Clinical Ethics Intensive

October 20 & 21, 2020

CommonSpirit™

Clinical Ethics Intensive

October 20 & 21, 2020

Please remember:

- Do not place your line on hold (we may hear hold music)
- Maintain a quiet background
- Mute your line if you encounter a noisy environment
- Use the chat feature or let us know by speaking when your have a question/comment

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Zoom Etiquette

- Do not place your line on hold (we may hear hold music)
- Maintain a quiet background
- Mute your line/camera if you encounter interruptions
- Use the chat feature or let us know by speaking when your have a question/comment
- If you need to step away, be mindful of your audio connection and camera
- We may mute your line if we detect interruptions

Overview

- Podcasts focused on foundational health care ethics content.
- The 2 Day Seminar focuses on ethics consultation and mediation skill building.
- We will identify a day for strategy on “Building an Ethics Program”.
- Resources for Seminar are at www.missiononline.net
- This virtual seminar is a “pilot” and we are seeking your input to improve.
- The agenda was a collaborative process to address learning in a virtual environment.
- If you are having technical difficulties, please reach out to Russell Keithline at 303-870-7245, the chat box feature in Zoom or russellkeithline@catholichealth.net

Click Here for Podcast CME Credit

ETHICSLAB ESSENTIALS

The EthicsLab Essentials Podcast provides AMA PRA Category 1 Credit(s)™ health care ethics education in a highly accessible way, "anytime, anywhere". These free podcast episodes are offered to health care professionals and ethics committee members on this website page or on platforms you use to listen to podcasts. Each episode is accompanied by practical tools and links to other informative and helpful materials.

Some groups, like ethics committees, will listen to a podcast episode individually before their ethics committee meeting. Then, at the committee meeting, the committee chair will use the facilitation guide provided, to lead a discussion of how the issues/concepts/tools discussed in the episode can improve the work of their ethics committee. Each episode recording is led by expert contributors.

Individuals can obtain AMA PRA Category 1 Credit(s)™ for each of the episodes, by first registering using the link below. Once registered complete the four-step process: 1) complete the pre-test; 2) listen to the episode; 3) complete the post-test; and 4) complete the CME evaluation. Once you have successfully completed those four steps, you can print out your CME pdf credit certificate or save it electronically for submission to accreditation boards.

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Kevin Murphy

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CommonSpirit Health

Saint Paul University

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Becket Gremmels · 1st

System Vice President, Theology and Ethics at CommonSpirit Health

Dallas/Fort Worth Area · 500+ connections · Contact info

CommonSpirit Health

Saint Louis University

Virtual Clinical Ethics Intensive
CSH Phoenix Division
October 20-21, 2020

Time	Topic	Process	Materials and Review	Outcome
October 20, 2020				
10:00 – 10:30 (30 min)	**Participant Introductions, Overview of Program, Goals, Access to Website - Opening Reflection**			
10:30 – 11:30 (60 min)	**Frameworks for Ethics Consultation: Skill, Experience, and Utilization.** Kevin Murphy	• Presentation • Generative Dialogue	• PowerPoint slides • Articles	• Review Bias and Tools • Identify challenges of ethics consultation • Practice a Case as full group • Dialogue
11:30 – 12:30 (60 min)	**LUNCH (on your own)**			
12:30 – 1:00	**Moral Traditions and ERDs: Your Questions**	• Dialogue	• PDF ERD Document	• Clarity
1:00 - 2:00 (60 min)	**Practicing Ethics Consultation.** Kevin Murphy and Becket Gremmels - Ethics Moment Patient Being Deceived	• Presentation • Generative Dialogue	• PowerPoint slides • Ethics Moments • Ready Reference Grid • Ethics Consult Booklet • Consultation Tools • Consultation Process • Consultation Flowchart	• Practice Assessing Cases • Practice Using Tools: o Anticipatory, Process, Reference. • Identify Gaps • Role Play as a Large Group to demonstrate process.
2:00 – 2:15 (15 min)	**BREAK**			
2:15 – 3:15 (60 min)	**Practicing Ethics Consultation.** Kevin Murphy and Becket Gremmels - Patient's Decision Making Being Questioned - Brain Death - Pain Management and Conscience - Patient Not Receiving Adequate Information	• Presentation • Generative Dialogue	• PowerPoint slides • Ethics Moments • Ready Reference Grid • Ethics Consult Booklet • Consultation Tools • Consultation Process • Consultation Flowchart	• Practice Assessing Cases • Practice Using Tools: o Anticipatory, Process, Reference. • Identify Gaps • Dialogue • Role Play in Small Groups
3:15 – 3:30 (15 min)	**Wrap Up and Closing:** Kevin			

