

Ethical Considerations in Geriatric Care: Navigating Complex Decision Making with Compassion and Respect

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Upon completion of this presentation the learner will be able to:

- **Define Ethics in Health Care?**
- **Define the Core Ethical Principles: Beneficence, Nonmaleficence, Autonomy and Justice.**
- **Discuss Principles of Clinical Ethics and their Application to Practice.**
 - List 6 Benefits for Patients.**
- **List 6 Benefits for Practitioners.**
- **Describe how Healthcare Administrators uphold Ethics.**
- **Define Turfing and Dumping and how it impacts the quality metrics.**
- **Discuss the origins of “Turfing” in Healthcare.**
- **List 5 Best Practices Hospitals can follow to uphold Ethics and improve outcomes for patients and health care professionals.**

What is Ethics in Health Care?

- **Healthcare professionals face ethical dilemmas daily. With the advanced medical technologies and increasingly diverse patient populations, it is critical that the health care Professionals have clear ethical guidelines.**
- **Ethical competencies for the healthcare professionals involve sensitivity, compassion, knowledge, reflection, decision making, action and behavior.**
- **Health care technology advances bring with them countless benefits and expanded capabilities, but they also bring with them increased obligations when it comes to ethical issues.**
- **As healthcare professionals we prioritize patient well-being, which can sometimes mean respecting patient's wishes that they themselves disagree with. (Managing different perspectives in the situation)**
- **Ethics are moral principles that govern a person's behavior or the conducting of an activity.**
- **In plain language, ethics refers to well-founded standards of right and wrong that prescribe what humans ought to do, usually in terms of rights, obligations, benefits to society, fairness, or specific virtues.**



Types of Human values.

Ethics is an inherent and inseparable part of clinical medicine

The physician has an ethical obligation :

- **To benefit the patient.**
- **To avoid or minimize harm to the patient.**
- **To respect the values and preferences of the patient.**

- **Physicians and Healthcare Professionals must have competence in core ethical behavioral skills in the following areas:**
- **Obtaining informed consent, assessing decision-making capacity, discussing resuscitation status and use of life-sustaining treatments, advanced care planning, breaking bad news and effective communication.**
- **Physicians and Healthcare Professionals must have competence in analyzing and resolving ethical problems.**
- **Physicians and Healthcare Professionals must appreciate cultural diversity and its impact on ethics.**

- **(Principles of Clinical Ethics and Their Application to Practice, PMC, Feb. 2021 17-28)**

History of Ethics in Health Care

- **Ancient Greece created the Hippocratic Oath, to keep physicians accountable for taking care of their patients, and bringing no harm to them.**
- **Hippocrates stated” to help and do no harm”. (Beneficence and nonmaleficence)**
- **Late in the 1800’s Percival’s book on ethics expanded and added the concepts of Autonomy and Justice.**
- **Ethics in health care is what guides the work of professionals in the healthcare industry.**
- **Ethics is an essential component of providing health care, ensures practitioners treat their patients with dignity and respect, and that the decisions made by healthcare professionals are fair and just.**
- **Ethics helps promote trust and confidence in the healthcare system, and it ensures healthcare professionals act in their patient’s best interests.**
- **The Code of Ethics concept, lays out guidelines for physician’s professional conduct, and their ethical obligations have remained relevant to the healthcare field ever since ancient Greece.**
- **Since World War II we have had rapid development of medical treatments,**
- **and techniques which culminated in several core ethical principles.**
- **(Beauchamp and Childress’ book Biomedical Ethics is a classic)**

Core Ethical Principles

- **These core ethical principles guide healthcare professionals today in resolving an ethical dilemma.**
- **Beneficence: Refers to healthcare practitioner's responsibility to act in their patient's best interests. This principle entails improving the patient's well-being and health, including giving treatments to relieve pain, avoid injury, and promote their health.**
- **Beneficence is central to ethics in health care, and while making choices regarding patient care, healthcare practitioners must assess each course of actions, possible advantages, and potential harms, and recommend the actions they believe will best serve the patient.**
- **Each partitioner must ask themselves what is beneficial to this patient?**
- **Partitioners must consider patient's individual goals, needs, past experiences, their background, religious beliefs, and life experiences. Our initial assessments of our patients help us to gather this information.**
- **Beneficence is a framework from which we work. It ensures that the healthcare provider presents the best course of action for the patient, taking into account their concerns and wishes. To promote their welfare.**

