



ETHICAL ISSUES:
*Appreciating the Impact
on Case Managers
&
Ways of Taking Care*

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An Overview of Ethical Issues in Case Management



- Recognize ethical issues in your practice with a particular focus on guiding principles.
- Distinguish a moral framework versus rights and rules
- Move beyond principles to valuing an ethic of care
- Identify vulnerable populations and the higher potential for ethical concerns
- Understand the competing needs that create conflicts for case managers
- Identify how repeated ethical concerns are often related system or societal issues
- Appreciate the impact that ethical concerns can have on case managers
- Acknowledge one's own values - both commonalities and divergency with patients, their families, the community, and the institution.
- Explore the cultures of avoidance

- Moral Distress
- Moral Community
- Caring
- Self-Care as an Ethical Practice

Topics to Discuss



Let's Begin with a Case



Jennifer, a 21-year-old female with a substance use disorder used IV heroin, was admitted with infective endocarditis and underwent a surgical repair of the valve.

- Using drugs over the course of two years
- Unhoused, living on the streets
- Source of income: prostitution
- Family – mother died of a drug overdose at the age of 25 and she was raised by a single father. He has given up on her after attempting to help and was repeatedly robbed by her.
- She is now ready for discharge, with a plan to continue her IV antibiotic through a central line.

Discharge Planning Quickly Identifies Problems

- During the acute phase of her hospital, her substance abuse disorder was not addressed.
- There are no beds available in the city that combine addiction rehab and the ability to provide IV antibiotics.
- The father refuses to be involved – “Truthfully, she has broken my heart too many times – just like her mother did. I am done with her.”
- A bed was found in one SNF that had the ability to provide IV antibiotics and PT.
- The patient is discharged.

What Are the Ethical Issues?

- VULNERABLE POPULATION
- UNTREATED SUBSTANCE USE DISORDER (SUD) WHILE HOSPITALIZED
- PLACEMENT OPTIONS
- LACK of RESOURCES
- BIAS
- LEGAL
- AUTONOMY

The Ethical Issues

We begin to see why ethics is so complex & difficult to resolve.





Setting Expectations

- Ethics is messy.
- Ethical Dilemmas – are not black & white, no one answer solves the differing perspectives.
- No quick and easy fixes.
- Appreciate the nuances and help others to understand as well.

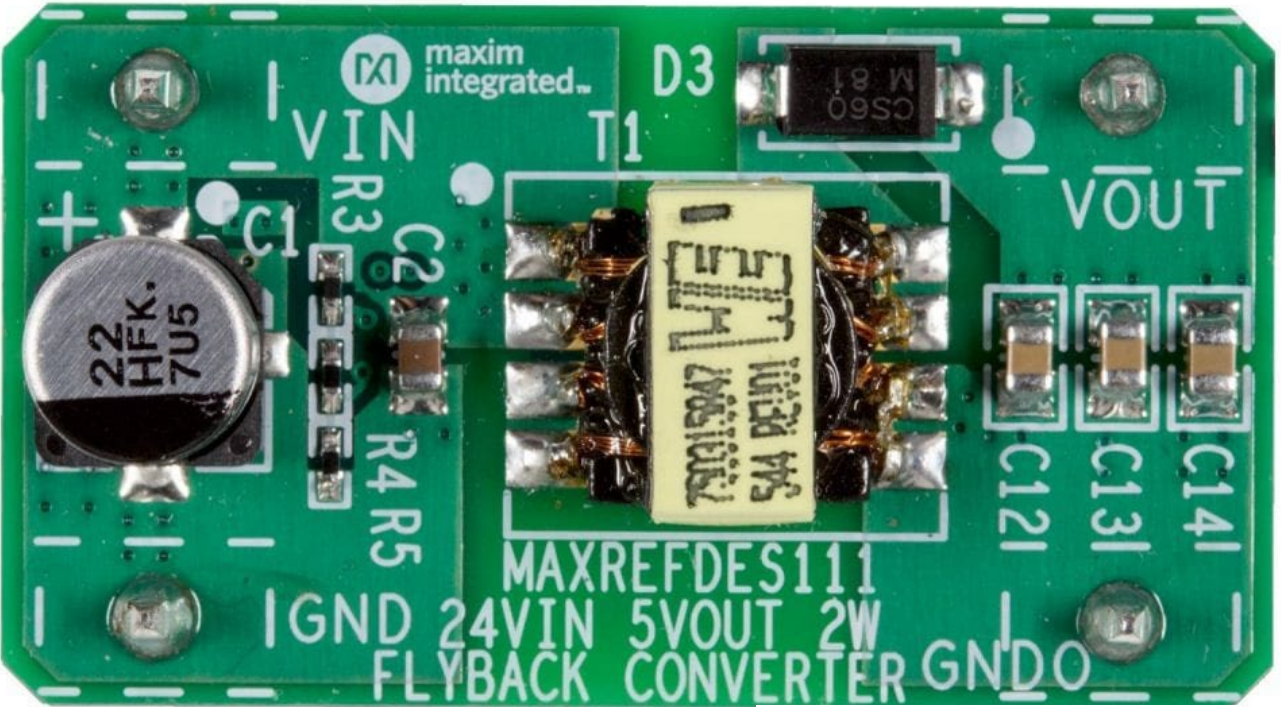
What Are Your Options?

