

# QUALITY OF LIFE AND ETHICAL ISSUES

## In Long Term Care

When caregivers are intent upon improving the quality of life for residents, inevitably all concerned are faced with ethical issues. The very admission of individuals to a long-term care facility can raise ethical questions such as the following:

- Can adult children legitimately make arrangements to admit an elderly parent against their wishes?
- What criteria should be used to determine the next admission from a waiting list?
- Should staff enter rooms without knocking, even when a resident is hard of hearing?
- When is it OK to rummage through a resident's belongings looking for something?
- Who gets to share a room? Heterosexual? Homosexual?
- When should CPR and other life-sustaining measures be withheld or withdrawn?
- What is the difference between withholding/withdrawing futile procedures and assisted suicide or euthanasia?
- How much pain medication is acceptable in light of concerns regarding overdose and addiction?
- Is it acceptable for an individual or surrogate to choose the safety of one dimension (bio, psycho, social, spiritual, emotional) of the human being over the safety of another dimension?
- What about confidentiality when a well-meaning caregiver wants to disclose private information?
- With the rising prevalence of serious contagious disease, how much do you tell staff?
- Can you make someone, who refuses, take a bath?

These questions are just a sampling of those that staff encounters on a day-to-day basis in nursing facilities. Some ethicists maintain that we can be sure about only general principles. It is necessary then, for the individual caregiver to have a firm basis and understanding of their own values and ethics. From that base, someone can then work through ethical dilemmas, finding plausible reasons for and against taking a particular course of action. Only sometimes will there be a decision to take an action "beyond a reasonable doubt". Many times we must weigh both pros and cons of ethical principles and decide more on a "preponderance of evidence" type thinking to make a decision and act on it.

### **How can a facility best proceed to ethically improve the quality of life for residents?**

See Appendix A, **Ethics Self- Assessment**, for assistance in determining or forming your values and ethical base.

See Appendix B, **Guidelines For Ethics Committee Review**, for help in getting started with an ethics committee. Depending upon the subject matter, facilities should consider using community representatives such as ministers, ethicists, attorneys, social workers and other health care providers not associated with their own facility.

See Appendix C, **Human Dynamics, Quality of Life and Ethics**, that reminds us of the human dimensions that must be considered when making ethical, quality of life decisions.

Partially excerpted from Ethical Dilemmas in Long-term Care, Janine M. Idziak; Simon & Kolz Publishing; Dubuque, Iowa

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## Hard Choices: Applying Values and Ethics In The Workplace

### Ethics Self-Assessment How To Use This Self-Assessment

This self-assessment is designed to help you identify those areas where you are on strong ethical ground; areas where you may wish to examine the basis for your responses; and opportunities for further reflection. This tool is intended for personal use and should not be considered a tool for evaluating others' ethical behavior.

Please check one answer for each of the following questions.

	Almost Never	Occasionally	Usually	Always	Not Applicable
<b>1. Leadership</b>					
I take courageous, consistent and appropriate management actions to overcome barriers to achieving our organization's mission.					
I place community patient benefit over my personal gain.					
I work to ensure that decisions about access to care are based primarily on medical necessity, not only on the ability to pay.					
My statements and actions are consistent with a professional standard of propriety.					
My statements and actions are honest even when circumstances would allow me to confuse the issues.					
I advocate ethical decision-making by the board, management team and medical staff.					
I encourage innovative actions as appropriate, even when maintaining the status quo would be an easier choice.					
I use an ethically-sensitive approach to conflict resolution.					
I initiate and encourage discussion of the ethical aspects of management / financial issues.					
I initiate and promote discussion of controversial issues affecting community/patient health, e.g., domestic and community violence and decisions near the end of life.					

