



Refusing the Ethics Consultation

A case study

UNIVERSITY OF MIAMI
MILLER SCHOOL OF MEDICINE
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“I Am Not Interested In Talking With You”

Mr. M an eighty five year old man is brought to the hospital from home by Celia, the patient’s daughter and surrogate decision maker, with worsening of his CHF, pneumonia, altered mental status and sepsis. The patient’s attending physician determined Mr. M not to have capacity to make medical decisions. The medical team, concerned about the patient’s nutritional status recommends the insertion of micro feeding tube for enteral nutrition.

Celia refuses the insertion of the tube

“I Am Not Interested In Talking With You”

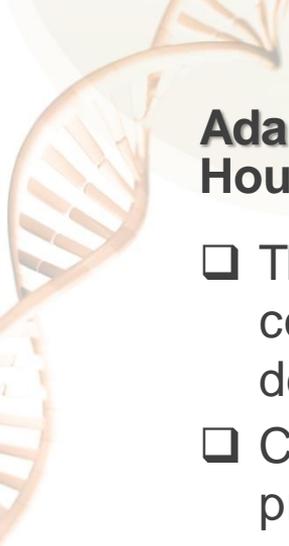
- ❑ ***After some discussions with the physicians Celia agrees and enteral nutrition is begun.**
- ❑ **Several member of the health care team report that Celia is ‘frequently rude’ and often dismissive of the ancillary and primary services. ***
- ❑ **While in the ICU Mr. M’s respiratory status worsens requiring intubation. As part of the unit’s protocol in cases like this one nurse practitioner attempts to talk to Celia about the goals of care but Celia refuses to discuss this.**
- ❑ **In other occasions Celia tries to dictate her father’s care; requesting lower insulin dosages more attuned to his home insulin protocol rather than the ICU insulin protocol. The medical team becomes concerned that if they follow Celia’s management they will provide substandard care which is not in their patient’s best interest. They tried to talk to the alternate surrogate decision maker –Celia’s brother. He refused saying that Celia knows their father best.**



An Ethics Consultation is called but when the clinical ethicist meets Celia, she firmly states:

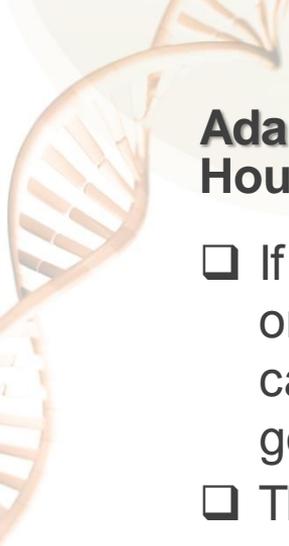
“I Am Not Interested In Talking With You”

Can she do this? What would you do?



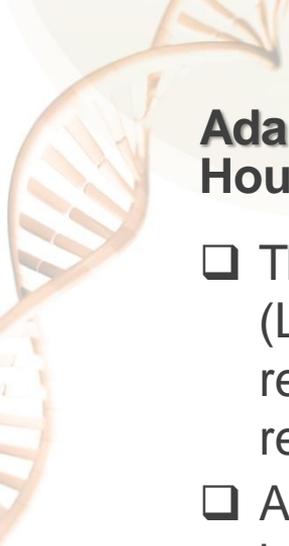
Adam Pena, MA, Instructor in Medical Ethics, Clinical Ethicist, Houston Methodist Hospital

- This issue, the refusal to talk to the ethicists, may become more common as the functions of the clinical ethic committees; policy development, education and consultation are better understood.
- Clinical ethicists, as consultants, deal with value laden issues that present themselves in the course of the medical management of patients and their families. They make recommendations after weighing the various perspectives and ethical considerations of the different stakeholders.
- This requires talking and engaging with them.
- If they can't, the quality of the consultation will suffer.



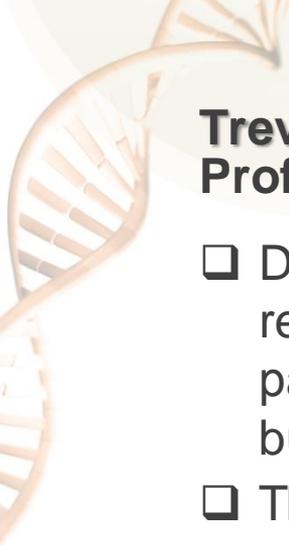
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- ❑ If Celia, the patient's daughter and legal decision maker, refuses to talk or engage with the ethicist(s), the patient's values and preferences can't be appropriately assessed, an adequate consensus about the goals of care may not be reached.
- ❑ There is a difference between the patient or LDM being able to veto an ethics consultation and a patient or LDM refusing to participate in an ethics consultation.
- ❑ In the first case the answer is NO in the second case it is YES but the requestor is told that the recommendations by the ethicist if he or she proceeds without the input of the LM (Celia) may be incomplete.



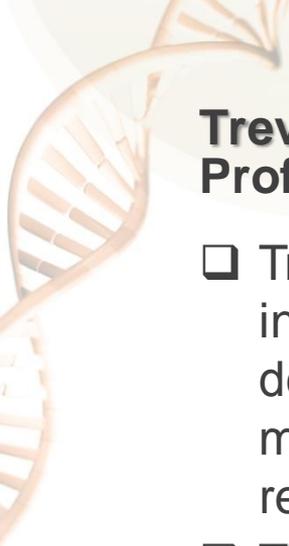
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- ❑ The ethicist could also participate in a family conference with Celia (LDM) where emphasis on the patient's values is made but if the LDM refuses to participate the ethicist could proceed making incomplete recommendations.
- ❑ At the present time there is no consensus in the ethical community in how to proceed in cases like this because of HIPPA issues.



Trevor Bibler PhD, Senior Associate Center for Ethics and Professionalism, American College of Physicians

- ❑ Dr. Bibler stresses the importance of this issue. The clinical team requests from the ethicist assistance in determining which are the patient's values and expectations, no need to have informed consent but requires permission and cooperation.
- ❑ The lawyers of the hospital require neither, informed consent or cooperation.
- ❑ LDM = surrogate or proxy or guardian
- ❑ The ethicist requires to know the patient's values directly or in case of incapacity thru the LDM. If the LDM does not want to talk what is the ethicist to do?



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- ❑ Trust building is important but the LDM (Celia) has shown interference in the care of the patient; not her prerogative. Manipulating the insulin dose... the ethicist should make it clear to the medical team that management of the insulin dose or acting on medical issues not related to the patient values is the responsibility of the medical team.
- ❑ The institution should develop policies that deal with these issues, such as informing the patients and members of the staff which are the functions of the ethics consultation services and what they can expect.