- **Give voice to your ethical concerns?**
 - What is the typical response in these circumstances?
- **Try to find a work around?**
 - What is the typical response in these circumstances?
- **Call for an Ethics Consult or Committee Review?**
 - What is the typical response in these circumstances?
- **Be a team player and discharge the patient quieting your concerns?**
 - What is the typical response in these circumstances?

Follow-up

- Within 1.5 months returned to the ER with cardiac symptoms. Patient tells social worker she had used IV drugs just once through her central line. A workup reveals the valve has failed (not clear why), and patient's prognosis is fatal (anticipated within months) unless valve is replaced again.
- The surgeon refuses to do surgery, stating:
“It is futile secondary to the addiction issues!”
- Patient leaves AMA

Tell Me,
how are you feeling?



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exhausted

silenced

corrupted

powerless

hopeless

defeated

despairing

guilty

disengaged

sad

quitting

compromised

determined

depressed

morally distressed

moral distress

hurting

angry

devalued

isolated

numb

betrayed

outraged

how can care be broken

Defining Moral Distress

Occurs “when one knows what to do but institutional constraints make it nearly impossible to pursue right course of action”

(Jameton, 1984)

“one recognizes one’s moral responsibility in a situation; evaluates the various courses of action; and identifies, in accordance with one’s beliefs, the morally correct decision, but is then prevented from following through.”

(Rushton, Caldwell, & Kurtz, 2016)