## Hard Choices: Applying Values and Ethics In The Workplace

	Almost Never	Occasionally	Usually	Always	Not Applicable
I promptly and candidly explain to internal and external stakeholders negative economic trends and encourage appropriate action.					
I use my authority solely to fulfill my responsibilities and not foresee interest or to further the interests of family, friends, or associates.					
When an ethical dilemma confronts my organization or me, I am successful in finding an effective resolution process and ensuring it is followed.					
I demonstrate respect for my colleagues. superiors and staff					
I demonstrate that my organization's vision. mission and value statements are living documents.					
I make timely decisions rather than delaying them to avoid difficult or politically risky Choices.					
My personal expense reports are accurate and are only billed to a single organization.					
<b>Relationships -Community</b>					
I promote community health status improvement as a guiding goal of my organization and as a cornerstone of my efforts on behalf of my organization.					
I personally devote time to developing solutions to community health problems.					
I encourage my management team to devote personal time to community service.					
<b>Relationships-Patients and Their Families</b>					
I am a patient advocate on both clinical and financial matters.					
I ensure equitable treatment of patients regardless of social economic group or payer category.					
I demonstrate through organizational policies and personal actions that over treatment and under treatment of patients are unacceptable.					

## Hard Choices: Applying Values and Ethics In The Workplace

	Almost Never	Occasionally	Usually	Always	Not Applicable
I protect patients' rights to autonomy, clinical efficacy and full information about their illnesses treatment options and related costs.					
I promote medical record confidentiality and do not tolerate breaches of this confidentiality.					
<b>Relationships-Board</b>					
I have a system in place for Board members to make full disclosure and reveal potential conflicts of interest.					
I ensure that reports to the Board, my own or others', appropriately convey risks of decisions or proposed projects.					
I work to keep the Board focused on ethical issues of importance to the community and other stakeholders.					
I promote Board discussion of resource allocation issues particularly those where organizational and community interests may appear to be incompatible.					
I keep the Board appropriately informed about issues of alleged financial malfeasance, clinical malpractice and potential litigious situations involving employees.					
<b>Relationships-Colleagues and Staff</b>					
I maintain confidences entrusted to me.					
I demonstrate through personal actions and organizational policies zero tolerance for any form of staff harassment.					
I fulfill the promises I make.					
I am respectful of views different from mine.					
I am respectful of individuals who differ from me in ethnicity, gender, education or job position.					
I convey negative news promptly and openly not allowing employees or others to be misled.					
I promote professional development for staff for their benefit and the benefit of the organization.					

## Hard Choices: Applying Values and Ethics In The Workplace

	Almost Never	Occasionally	Usually	Always	Not Applicable
I demonstrate that incompetent supervision is not tolerated and make timely decisions regarding marginally performing managers.					
My staffing plan minimizes the need for sudden layoffs or other crisis driven responses to external financial pressures.					
I ensure adherence to policies affecting staff.					
I am sensitive to employees who have ethical concerns and facilitate resolution of these concerns.					
I act quickly and decisively when employees are not treated fairly in their relationship with other employees.					
I assign staff only to of official duties and do not ask them to assist me with work on behalf of my family. Friends or associates.					
I hold all staff and clinical/business partners accountable for compliance with professional standards, including ethical behavior.					
<b>Relationships-Clinicians</b>					
When problems arise with clinical care I ensure the problems receive prompt attention and resolution by the responsible parties.					
When variations in care suggest quality of care is at stake.					
I encourage timely actions that serve patients' interests.					
I insist that my organization's clinical practice guidelines are consistent with our vision mission and value statements.					
I insist that participating clinicians and staff live up to the terms of managed care contracts.					
I encourage resource allocation that is equitable. is based on clinical needs and appropriately balances patient needs and organizational/ clinical resources.					
I expeditiously and forthrightly deal with impaired clinicians and take necessary action when I believe a clinician is not competent to perform his her clinical duties.					

