

METHODS OF ETHICAL DECISION - MAKING IN HEALTHCARE

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BEAUCHAMP & CHILDRESS' METHOD

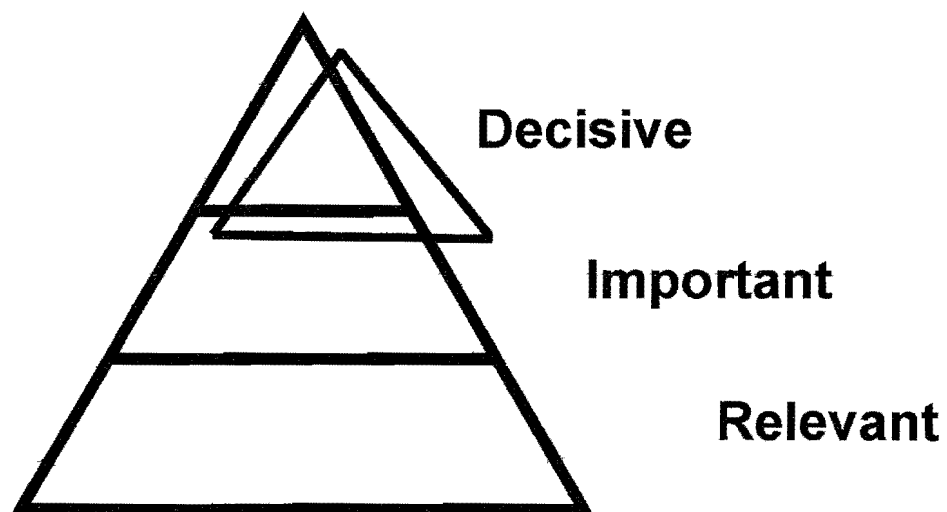
- 1. Apply principles**
 - a. Respect for Autonomy**
 - b. Beneficence**
 - c. Nonmaleficence**
 - d. Justice**
- 2. Specify principles**
- 3. Balance principles**
- 4. Decide**

See: Tom Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 5th ed., Oxford University Press, 2001.

