

# WELCOME TO THE CMSA-OK ANNUAL CONFERENCE

## “CONSTRUCTION OF CASE MANAGEMENT” - ETHICS





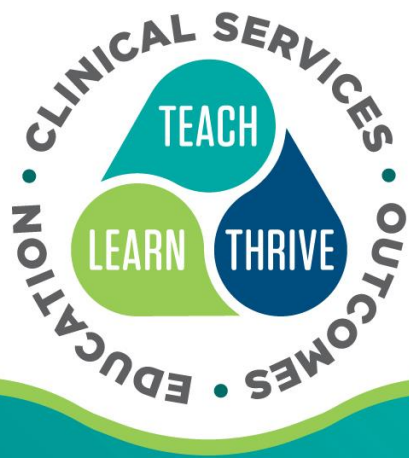
ETHICS WORKSHOP  
**“ETHICAL MANAGEMENT OF  
THE CLIENT WITH CHRONIC  
PAIN”**

Presented by:

James K. Richardson, PT, DPT, CLT, CHT

Select Medical





# Ethical Management of the Client with Chronic Pain

James K. Richardson, PT, DPT, CLT, CHT  
Cert. DN, Cert. SMT, Dip. Osteopractic



# Ask questions, but be prepared...



EDUCATION • CLINICAL SERVICES • OUTCOMES



# Role of the Board-Certified Case Manager: Principles

- *Place the Public Interest Above Your Own*
- *Respect the Rights and Inherent Dignity of Your Clients*
- *Act with Integrity and Fidelity with Clients and Others*
- *Ensure the Highest Quality of Service via Maintaining Competency*





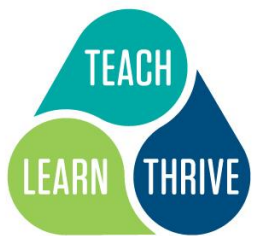
# Role of the Board-Certified Case Manager: Values

- *Improve the health, wellness & autonomy through advocacy, communication, education, identification of service resources, and service facilitation.*
- *Recognize the dignity, worth and rights of all people*



# Role of the Board-Certified Case Manager: Values

- *Understand and commit to quality outcomes for your clients, appropriate use of resources, and to empowerment your clients in a manner that is supportive and objective.*



# Role of the Board-Certified Case Manager: Values

- *Embrace the underlying premise that when your client reaches their optimum level of wellness and functional capability, everyone benefits: the individual(s) served, their support systems, the health care delivery systems and the various reimbursement systems.*





# Chronic Pain: Prevalence & Economic Impact

## *Prevalence & Economic Impact*

- *United States*
  - + *116 million Americans annually*
    - *\$560-635 billion for medical treatment & lost work/wages*
    - *15-20% of physician visits (Zane, 2016)*
- *Worldwide*
  - + *It is estimated chronic pain affects 20% of the population (Treede et al., 2015)*



# Chronic Pain & Opioid Utilization

*In 2016 the Centers for Disease Control & Prevention reported:*

- *An estimated ~ 20% of patients presenting to physician offices will receive an opioid prescription for*
  - + *Noncancer pain symptoms*
  - + *Both acute and chronic pain-related diagnoses (Dowell et al., 2016)*



# Chronic Pain & Opioid Utilization

*In 2016 the Centers for Disease Control & Prevention reported:*

- *In 2012, 259 million prescriptions for opioid pain medication were written*
  - + *If distributed evenly across the US every adult would have a their own prescription*
- *Opioid prescriptions per capita increased 7.3% from 2007 to 2012*
  - + *Opioid prescription rates vary greatly from state/region without correlation to the health status of its' inhabitants (Dowell et al., 2016)*



# Pain: Definitions

## *Acute vs. Chronic*

- *Acute pain*
  - + *Onset is typically sudden*
  - + *Cause is specific cause*
  - + *Duration is < 6 months (MedlinePlus, 2011)*



# Pain: Definitions

## *Acute vs. Chronic*

- *Chronic pain*
  - + *Onset is gradual?*
  - + *Cause can be from initial injury*
  - + *Duration is ????*



# Pain: Definitions

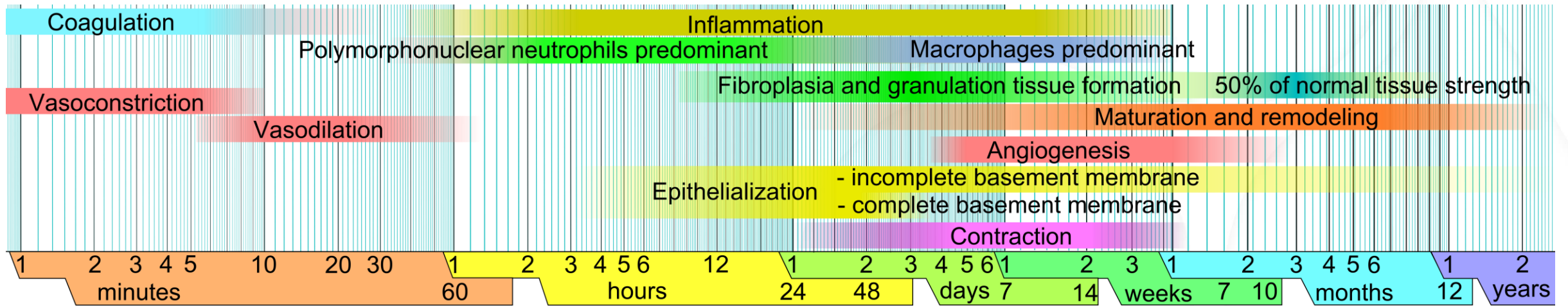
## *Current most inclusive definition of chronic pain*

- *An ongoing or recurrent painful condition that can and often does occur independently of any actual body tissue damage (due to injury or illness), and beyond normal tissue healing time. (Zane, 2016)*