Virtual Clinical Ethics Intensive
CSH Phoenix Division
October 20-21, 2020

Time	Topic	Process	Materials and Review	Outcome
October 21, 2020				
10:00 – 10:10 (10 min)	**Morning Prayer** – TBD			
10:10 – 11:00 (50 min)	**Frameworks for Mediation Skills: Skill, Experience and Utilization.** Becket Gremmels	• Assess Case Using Tools. • Consultation Process Tool • Unpack 4-5 Ethics Moments Cases in Small Groups. Present Case and Assessment to whole group.	• Ethics Consultation Process • Ethics Tools • Peer review	• Understand and apply tools • Practice Responses
11:00 – 11:15 (15 min)	**BREAK**			
11:15 – 12:15 (60 min)	**Practicing Mediation Skills:** Kevin Murphy and Becket Gremmels - HIV and Postsurgical Complications	• Assess Case Using Tools. • Role Play 2 Ethics Moments Cases Dividing Room in 2 Groups.	• Ethics Moments • Ethics Consultation Process • Ethics Tools • Peer review	• Review Tools • Identify challenges of mediation • Current State and Future State • Dialogue
12:15 – 1:15 (60 min)	**LUNCH**			
1:15 – 2:15 (60 min)	**Practicing Mediation Skills:** Kevin Murphy and Becket Gremmels - She Didn't Mean It	• Assess Case Using Tools. • Role Play 2 Ethics Moments Cases Dividing Room in 2 Groups.	• Ethics Moments • Ethics Consultation Process • Ethics Tools • Peer review	• Review Tools • Identify challenges of mediation • Current State and Future State • Dialogue
2:15 – 2:30 (15 min)	**BREAK**			
2:30 – 3:30 (60 min)	**Practicing Mediation Skills:** Kevin Murphy and Becket Gremmels - Treating the Dying Adolescent	• Assess Case Using Tools. • Role Play 2 Ethics Moments Cases Dividing Room in 2 Groups.	• Ethics Moments • Ethics Consultation Process • Ethics Tools • Peer review	• Review Tools • Identify challenges of mediation • Current State and Future State • Dialogue
3:30 – 3:45	**Wrap Up and Closing:** Kevin **Closing Prayer** TBD			

