Approaching an Ethical Dilemma

*Ethics* is the discipline dealing with the principles and moral values that govern the behavior of individuals. Medical ethics defines what the physician ought to do and how he or she should behave. Ethical principles are aspirational.

As physicians, we are permitted to do things to individuals that no one else in society is permitted to do. Complete strangers come to our offices and we routinely invade their private lives, touch them, manipulate their bodies, cause them pain, cut into their flesh, expose them to radiation and give them poisons to ingest. Because of the relationship we have with our patients, as well as the privileges granted to us by our training and society, any decisions we make, any actions we take, can have a serious impact on a patient’s life. Consequently, as physicians, all of our actions fall under the domain of medical ethics.

With these privileges, however, come specific and demanding moral obligations, namely:

1. To use of knowledge of science and medicine;
2. To work together with others; and
3. To act for the good of the patient.

It is this last obligation, *to act for the good of the patient* that has become the central tenet of medical ethics. Acting for the good of the patient defines the foundation of all of our behavior with respect to the goals of medicine, namely to:

1. Preserve life;
2. Cure disease;
3. Restore function; and
4. Alleviate pain and suffering.

The majority of ethical dilemmas that physicians face are not egregious acts of unethical behavior, but rather conflicts among these goals of medicine. The dilemma often arises in deciding which goal has priority and who is entitled to make that decision. As physicians we quickly realize that there are times when we need to ignore one goal in order to satisfy another. For example, many of us have and continue to cause pain in order to cure disease. Likewise, any tumor surgeon will attest to the fact that function may actually be destroyed in an attempt to preserve life.

The ethical conflict arises in deciding which of these goals has priority. The order may differ among individuals and even with the same individual under varying circumstances. The importance of any one goal may change over time or with the medical situation at hand. An ethical conflict may also arise in determining who has the right to decide which goals take precedence: the patient, the physician, family members, or the courts?
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Although the particular situation at hand may be significantly complex, there are three basic steps in approaching any ethical dilemma:

1. Gather the information;
2. Clarify the ethical issues; and
3. Resolve the dilemma.

**Gather Information**

The key to assessing any ethical dilemma is to gather as much information as possible. What are the medical facts of the situation? Does the patient have the capacity to make an informed decision? Are there any existing advanced directives, living wills or documented surrogates? What are the views and opinions of the treating healthcare team members?

**Clarify the Ethical Issues**

In the midst of a significant ethical crisis, it is easy to become trapped in a quagmire of issues, including medical decisions, treatment plans, family disputes, personality conflicts, and power struggles among and between hospital and family members. The important goal here is to clarify and address only the pertinent ethical issues at hand. For example, with which issues is one dealing?

- Patient autonomy
- Decision-making capacity
- Surrogate decision-making
- Paternalism
- Confidentiality
- End of life decisions
- Conflicts of interest
- Impaired physicians
- Relationship issues: patient, family, peer, subordinates, professional, industry.

It is important to define, as clearly as possible, the explicit ethical issue involved and to address that specific situation.

**Resolve the Ethical Dilemma**

It is often necessary to gather all of the involved parties seeking a resolution to any ethical dilemma. This should be done only after all of the available information has been gathered and the specific ethical issues identified. The physician or ethics team leader may need to meet with the patient, family, surrogate, health care team, colleagues, or any involved parties. It may be helpful to consult with the hospital’s bioethics committee. All available alternatives should be explored and evaluated. Finally, every attempt should be made to come to a mutually acceptable position.
Sample Case Scenario

Let us take the situation of an elderly female patient with a displaced hip fracture whose children disagree over the appropriate treatment for their mother. It is very easy to become embroiled in a family dispute in this type of setting. Family members may disagree among themselves about what is best for their parent. They may often attempt to enlist the physician as an ally to support their position.

An approach to this type of situation is, first and foremost, to gather information and identify the ethical issues at hand. What is the nature of the patient’s fracture, medical condition, living arrangements, and ambulation status? Does this patient have the capacity to make his or her own decisions? If so, then patient autonomy becomes the default position. If not, then issues of surrogacy, living wills and advanced directives may come into play. If the patient has clearly expressed a desire or there is documentation of a previous decision, plan or health care proxy, the issue is made much easier.

It is important to keep in mind that our primary goal as physicians is to act for the good of the patient. If it is determined that a patient has the capacity to make a decision regarding his or her healthcare, then that decision must be respected. Very often support from social workers, nursing staff and the hospital’s bioethics team can assist the physician in dealing with these very complex issues.