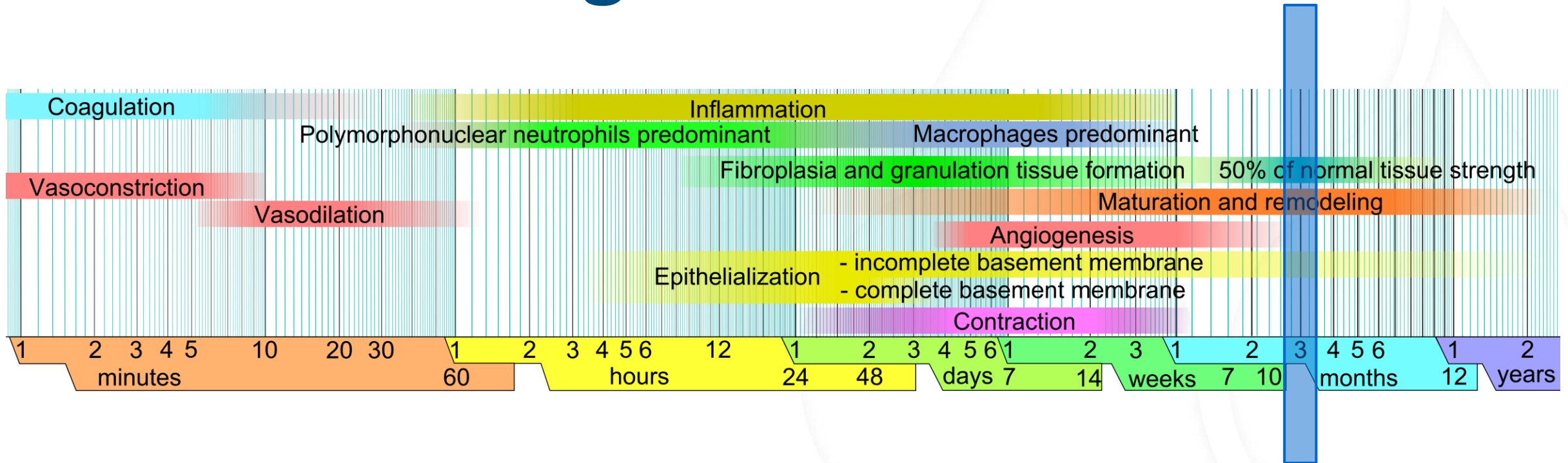




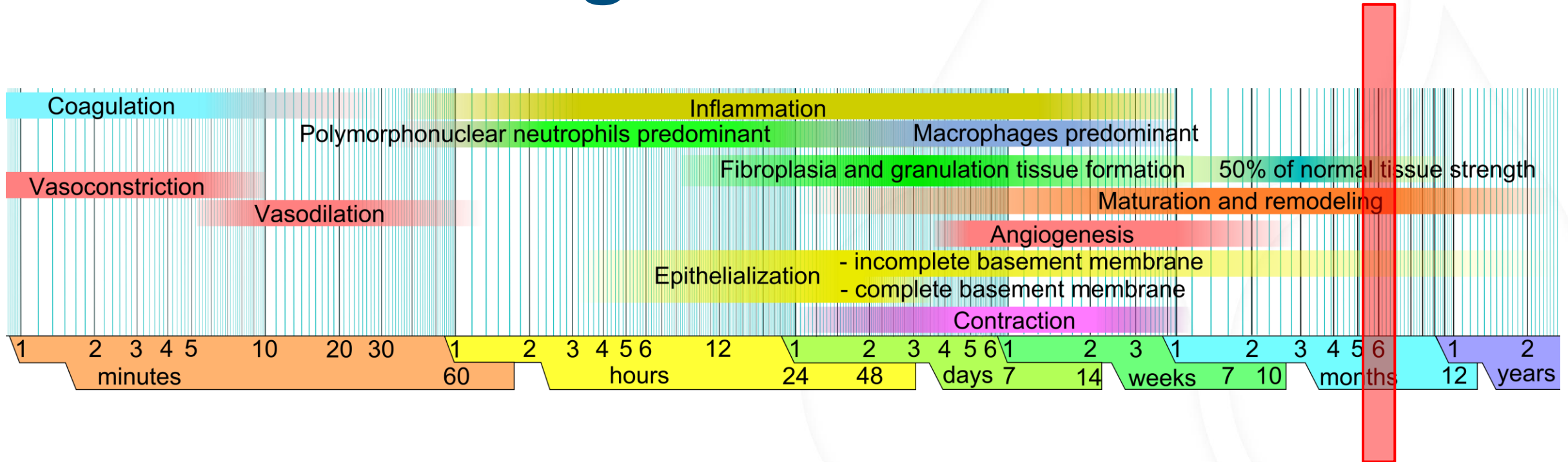
# Tissue Healing Times



# Tissue Healing Times



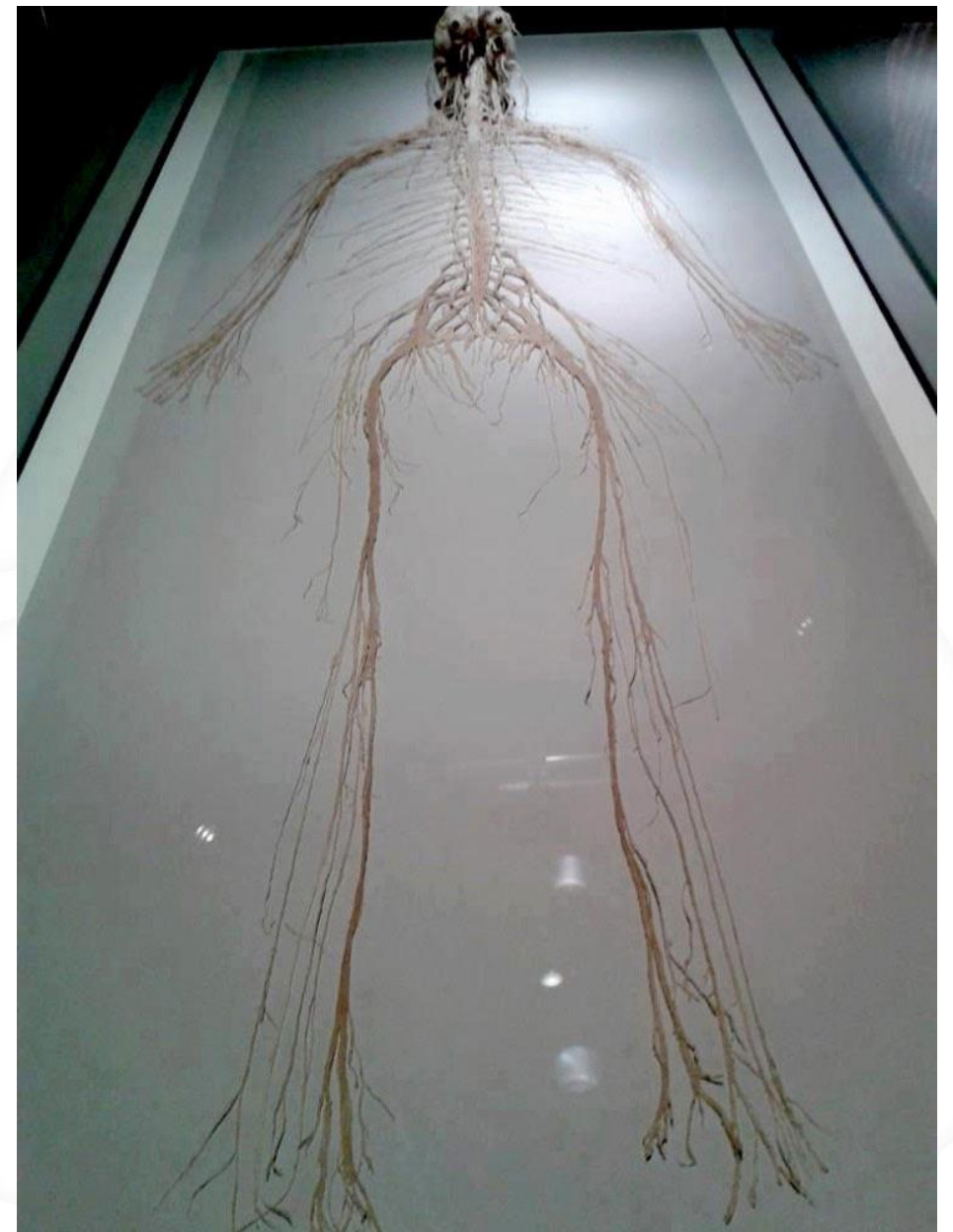
# Tissue Healing Times



# Tissue Healing Times

<b>Tissue type</b>	<b>Healing time</b>
Soft tissue injuries	3 months
Shoulder surgery	3–6 months
Spinal surgery	3–12 months
Minor nerve repair	4–5 months
Major nerve repair	6–12 months
Tendon repair	3 months