Frameworks for Ethics Consultation

August 12, 2020

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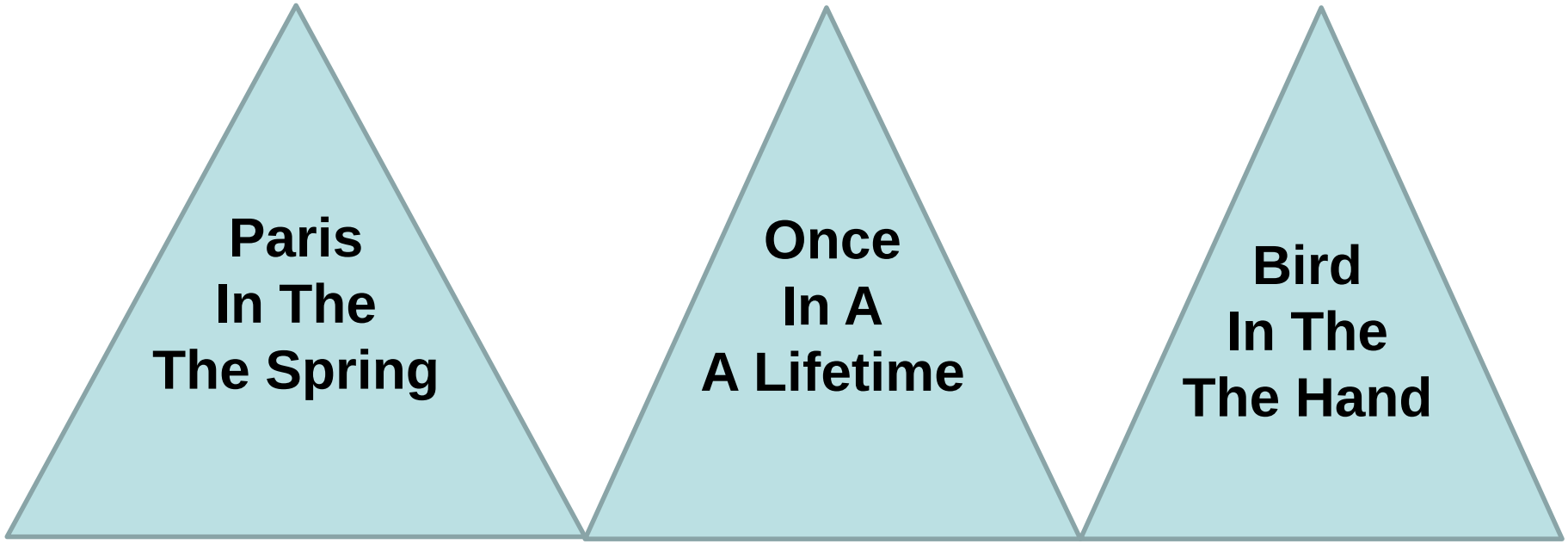
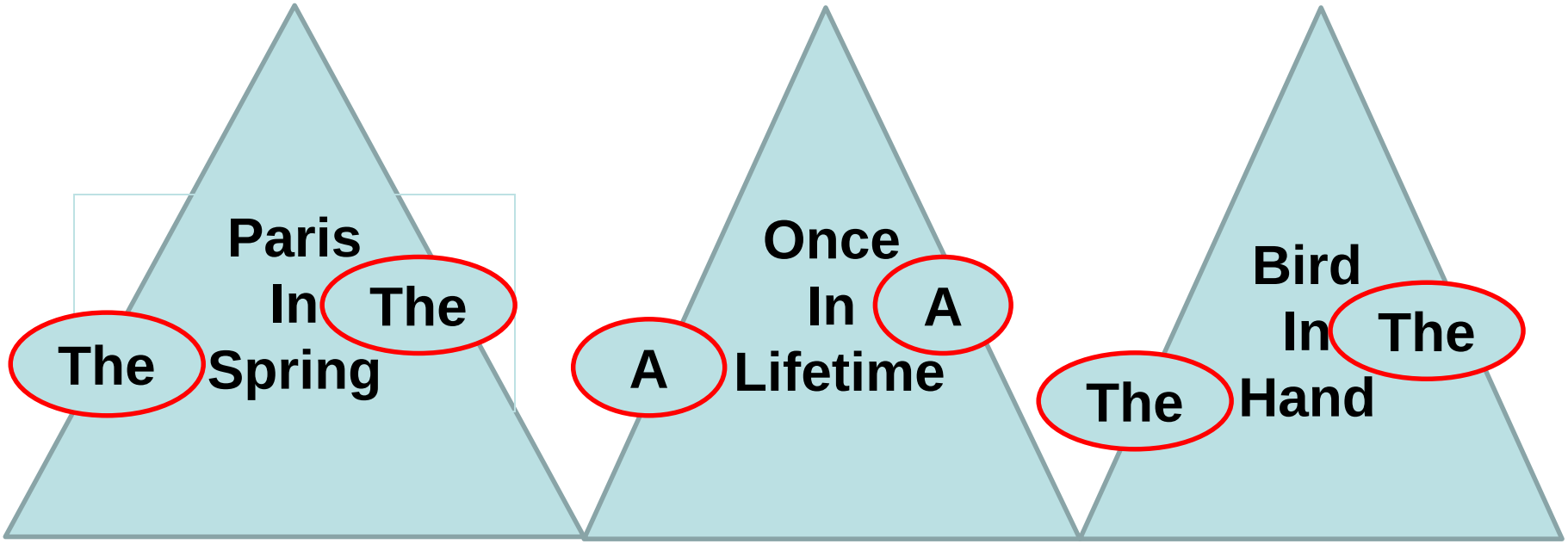


Read aloud quickly what you see on the screen.
Do it twice.



Most of you got it wrong!

The range of what we think and do is limited by what we fail to notice. And because we fail to notice that we fail to notice, there is little we can do until we notice how failing to notice shapes our thoughts and deed.

