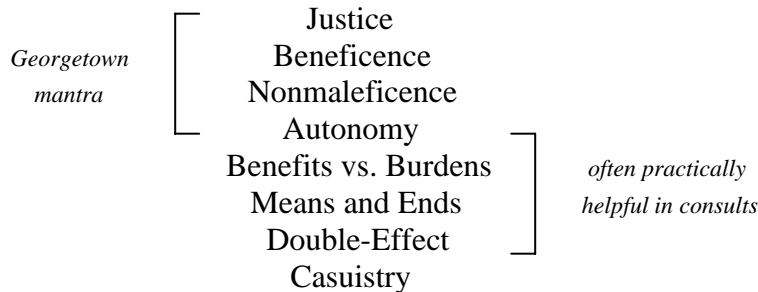


When an “Ethics” Problem Comes Up

John Ehman, 6/17/09

While the following points have been developed from the experience of Ethics Committee consults, they may be useful to any health care provider. Ethical principles are at the core here, but what are sometimes initially identified as “ethics” problems can really be functions of personal and interpersonal dynamics around a patient case, complicating or blocking progress.

- What precisely is the issue that is triggering the concern, and how is it related to your goals/hopes for the patient? Do other people involved in the case have different goals/hopes?
- What may be hindering good communication and cooperation among all parties involved? Do all key players feel that their thoughts and/or feelings are *heard* by others? Are there *trust* issues?
- Is there any confusion or concern about ethical principles per se? If not, then still what ethical principles might be helpful in thinking about the case?



- What hospital policies may be applicable to the situation, and how do they assert ethical principles?
- Where are the openings for working together, and what are the next practical steps?

Four exercises that are often clarifying and productive:

- Continually reassess what issues are *really* at play.
- Keep a constant and explicit emphasis on what the *patient* has expressed or would likely want.
- Minimize or avoid using the particular word *decision* when discussing the case. [—The word *decision* can sometimes distract from process aspects critical to good decision-making.]
- If you find yourself engaged emotionally, think about what ethical principles are involved; and if you find yourself focused intellectually on principles, try to relate to the case emotionally.