

**Approaches to Social Work Ethical Decision-Making
in End of Life Care
Instructional Modules**

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**Approaches to Social Work Ethical Decision-Making
in End of Life Care
Overview of the Three-Phase Ethics Module**

Each phase of the module will follow the same format:

- A. Didactically introduce the concept, provide illustrations for application of the concept,
- B. Allow students the opportunity interactively practice and rehearse of the model with one another, and then,
- C. Debrief the exercise presenting a context for reflection and opportunity for self-evaluation.

Phase I:

Introduce the principles of medical ethics including current HIPAA (Health Insurance Portability and Accountability Act) privacy guidelines as converging with social work ethical guidelines in acute care and hospice environments.

This lecture and class discussion overview would include a brief historical overview of bioethics and the core principles of ethical decision-making. This will be achieved through use of large group discussion to illustrate challenges facing healthcare workers in hospice settings, lecture, in-class exercises, and case examples from direct practice literature.

Phase II:

Introduce our unique, multi-step model for collaborative ethical decision-making, which includes assuming a leadership role on an ethics committee. This step in the module will allow the instructor to demonstrate use of the model in a case example illustrating to students how the problem-solving model might be implemented. Discussion with the students regarding challenges of negotiating collaboration and problem-solving strategies will be facilitated throughout this role-modeling illustration.

Phase III:

Students will be divided into small groups and provided case illustrations as role-playing exercises in order for them to practice the collaborative process of conducting an ethics committee using the model presented earlier. Students will each take on roles of the typical disciplines in a healthcare environment when facing the ethical challenge presented. This step will allow students to exercise their leadership skills in diffusing arguments and avoiding influence by passionate stakeholders while arriving at a fair decision given their dilemma.

The students will reassemble for debriefing of the exercise and class discussion. Included in this reflective evaluation will be a discussion of the difficulties in making sound decisions given the multiple factors to be considered in each case. Students will also reflect on the co-occurring complexity of being in a team leadership role when faced with zealous stakeholders invested in the outcome. An important learning outcome for this module is for tomorrow's medical social workers to not only practice the skills of ethical decision-making, but to also gain a greater understanding of the challenges encountered in multidisciplinary team leadership.

Medical Ethics and Ethical Decision-Making (Module Phase I)

Introduction

The role of ethical decision-making is central to professional social work and most importantly when working with patients and families in end-of-life care. All social workers understand that the National Association of Social Workers (NASW) Code of Ethics serves as a guide to the everyday professional conduct of the work they perform with clients and families (2008). Similar to the deontological codes of duty of other professions, the values in the NASW Code provide the foundation of social work's purpose and perspective (Barsky, 2010). These are: Service, Social Justice, Dignity and Worth of the Person, Importance of Human Relationships, Integrity, and Competence. However, for social workers and other healthcare professionals in acute medical settings, awareness of the values of medical ethics is also vitally important, particularly when working with patients and families at the end-of-life or in crisis care situations.

These values are:

- **Autonomy:** The patient's right to refuse or choose their treatment. This encompasses self-determination.
- **Beneficence:** Always acting in the best interest of the patient. What are the benefits of treatment?
- **Nonmaleficence:** "Above all, do no harm." What are the risks of treatment?
- **Justice:** The fair and equitable distribution of scarce health resources. Can reasonable healthcare decisions be made separate from issues of reimbursement and insurances?
- **Dignity:** The right of the patient, family, and the practitioner to be treated with respect. Setting aside personal or moral beliefs in order to honor patient and family wishes.
- **Fidelity:** Maintain patient and family trust by providing faithful, attentive care. Consistency in care counts!

Negotiating both sets of values can be a tall order for social workers in medical settings.

Facilitating end-of-life discussions among patients, families, and healthcare professional colleagues requires sensitivity to multiple factors in order to reach the soundest ethical decisions

possible. These discussions frequently include an overlay of cultural, societal, religious, moral, and family traditions (Csikai & Chaitin, 2004). Further, social workers on ethics committees must also weigh the practical aspects impacting their decisions including federal, state, and organizational policies, budgetary concerns, liability risk, and health insurance limitations.