R.D. Laing

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THINKING, FAST AND SLOW

DANIEL KAHNEMAN

WINNER OF THE NOBEL PRIZE IN ECONOMICS

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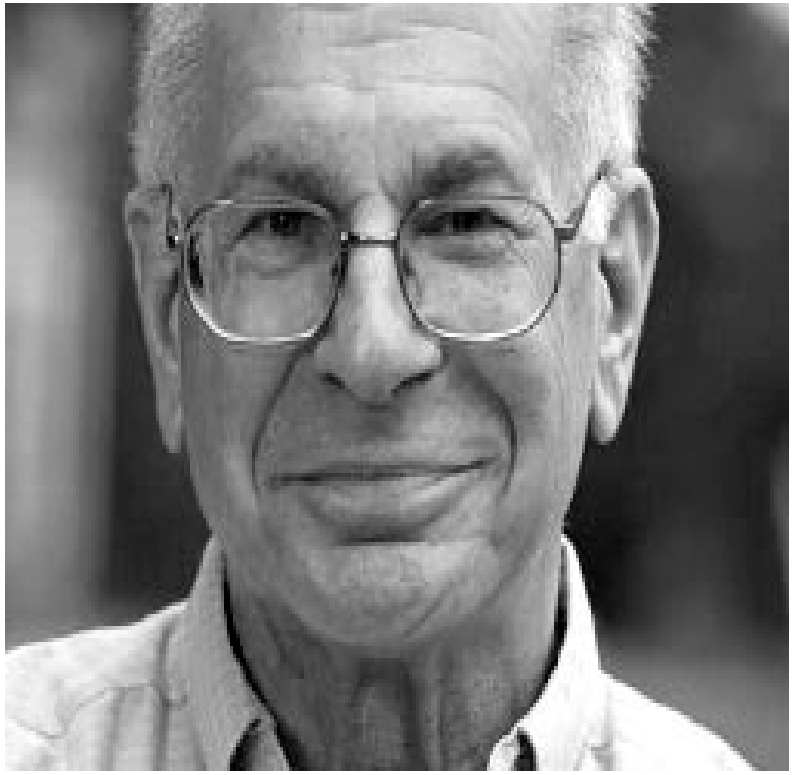


Kahneman - Dual Process Theory

System One	System Two
Subconscious Reasoning - Fast	Conscious Reasoning - Slow
2+2=?	62 x 45 =?
Automatic	Controlled
Low Effort and Frequent	High Effort and Infrequent
Associative/Emotional/Stereotypes	Rule Based/Logical/Calculating
Recognition/Perception	Rules/Weighing of Options

Insight - We fail when we attempt to solve System 2 Problems with System 1 Thinking.

Priming Bias

Misconception: You know when you are being influenced and how it is affecting your behavior.

Reality: You are unaware of the constant nudging you receive from ideas formed in your unconscious mind.

Bias

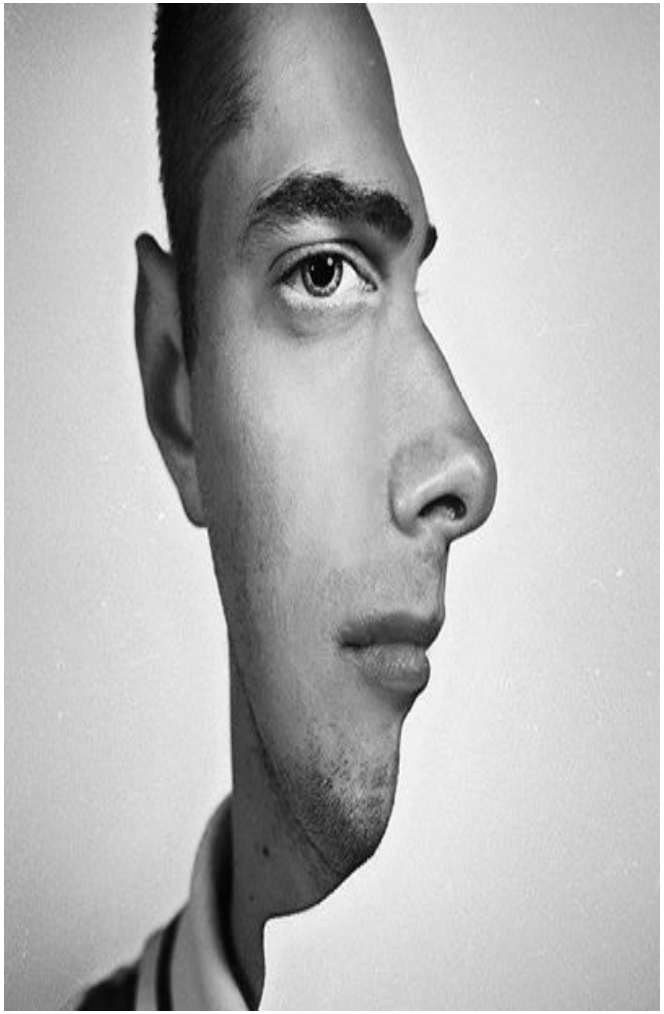
- Anchoring
- Priming
- Confirmation
- Hindsight
- Availability

Examples of Clinical Bias

- Studies have shown that not only were clinicians' willingness to withdraw life support influenced by personal characteristics such as age, religion and clinical experience, but personal preferences also impacted *when* they chose to withdraw life support.