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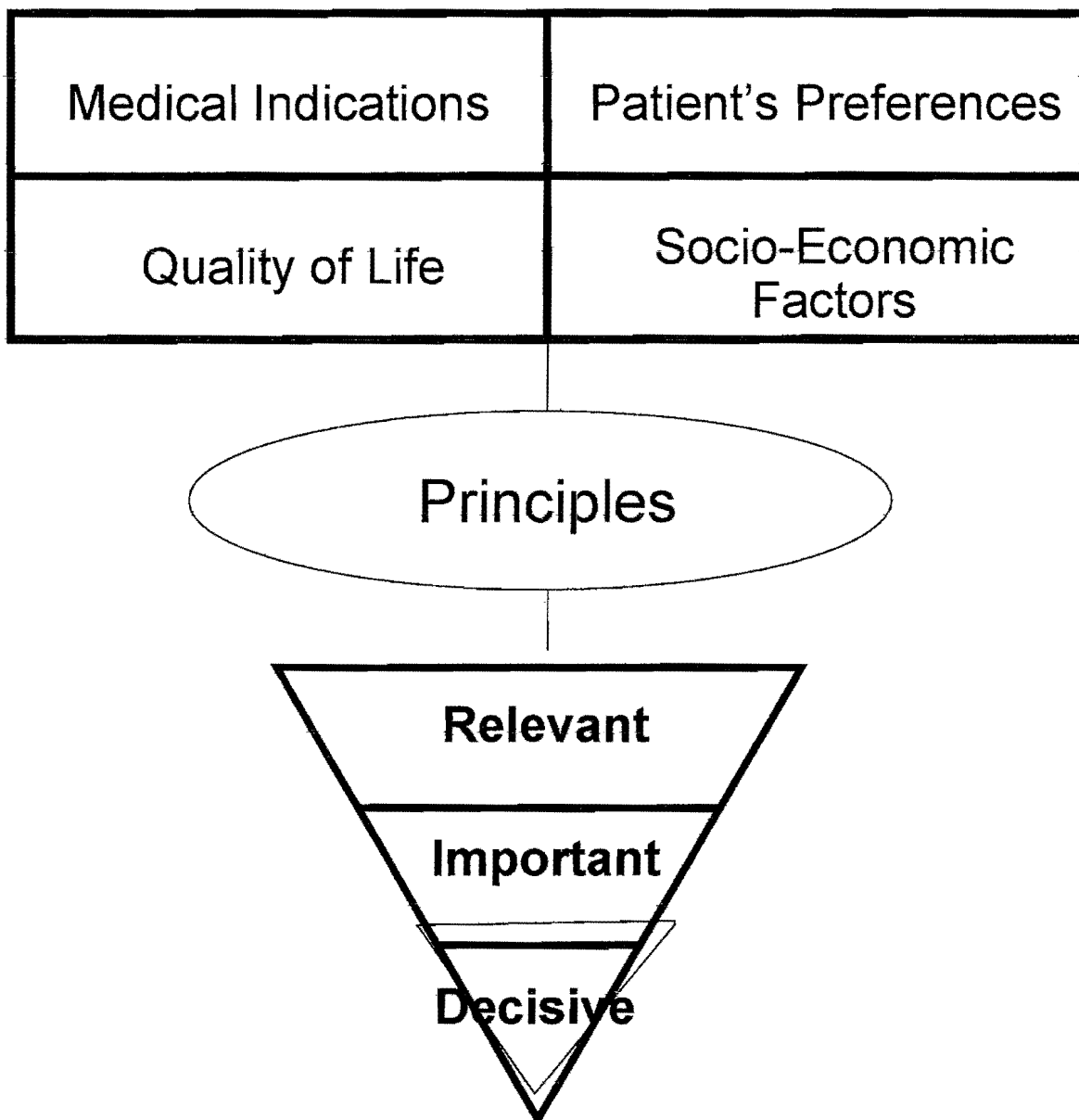
JONSEN, SIEGLER & WINSLADE'S METHOD

Medical Indications	Patient's Preferences
Quality of Life	Socio-Economic Factors



See: Albert Johnson, Mark Siegler, and Wm. J. Winslade, *Clinical Ethics*, 4th ed., McGraw Hill, 1998, and earlier editions.

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FLETCHER'S METHOD

1. Assessment (Assemble and consider relevant facts)

- Patient's medical condition
- Relevant contextual factors
- Decision-making capability
- Patient's preferences
- Needs of the patient as a person
- Preferences of family / surrogate
- Interest other than competing with the patient
- Issues of power or conflict
- Opportunity to be heard
- Institutional factors contributing to moral problems

2. Moral diagnosis

- Examine how the moral problems in this case are being framed
- Determine whether this framing should be reconsidered
- Identify any relevant institutional policies
- Consider ethical standards and guidelines
- Consider similar cases and discussions in the literature
- Identify the morally acceptable options

3. Goal setting, decision-making, and implementation

- Consider or reconsider and negotiate goals
- Consider possible interventions
- Deliberate regarding merits of options for resolving moral problems
- Endeavor to resolve conflicts
- Assess whether ethics consultation is necessary or desirable
- Negotiate acceptable plan
- If negotiations/ethics consultations fail to achieve satisfactory resolution, consider judicial review
- Implement plan

4. Evaluation

- Current evaluation
- Retrospective evaluation

See: John C. Fletcher et al., eds., *Introduction to Clinical Ethics*, 2nd ed., University Publishing Group, Inc., 1997.