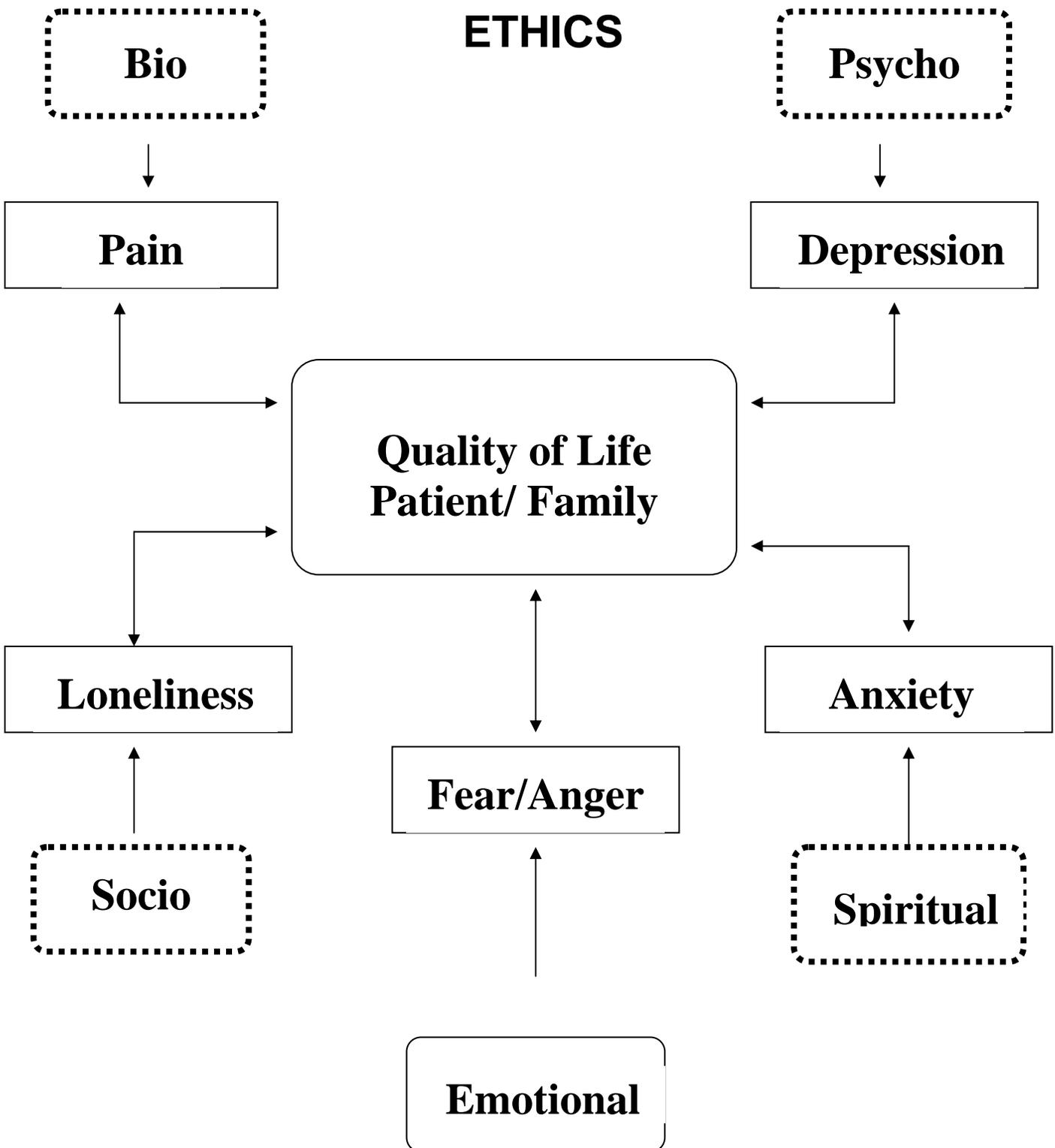
	Almost Never	Occasionally	Usually	Always	Not Applicable
<b>Relationships-Buyers, Payers and Vendors</b>					
I negotiate and expect my management team to negotiate, in good faith.					
I personally disclose and expect board members, staff members and clinicians to disclose any possible conflicts of interests before pursuing or entering into relationships with potential business partners.					
I set an example for others in my organization by not accepting personal gifts from vendors.					

**After you've completed the self-assessment:**

Now that you have finished the self-assessment, you will want to review your responses, noting which questions you answered 'usually, ' occasionally, and almost never. " You may find that in some cases an answer of "usually" is satisfactory, but in other cases, such as when answering a questions about protecting staff s well being, an answer this is intentional. We do not believe that ethical behavior can or should be quantified. We are confidant that you will uncover few red flags and that if you do you will willingly and appropriately address them.

# BIO - PSYCHO - SOCIO - EMOTIONAL - SPIRITUAL QUALITY OF LIFE HUMAN DYNAMICS

## & ETHICS



# A Process for Attending to the Ethical Dimension of Decision Making

## GUIDELINES FOR ETHICS COMMITTEE REVIEW

### 1. What is the issue?

Is this issue:

- Personal (life decisions)
- Corporate (vision, mission, policies, procedures)
- Relational (formal: contracts; informal: family, friends)
- Societal (culture: stories, songs, heroes; public policy: law, regulations, court decisions)

What type of decision do we need to make?