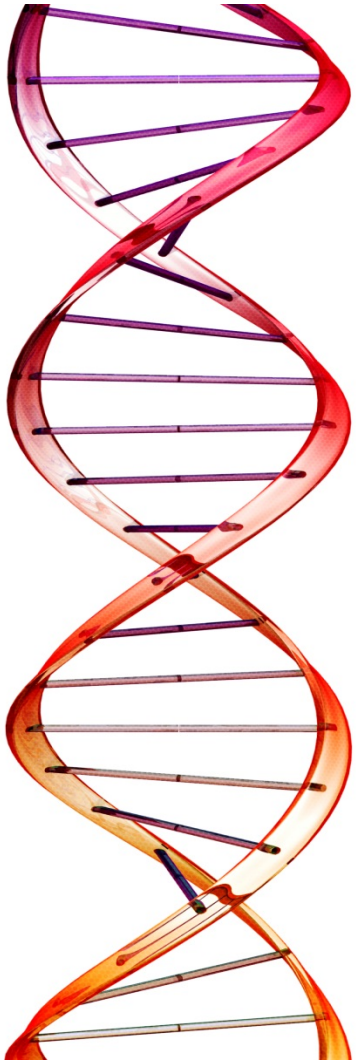
- Studies have shown that some clinicians will misperceive their patients preferences and substitute their own preferences for those of the their patient.

- A NIH Study on the accuracy of surrogates decisions, proxies were accurate 66% of the time, but off the mark in almost one out of every three cases.



- *Spiritual Traditions:*
  - *The Discernment of Spirits* (Ignatius of Loyola)
  - *Insight* (Bernard Lonergan)
- *Behavioral Economics.*
  - *Fooled by Randomness* (Taleb Nassim)
  - *The Signal and the Noise: Why So Many Predictions Fail* (Nate Silver)
- *Decision Performance:*
  - *Thinking Fast and Slow* (Daniel Kahneman)
  - *The Checklist Manifesto* (Atul Gawande)

Common Ground on Good Judgment



- *Know Yourself – you are your own worst enemy.*
- *Block "Noise" vs Relevant Information*
- *Pay Attention to Process and Develop a Practice.*

Frameworks and Tools

- Ethics Patient Care Conference Process
- Trauma definition (Suspend judgment)
- Anticipate 3 Elements
- Ladder of Inference
- Conflict "Game Plan" Facilitation
- Jonsen Grid
- CSH Consult Booklet

Ethics Consultation
Patient Decision Making Capacity Challenged

Mr. Murphy is 76 years of age. He is a multi-year survivor of cancer and, after a few months of feeling poorly, just completed diagnostic tests that showed the cancer has metasticised widely. An aggressive course of chemotherapy could reasonably be expected to prolong his life for an additional year. The patient also suffers from the early onset of Alzheimer's disease. The attending physician has concluded that Mr. Murphy has decision making capacity to choose about the chemotherapy, but the consulting physician thinks he lacks it. The primary nurse questions whether the patient is capable of informed consent but the spiritual care professional believes the patient continues to have decision making capacity.

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Ethics Consultation
Patient Decision Making Capacity Challenged

The patient has two sons who are close to him and they also disagree whether their father is capable of making the decision about chemotherapy. The older son has durable power of attorney for health care and states, “If there is any question that my father is not capable of this decision, then I have authority to decide for him.”

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Ethics Patient Care Conference

Patient Identification: _____

Prepare Space

- ❑
-

- ✓ Include items that provide a comfortable and private setting
- ✓ Arrange seating with family dynamics and safety in mind

Welcome

- ❑ Introduce self (facilitator)
- ❑ Explain purpose of meeting
- ❑ Set time limit
- ❑ Introduce conference participants
- ❑ Explain that notes will be taken

- Optimal time limit = 45 minutes
- Introduce caregivers' roles and knowledge of patient
- Invite family to state name and relationship to patient
- Identify decision-maker

Names of Participants

Share Data

- ❑ Invite guests to share perspectives
  1. patient/surrogate
  2. family
- ❑ Invite physician to share medical data
- ❑ Invite other caregivers to share perspectives
- ❑ Ask surrogate and family to repeat what they heard
- ❑ Summarize key points discussed

Actively listen – no interruptions

Helpful phrases to gather data:

"Tell me about (the patient....)"

"What do you understand about the patient's condition?"

"What do you think the patient would want?"

Repeat viewpoints of participants to validate their contribution

Notes

Develop Care Plan

- ❑ State intention of building consensus
- ❑ Identify the key ethics issue(s) involved

Notes

- ❑ Address disputes

Notes

Refer to Ready Reference Grid, if needed

Ask each stakeholder if they agree on the issue(s) identified

Helpful phrases to address disputes:

"I'm confused. Please help me understand how that impacts the decision at-hand."

"Thank you ____. In order to make the best decision, we need to hear everyone's thoughts."

"We have the necessary information to make a decision now, so let's move on to that."

