Consequences?

- Education, Probation, Suspension, Termination
- Loss of License
- Censure/Revocation of CCC
- Legal consequences
- Fines
- Criminal charges

Case Study 3

Javier is a 70 year old male with recent CVA. His primary language is Spanish, and English proficiency is limited, more so since the CVA. Javier has been diagnosed with oral-pharyngeal dysphagia and is currently on a mechanical soft diet with honey thickened liquids. He is non-compliant with this diet, as nursing has reported finding him at the water fountain between meals.

Which Principle(s) of ethics are involved in this scenario? (select all that apply)

- Nonmaleficence
- Beneficence
- Respect for Autonomy
- Justice
- Fidelity
- Dignity
- Truth

Principles of Ethics-Questions to Ask

- Nonmaleficence- Will water between meals harm Javier? Does the facility have a FFWP?
- Beneficence- What is best for Javier, physically, socially and emotionally? Will this altered diet have a positive effect?
- Respect for Autonomy- What are Javier's wishes? Have the risks and benefits been explained to him in his native language? How do we go about that?
- Justice- Has Javier been provided with a translator in his native language? If not, why?
- Fidelity, Dignity, Truth

Case Study 4

You are a SLP in a skilled-nursing facility that also admits patients for Medicare Part A rehab. Your manager tells you that you must evaluate every patient that comes in for rehab, and should be picking them up for therapy, even if just for a few weeks. When it's time to discharge your patients, the manager asks that you keep the patient for 2 more weeks in order to get to the next assessment review date.

Select the 3 top principles of ethics that you feel are involved in this scenario? (1, 2, and 3)

- Nonmaleficence
- Beneficence
- Respect for Autonomy
- Justice
- Fidelity
- Dignity
- Truth

Major Ethical Questions to Ask

- Nonmaleficence- Will evaluating the patient harm them? If there is not a deficit, will recommending therapy harm the patient- time away from socialization activities, other therapies?
- Beneficence- Does the patient have a condition that could likely have led to a decline, requiring evaluation? If there is a deficit, is there evidence that treatment could help the patient? If the patient already has a diagnosis of dementia, is doing nothing appropriate?
- Respect for Autonomy- Does the patient agree to therapy? Does the patient and/or family recognize there is a problem?
- Justice- Is there a financial benefit for the facility to eval only? Should the patient be kept on caseload longer than recommended for financial motivations?

Important Note

Patient's Advanced Directives may supersede our ethical practice recommendations.

Another Review of Advanced Directives

May include:

- Living Will
 - Patient's wishes should be listed in chart
- Healthcare Power of Attorney (POA)
 - Social work will usually have this information
- HIPAA Authorization
 - RP information will be in chart
- Do Not Resuscitate Order (DNR)
 - Usually indicated on outside and inside of chart with a special indicator sticker

Role of SLP Working with Hospice Care

- When should we evaluate a patient on hospice care?
- If the patient is knowingly aspirating, should the patient be allowed food/water?
- What can the SLP do for the families?
- Boundaries (judgment of choices)
- Should we give our opinion?

References

Kummer, A. W., & Turner, J. (2011). Ethics in the practice of speech-language pathology in health care settings. *Semin Speech Lang*, 32(4), 330-337. doi: 10.1055/s-0031-1292758