In too many situations in acute and hospice care, the process of ethical problem solving is often conducted on a case-by-case basis with resolutions being heavily influenced by a few of the most ardent stakeholders (Boland, 2006). Yet if each ethical dilemma is treated as a unique situation, there is inconsistency and a lack of justification in the decision-making process.

Therefore, social workers in team leadership roles must recognize a best practices method to reach a solution: to understand the core principles of medical and social work ethics and then face each situation from a strengths perspective in a collaborative and systematic method.

Privacy, Confidentiality and the Health Insurance Portability and Accountability Act (HIPPA)

Central to contemporary healthcare and social work service delivery is the ethical issue of privacy and confidentiality. In most healthcare setting, patients and families receive vital and highly personal information that may have consequences in various aspects of their lives. The control of the distribution of this information rests with the patient and their designees. Patients are often and justifiable concerned about the privacy of their medical information since there is often a numerous individuals in and out of the medical environment working together for the benefit of the patient. The arrival of electronic medical records raises an additional concern about the privacy of patient information. Because of the increased access to records via computer systems, patient advocacy groups such as NASW have raised concerns regarding patient confidentiality (NASW, 2003). Advocacy for safeguards resulted in the development of a federal policy entitled the Health Insurance Portability and Accountability Act (HIPPA) of 1996

(P.L. 104-191). This policy sets clear standards and criteria for healthcare providers regarding the right to share patient information. However limitations of electronic records in the 21st century include the possibility of security violations by hackers such as records being illegally accessed or even copied and distributed to third party entrepreneurs such as pharmaceutical companies and marketing organizations.

Social workers within an interdisciplinary team remain strong advocates for patient confidentiality. There is a patient and family expectation that private medical information is not accessible to others with prior signed consent. A key role on the team is reinforcing this policy and a critical aspect to the social work values of dignity and integrity. Healthcare employees undergo mandatory training in order to learn how to abide by HIPPA standards. Lack of compliance can result in governmental fines up to \$250,000, imprisonment, and disciplinary action by both employers and professional licensing authorities such as the Board of Behavioral Sciences (Csikai & Chaitin, 2006).

In order to assure that a patient's "protected health information" (PHI) remains private and secure, institutions and all healthcare patient medical information on a need-to-know basis only to individuals, institutions or organizations that use this information for the provision of (1) providing treatment, (2) obtaining payment or, (3) to perform related healthcare operations (follow-up treatments or secondary tests). A PHI is to be released only after a patient has given consent and it must contain the following: (1) patient's full name, (2) identification information (i.e., medical record number or SSN), (3) how released information is to be used, (4) name of facility where PHI was initiated, (5) name of person, company, or agency to whom the information will be released, (6) dates of treatment, (7) exact type of information to be released (i.e., diagnosis or medications), (8) date and signature of patient or legal representative.

Purposes for the Release of Patient Records

Privacy can be compromised under certain conditions. These are:

- Public Health Threat
 - Respecting Reporting Laws (child abuse, elder abuse, danger to self or others)
 - Law Enforcement Purposes (such as Medicare or Medicaid fraud, civil actions, and criminal cases)
 - Duty to Warn (Tarasoff cases)
 - Third Party Payers (insurance companies and government agencies such as Medicare and Medicaid)
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Phase I: Instructor Notes

In preparation for this phase, students have a suggested reading list before attending the session:

Select Readings From:

Barsky, A.E. (2010). *Ethics and Values in Social Work: An Integrated Approach for a Comprehensive Curriculum*. NY: Oxford University Press

Levine, C. (2009). *Taking Sides: Clashing Views on Bioethical Issues (13th Ed.)*. Guilford, CT: McGraw Hill/Dushkin Publishing Group.