Reframe argumentative statements and drop offensive language

Allow room for silence

Keep the conversation oriented toward goals of care and patient preferences

Close and Debrief

- ❑ Conduct survey questions 1-3
- ❑ Thank all for participating
- ❑ Distribute business cards
- ❑ Invite caregivers to stay and debrief
- ❑ Conduct survey questions 4 and 5

Ask family if they would like to pray and refer to reflections provided in toolkit, if needed

FAMILY AND/OR PATIENT

1. Do you feel like this process helped you to voice your concerns and provide answers to your questions? **Y** **N**
2. Did the information discussed during this conference help you arrive at a decision regarding your (or the patient's) care? **Y** **N**
3. Do you feel like this process helped clarify what the next steps are in your (or the patient's) plan of care? **Y** **N**

CARE TEAM

4. On a scale of 1-10 (1 = not clear, 10 = very clear) please indicate the level of clarity you had about the next steps in your patient's care plan:

   prior to the ethics conference _____
   following the ethics conference process _____

PHYSICIAN(S)

5. Did the ethics care conference leader provide you with ethics expertise that assisted you in the care of your patient?

Strongly Disagree **Disagree** **Undecided** **Agree** **Strongly Agree**

Emotion/Change

WHO Definition of TRAUMA

- An event that is unpredictable.
- An event that is without obvious meaning.
- An event where you witness the actual or potential death of another.

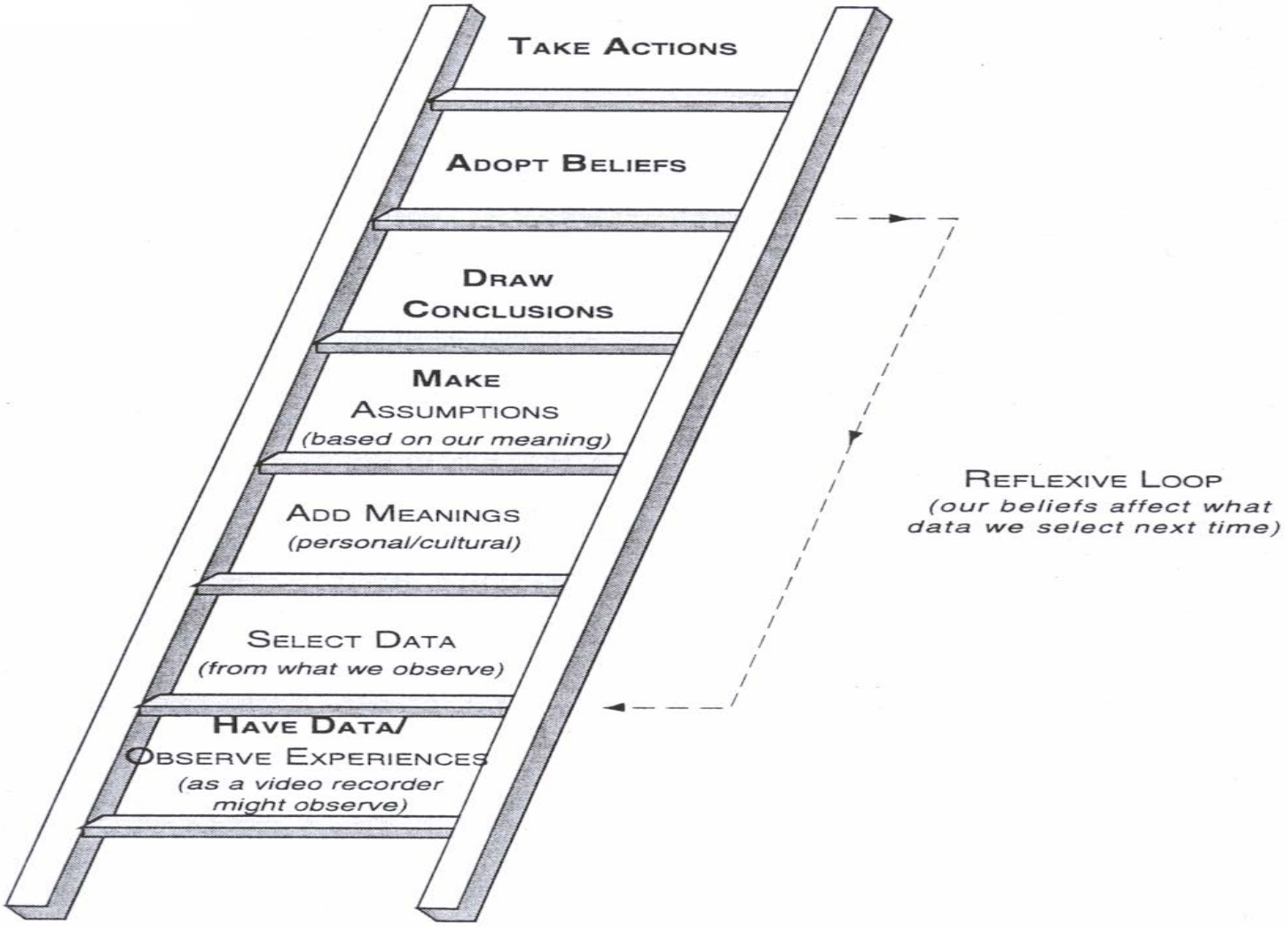
A Checklist for Clinical Ethics Judgment