Moral Distress



Image –
AMA Journal of Ethics

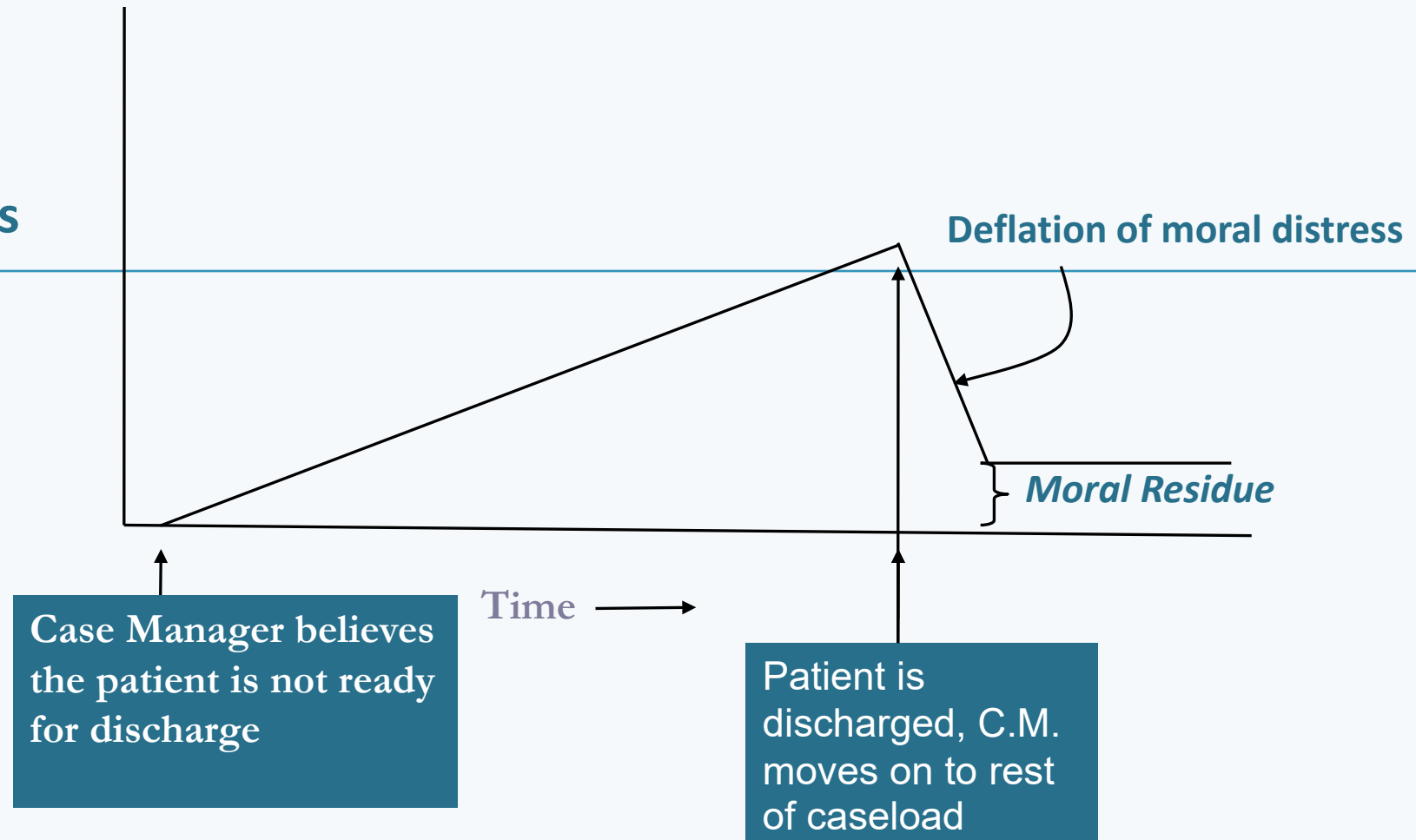
- **Constrained**

Old French *constreindre*
restrain, control

- or -

- **Mandated**

Moral Distress



“The Crescendo Effect”

Epstein, Hamric

Reflection -

Identifying the emotions, biases,
and experiences can help us
gain clarity



Vulnerability – the different other

“Attention to factors of importance for marginalization of groups like refugees, people suffering from serious mental illness, and substance misusers . . .

. . . Marginalized groups are groups experiencing a discrepancy between need of health care and care given.”

(Myrvoid, T. The different other – towards and including an ethic of care. Nurs Philos. 2006 Jul;7(3):125-36.)

Challenges to Empathy

“Efforts to understand what circumstances can lead to inadequate inclusion indicate that the elements of differentness and extensive losses of life contexts which may be causing feelings of hopelessness and helplessness in the health professionals, are key factors posing challenges to empathy . . . Groups of people who have suffered extensive loss in their life contexts may be threatening for us, as they reflect our own fears, and remind us of our own vulnerability.”

(Myrvoid, T. The different other – towards and including an ethic of care. Nurs Philos. 2006 Jul;7(3):125-36.)

Compassionate Presence

The heart breaks
to see suffering and grief.

An ethical practice is to remain
compassionate, to remain in
relationship and remain present
despite the pain; while at the same
time remaining clear and competent.



Ethical Obligations

Deciding – Nonmedical Criteria

The American Medical Association Code of Medical Ethics discusses resource allocation criteria, and includes this statement: “Nonmedical criteria, such as . . . social worth, patient contribution to illness, or past use of resources should not be considered”

JM Dimaio

Relationship Based Ethics

The majority of authors were in favor of this group being offered surgery irrespective of whether the substance addiction was likely to persist after surgery or not.

A minority were of the opinion, that the patient's ability to cope with addiction should be assessed on an individual basis before surgery is offered.

