NHPCO Project ECHO
Ethical Dilemmas Across Health Equity: 2024

Confronting Ethical Dilemmas: Real-Life Challenges and Insights

August 20, 2024

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Disclosures

Disclosure

The faculty and planners for this educational event have no relevant financial relationship(s) with ineligible companies to disclose.

Data Collection

In order to support the growth of the ECHO® movement, Project ECHO® collects participation data for each ECHO® program. Data allows Project ECHO® to measure, analyze, and report on the movement's reach. Data is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

Evaluation

Please complete program evaluation materials following each session.

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Ground Rules and Video Teleconferencing Etiquette

- This is an all share-all learn format; judging is not appropriate
- Respect one another – it is ok to disagree but please do so respectfully
- Participants – introduce yourself prior to speaking
- One person speaks at a time
- Disregard rank/status
- Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality
- Use video whenever possible; make eye contact with the camera when you are speaking
- **Do not disclose protected health information (PHI) or personally identifiable information (PII)**

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Today's Agenda

- Introduction of Faculty – NHPCO Team
- Didactic Presentation – Faculty
- Case Study Presentation – Faculty
- Discussion – Session Participants, Faculty, and NHPCO Team
- Key Takeaways – Faculty and NHPCO Team
- Closing Remarks – NHPCO Team

Project ECHO Team

Program Director
Aparna Gupta
Vice President, Quality, NHPCO

Program Lead
India Jones-Harris
Manager, Health, Equity and Diversity, NHPCO

Program Coordinator
Karuna Tamrakar
Program Specialist, Quality, NHPCO

IT Support
Tej Chana
Data Analyst, Quality, NHPCO

Curriculum Advisor
Dr. Cynthia Pan
Chief, Division of Geriatrics and Palliative Care Medicine, New York-Presbyterian Queens

Content Expert
Paul Longnecker
Leadership and Ethics Consultant, Educator, Author, Keynote Speaker

Content Expert
Christy Torkildson
Executive Director, Children's Hospice & Palliative Care Coalition of California

Content Expert
Toby Weiss
AVP of Cultural Diversity, MJHS Hospice and Palliative Care

Faculty Members

Jason Lesandrini, PhD, FACHE, LPEC, HEC-C

AVP Ethics, Advance Care Planning, Spiritual Health, and Language Access Services, Wellstar Health System, GA

Principal/Founder—The Ethics Architect

jlesandr@gmail.com

Neal Wyatt, D.O., HEC-C

Associate Medical Director, Arkansas Hospice, AR

Adjunct Associate Professor:

- UAMS
- NYITCOM-Arkansas
- ARCOM

nwyatt@arkansashospice.org

Didactic Presentation

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ETHICS

Quality Standards

- Access is available to an internal ethics committee or outside ethics resource
- Annual training related to ethical issues is provided to staff
- Policy and procedures are developed for ethical consults as needed
- Outcomes are funneled into QAPI program as necessary

Category: Patient*/Family** Care Provision and Outcomes

NHPCO Resources	Characteristics	Evidence (Demonstration of the Characteristic(s))
	Demonstrates a person-centered interdisciplinary care model through:	
Standards Domain: - Patient and Family/ caregiver-Centered Care (PFC) - Clinical Excellence and Safety (CES) - Inclusion and Access (IA) - Organizational Excellence (OE) - Ethical Behavior and Consumer Rights (EBR) **Quality Connections Pillar(s):** - Education - Application - Measurement - Innovation	**Timely response to a hospice referral and timely/flexible admission per patient needs and wishes**	- Establishes a policy that ensures a timely response with consideration of individual patient/family wishes • Process established for triaging patient acuity for prioritization of urgent admission - Establishes process to identify and address barriers to timely response - Establishes a process for accommodating a timely admission to meet the needs of patient/family
	Individualized proactive patient care provided by a skilled interdisciplinary team	- The Interdisciplinary Group (IDG) meets patients/families where they are and honors cultural norms and communication needs (e.g., health literacy level, cultural diversity) • Patient/family needs are anticipated and met (e.g., visit frequency meets needs of patients/family) - Provides effective and timely symptom management - Aims to provide care that prevents unnecessary emergency department (ED)/hospitalizations
	IDG collaboration	- Collaboration is proactive and goal oriented - Patient plan of care goals are continuously assessed and adjusted for measurable achievement - Patient and family expectations and goals are acknowledged by the IDG - Facilitates coordination, communication, and collaboration with non-hospice staff when patient resides in a facility (e.g., skilled nursing facility (SNF), nursing facility (NF), or assisted living facility (ALF))
	Increased IDG presence in last days of life per patient family wishes	- Provides individualized patient/family/caregiver education (e.g., what to expect, in a manner they understand (language, literacy, health literacy)) - Physical, emotional, and spiritual care needs are met per patient/family wishes (e.g., symptoms are controlled, patient appears calm and peaceful, etc.)
	Organizational ability to address ethical concerns	- Access is available to an internal ethics committee or outside ethics resource - Annual training related to ethical issues is provided to staff - Policy and procedures are developed for ethical consults as needed - Outcomes are funneled into QAPI program as necessary