FLETCHER'S 4 - STEP METHOD

--an early version--

1. Assemble relevant facts
 - Medical facts
 - Indications for treatment
 - Patient preferences
 - Quality of life
 - Contextual factors
 - Religion
 - Family
 - Economics
 - Legal considerations
2. Identify ethical problem(s)
 - Identify problems
 - Rank problems
 - Search for analogous cases
3. Review ethical guidelines for clinicians
 - Codes
 - Accepted principles
 - Directives
 - Regulations
 - Policy statements
4. Seek dialogue and resolution
 - List options
 - Discuss
 - Evaluate
 - Rank (with reasons)
 - Decide

METHOD OF THE DEPARTMENT OF VETERANS AFFAIRS

- 1. Set out the situation**
- 2. Set out the ethical dilemma**
- 3. Identify the relevant moral concepts**
- 4. Identify other relevant issues**
 - State law**
 - VA policy**
- 5. Apply ethical reasoning**
- 6. Present and document your advice**
- 7. Follow-up**

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SCHAEFER'S METHOD

(Union of American Hebrew Congregations)

1. Define the problem
2. Note all stakeholders
3. List all core Jewish values
 - Honesty
 - Integrity
 - Brit
 - Loyalty
 - Tzedakah
 - Chesed
 - Respect for human dignity
 - Respect for law
 - Accountability
 - Taking responsibility
 - Tikkun olam
4. List alternatives
5. Choose
 - Most important stakeholder
 - Most important value
 - Alternative causing the greatest good or the least harm
6. Decide
7. Devise strategy for implementation

From: Arthur Gross Schaefer, "The Jewish Ethics Challenge: Where Do You Stand?" in *Reform Judaism*, November 1997.

Brit - keeping the covenant; keeping
one's word

Tzedakah - justice and righteousness;
not the same as charity

Chesed - kindness and compassion

Tikkun olam - acts to re-form the world

N.B. This is a method that can be used with
any system of values. In a seminar several
days in length, I often ask participants to
identify and then work with those values
especially important to health care providers.

ARMY VALUES

L oyalty

D uty

R espect

S elfless service

H onor

I ntegrity

P ersonal courage

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BAYLOR HCA 7-STEP METHOD OF ANALYSIS

- 1. Frame the question**
- 2. Set out the medical situation**
- 3. Note contextual situation, including:**
 - Stakeholders**
 - Social factors**
 - Economic factors**
 - Familial factors**
 - Religious factors**
 - Legal issues & precedents**
 - Ethical issues & precedents**
- 4. Revisit / re-frame the question**
- 5. Apply principles / identify conflict(s)**
- 6. Weigh alternatives**
- 7. Decide**

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BAYLOR HCA 7-STEP METHOD MODIFIED FOR ORGANIZATIONAL DECISION-MAKING

- 1. Frame the question**
- 2. Set out the organizational situation**
- 3. Note the contextual factors**
- 4. Revisit / reframe the question**
- 5. Ask and answer the 12 questions**
- 6. Identify and weigh alternatives**
- 7. Decide**

12 QUESTIONS FOR EXAMINING BUSINESS DECISIONS

- 1. Have you defined the problem accurately?**
- 2. How would the other side define it?**
- 3. How did this situation occur?**
- 4. To whom/what do you give your loyalty?**
- 5. What is your intention?**
- 6. How does your intent compare with probable results?**
- 7. Whom could your decision injure?**
- 8. Can you discuss the problem with the affected parties?**
- 9. Are you confident that your position will be valid over the long haul?**
- 10. Does your decision pass the "grandmother" test?**
- 11. What is the symbolic potential of your decision?**
- 12. Under what conditions would you allow exceptions?**

Adapted from: L. L. Nash, "Ethics Without the Surgeon" in
The Business of Ethics and Business,
Harvard Business Review, 1986.

WEBER'S METHOD

- 1. Organizational interests generally take precedence over individual self-interest**
- 2. Individual rights take precedence over organizational interests**
- 3. Community good takes priority over organizational interests**
- 4. Community good takes priority over individual self-interest**
- 5. Individual rights take priority over individual self-interest**

Modified

- 1. Individual rights – Community good / interests**
- 2. Organizational good / interests**
- 3. Individual good / interests**

From: Leonard J. Weber, *Business Ethics in Healthcare: Beyond Compliance*, Indiana University Press, 2001.

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"Our moral lives are comprised, not of terrible hypotheticals from which there is no escape, but of complex situations whose constituent elements are often amenable to considerable alteration."

- - *E. Haavi Morreim*