National Association of Social Workers, (2008). *Code of Ethics of the National Association of Social Workers*. Retrieved July 27, 2010, from:
<http://www.naswdc.org/pubs/code/code.asp>

Suggested Readings:

Boland, K. (2006). Ethical decision-making among hospital social workers. *Journal of Social Work Values and Ethics*, 3. Retrieved April 2, 2011, from
<http://www.socialworker.com/jswve>

Health Insurance Portability and Accountability Act of 1996,
Pub. L. No. 104-191, 110 Stat. 1936 (1996).

Sparks, J. (2006). Ethics and social work in health care. In S. Gehlert & T.A. Browne (Eds.) *Handbook of health social work* (pp. 43-69). Hoboken, NJ: Wiley.

Winzelberg, G. S., Hanson, L. C., & Tulsy, J. A. (2005). Beyond autonomy: Diversifying end-of-life decision-making approaches to serve patients and families. *Journal of the American Geriatrics Society*, 53, 1046-1050.

Session Objectives:

1. Describe the principles that underlie medical ethics, including: autonomy, beneficence, non-maleficence, justice, dignity, and fidelity.
2. Apply ethic of confidentiality associated with end-of-life patient concerns to a practice scenario to illustrate ethical principles of dignity and autonomy.

Discussion Vignette Regarding Confidentiality and HIPPA:

- You are a medical social worker in an acute care setting and a family member (a cousin) of a terminally ill and actively dying patient on hospice is demanding to speak with the physician regarding her relative's medications and treatment plan. She claims she has been in touch with the patient's husband and he understands that she needs this information in order to inform him of her current condition. She is tearful and anxious and encourages you to please hurry and help her as the patient is very ill and she needs to communicate this information to the patient's husband right away. You privately call the patient's husband at home, but there is no answer. What would you do?

Points to Consider:

- a. Physician-Patient Privilege
- b. Rights of Patient and Surrogate Decision-Makers
- c. Rights of Family Members
- d. What are the medical ethical considerations here?
- e. What are the social work ethical considerations here?

Phase II: Instructor Notes

The second phase of the training module covers the introduction of the 7-step model for social work ethical decision-making in end of life care. It is important to stress that while this mode is carefully developed based on the ethical decision-making literature integrating social work values and medical ethics, this model can be adapted for acute care settings and implemented in a modified form. Often in medial environments, and most especially in end-of-life care, there is urgency in the decision-making processes by interdisciplinary team members. Decisions regarding care are made in hallways, patient rooms, and available offices as situations involving patients and families are rarely static and constantly changing. Illustrations for how to utilize a modified version is presented later in this module.

Introduction:

In preparation for this week's phase, the students have a suggested reading list before attending the session:

Select Readings From:

Csikai, E. L., & Chaitin, E. (2005). *Ethics in end-of-life decisions in social work practice*. Chicago: Lyceum Books.(Selected Chapters)

Devettere, R. J. (2009). *Practical Decision Making in Health Care Ethics: Cases and Concepts*. Georgetown: Georgetown University Press.

Fitzpatrick, J., and Fitzpatrick, E. (2010). *A Better Way of Dying: How to Make the Best Choices at the End of Life*. New York, NY: Penguin.

Jeffrey, D. (2006) *Patient-Centered Ethics and Communication at the End of Life*. Abingdon, UK: Radcliffe.

National Association of Social Workers (2011). *NASW Standards for Social Work Practice in Palliative and End-of-Life Care*. Retrieved May 1, 2011 from:
<http://www.naswdc.org/practice/bereavement/standards/default.asp>

Suggested Readings:

Breitbart W, Gibson C, Poppito SR, Berg A: Psychotherapeutic interventions and end of life: a focus on meaning and spirituality. *Can J Psychiatry* 2004; 49: 366–372. Available online at <http://ww1.cpaapc.org:8080/Publications/Archives/CJP/2004/june/breitbart.asp>[Medline]

Healy T.C. (2003). Ethical Decision Making: Pressure and Uncertainty as Complicating Factors *Health and Social Work*, 28(4), 293-301.