*(Cooper, 2010)*



*(Ingraham, 2018)*



# Chronic Pain: Classification of ICD-11

## *Detailed breakdown*

- *Chronic Primary Pain*
- *Chronic Cancer Pain*
- *Chronic Post-Surgical/Post-Traumatic Pain*
- *Chronic Neuropathic Pain*
- *Chronic Headache & Orofacial Pain*
- *Chronic Visceral Pain*
- *Chronic Musculoskeletal Pain*

*(Perrot et al., 2019)*





# Chronic Pain: Classification of ICD-11

## *Detailed breakdown*

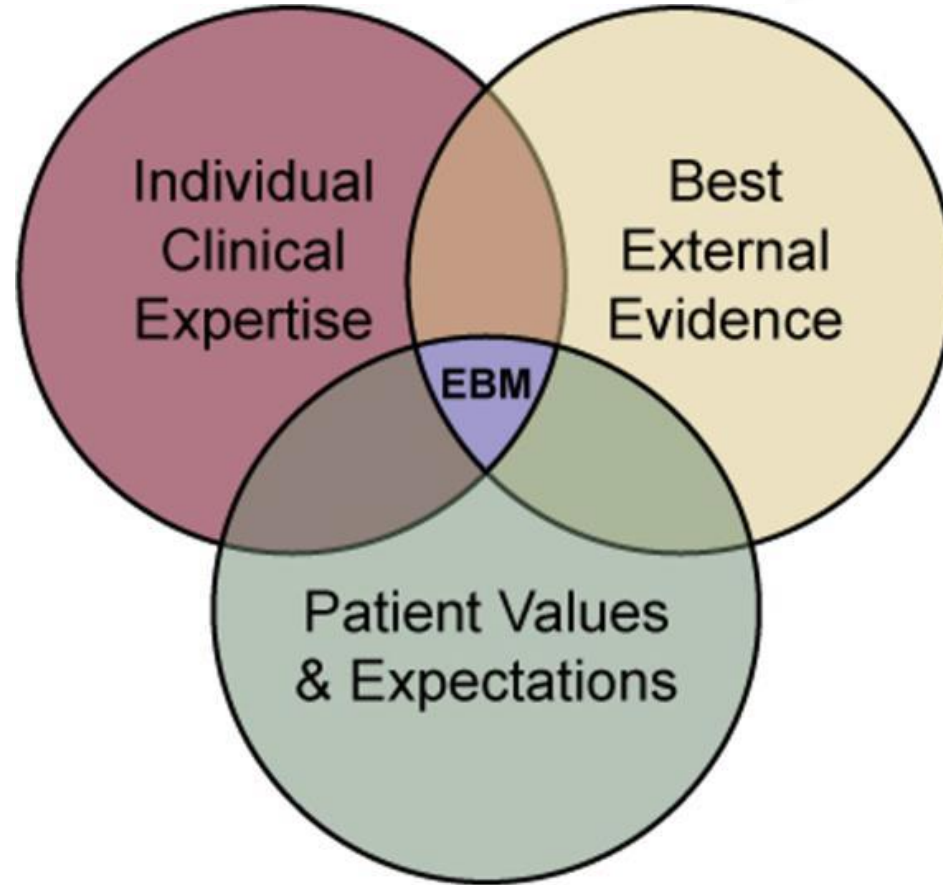
- *Chronic Neuropathic Pain*
  - + *Peripheral Neuropathic Pain*
  - + *Central Neuropathic*
  - + *Other Neuropathic*
  - + *Neuropathic Pain NOS*

*(Perrot et al., 2019)*





# What Can Physical Therapy Offer?



*(Kern, 2013)*



# Treatments: Traditional Physical Therapy

## *Therapeutic Exercise*

- *Strengthening*
- *Flexibility*
- *Aerobic Capacity*
- *Soft Tissue Mobilization*



# Treatments: Advanced

## *Traditional Physical Therapy Plus*

- *Manual Therapy Techniques*
  - + *Dry Needling w/ Stimulation (EDN)*
  - + *Spinal Manipulation*
  - + *Myofascial Unloading (Cupping)*



# Treatments: Out of the Box

- *The definition of insanity is doing the same thing over and over again and expecting a different result!*
  - *Give yourself permission to do something different!*
- *Pain Diary*
- *Avoid the “Biomechanical Trap”*
  - *STOP “sidelining” treatment by attempting to ID & blame an underlying condition*



# Treatments: Out of the Box

## Advocate for Self-Management of Chronic Pain

- EBM from Blyth et al., 2005
  - + 474 patients minimum of 18 y/o w/chronic pain
    - Passive Strategies
      - + 4 x more common
    - Active Behavioral/Cognitive Strategies



# Treatments: Self-Management of Chronic Pain

- *Cont., EBM from Blyth et al., 2005*
  - + *Outcomes*
    - *Passive Strategies*
      - + *Increased likelihood for high levels of pain-related disability (OR = 2.59)*
    - *Active Behavioral/Cognitive Strategies*
      - + *Significant reduction (OR = 0.2)*





# What Can Physical Therapy Offer?

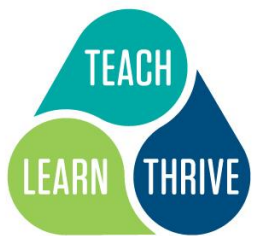
*We can help build the multidisciplinary team our patients need!*

- *Appropriate Referrals*
- *Educate*
  - + *Pain can be the disease, not just a symptom*

