



Inter-professional Collaboration in Resolving Ethical Dilemmas in the Clinical Setting

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Modern medicine is complex.....





- Interdisciplinary healthcare practices and interprofessional teamwork strategies have been a significant priority for the Institute of Medicine (2003) and the World Health Organization (2010).

Institute of Medicine (2003). Health professions education: A bridge to quality. Washington, DC: National Academies Press.

World Health Organization (2010). Framework for action on inter-professional education and collaborative practice. Geneva, Switzerland. WHO/HRH/HPN/10.3





Does this advice specifically apply to ethical dilemma resolution? Arguments supporting....

- Ethical dilemmas by nature have a strong component of uncertainty
 - Consensus among committed stakeholders is an established way of dealing with uncertainty
- Resolution of ethical dilemmas can be usually achieved in multiple different ways
 - Different perspectives, generated by stakeholders with different medical training and backgrounds are likely to generate more potential solutions for consideration and weighing
- The burdens of the consequences of the ultimate solution (and the consequent decision-making) can be shared

When it goes wrong.....

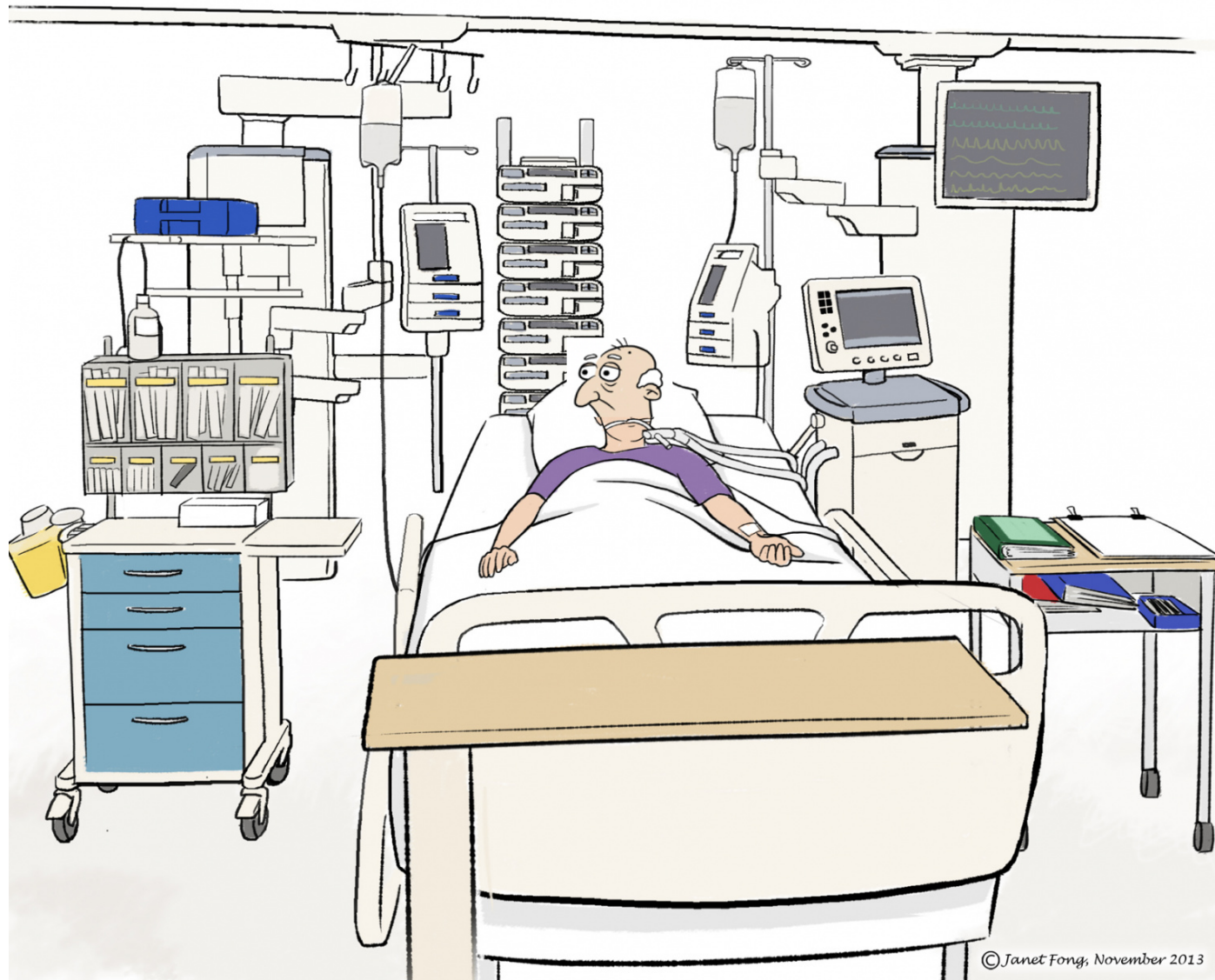


Barlow NA, Hargreaves J, Gillibrand WP. Nurses' contributions to the resolution of ethical dilemmas in practice. *Nurs Ethics*. 2018 25:230-242.

Conflicus Study Investigators. Prevalence and factors of intensive care unit conflicts: the conflicus study. *Am J Respir Crit Care Med*. 2009 180:853-60.

When it goes wrong.....