Session Objectives:

1. Describe the multi-step model for collaborative ethical decision-making in end of life care.
2. Demonstrate the ability to blend social work values and medical ethics to make sound ethical decisions involving patients and their families.
3. Apply the ethical decision making framework to a patient case in a logical manner, reflecting interdisciplinary collaboration.

Review of Phase I materials:

1. Medical Ethics – suggested questions to prompt review: Based on previous session and readings, describe importance of medical ethics
2. HIPAA Privacy Guidelines – suggested question to prompt discussion: Why were HIPAA guidelines established?
3. NASW Code of Ethics –suggested question to prompt discussion: How do medical ethics differ from social work ethics?
4. Historical Overview – describe an historical event from the Phase I discussion.
5. Ethical Challenges in healthcare social work - describe one ethical challenge facing social workers today in the healthcare setting

Opening Discussion Question

This question is designed to prompt students to think about if and where there are opportunities for ethical decision making training. MSW students are encouraged to take

advantage of training opportunities within their field placement settings. Post graduation, an MSW will need to seek educational opportunities to achieve and maintain professional licensure. Many state Boards of Social Work require MSW's to have specific ethics training as a part of their continuing education hours.

Question prompts:

- Are there opportunities for training on ethical decision making? In your field placement?

This is not offered to all students, but many agencies do provide or require that a student attend specific training as a part of their field experience.

- Community Seminars?

Agencies often offer one hour training modules to help social work professionals stay current in their practice knowledge.

- Seminars by Employer?

Many of the MSW students are working while attending school. Their agencies may offer ethics training. Students can provide examples.

- Can include online ethics training as part of this discussion.

National Institute of Health, Bio-ethics online course: <http://bioethics.od.nih.gov/>

The Association of Social Work Boards, online training webpage:

<http://www.aswb.org/education/courses/>

Social Work Courses Online:

<http://www.socialworkcoursesonline.com/active/courses/courses.php>

The Collaborative Ethical Decision-Making Framework

There are several ethical decision making models available in social work practice. The model developed for this ethics module combines key steps from those models, but enhances the

process by keeping the focus on the patient and family throughout the process. The framework includes the following steps:

1. **Assess** situation completely from a social work perspective examining the clinical, physical, legal, cultural, and systemic issues facing the situation.
 2. **Determine** issues that present the ethical problem.
 3. **Consider** alternatives available for implementation, weighing positives and negatives of each.
 4. **Consult** with professional colleagues and/or experts with knowledge about this or similar situations.
 5. **Review** alternatives with patient and family and document accordingly.
 6. **Implement** the best alternative given the circumstances and the environment.
 7. **Monitor, evaluate, and document** the decision.
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In-depth explanation of each step is listed below. There are coordinating PPT slides with this same information.

STEP 1: ASSESS SITUATION COMPLETELY FROM A SOCIAL WORK PERSPECTIVE EXAMINING THE CLINICAL, PHYSICAL, LEGAL, CULTURAL, AND SYSTEMIC ISSUES FACING THE SITUATION.

Conduct a thorough psychosocial assessment. Students at this level of social work education are familiar with the various psychosocial assessment tools available to them. This topic can allow for additional discussion about what constitutes a thorough assessment: key components? What topics are covered? How long does a social worker need to conduct a quality assessment?

Know the facts. This refers to the social worker knowing the facts of the patient/family situation they are working with. The key to this discussion point is that the ‘facts’ of the case need to be understood as clearly as possible. There will likely be emotional issues tied in with this, but the social worker needs to stay focused on the facts of the case.

STEP 2: DETERMINE ISSUES THAT PRESENT THE ETHICAL PROBLEM.

Define which aspects of the case are ethical issues that can be resolved among team members.

Clear assessment is key. The social worker has the opportunity to gather information from multiple sources in the assessment phase. Per the NASW Standards (2011), the assessment should include information that allows the social worker and the team to develop interventions and appropriate treatment planning.

Clearly and concisely communicate your presenting problem from your professional assessment. Effective communication in the written format as well as verbal communication of the information is needed.