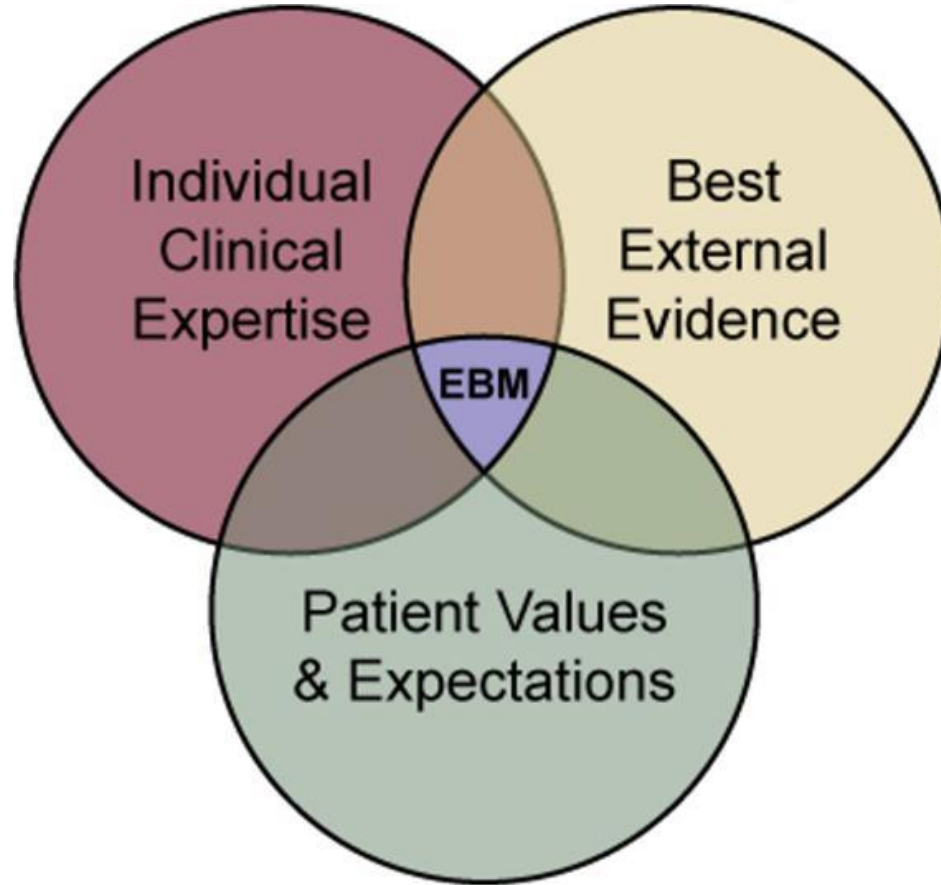


# What Can Physical Therapy Offer?

- *Build the Therapeutic Alliance*
  - + *The effectiveness of pain treatments depends greatly on the strength of the clinician–patient relationship*
  - + *Pain treatment is **NEVER** about the clinician’s intervention alone, but about the clinician and patient (and family) working together.*



# Pillars of Evidence Based Medicine



*(Kern, 2013)*



# Resources For Providers



## Evidence base for *Explain Pain Second Edition*

Authors Dr David Butler and Prof Lorimer Moseley, ISBN 978-0-9873426-6-9

Published by Noigroup Publications, Adelaide, South Australia (2013).



[http://bit.ly/Explain\\_Pain\\_NOI](http://bit.ly/Explain_Pain_NOI)

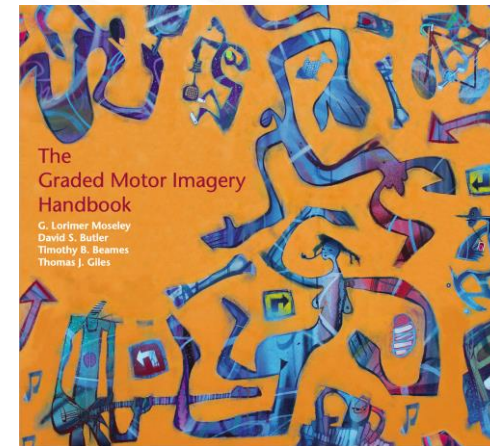
## So... what is gmi?

Evidence base for the use of the Neuro Orthopaedic Institute's Graded Motor Imagery Handbook, Recognise™ online, Recognise™ Flash Cards and Mirror Box.

[http://bit.ly/GMI\\_NOI](http://bit.ly/GMI_NOI)



<http://bit.ly/MoseleyPain>



[http://bit.ly/GMI\\_Text](http://bit.ly/GMI_Text)



# Resources: Pain Diary

[http://bit.ly/Pain\\_Diary\\_AF](http://bit.ly/Pain_Diary_AF)



	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Location of Pain</b> (e.g., hands, hip, knee)	Hands. Knees						
<b>Pain Duration</b>	Start: 10 am Stop: 2 pm	Start:  Stop:	Start:  Stop:	Start:  Stop:	Start:  Stop:	Start:  Stop:	Start:  Stop:
<b>Possible Triggers</b> (e.g., stress, sleep problems)	missed medication						
<b>Pain Level</b> (0-10)	8						
<b>Describe the Pain</b> (e.g., stabbing, aching, throbbing)	aching throbbing						
<b>Pain Relief Technique</b>	Exercise: yoga Nat. Therapy: Massage Medication: Advil, MTX Self Care: Hot pack	Exercise:  Nat. Therapy:  Medication:  Self Care: 	Exercise:  Nat. Therapy:  Medication:  Self Care: 	Exercise:  Nat. Therapy:  Medication:  Self Care: 	Exercise:  Nat. Therapy:  Medication:  Self Care: 	Exercise:  Nat. Therapy:  Medication:  Self Care: 	Exercise:  Nat. Therapy:  Medication:  Self Care: 





# Resources: Pain Diary

[http://bit.ly/Pain\\_Diary\\_NPS](http://bit.ly/Pain_Diary_NPS)



## MY PAIN DIARY

DATE AND TIME	DESCRIBE YOUR PAIN (e.g. how long it lasts, where it is, whether it moves, what it feels like - dull, sharp, stabbing)	RATE YOUR PAIN (0-10, see overleaf)	WHAT MADE YOUR PAIN WORSE?	WHAT HELPED YOU GET THROUGH THE DAY? (medicine and non-medicine such as meditation, exercise etc)	DESCRIBE YOUR ACTIVITY LEVEL AND MOOD (Has the pain affected your daily life, including sleep, work social life etc)	COMMENTS (e.g. problems with medicines, how your pain affects your daily life - sleep, mood, work etc.)





# Resources: Pain Diary

[http://bit.ly/Pain\\_Diary](http://bit.ly/Pain_Diary)

A	B	C	D	E	F	G	H	I	J
	Morning	Afternoon	Evening	Dose of pregabalin	Other meds	Went Outside?	Mental State	Hours Sleep	Notes
01/03/2016	4	2	2	600		Y	OK		Attended physio
02/03/2016	2	2	2	600		N	Good		Did a lot of housework, avoided bending
03/03/2016	3	3	2	600		N	Variable		Pain in lower abdomen
04/03/2016	3	3	3	400		Y	Very Low		Attended Kingsbridge for nerve block, Got period
05/03/2016	8	8	8	600		N	Very Low		Period very heavy, severe abdominal pain, mood very low
06/03/2016	7	7	7	600		N	Very Low		Period still very heavy, still got horrific cramps
07/03/2016	6	6	6	600		N	OK		Still got period, still very heavy, pain in lower back
08/03/2016	6	6	6	600		Y	Low		Attended physio
09/03/2016	6	7	7	400	Mefenamic Acid	N	Low		Did some light aerobics, helped with back pain a little, made vaginal/anal pain much worse
10/03/2016	8	8	8	400	Mefenamic Acid	N	Very Low		Spent the day in bed, agonising prickly burning stabbing pains in vagina and anus, really bad back pain
11/03/2016	6	6	7	600	Mefenamic Acid	N	Good		Period finally gone - relief when I got to remove underpants which make everything much worse, walked to shop this morning
12/03/2016	8	7	6	600	Cocodamol	N	Good		Woke up late, horrific burning pains in anus and vagina, took some cocodamol, that was a bad idea #forever-constipated
13/03/2016	7	6	5	600		N	Good		Same pains from yesterday, eased off as the day went on - lazy day