- Elderly patient – catastrophic brain damage from an intracranial stroke and hemorrhage that had occurred about 14 days previously
- The regular bedside nurse has been speaking with the family (wife and daughters) daily
- Patient’s treatment formally reviewed twice daily by the ICU doctors
- Reviewed once daily by the neurosurgeons (separately, with communication via the clinical records, intermittent face-to-face encounters)







- Expressed her frustration at
 - The surgeons reluctance to give the family a meaningful prognosis
 - Survival likely, but with severe and persistent disability
 - Unlikely to be able to walk and care for himself
 - The family's expressed sentiment (to her) that he would not wish to live like he was now as he had been very active in life, and the disconnect in these factors
 - The ICU doctors infrequent contact with the family

Ethical dilemma - End of Life....



Dysfunctional interprofessional collaboration....

- Ethical and moral dilemma examination...
 - Failure to address important matters of autonomy
 - Lack of awareness and therefore a failure to address what the patient or family would have wanted
 - Failure to give the patient/family key information on which to decide autonomous decisions
 - Misunderstanding in interpreting the principle of beneficence
 - By not understanding the patient's likely desires in terms of QoL and conditions of survival the medical professionals had mis-interpreted survival in any state as a beneficial goal, when in this case it was not....
 - Failing to avoid harm (non-maleficence)
 - By potentially increasing harm, through “creating” suffering, both in the patient, the relatives, and the staff



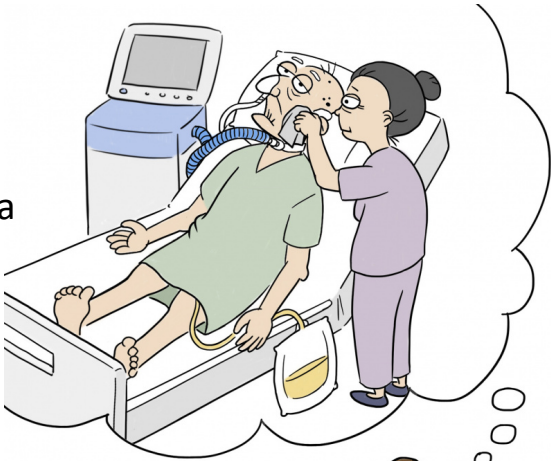
Lack of proper collaboration....