- Private
- Interpersonal
- Corporate
- Reactive
- Anticipatory or Proactive

### 2. Who are the stakeholders (or who will be affected?)

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|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

### 3. What is the background or situation that led us to this point?

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### 4. What ethical principles are at work? (See Glossary)

	(✓)	Notes
Personal and Social Responsibility	_____	_____
Autonomy	_____	_____
Paternalism	_____	_____
Beneficence	_____	_____
Non-maleficence	_____	_____
Truth Telling	_____	_____
Confidentiality	_____	_____
Double Effect	_____	_____
Justice	_____	_____
Stewardship	_____	_____
Subsidiarity	_____	_____
Common Good	_____	_____

**5. What ethical principles are in conflict, if any?**

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**6. What possible solutions are available to us?**

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**7. What is the solution that does the best job of maximizing benefits, reducing harm, respecting all stakeholders and increasing the fairness for all parties concerned?**

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**8. What are the pros and cons of this solution?**

Pros

Cons

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**9. How would you overcome the cons?**

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**10. Who should be consulted, informed or involved in its implementation?**

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**11. What are the legal ramifications to the options the committee will choose?**

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**12. What actions will ensure that this idea achieves its intended outcome?**

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**13. How should this idea be evaluated and when?**

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## Glossary of Ethical Principles

Freedom of and respect for conscience are deeply held concepts in the United States. We are a society rooted in many cultures and ethnic and religious backgrounds, yet there are some ethical principles and moral values that have come to be accepted as a common language we can use in dealing with difficult issues.

### **Autonomy**

Self-determination. The right of a person to privacy and self direction.

### **Beneficence**

Doing good for another.

### **Common Good**

Conditions necessary for the well-being and good functioning of society. Claims by individuals (who, after all, live in and benefit from society) need to be evaluated in the context of the common good; public policy should be oriented toward the common good.

### **Confidentiality**

An extension of autonomy and privacy. A person has an exclusive right to information about himself or herself, particularly as it affects his or her dignity and well-being.

### **Double Effect**

An action, whether morally indifferent or good in itself, may result in two outcomes, one "good" and one "bad. As long as the former does not result from the latter, the good is intended and the bad can be tolerated, and the proportion between the good and bad outcomes weighs in favor of the action, it may be taken.

### **Ethical Domains**

- A. Personal - life decisions: how am I to live my life?
- B. Relational - formal: contractual  
- informal: family, friends
- C. Corporate - vision: mission, policies, procedures positions, actions
- D. Societal - culture: stories, songs, heroes  
- public policy: law, regulations, court decisions

## **Justice**

Justice involves two or more people. Justice dictates that the rights and responsibilities of all parties are observed.

*Commutative justice* involves formal or informal contractual responsibilities.

*Distributive or social justice* speaks to the sharing of burdens and benefits in society according to need and capacity.

*Legal justice* decrees that members of a society have both rights and responsibilities as participants to support its structures. They are subject to the benefits and burdens of its judicial, legislative and executive branches.

*Adequacy* means that a person has what is needed for decency.

*Equity* means that people in the same circumstances are treated similarly.

## **Non-maleficence**

To do no harm

## **Paternalism**

The responsibility of a person with resources to help another.

## **Personal and Social Responsibility**

At the center of ethical reflection is human dignity: the individual and the individual in relationship to others. The individual has a fundamental duty to care for his own well-being and that of other human beings, especially those with whom he or she has a special bond.

## **Stewardship**

This principle is closely related to justice; it concerns the prudent use of shared resources.

## **Subsidiarity**

This principle is closely related to social responsibility and justice. It affirms that decisions and actions should be made and implemented at the lowest appropriate level, i.e., as close to the situation as possible.

## **Truth Telling**

A person has a right to know things affecting his or her dignity, and there is a correlative responsibility to provide accurate information. Often, there is a distinction between a positive and negative approach to this principle, i.e., must one merely avoid or is there a positive obligation to provide information?