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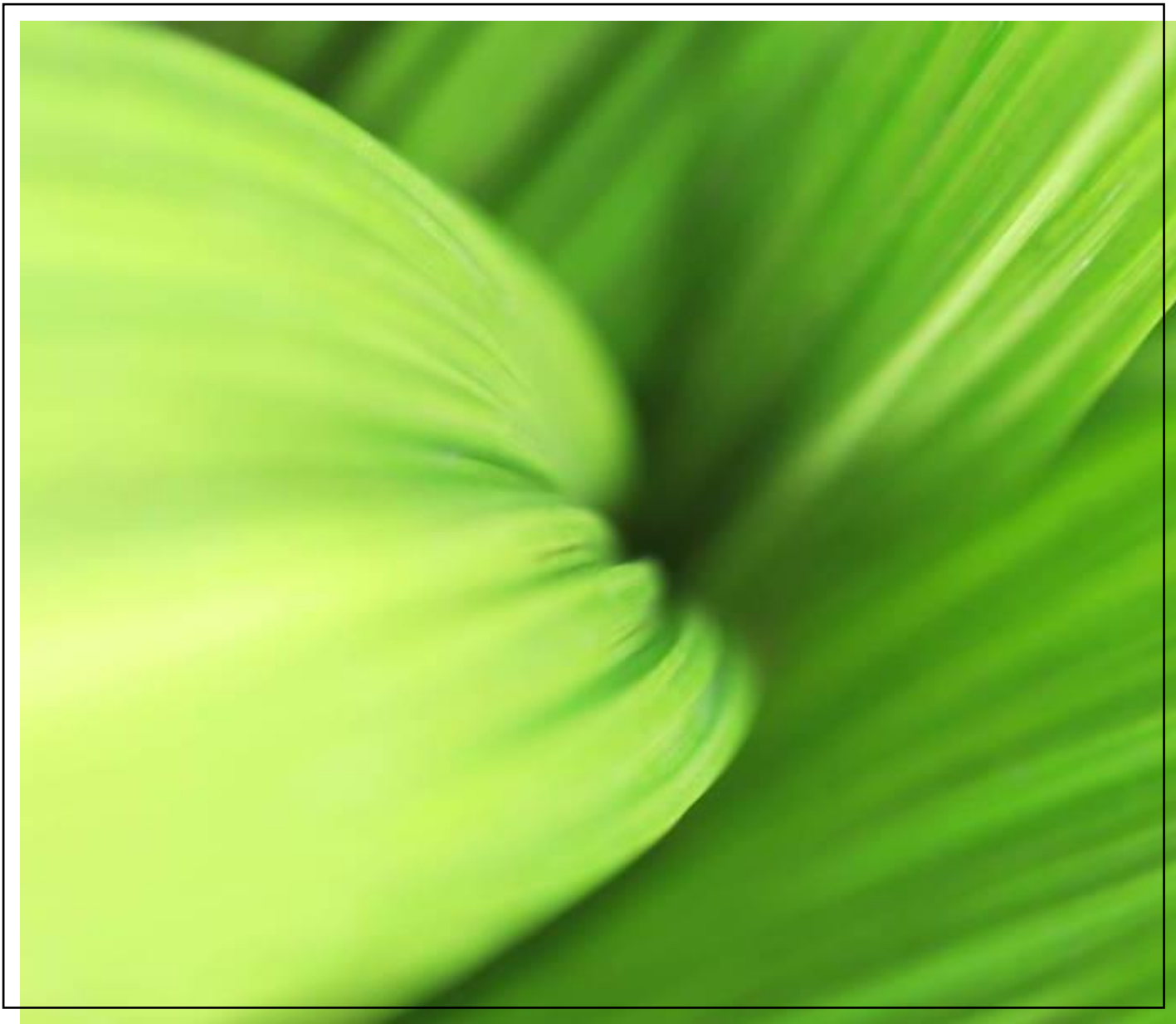
ETHICS WORKSHOP  
**“ETHICAL DILEMMAS IN  
HEALTHCARE”**

**Presented By:**

**Kim Fagan Van Sickle, LCSW  
SSM Health – St. Anthony OKC**







# Ethical Dilemmas in Healthcare

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*Kim Van Sickle*

# Agenda

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- The Definition of Ethics
- Development of Ethics Through Time
- Ethics vs Morals vs Values
- Ethical Dilemmas in Healthcare
- Examples and Discussion
- Summary and Closure





# Introduction

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Ethics, values and morals can often create, and keep us from finding ourselves in uncomfortable, but necessary situations. In this presentation, we will attempt to define Ethics, explore the history of Ethics, site examples of ethical dilemmas that we may face, and hopefully, prepare ourselves to practice our own ethics, morals and values to high standards for betterment of our patients, clients and colleagues.



# The Definition of Ethics





A particular system of principles and rules concerning moral obligations and regard for the rights of others, whether true or false; rules of practice in respect to a single class of human actions and duties: as, social *ethics*; medical *ethics*.

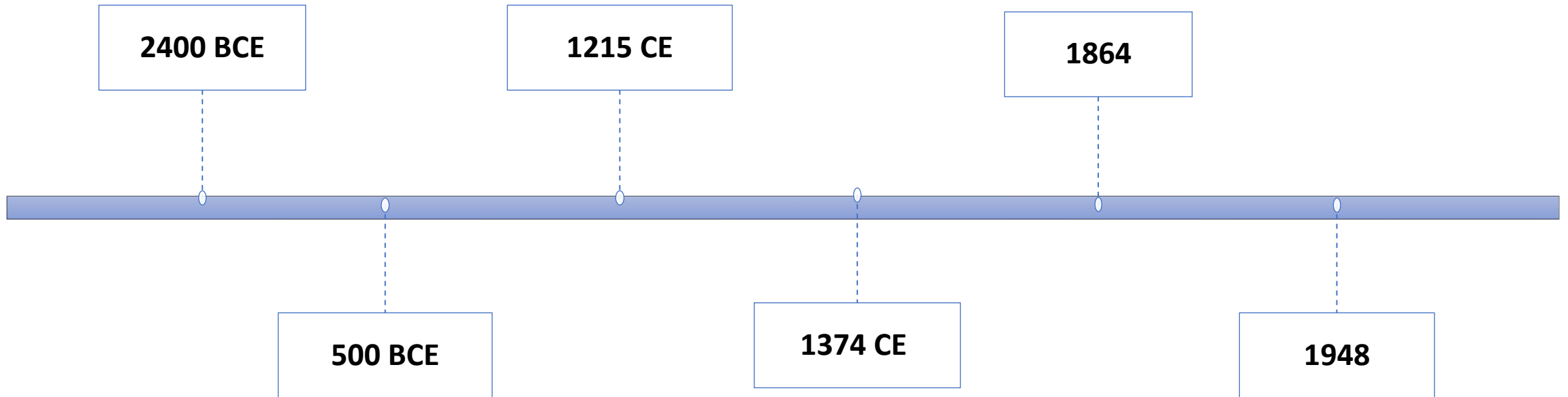
-The Century Dictionary





**Respect for  
Persons,  
Beneficence,  
Justice, Utility &  
Solidarity**

# Progression Through Time





# AUTONOMY

Self-government or the right of self-government; self-determination.