- The ICU team revealed that they had discussed with the surgeon regarding prognosis but the the surgeon seemed keen on aggressive therapy. They did not wish conflict with the surgical team - so had carried on.....had hinted to the family that prognosis for good functionality was likely poor but this prognosis should be confirmed directly with the surgical team....
- The Surgical team expressed that they had made a big effort to get him this far, and did not wish to “give up now” – the ICU team had seemed so “negative” that they felt they had to make their stand very clearHad not really asked the family what he would have wanted in terms of functional outcome and so had unilaterally set the “goal of care” as survival....

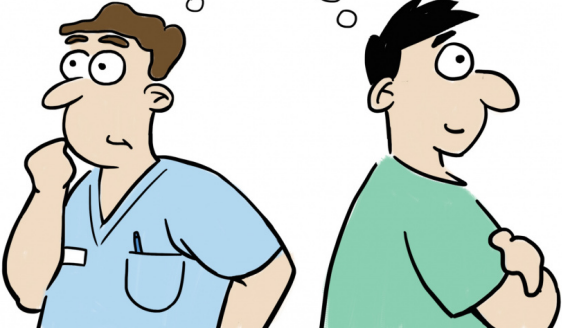
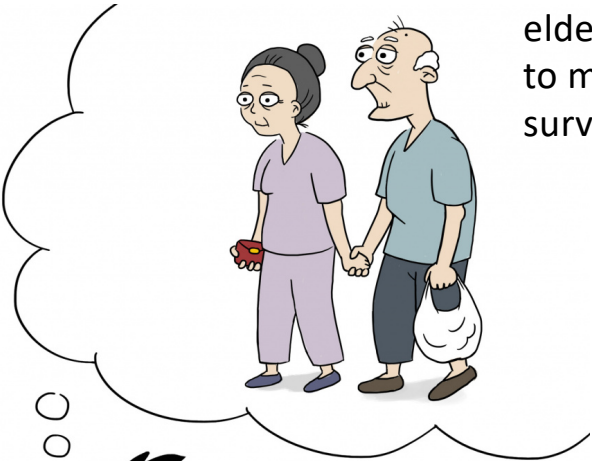


Cure vs Care...

How can I cure
this pneumonia
and septic
shock?



How well is this
elderly couple going
to manage if he
survives?



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Functional (eventually) interprofessional collaboration....

- Ethical and moral dilemma standpoint...
 - Autonomy finally respected
 - By us understanding what they really would have wanted
 - Beneficence
 - Seen through the eyes of the patient and family
 - Ensuring of non-maleficence
 - Gave the patient an alternative to prolonged, uncomfortable and potentially un-dignified death