Ethical analysis – included harm to others: reduced resources for other patients, behavioral issues of these patient's taking extra time of clinicians etc.

(Miljeteig, I. et.al. Should patients who use illicit drugs be offered a second heart-valve replacement? Tidsskr Nor Legeforen nr. 9, 2013; 133: 977-80.)

Ethic of Care Approach

The patient can be viewed within the context of:

- the greater societal issues (and failings)
- psycho-social challenges
- the nature of addiction
- the need for mercy and compassion, yet also limits
- Through assessment and relationship building with the patient, as well as considering potential biases and moral obligations of the team (including her/himself), may activate everyone to deeply consider how to best respond.

An illustration of a cliff edge. On the top edge, four people in dark clothing are walking from left to right. Further to the right, a single person in a light blue shirt and dark pants stands with arms outstretched. The cliff face is a mix of blue and yellow. In the background, a yellow sun is visible behind white clouds.

Learned voicelessness

As a new nurse she courageously spoke up, respectfully pointing out their morally egregious behavior. With her adamancy they stopped and went to inform the parents that the child had died.

These are cultures of avoidance, where voices are held at bay to hold up the hierarchal structures.

Yet this nurse was not commended in any way, instead she was called in to explain and defend her actions. She has never forgotten it. The consequences of the shame and confusion have lived within her for years.



And those who are silenced and those who witness the chastisement, quickly learn to mute themselves or at least understand the risks and consequences of taking action.

Gentile asserts that individuals often react to ethical conflicts with a deer in the headlights approach,

essentially imagining that they are not up to the task, followed by an emotional decompensation and panic. She advocates for training that in a sense desensitizes one to the fear, allowing one to respond clearly and effectively. (Gentile, 2010)

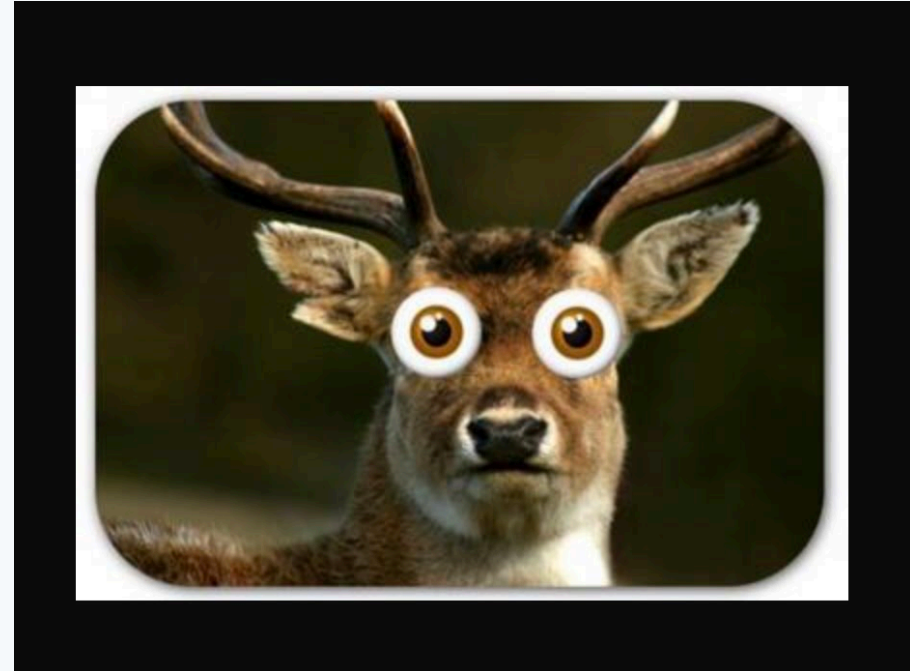


Image Credit: https://byronernest.files.wordpress.com/2014/11/img_0561.jpg

Hospital Ethical Climate Survey (HECS)

- **Evaluating** both the process of: ethical resolution & the practice of ethical reflection
- **Building** of preventative strategies that can improve the ethical climate

Far reaching effects such as:

decreasing moral distress, enhancing ethics education, improving quality of care, enriching interdisciplinary relationships, decreasing medical error, resolving ethical concerns in a timely way, decreasing turnover, and developing skilled conflict management

(Victor & Cullen, 1987; Hakimi et al., 2020; Hamric, 2000; Van den Bulcke et al., 2020).