Autonomy (literally “self-rule”) refers to the capacity to live according to one's own reasons and motives.

# Moral Principles in Healthcare

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**Beneficence**

**Nonmaleficence (“Do no harm”)**

**Patient-Provider Fiduciary Relationship**

**Justice**

**Patient Rights in Modern Medicine**

**Informed Consent**

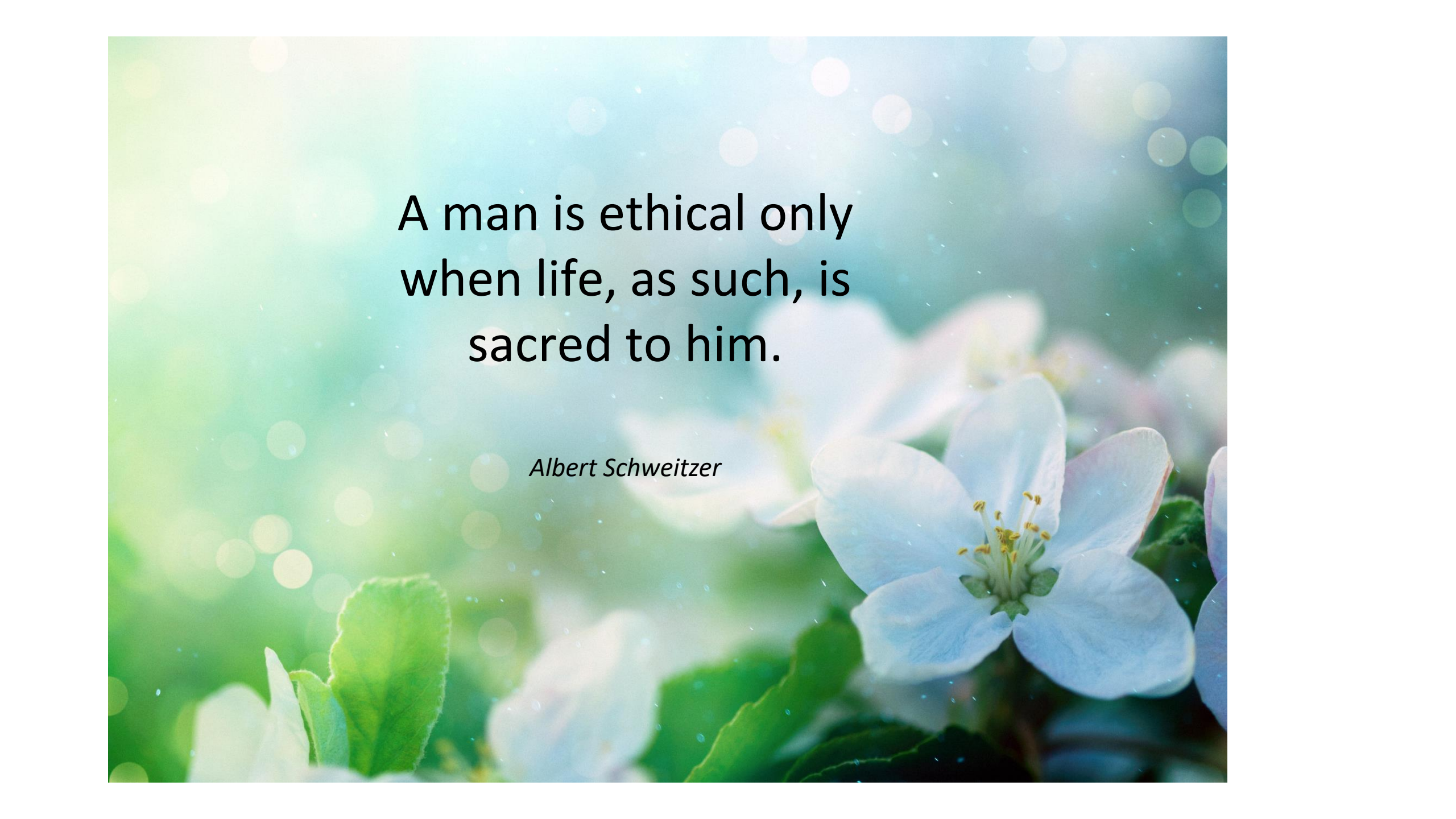
**Refusal of Treatment (by both patient  
and physician)**

**Medical Treatment in an Emergency**

**Confidentiality**

**Continuity of Care**





A man is ethical only  
when life, as such, is  
sacred to him.

*Albert Schweitzer*



# Every Discipline has a Code of Ethics

- ANA (American Nurses Association)
- APTA (American Physical Therapy Association) | APTA
- AOTA (American Occupational Therapy Association)
- ST (American Speech-Language-Hearing Association)
- NASW (National Association of Social Workers)
- MD/DO (American Medical Association) (American Osteopathic Association)
- APP (American Association of Nurse Practitioners)
- ACHE (American College of Healthcare Executives)
- CMSA (Case Management Society of America)
- APhA (American Pharmacist Association)

# Ethical Decision Making

1. Identify the Ethical Dilemma.
2. Apply Your Profession's Code of Ethics.
3. What are the possibilities available?
4. Generate potential courses of action.
5. Determine the stakeholders involved in the solutions and in the consequences
6. Implement the course of action.
7. Evaluate the outcome

# Example

## Case Scenario

You are a case manager on a healthcare team caring for Mr. Jensen, who has a terminal illness. Mr. Jensen is on life support, unconscious, and unresponsive to the treatment. In the team's opinion, Mr. Jensen's treatment is no longer serving any real benefit but only prolonging his suffering. Mr. Jensen's immediate family members including his healthcare proxy, on the other hand, are adamant that aggressive, life-prolonging treatment be continued. They argue that their religious faith inclines them to believe that a miracle will occur, and any additional life at all, regardless of its quality, is infinitely precious.

Although Mr. Jensen had appointed a healthcare proxy prior to the current episode of illness, documentation of the healthcare proxy lacks important details, especially those that speak to the conditions of when to terminate life support or aggressive treatment.

# Discussion

In the midst of such end-of-life care scenarios you may feel immense frustration – and for good reason. You can certainly sympathize with a healthcare team that wants to de-escalate treatment because they feel they are only harming Mr. Jensen by prolonging his suffering. However, Mr. Jensen's family members and proxy can, nevertheless, exert enormous authority over the nature and scope of end-of-life care their loved one receives.

Both ethical and legal reasoning allow Mr. Jensen's family members and proxy acting in good faith to best represent how Mr. Jensen would understand his quality of life, and therefore to best represent what he would have wanted.