Medical Indications - what medical conditions are present? How do those impact the care and end-of-life process? What is the patient’s prognosis? What medications are prescribed?

Patient Preferences- patients have a right to be actively involved in their end of life care decisions. What do they want in this situation?

Quality of Life – assessments should be developed that will enhance the patient’s abilities and decisions in their end-of-life care. Social workers should advocate for patient’s needs and rights in care decisions (NASW, 2011).

Contextual Issues – what issues are present which surround the situation? Family concerns?

Morality Issues - End of life issues are recognized as difficult and potentially controversial. These issues reflect multiple value systems, cultures and groups. The NASW (2011) does not take a specific position in reference to the morality of end of life decisions. Social work professionals and their professional organization affirm the right of the individual to determine the level of his or her care.

STEP 3: CONSIDER ALTERNATIVES AVAILABLE FOR IMPLEMENTATION, WEIGHING POSITIVES AND NEGATIVES OF EACH.

What are all possible alternatives? What steps are needed to pursue those alternatives?
What are the possible positive and negative consequences of those choices?

We don't need another well-defined problem.

Consider solutions to present to the ethics team. Present clearly developed alternatives to the team. Be precise and highlight the positive and negative potential outcomes.

STEP 4: CONSULT WITH PROFESSIONAL COLLEAGUES AND/OR EXPERTS WITH KNOWLEDGE ABOUT THIS OR SIMILAR SITUATIONS.

The social worker can utilize a professional colleague with specific expertise in a certain area (medical, legal, psychological). It can be beneficial to learn about how similar situations were handled in other cases.

No Lone Rangers – Professional collaboration is vital to sound ethical decision-making.
It is important to remember that the social worker does not act alone in end-of-life care decision making. This is a multi-disciplinary effort.

Use ethical consultants or committees for problem-solving.

Avoid territoriality and professional rivalry among disciplines

STEP 5: REVIEW ALTERNATIVES WITH PATIENT AND FAMILY AND DOCUMENT ACCORDINGLY.

Congruent with hospice philosophy and social work ethics, all alternatives should be developed utilizing both hospice philosophy and social work ethical standards. See the NASW Code of Ethics (2008). The National Hospice and Palliative Care Organization (NHPCO) defines palliative care as “treatment that enhances comfort and improves the quality of an individual’s life during the last phase of life. No specific therapy is excluded from consideration. The test of palliative care lies in the agreement between the individual, physician(s), primary caregiver, and the hospice team that the expected outcome is relief from distressing symptoms, the easing of pain, and/or the enhancing the quality of life. The decision to intervene with active palliative care is based on an ability to meet stated goals rather than affect the underlying disease. An individual’s needs must continue to be assessed and all treatment options explored and evaluated in the context of the individual’s values and symptoms. The individual’s choices and decisions regarding care are paramount and must be followed at all times” (NHPCO, 2006).

Communication is vital to maintaining healthy professional relationships with patients and families. Social workers are specifically trained to effectively communicate with patients, families, and collateral persons involved in the case. They recognize family dynamics and potential communication pitfalls. Their expertise in communicating with sensitivity and professionalism helps maintain the relationships needed in end-of-life care.

Honor the dignity of autonomy. Social workers respect the individual’s right to make his or her own decisions. Where possible seek situations that maximize the patient’s right to make his/her best choices about their healthcare.

STEP 6: IMPLEMENT THE “BEST” (MOST FUNCTIONAL) ALTERNATIVE GIVEN THE CIRCUMSTANCES AND THE ENVIRONMENT.

Based on input from professionals and family, and with respect for medical and social work ethical principles, introduce the alternative that is the most viable given the circumstances. Leave your own values, opinions, and judgments at the door.

The social worker will be placed in situations that may conflict with their personal values and beliefs. In this role, the professional must put those issues aside to effectively work with the patient and family members. Social workers can utilize professional supervision through their agency to discuss issues where the personal and professional come into conflict.

Implementation plans are subject to change at any time, without notice. Professionals need to be aware that the plans are not set in stone. Changes can and do occur. Adaptability and flexibility are keys to working in end-of-life care settings.