Patient-Centered Ethical Issues - *just to mention a few:*

health inequities, implicit biases, unaddressed language barriers, competency and decision making, autonomy violations, informed consent, discharge disposition, resource issues, managing addiction issues, difficult encounters with patients/families, mental health issues, and misunderstandings of cultural aspects of care, end-of-life issues, disagreements about the plan or goals of treatment, non-beneficial treatment, capacity, patient suffering, moral distress, surrogate decision making, and decision making for the unrepresented

Nurses Relayed Other Ethical Challenges:

“...the precariousness of competing obligations, navigating the intricacies of hope and honesty, managing the urgency caused by waiting, straining to find time, and weighing risks of speaking up in hierarchal structures...”

(Pavlish, Brown-Saltzman, Fine et al., 2012 p. 592)

Gadow: Relational Narrative

1. 'subjective immersion'
communitarian ethics
2. 'objective detachment'
rational ethics -universal principles
3. 'relational narrative'
intersubjective engagement



“At times of vulnerability, personal narratives can fail, just as ethical certainties can fail in face of radical contingency. In those moments, a new narrative is needed, and help may be needed to compose it.”

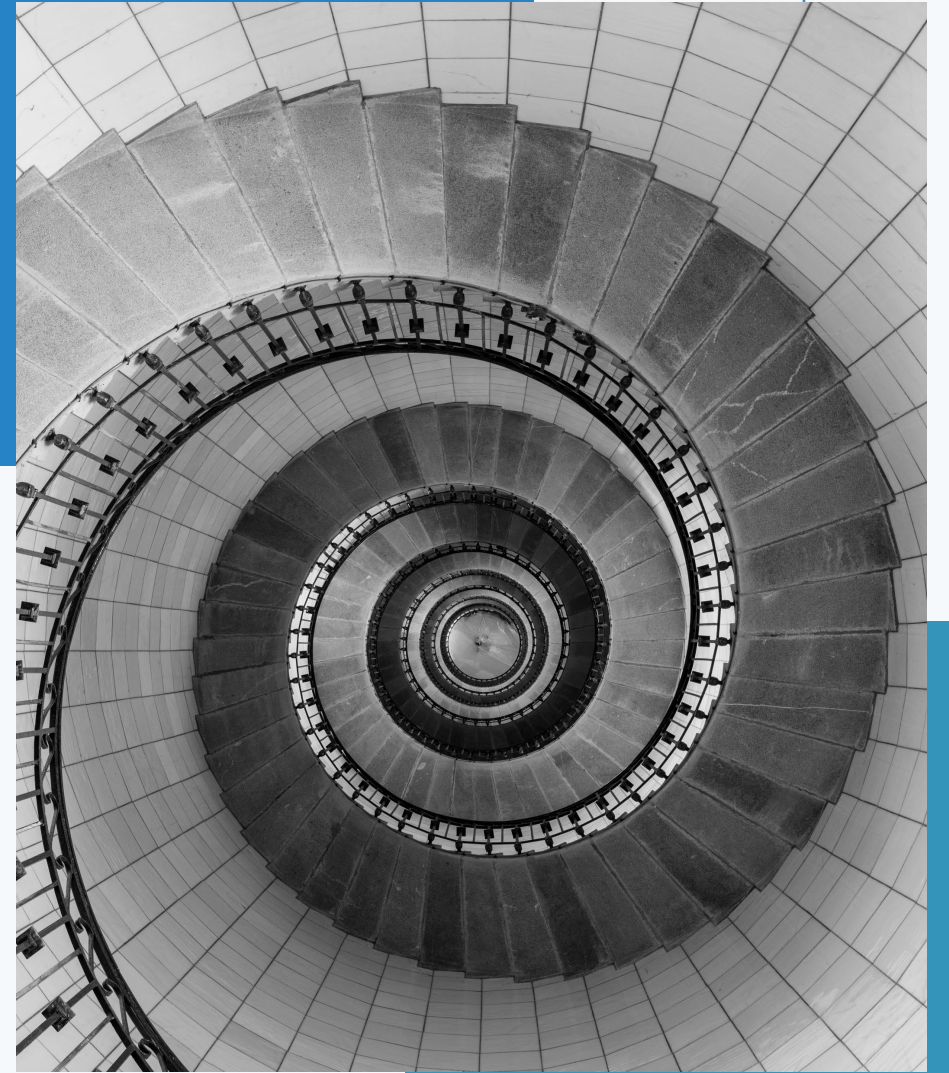
Empathy, Compassion, and Connectedness

“In an ethics of care, moral reasoning and behavior involves empathy, compassion, and connectedness; consideration of abstract ethical principles is secondary concern.”

“Contextual factors and interpersonal relationships are key elements to understanding and resolving ethical dilemmas that occur in practice.” 31

Ethic of Care . . .

. . . goes far beyond our care of patients and enters into the collaborative relationships with all health care professionals and ultimately beyond into the community and to the world itself from an ecological perspective.



The act of caring
becomes the
moral fiber; it is
in this caring
that our ethical
behavior
becomes
apparent in
relationship.



Potential for Ethical Agency

Further actions to consider in the case presented:

- Explore the standard of care, monitor for changes
- Create awareness of potential for bias
- Remind of obligations to vulnerable populations
- Recognize limitations of treatment, prognosis, and futility
- Generate a sense of interdisciplinary advocacy
- Gather a taskforce to develop a policy that helps in standardizing an institutional response versus individual decisions each time.
- Address from a perspective of social justice, public health, and access: contacting legislators, community awareness, institutional education

Moral Community

Mutual Responsibility
&
Obligations

Care Focus of Moral Communities

(PAVLISH C, BROWN-SALTZMAN K, JAKEL P. 2014).

Patients as a
common interest /
responsibility

Ethics as normal,
everyday
conversation