Because respect for client autonomy is prominent in our ethical reasoning, healthcare professionals who differ from family members on the client's quality of life usually have their opinions trumped by the client's representatives – in this case Mr. Jensen's family and healthcare proxy.

Unless you can show that the treatments in question are physiologically futile (i.e., the treatments are known to be unable to secure the hoped-for outcome and therefore are simply wasted on the client), courts will usually side with the family's, surrogate's, or proxy's wishes (Texas courts being a notable exception).

# Discussion & Questions

Let's talk about your **ETHICAL DILEMMAS**

# Summary







Thank you



*Kim Van Sickle, LCSW*





ETHICS WORKSHOP  
“ETHICS IN TODAY’S CULTURE  
OF MEDICINE”

**Presented By:**

**Jason Leinen, M.D.**

**Oklahoma Sports Science & Orthopedics**



# Ethics in Today's Culture of Medicine

Jason Leinen, MD, ATC  
OSSO Spine and Pain  
Management

# The First Dialysis Machine - Who Gets to Use It?



They Decide Who Lives, Who Dies:  
Medical Miracle Puts Moral Burden on Small Committee

*LIFE*, November 9, 1962

# Outline

- Defining Ethics
- History of Ethics
- Basic Principles of Medical Ethics
- AMA Code of Medical Ethics
- Discussion of Ethical vs. Legal
- Impact of Training, Culture, and Religion on Ethics
- Ethical Problems
- Resolving Ethical Dilemmas
- Case Examples



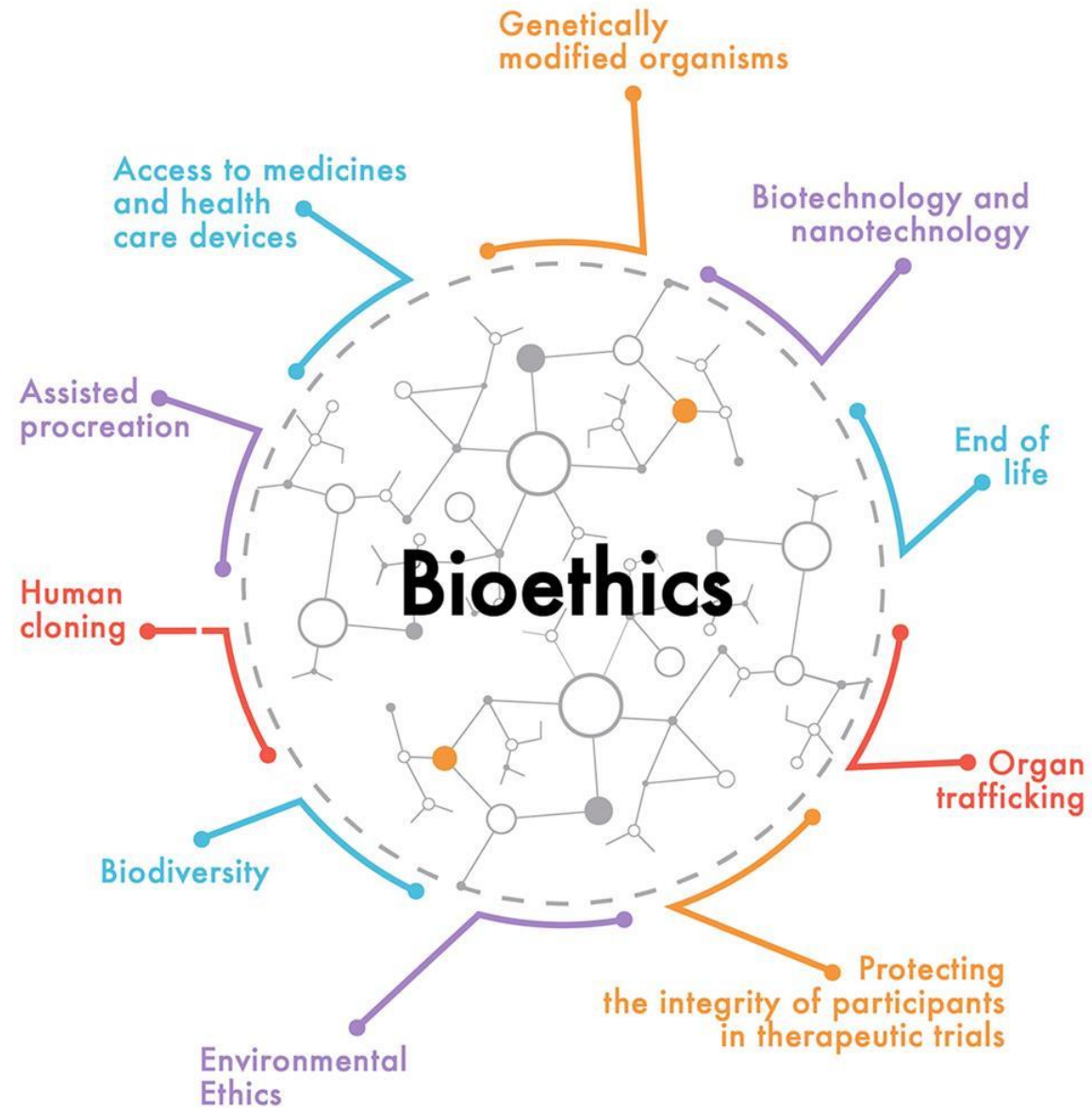
# What is Ethics?

- Ethics defined as...
  - The rules of conduct recognized in respect to a particular class of human actions or a particular group, culture, etc.
  - That branch of philosophy dealing with values relating to human conduct, with respect to the rightness or wrongness of certain actions and to the goodness and badness of the motives and ends of such actions. (Dictionary.com)



# What about Bioethics?

- The moral principles which govern the motives and actions that promote the health and well-being of individuals and cultures.
- The Berman Institute of Bioethics at Johns Hopkins
  - Vision - “To achieve more ethical practices and policies relevant to human health”
  - Mission - “To identify and address key ethical issues in science, clinical care, and public health, locally and globally.”



# History of Ethics

- Hippocrates (400 BC)
  - Often cited as the origin of ethics in medicine where the role of a physician is to relieve suffering and promote well-being in a relationship of fidelity with the patient.
- Religion
  - Multiple faith teachings (Christian, Jewish, and Islamic) contributed significantly to early medical ethics texts/ideals.
- Thomas Percival (1794 AD)
  - Created the first modern code of “medical ethics”
  - First AMA Code of Medical Ethics (1847) largely based on Percival’s writings.

# Modern Medical Ethics

- Nuremberg Code (1947)
  - Formulated during “The Doctors’ Trial” after WWII
  - First Rule: “The voluntary consent of the human subject is absolutely essential.”
- Tuskegee Syphilis Study (1932-1972)
  - Formal apology issued by President Clinton in 1997
- Roe vs. Wade (1973)
- Terri Schiavo (1990-2005)
- The Genetic Information Non-discrimination Act (2008)
  - Protects Americans from discrimination based on their genetic code



# Basic Principles of Medical Ethics

- **Autonomy**
  - Patients have autonomy of thought, intention, and action when making decisions regarding medical care, procedures, etc.
- **Justice**
  - Benefits and/or burdens must be distributed equally across all groups in society.
- **Beneficence**
  - Treatment/Procedure must be done with the intent of doing good for the patient.
- **Non-maleficence**
  - Do no harm.