- Communication
- Coping
- Value Conflicts

Jonsen Grid

Medical Indications	Patient Preferences
• What is the patient's medical problem? History? Diagnosis? Prognosis • Is the problem acute? Chronic? Critical? Emergent? Reversible? • What are the goals of treatment? • What are the probabilities of success? • What are the plans in case of therapeutic failure? • In sum, how can this patient be benefited by medical and nursing care and how can harm be avoided	Respect for Patient Autonomy • Is the patient mentally capable and legally competent? Is there evidence of capacity? • If competent, what is the patient stating about preferences for treatment? • Has the patient been informed of benefits and risks, understood this information, and given consent? • If incapacitated, who is the appropriate surrogate? Is the surrogate using appropriate standards for decision making? • Has the patient expressed prior preferences (eg, advance directives)? • In sum, is the patient's right to choose being respected to the best extent possible?
Quality of Life	**Contextual Features**
• What are the prospects, with or without treatment, for a return to normal life? • What physical, mental, and social deficits is the patient likely to experience if treatment succeeds? • Are there biases that might prejudice the provider's evaluation of the patient's quality of life? • Is the patient's present or future condition such that his or her continued life might be judged as undesirable? • Is there any plan and rationale to forgo treatment? • Are there plans for comfort and palliative care?	• Are there family issues that might influence treatment decisions? • Are there provider (physician, nurse) issues that might influence treatment decisions? • Are there financial and economic factors? • Are there religious or cultural factors? • Are there limits on confidentiality? • Are there problems of allocation of resources? • How does the law affect treatment decisions? • Is clinical research or teaching involved? • Is there any conflict of interest on the part of the providers or the institution?