STEP 7: MONITOR, EVALUATE, AND DOCUMENT THE DECISION.

Document, document, document. Follow the agency or organization protocol on documentation. Each step of the process needs to be clearly documented in the chart.

Monitor for new dilemmas, while moving forward on other day-to-day matters.

Debrief – Engage in a Retrospective Review – review the facts of the case, review the assessment, the intervention and plan, and the events that took place. Debriefing can also take place through outside supervision or case consultation with a fellow social worker or professional.

Case Example for Class Review

A case example (Sheila) will be provided to illustrate the steps of the model. The case will be presented to the entire class as the instructor walks through each step of the framework. The basic facts of the case are presented on the PPT slides. The case material will be provided in handout form to students. (See case example at the end of the instructor notes).

The 'facts' of Sheila's Case:

- "Sheila"
- 59-year old African American female
- History of Depression
- Family wants aggressive care
- Patient wants palliative/hospice care
- Husband invalidates Sheila's health-related wishes

General case discussion: Help the students define the facts of the case (listed above). Discuss the emotional and factual issues that could arise in working with the patient and her family.

Discussion prompts and notes for each of the steps:

- Step 1: What are the key areas for assessment in this case? Clinical? Social? Legal? Physical? Systemic?
- Step 2: List the key issues that present the ethical problem. Have students brainstorm all possible issues.
- Step 3: what are the possible alternatives? Positive outcomes? Negative outcomes?
- Step 4: Who can the social worker consult with in this case? What information needs to be shared? How can outside consultation assist the social worker?
- Step 5: What are the steps needed to review the alternatives with the patient and family members?
- Step 6: How would you begin to implement the best possible alternative in this situation?

- Step 7: Describe ways to monitor the situation. Describe ways to evaluate the plan that is in place. How can the social worker clearly and effectively document the decision-making process every step of the way?

Modified Application:

Social workers and interdisciplinary team members often do not have the luxury of time to thoughtfully reason out a 7-step decision-making plan. Hence, we have developed a modified application where by the following 4-step model considering the prima facie principles of medical ethics could be considered.

1. Autonomy

- a. This value refers to a person's capacity for self-determination and privacy (including HIPPA guidelines) and encompasses those patients who may be incapacitated and incapable of rational decision-making regarding treatment planning. In such cases, the surrogate decision-maker and his/her wise needs to be included and considered.

2. Beneficence

- a. What are the benefits of treatment? Advantages? Disadvantages? It is important to consider the patient's and family's culture, religion, and traditions in considering treatment options.

3. Nonmaleficence

- a. The principle of nonmaleficence includes the following specific rules which speak to the *absence of due care*:
 - Do not kill.
 - Do not cause pain or suffering.

- Do not incapacitate.
- Do not cause offense.
- Do not deprive others of the goods of life.

This principle also includes obligations not to impose risks of harm or the departure from professional standards of care which falls under the purview of negligence. This distinction is important as non-treatment due to futility such as withholding or withdrawing treatment, or allowing a terminally ill patient to die is not negligent or harmful, yet could be ultimately beneficent in many cases given the health conditions of a terminally patient. This distinction is a communication challenge for social workers and team members as families can become confused about these principles when facing the loss of a loved one.

4. Justice

- a. The principle of justice refers to potential inequalities in access to healthcare with regard to health insurance or lack thereof, and costs of healthcare. In considering potential disparities in healthcare, it is incumbent upon social workers to monitor and intervene should unequal treatment be recognized (overtly or covertly) based upon gender, ethnicity, national origin, religion, sexual orientation, or any other protected class. Unequal access to treatment based upon racial stereotypes that occurs between team members and patients may be subtle, yet social workers need to be vigilant in watching for signs of disrespect or treatment plan limitations based on discriminatory factors.

Phase II wrap-up:

This phase of the module will be concluded with a wrap-up brief overview of the framework steps and discussion of why utilizing an ethical decision-making framework is an important part of healthcare social work.