# AMA Code of Medical Ethics

- I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
- II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.

## AMA Code of Medical Ethics (cont.)

- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

## AMA Code of Medical Ethics (cont.)

- V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
- VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.

## AMA Code of Medical Ethics (cont.)

- VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
- VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
- IX. A physician shall support access to medical care for all people.



# Downton Abbey Example





# Science vs. Ethics

- Scientific method can't answer ethical questions.
  - Human dignity and value are central in bioethical questions, which can't be measured.
- Example
  - Science = Advising patients of potential medication side effects
  - Ethics = What if 20 years of taking a particular medication causes a future medical problem?
- The Constitution of the World Health Organization begins by defining health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

# Ethical vs. Legal

## Ethics

- What I “should” do
- Broad focus
- Gray
- Primarily internal
- Influences from morals, values, and faith
- Often strives for “the best”
- May conflict with Laws

## Laws

- What I “must” do
- Narrow focus
- Black and White
- Primarily external
- Main influence from understanding of specific laws
- Often offers “the minimum”
- May conflict with Ethics

# Ethical Questions Abound

- Almost all areas of medicine have an ethical aspect/question to consider...
  - Birth Control
  - Abortion
  - Genetic Testing
  - Organ Donation
  - Patient Rights
  - Access to Medical Care
  - End of Life Care

# Ethical Problems

- Conflicts of Interest
  - Referrals/Vendors
  - Treating Family Members
  - Sexual Relationships
- Futility
- Patient Confidentiality



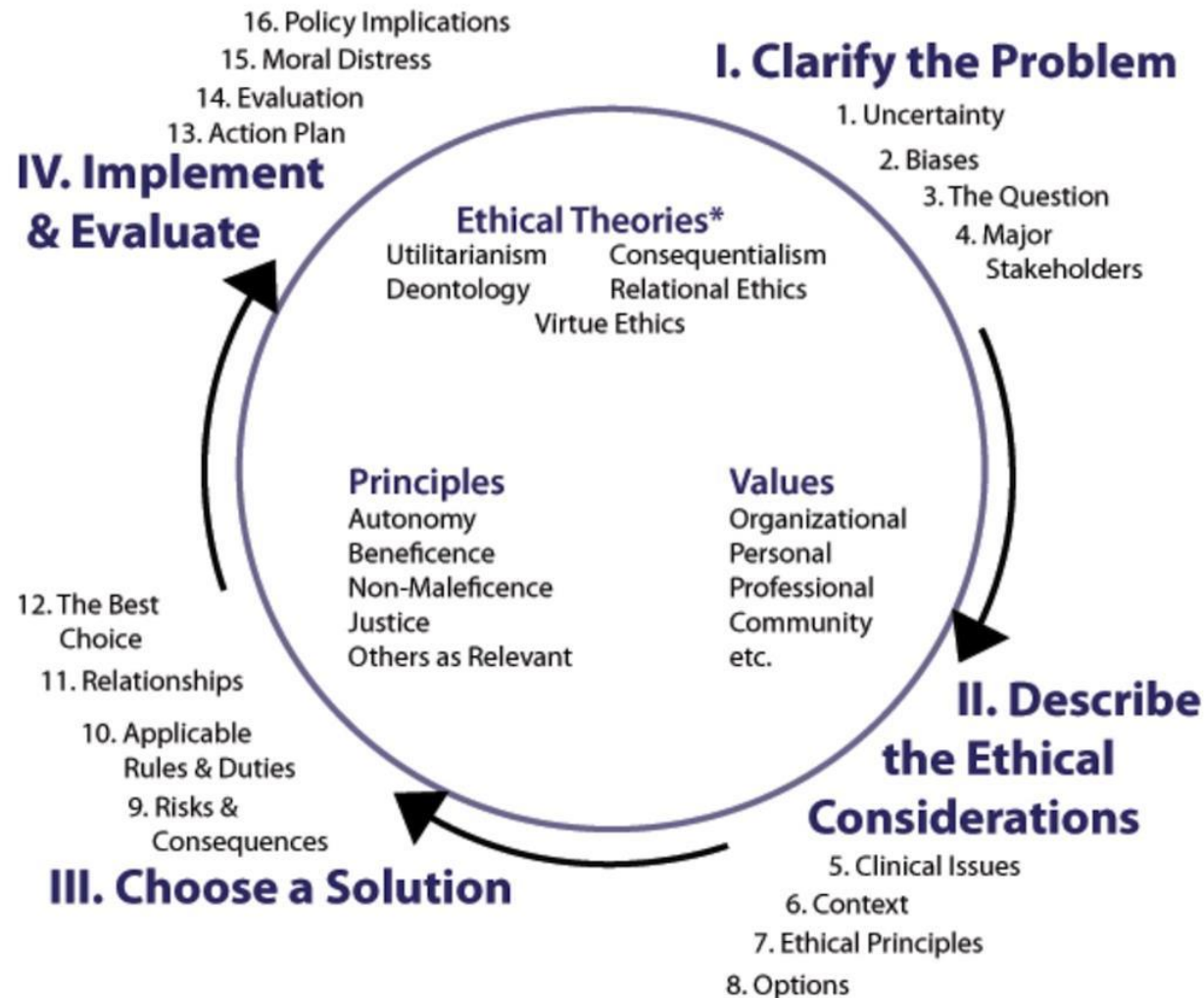
# Resolving a Dilemma

- Hospital/Clinic Ethics Board
- Family Conference
- Colleague Consultation



# Patient Care Ethics

## Decision Making



# Case Example #1

- The Chronic, High Dose Narcotic User
  - 63 y/o African American female with Hx of injury to Right knee 3 years ago.
  - Tx includes P.T., steroid injections, and knee scope.
  - Fell on ice leaving P.T. and developed recurrent knee pain.
    - CT scan revealed non-displaced tibial plateau fx.
  - Fx healed, but pt. left with increased knee pain and developing DJD
  - Pt. started on increasing doses of narcotics

# Case Example #1

- Decision made to proceed to Right Knee TKA
- Pt. seen by RN in hospital on POD #1
  - C/O severe knee pain, not controlled by pain meds given from initial physician post-op orders

## Case Example #2

- **The Weed Smoker with Chronic Pain**
  - 48 y/o Caucasian Male with Hx of chronic low back pain and lumbar radiculopathy from failed back surgery.
  - Pt. has taken Percocet 10/325mg 4 times daily, Zanaflex 4mg 3 times daily, and Lyrica 150mg twice daily for the past 6 years.
  - He has recently acquired his medical marijuana license and is using a combination of topical THC cream and THC Gummies 2 times per day.

## Case Example #2

- Pt. states that he feels like the Medical Marijuana is somewhat helpful, but he would like to continue the Percocet for “breakthrough pain.”



Questions?





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