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Continuing Education for Rehabilitation Professionals



Ethics in Clinical Practice

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NeuroRestorative's COVID-19 Response

We are committed to protecting the health and safety of the individuals we serve, our staff, and the community. Our services are considered essential, and we are taking precautions to minimize disruption to services and keep those in our care and our team members safe. In some programs, that has meant innovating our service delivery model through Interactive Telehealth Services. We provide Interactive Telehealth Services throughout the country as an alternative to in-person services. Through Interactive Telehealth Services, we deliver the same high-quality supports as we would in-person, but in an interactive, virtual format that is HIPAA compliant and recognized by most healthcare plans and carriers.

You can learn more about our COVID-19 prevention and response plan at our Update Center by visiting neurorestorative.com.

I. Definition/points to Ponder

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- I. Definition/Points to Ponder
 - II. Historical Events
 - III. Guiding Principles
 - IV. Practical Framework

| Ethics: Not a New Topic

- Socrates (470 – 399 BC) The father of Ethics studies
- Over 75,000 books on Ethics (Amazon)
- Seemly just as many definitions

Ethics in Clinical Practice

Define Ethics...

Moral principles that govern (or guide) a person's behavior or the conducting of an activity.

Three major areas of study within ethics:

1. Meta-Ethics – theoretical meaning and reference of moral propositions; how truth values can be determined.
2. Normative Ethics – concerning the practical means of determining a moral course of action. May be culture or location specific.
3. Applied Ethics – concerning what a person is obligated or permitted to do in a specific situation or a particular domain of action.

| Ethics

- Ethics guide a person to do what is right and good.
- Regulate our behavior

| Lou Holtz – Simply Put

“Do the right thing, don’t worry about the consequences.”

But maybe we do not always know the right thing.

| Ethics C.S. Lewis

Morality and Ethics are like a fleet of ships:

1. The ships must sail with the proper distance between them: societal ethics
2. The ships must be properly maintained so as not to sink: personal ethics
3. The ships must know why you are setting sail in the first place - where you are going: Summa Bonum – the big question, the “highest good”

| Not the Answer but the Question

The answer is:

48

| The Question

How many hours do you have left to live?

Answer 48.

How does that change your perspective?

Who's Ethical?

Each of us

Then Why So Much Emphasis on Ethics?

Who's Unethical

Each of us

| Why do we behave unethically?

- As human beings we seem to be prone to ethical failures (John Maxwell, 2003)
- Money, personal gain, power, pressure/fear, avoid punishment
- Pride
- It's in our DNA (Perhaps?)
- **Desire to win** (convert the referral)

| Why do we behave unethically?

- **Situational Ethics** (Joseph Fletcher, 1960s)
 - No one can judge, (no absolutes) so I'll decide
 - What is right in the moment
 - Judging yourself according to good intentions
 - ***Ethics based on decisions to achieve an outcome***
(i.e. ethics conform to goals) **VS**
 - ***Decisions based on ethics*** (ethics drive the decision, I may pay a price personally but the greater good is served)

**If you embrace ethical behavior will it
automatically make you successful?**

Maybe not but:

“Companies that have written and well publicized ethical statements and demonstrate a commitment to ethical business practices are more profitable than those who do not” (Ethics Resource Center, Washington D.C.)

II. Historical events shaping our ethical codes

| Events Shaping Ethical Codes in Health Care

- Milgram
- Willowbrook
- Tuskegee Study

| Milgram Study: Purpose

- Determine response to authority
- Recruited volunteers to study learning and memory

| Obedience to Authority

- Adolf Eichmann
- Organizer of Holocaust
- Brought Jews to Extermination Camps



| Obedience to Authority

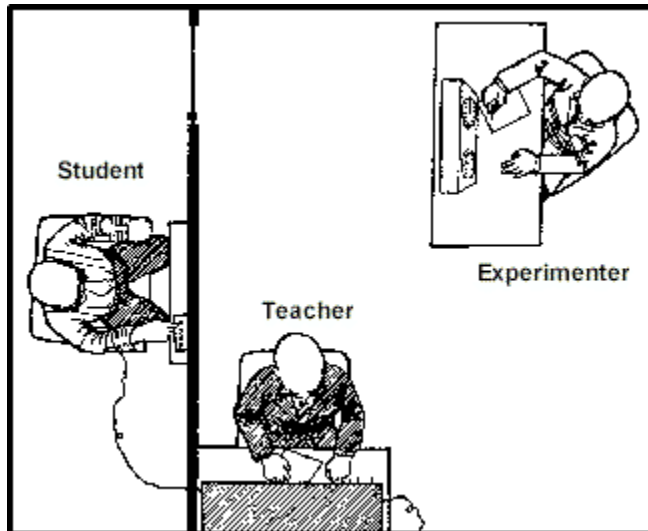
- “On arrival, stripped victims were marched to one of ten chambers and gassed in batches of 200 with the use of monoxide gas. The chambers, expanded in August–September 1942, were able to kill 12,000 to 15,000 victims every day, with the maximum capacity of 22,000 executions in twenty-four hours.”