Phase II Case Illustration:

Case Example #1: Sheila

Sheila is a 59-year old African American female who had a heart transplant in her late 40's. Since the transplant, she has had numerous health problems, and has often been non-compliant with her medication treatment and plan of care. She has a family history of heart problems, with her mother and older sister both dying from heart attacks in their early fifties. At her most recent appointment, her physician stated that her heart was failing again, and she would need to make some end-of-life care decisions. He has recommended the option of hospice care for her either in the hospital or at home.

Sheila's husband and adult children are devastated by this news and have expressed to the physician and the social worker that they want "any and all" possible treatments to prolong her life. They also want more tests and second opinions.

Sheila however has stated she does not want to undergo any further treatment and would prefer hospice care. She has expressed to you several times that her family does not consider her wishes and that they often make health decisions without her involvement. She describes the past several years as unbearable. She has been treated for depression in the past year. Her husband, Alan, states to you, "Sheila doesn't know what's best for her when it comes to thinking about her health. Her depression causes her trouble in that area." Her husband wants to take legal steps to make all future healthcare decisions for her.

Issues to Consider:

1. The 'family's' decision to prolong dying – versus the patient's right to self-determination.
2. Patient autonomy vs. patient care needs
3. How to work with both patient and family to develop a plan, when family members believe patient is not competent to make healthcare decisions.

Phase III: Instructor Notes

The first phase will cover the following materials:

Introduction:

In preparation for this phase, students have a suggested reading list before attending the session:

Select Readings From:

Barsky, A.E. (2010). *Ethics and Values in Social Work: An Integrated Approach for a Comprehensive Curriculum*. NY: Oxford University Press

National Association of Social Workers, (2008). *Code of Ethics of the National Association of Social Workers*. Retrieved July 27, 2010, from:
<http://www.naswdc.org/pubs/code/code.asp>

Smith, G. (1996). *Legal and healthcare ethics for the elderly*. Washington DC: Taylor & Francis.

Required Readings:

Lacey, D. (2006). End-of-life decision making for nursing home residents with dementia: A survey of nursing home social services staff. *Health & Social Work, 31*(3), 189-199.

Session Objectives:

1. Apply an ethical decision making framework to help patients, families, and interdisciplinary team members arrive at a suitable resolution for typical dilemmas in health care and end-of-life care settings.
2. Combine core social work values and medical ethics to help make sound ethical decisions involving patients and their families recognizing cultural, religious, and organizational influences.
3. Practice leadership roles in a role-playing ethics committee exercises applying the framework to ethical dilemmas in a logical manner.

Review of Phase II Materials:

1. Review of NASW Code of Ethics
2. Review of medical ethics

3. Review of The Collaborative Ethical Decision-Making Framework

Opening Discussion Question

This question is designed to prompt students to think about the steps of the collaborative ethical decision-making model. The question can incorporate materials from the suggested reading list as well:

- Think about The Collaborative Ethical Decision-Making Framework, what steps of the model would you find most helpful in working with end-of-life cases with families?
- With patients?
- What steps might be most challenging to you and why?

Application of the framework: Small group cases

Students will be divided into small groups and provided case illustrations (see attached) as role-playing exercises in order for them to practice the collaborative process of conducting an ethics committee using the model presented earlier. Students will each take on roles of the typical disciplines in a healthcare environment when facing the ethical challenge presented. This step will allow students to exercise their leadership skills in diffusing arguments and avoiding influence by passionate stakeholders while arriving at a fair decision given their dilemma.

The two sample cases are included at the end of the Phase III notes. Case #2 is Graciela and Marco, and Case #3 is Ronald.

General case discussion: Help the students define the facts of the case (listed above). Discuss the emotional and factual issues that could arise in working with the patient and her family.

Discussion prompts and notes for each of the steps:

Step 1: What are the key areas for assessment in this case? Clinical? Social? Legal? Physical? Systemic?

Step 2: List the key issues that present the ethical problem. Have students brainstorm all possible issues.