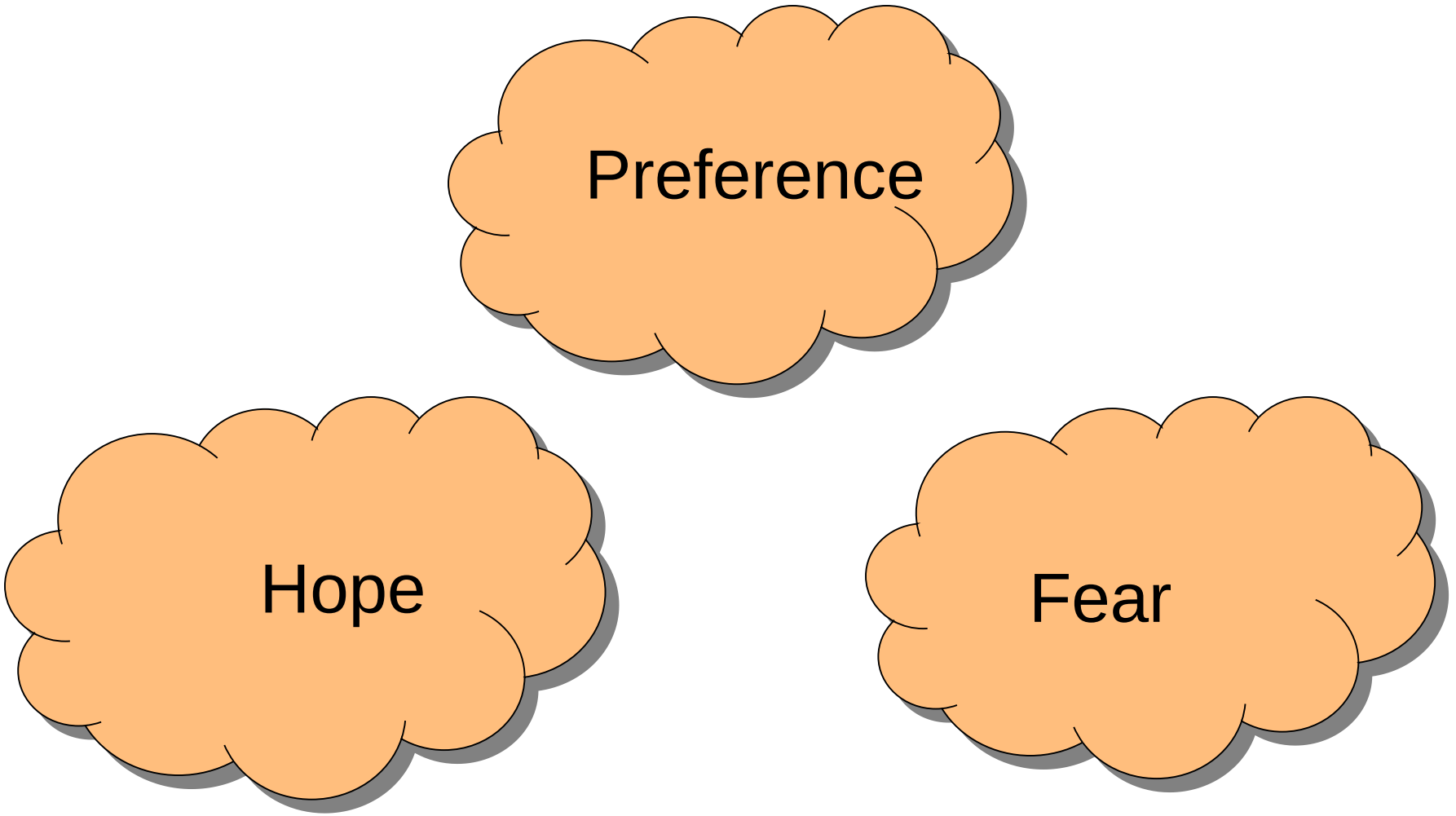
Information/Assumptions/Bias



Game Plan for “Good Dialogue”

- Start: Participants walk in with individual Positions
- Get to: “Biggest hope” and “fear” (Underlying concerns)
- What Happens: We appreciate and understand each others cares and concerns (Connection and Common Ground).
- What Develops: Common ground action strategies based on common ground underlying values (Better Implementation).

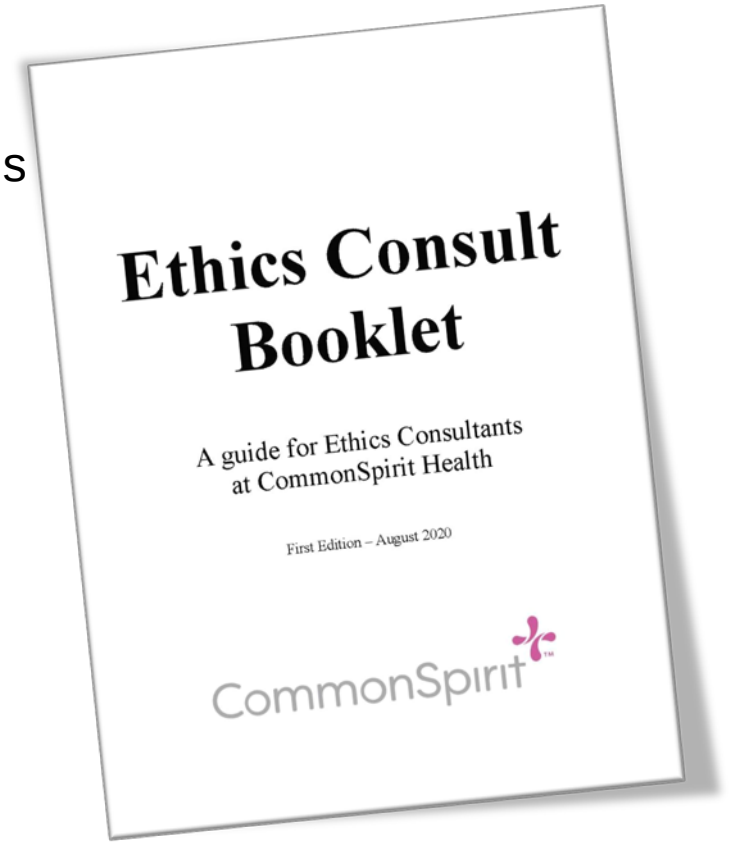
3 Questions



Ethics Consult Booklet

- Quick reference guide for Ethics Consult Teams
  - Published August 2020
  - PDF for phones, with hyperlinks

- 1-3 pages on 50 topics:
  - Feeding Tubes
  - Informed Consent
  - Neonatal Resuscitation
  - Principle of Double Effect



Frameworks and Tools

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- What has been your experience of “bias” in the health stories you have experienced?
- How do you find these tools most helpful?

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- What information is missing? (Jonsen Grid)
- How would you frame the ethical issue at stake? (Ready Reference Grid)
- How would you lead the conversation? (Your Flowchart and Policy)