- Why were so many complicit with such horrible acts?
- Policy of dehumanization (Create a crisis in need of drastic solution)
- Zeitgeist (moral and cultural climate of the times)
- Following state policy (most frequent reason given at Nuremberg trials)

| Milgram Study: Methods

- Subject told to teach a “student”
- Punish errors with electric shocks
- “Student” was a confederate
- “Student” faked being a bad learner
- “Student” faked pain, unconsciousness

| Milgram Study



| Milgram Study: Results

- 63% of subjects administered lethal shocks
- 65% after “student” revealed heart disease

| Milgram Study: Ethical Problems

- Respect for persons – deception
- Beneficence – Psychological harm

“I observed a mature and initially poised businessman enter the laboratory smiling and confident. Within twenty minutes he was reduced to a twitching, stuttering, wreck, who was rapidly approaching a point of nervous collapse”.

| Milgram Study

- People can readily perform unethical acts in the presence of an authority figure
- Authority relationships include:
 - MD over RN Administrator over CM
 - RN over LPN B of D over Administrators
 - Investors over B of D

| The Willowbrook Study

- Willowbrook State Hospital in Staten Island, New York
- Study to understand natural history of infectious hepatitis
- Investigate the effects of gamma globulin for treating hepatitis

| The Willowbrook Study

- Children deliberately infected with the hepatitis virus
- Researchers justified methods – children would have “gotten it anyway”



| The Willowbrook Study

- Dr. Saul Krugman

“Discovery of a vaccine would outweigh harm to the children.” (situational ethics)

| The Willowbrook Study

- Raised questions about freedom of consent
- Adequate disclosure
- Lack of information given to parents



| The Tuskegee Syphilis Study

- Violation of the rights of a vulnerable group
- Long-term study of black males conducted at Tuskegee Alabama by the United States Public Health Service



| The Tuskegee Syphilis Study

- Initiated in 1930s
- Examination of natural history of untreated syphilis
- Continued until 1972

Eunice Rivers
Study Nurse Coordinator



| The Tuskegee Syphilis Study

- Experimental group – 399 black men with syphilis
- Control group – 201 black men without syphilis
- Recruited without informed consent
- Misinformed that procedures given were actually “special free treatment”

| The Tuskegee Syphilis Study

- While study participants received medical examinations, **none** were told that they were infected with syphilis. They were either not treated or were treated at a level that was judged to be insufficient to cure the disease.
- Over the course of the project, PHS officials not only denied study participants treatment, but prevented other agencies from supplying treatment.

| The Tuskegee Syphilis Study

- Results clear by 1936
- Within 10 years, death rate twice as high
- In 1940s penicillin found to be effective
- Study continued, men were not informed or treated

| The Tuskegee Syphilis Study Consequences

- National Press 1972 (Peter Buxton)
- Public Outrage
- Victims compensated
- Department of HEW: established a permanent body to regulate all federally supported research involving human subjects, led to Belmont Report



| The Tuskegee Syphilis Study Consequences

- 28 men died of syphilis
- 100 died of complications from syphilis
- 40 spouses were infected
- 19 children born with congenital syphilis

| The Tuskegee Syphilis Study Consequences

- 1979 – Belmont Report
- Cornerstone document of ethical principles and Federal regulations for the protection of research participants based on respect for persons, beneficence, and justice.

iii. guiding principles

| Guiding Principles in Health Care Practice

- Respect for Persons (respect the individual's right to make decisions)
- Beneficence (do good)
- Justice (treat others fairly)

| Respect for Persons

Individuals are capable of deliberation about personal goals or actions.

- Patients must be given information they need to determine whether or not to proceed with treatment.
- Patients' right to information and to make decisions regarding care.

| Respect for Persons

- Persons with diminished autonomy may need additional protections (e.g. children, persons with severe developmental disorders, TBI)
- May require permission from other parties such as parent or legal guardian.

| Beneficence

- Make every effort to secure the well-being of each participant.
- Maximize possible benefits and minimize possible harm.
- No individual shall be harmed in the interest of obtaining societal benefits/or personal financial gain.

|Justice

- Requires that participants are treated fairly.
- *Treatment when persons are unlikely to benefit?*
- In clinical research, participants should not be selected because of their availability, compromised position, or vulnerability.

|Justice

- Access to care
- Is medical care a right?
- Should similar cases receive similar care?
(Aristotle said yes)

| Six Principles of Ethical Behavior

Examples from CRCs

- **Autonomy:** To respect the rights of clients to be self-governing within their social and cultural framework.
- **Beneficence:** To do good to others; to promote the well-being of clients.
- **Fidelity:** To be faithful; to keep promises and honor the trust placed in rehabilitation counselors.
- **Justice:** To be fair in the treatment of all clients; to provide appropriate services to all.
- **Nonmaleficence:** To do no harm to others.
- **Veracity:** To be honest.

| Good News for Nurses and for Patients

“For the 18th year in a row Americans rate nursing as the most honest profession and nurses as having the highest ethical standards” (Gallup, 2019).

IV. Practical Framework

| Framework for Resolving Ethical Conflicts

(Adapted from Arthur Andersen Seven Step Model for Moral Reasoning)

- Step One. Recognize the existence of the conflict and write it down.
- Step Two. Get the Facts. Make sure the information you have accurately represents the positions of those involved.

| Framework for Resolving Ethical Conflicts

- Step Three. Disclose the facts to all parties. Inform your supervisor (no surprises).
- Step Four. Generate possible solutions to the conflict.

| Framework for Resolving Ethical Conflicts

Step Five. Ask questions.

- a. Would an impartial professional act similarly?
If not how?
- b. Would this action compromise your
professional judgment?
- c. Can you defend your actions publicly?

| Framework for Resolving Ethical Conflicts

- d. Who is harmed or benefited by your action?
- e. Can your action pass the moral minimum test?
- f. Are there any practical constraints to your action?
- g. Whose interests are you serving?

| Framework for Resolving Ethical Conflicts

- Step Six. Select the best alternative and implement.
- Step Seven. Review and critique. Did the implementation go as planned?

| Conclusion

“Ethics promote human flourishing. An ethical act always fosters the welfare of your fellow human being” (John Banja, 2011)

Questions?

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