Open space for
ethics dialogue

Open
communication with
patients, families, &
the community

Collaboration and
cohesiveness

Mindful
interdependence
and mutual
empowerment

Leadership support
for ethical
considerations

Advocacy Needs

“Vulnerable patients need a team whose members are asking,

‘What are the advocacy needs of this patient, and who on our team can best address them?’

rather than competing for the prize of being The Advocate.”

System Issues

Collaborative addressing of systems issues where the root cause of ethical issues is often found to be repetitive, while also advocates for a healthy workplace.

Healthy Workplace

Care of the health care team is supported not only in terms of individual self-care, but also recognizing the organizations responsibility of building wellness into the workplace.

Expanding – Self-care goes beyond good health and mental health habits

Valuing the meaning of one's work
&
Mattering

Understanding as one cares for others:

- Moral resiliency
- The power of connection
- Creativity
- Hope
- Forgiveness

Hope



Judge Craig Hannah once drug addicted himself, he is now 17 years clean from cocaine addiction.

- Now a jurist in an opiate-specific drug court
- Participants who relapse aren't punished – “relapsing is part of recovery”.

An Evolution of an Ethic of Care



“Multidisciplinary endocarditis teams such as these are important emerging innovations, which have demonstrated improvements in outcomes for patients with infective endocarditis and substance use disorders, and have the potential to reduce bias by promoting standard-of-care treatment.”

Ethical Opportunities for Nurse Leaders

- Become mindful of the moral complexity that exists in clinical practice
- Key position to assess for early signs of moral distress – acting preventatively
- Provide early interventions and support from nursing leadership
- Create healthy work environments
- Integrate ethics in all education and policy development
- Preserve a scarce and precious resource (the best of your nurses)
- Increased support, ↑ nurse's ability to act ethically and take action in ethically distressing situations
- Generate wellbeing in clinicians, thereby ↑ empathy and engagement



Relationship Based Ethics

The value of these stories is not in teaching the principles of ethics – they can be identified and utilized, yet here one sees it is the nuances in the journey, the little turns and curves. It tells one about how people respond in relationships; that is when one can come to understand an ethic of caring. It also tells one how hard this work is, to do the right thing, and how many factors affect the outcome. One will make mistakes. There is a great deal of emotion and passion. It is in the stepping back from it, astutely listening and picking up all the cues that there is hope of healing for all of us.

K. Brown-Saltzman



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