State of Ethics in Palliative Medicine

Sage Choice

Journal Article

Palliat Med. 2021 Feb; 35(2): 315–334.
Published online 2020 Dec 10. doi: 10.1177/0269216320974277
PMCID: PMC7897798
PMID: 33302783

Real-world ethics in palliative care: A systematic review of the ethical challenges reported by specialist palliative care practitioners in their clinical practice

Guy Schofield,[1] Mariana Dittborn,[2] Richard Huxtable,[1] Emer Brangan,[3] and Lucy Ellen Selman[4]

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Associated Data

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State of Ethics in Hospice

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Didactic Presentation Q&A

Case Study Presentation

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Background/Phase I

- Mrs. T, an 82-year-old woman with advanced metastatic breast cancer, is admitted to Serenity Hospice Care. She has a history of hypertension, type 2 diabetes, and early-stage dementia. Upon admission, Mrs. T is alert and oriented to person and place, but often confused about time. Her prognosis is estimated at 2-3 months.
- Mrs. T's advance directive, completed five years ago, states she does not want any life-prolonging treatments if she has a terminal illness. However, it does not specifically address nutrition or hydration. Her daughter, S., is her designated healthcare proxy.
- During the initial care planning meeting, S. insists on continuing her mother's current medications, including those for diabetes management, despite the hospice team's recommendation to discontinue them as they may no longer be beneficial and could cause discomfort.

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Situation/Phase II

- Two weeks after admission, Mrs. T's condition deteriorates. She becomes less responsive and develops difficulty swallowing. The hospice team recommends discontinuing oral intake to prevent aspiration. S. agrees, but Mrs. T's son, M., who has just arrived from out of state, insists on continuing to feed his mother, stating, "We can't just let her starve to death."
- S. and M. begin arguing about their mother's care. S. supports the hospice team's recommendations, while M. accuses them of "giving up" on his mother. Mrs. T is unable to express her own wishes due to her declining cognitive state.

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Situation/Phase III

- As Mrs. T's condition worsens, she experiences increasing pain. The hospice physician recommends starting morphine for pain management. S. agrees, but asks the team not to tell her mother that she's receiving morphine, fearing it will make her think she's dying. M., on the other hand, wants his mother to be fully informed about her treatment.
- Meanwhile, Mrs. T. has a period of lucidity and asks the nurse directly, "Am I dying?" The nurse, aware of S.'s request, feels conflicted about how to respond.

Situation/Phase IV

- Two days later, Mrs. T develops signs of pneumonia. The hospice physician explains that this is likely a terminal event and recommends focusing solely on comfort measures. S. agrees, but M. insists on transferring his mother to a hospital for antibiotic treatment.
  - Stating, “it's just antibiotics, it doesn’t hurt her.”
- The hospice team is concerned that a hospital transfer would cause significant distress to Mrs. T. in her final days and may prolong her suffering without changing the ultimate outcome.

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Assessment

Issues

1. Surrogate decision-making conflict vs. potential for medical futility vs. risk of harm from continued oral feeding.

2. Truth-telling and patient autonomy vs. surrogate authority vs. patient's right to information.

3. Quality of life vs. prolongation of life vs. surrogate decision-making in conflict with perceived patient best interests vs. surrogate authority.

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Discussion and Recommendations

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Discussion and Recommendations

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Key Takeaways

- Organizations should make sure they have access to Ethics Resources, e.g., ethics committees, ethics consultants
  - These resources should be appropriately trained and knowledgeable of the challenges unique to Palliative and Hospice Medicine.

- Ethics Resources should use a systematic process to work through complex ethics situations to ensure that sufficient information is obtained, analyzed, and ethically acceptable options are offered

T1 H4 A1 N1 K5 S1

References

- Lesandrini J, Reis D. Ethical Challenges in Staffing: The Importance of Building Moral Muscle. Front Health Serv Manage. 2022 Jul 1;38(4):33-38. doi: 10.1097/HAP.0000000000000140. PMID: 35670617.

- Schofield G, Dittborn M, Huxtable R, Brangan E, Selman LE. Real-world ethics in palliative care: A systematic review of the ethical challenges reported by specialist palliative care practitioners in their clinical practice. Palliat Med. 2021 Feb;35(2):315-334. doi: 10.1177/0269216320974277. Epub 2020 Dec 10. PMID: 33302783; PMCID: PMC7897798.

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Session Evaluation and Certificate of Completion

- Your feedback is valuable as we plan upcoming sessions! Please complete the Project ECHO: Ethical Dilemmas Across Health Equity Session Post-Session Evaluation

- Project ECHO sessions are not accredited for continuing education, but we are able to offer a confirmation of completion for participants who attend at least four live sessions and complete all session evaluations as well as a final miniseries evaluation.

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Upcoming Session

Date: August 27

Topic: Summary Wrap-Up: Conducting an Ethics Review

Additional Information

NHPCO Project ECHO webpage:

https://www.nhpco.org/regulatory-and-quality/quality/projectecho/

For more information:

projectecho@nhpco.org