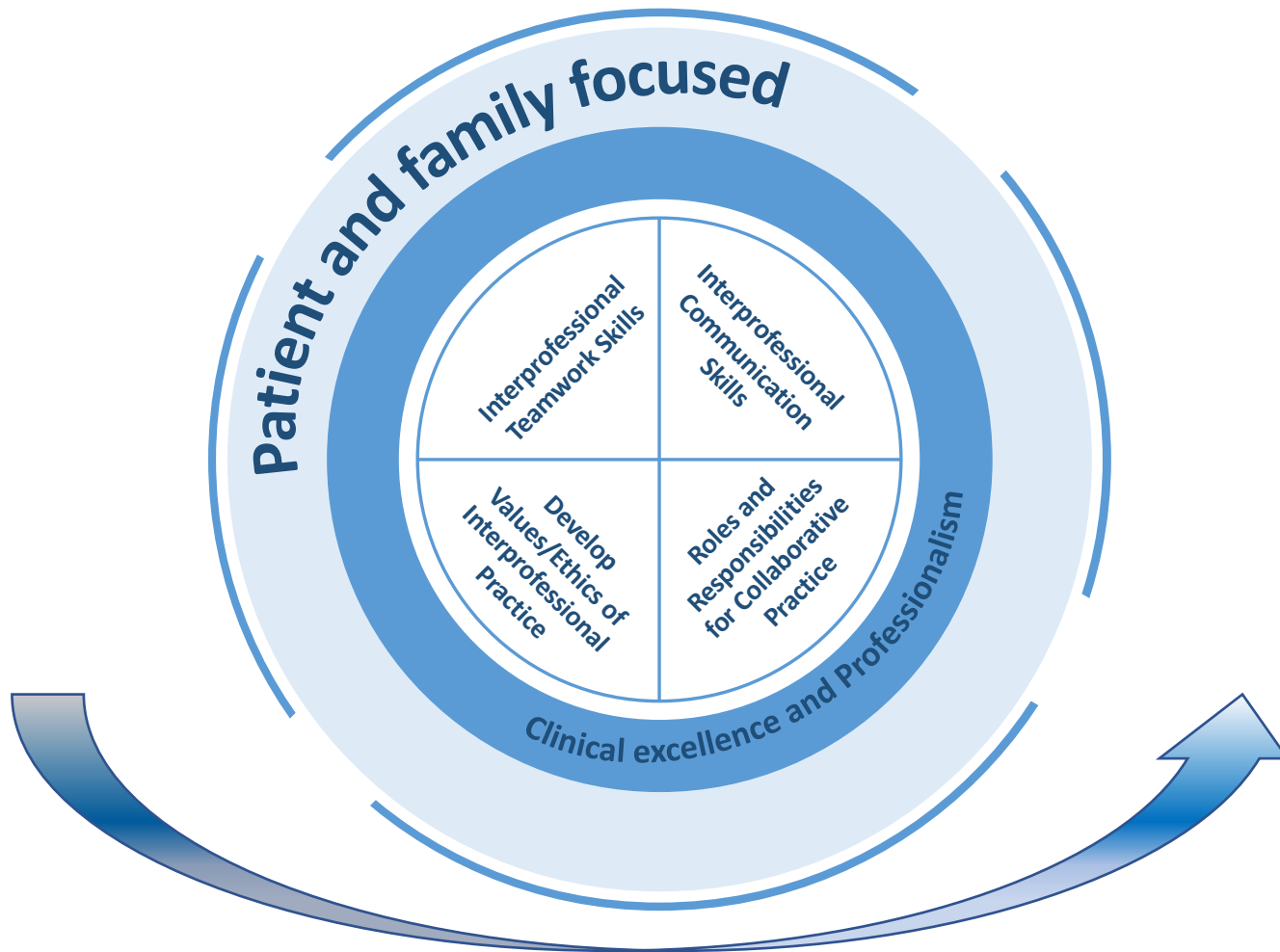




Harnessing the positives of interprofessional collaboration....

- “A commitment to shared goals and to the process of joint working is assumed essential for effective collaboration.”





Progressive pathway to high-quality inter professional collaboration

Enhancing Collaboration.....

- Individual level
 - Mutual respect for roles and practice standards of members
 - Discipline based knowledge should be shared appropriately
 - Open to interpersonal communication and viewpoint sharing
- Team level
 - Conflict avoidance, good communication channels (formal and informal)
 - Formal meeting time to discuss conflicts, communication, (ethical) perspectives
 - Shared moral language and goals, structured discussion of target (ethical) issues
- Organization level
 - Educational opportunities (ethical and professional behavior)
 - Standard setting (protocols and guidelines)
 - Monitoring of key outcomes





Conflict.....



Conflicus Study Investigators. Prevalence and factors of intensive care unit conflicts: the conflicus study. *Am J Respir Crit Care Med.* 2009 180:853-60.



“Valuing diverse opinions is helpful even if the idea being discussed is incorrect, as this can still lead team members to think more deeply about the issue, which improves creativity, decision making, and problem solving....”

Gender issues...



Kurtz MJ, Starbird LE. Interprofessional Clinical Ethics Education:
The Promise of Cross-Disciplinary Problem-Based Learning. *AMA J Ethics* 2016 18: 917-924



Having just realized that the 65 year patient he has called an “old duffer” is younger than his boss.....

Nurture a culture of empathy....



Quo Vadis

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