Step 3: What are the possible alternatives? Positive outcomes? Negative outcomes?

Step 4: Who can the social worker consult with in this case? What information needs to be shared? How can outside consultation assist the social worker?

Step 5: What are the steps needed to review the alternatives with the patient and family members?

Step 6: How would you begin to implement the best possible alternative in this situation?

Step 7: Describe ways to monitor the situation. Describe ways to evaluate the plan that is in place. How can the social worker clearly and effectively document the decision-making process every step of the way?

Phase III Case Illustration:

Case Example #2: Graciela and Marco

Graciela and Marco are an older Hispanic couple who have been married for 35 years with one adult daughter, Mira, who lives nearby. Marco has had multiple admissions to hospital for complications related to COPD and diabetes. He is also suffering from kidney failure at this point and unable to participate in discussions with his medical team due to his condition and pain control medications. Clearly he is declining in health and approaching death.

The nephrologist has suggested that Graciela consider a DNR order for Marco since the likelihood of his prior level of functioning level is small. She becomes very angry and states that she will not sign this order, and to not mention this in front of her or her husband again. The physician then gently raises the possibility of foregoing dialysis, accepting Marco's inevitable decline, and instead admitting him to hospice care at home. As the social worker, you attempt to convey to Graciela and Mira that hospice can provide excellent care and support to Marco and her as well as the entire family. Hospice also can provide Marco's medications and other medical needs to ease that burden.

During the conversation, Graciela does not speak or make eye contact with you. Mira, however, abruptly and angrily bursts out that her father is not dying and that God will provide a miracle. She also insists that they are perfectly able to care for his needs as a family and that the medical team should not talk about "hospice" and the end of his life when they should be focused on her father's recovery. She insists that dialysis be initiated immediately and that a kidney transplant be pursued no matter what.

Discussion prompts:

1. How does cultural competence in health care enter into the ethical decision making process?
2. In what ways can the discussion about hospice from the social worker and the medical team address the following?
 - Exploring both the disease and the illness experience
 - Understanding the whole person
 - Being realistic about the prognosis

Phase III Case Illustration:

Case Example #3: Ronald

Ronald, age 80 lives with his wife, Carol in an assisted living facility. He has always valued his independence, but recently he has been having trouble caring for himself. He is having difficulty walking and managing his medications for hypertension, heart disease, and kidney problems.

His doctor diagnoses depression after noting that Ronald has lost interest in the things he used to enjoy. Lethargic and sleepless, Ronald has difficulty maintaining his weight and talks about killing himself but doesn't specify any sort of organized plan. He agrees to try medication for his mood swings.

Two weeks later, before the effect of the medicine can be seen, Ronald is hospitalized for a heart attack. The heart is damaged so severely it can't pump enough blood to keep the kidneys working. Renal dialysis is necessary to keep Ronald alive, at least until it's clear whether the heart and kidneys will recover. This involves moving him three times a week to the dialysis unit, where he will need to spend several hours.

After the second treatment, Ronald demands that dialysis be stopped and asks to be allowed to die. Carol supports Ronald in this decision. The physician suspects the patient's capacity for autonomous decision-making is impaired by depression. The physician has referred the case to the hospice team to discuss hospice and alternative end of life options.

Discussion prompts:

1. What ethical dilemmas are present in this case?
2. Had depression rendered him incapable of making a legitimate life-and-death decision?
3. Is Ronald able to give consent?
4. What are appropriate steps for the social worker to take?

Debriefing & Ethics Module Wrap-up

After completing the case discussions, the students will reassemble for debriefing of the exercises and class discussion. Included in this reflective evaluation will be a discussion of the difficulties in making sound decisions given the multiple factors to be considered in each case. Students will also reflect on the co-occurring complexity of being in a team leadership role when faced with zealous stakeholders invested in the outcome. An important learning outcome for this module is for tomorrow's medical social workers to not only practice the skills of ethical decision-making, but to also gain a greater understanding of the challenges encountered in multidisciplinary team leadership.

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