Core Ethical Principles

- **Nonmaleficence**: Do no harm, this is the opposite of beneficence, as it dictates that healthcare practitioners should “Do no harm”, meaning they should not allow harm to a patient due to their own neglect.
- Consider our actions and how they impact others, as our actions may intentionally or not, cause harm to patients or even other healthcare workers.
- Practitioners must be mindful of our actions’ consequences and refrain from decisions that could harm others.
- Nonmaleficence supports several moral rules-do not kill, do not cause pain or suffering, do not incapacitate, do not cause offense, and do not deprive others of the goods of life.
- Example: A doctor could order a medication for a patient to help with a health issue, but due to the medication’s side effects, stemming from another unrelated chronic condition, the doctor’s decision to prescribe the medication unintentionally causes harm.
- Nonmaleficence is a guiding principle, and actions can be taken if the likely good for the patient outweighs the pain or discomfort they may experience with the medical treatment. (ie. Pain is expected after surgery or some treatments).
- A physician’s obligation and intention to relieve suffering(IE, refractory pain or dyspnea) of a patient by the use of appropriate opioids override the foreseen but unintended harmful effects or outcomes (Doctrine of Double Effect).
- This is one reason why Ethics in Healthcare can be complex and require administrative guidance.

Core Ethical Principles

- **Autonomy**: Autonomy is a practice that acknowledges patients have the right to exercise control over what happens to them regarding treatment. Truth-Telling, informed consent, and confidentiality spring from the principle of Autonomy. Each person has the right for Self –Determination (Ability to make sound decisions).
- Health care workers assess for capacity/incapacity to make health-care decisions.
- Court of Law determines incompetence.
- Patient autonomy allows the healthcare providers to educate the patient, but does not enable them to make decisions for the patient. Even when the healthcare provider feels the treatment is in the best interest of the patient.
- Autonomy allows the patient to have the final say in the decision-making process. Moving away from Paternalism found in ancient civilizations, in the advanced western countries like the United States, we are moving away from Paternalism.
- Autonomy also requires the Informed Consent, which involves clear communication between the patient and their healthcare provider, that leads to authorization for care, treatment, or services.
- Patient must be given all information about their medical concerns, testing, and treatment alternatives.
- The patient must have capacity to make their informed decision about their care, so that informed permission can be given by them.
- Patients and professionals may have different beliefs and experiences that may inform their feelings on the best treatment in a given scenario.
- Example: A medical professional can restart someone's heart in order to save their life, but the patient consents to a DNR order and declines CPR etc.

More on Autonomy

- **Respect for Autonomy is a norm in medical ethics that requires the respect for the decisions of adults who have the ability to make sound decisions (self-determination).**
- **A Determination of someone's decision-making ability can be gauged by their:**
- **Intentionality (Is it believable he or she will follow-through with a decision?)**
- **Understanding (Does he or she understand the situation and the consequences and implications of different options?).**
- **Absence of controlling influences that determine their action (Is he or she being influenced somehow against choosing reasonably?).**
- **(Healthcare Ethics in Modern Medicine, August 20, 2019)**

Core Ethical Principles

- **Justice**: means treating all people fairly. The principle of Justice does not necessarily mean Equal Care but rather Equitable Care.
- Healthcare Equity means patients should not be denied care, have restricted access to care, or be provided with lower-quality of care based on their socioeconomic class, ethnicity, gender identity, and expression, or any other characteristic.
- Justice can also be ascribed to sharing medical resources with a larger community that they may not have access to, or helping other facilities if they become too full by accepting their patients. (Hospital Bypass)
- Justice also applies to emergency situations. For instance, if a patient needed care for a minor injury, and arrived to the ED before a patient that needed intensive care, the latter patient should receive treatment first, because they need it much faster.
- Healthcare professionals must assess and gauge the severity of a patient's conditions, and triage, to determine the order in which one receives care first.
- In emergency situations where supplies are limited, many healthcare facilities may need to choose which patients receive life-sustaining care. During the Covid 19 Pandemic, healthcare professionals had to make difficult decisions. Ethics Committees in the hospital were called upon to create screening tools to help them navigate the challenges.

Core Ethical Principles

- **Justice**: When patients face severe injury, debate can arise among healthcare providers over how to deliver treatment equitably.
- Finding solutions to these dilemmas often falls to the healthcare Administrators and Ethics committees, who must keep their decisions consistent with applicable ethics in health care.
- Justice calls on us to fairly distribute benefits, risks, costs, and resources in health care as best we know how.
- To each individual, justice, ideally should proffer:
 - An equal share
 - According to need
 - According to effort
 - According to contribution
 - According to merit
- The principle of justice means that every single person should be treated in the best possible way by their doctor and health care professionals.

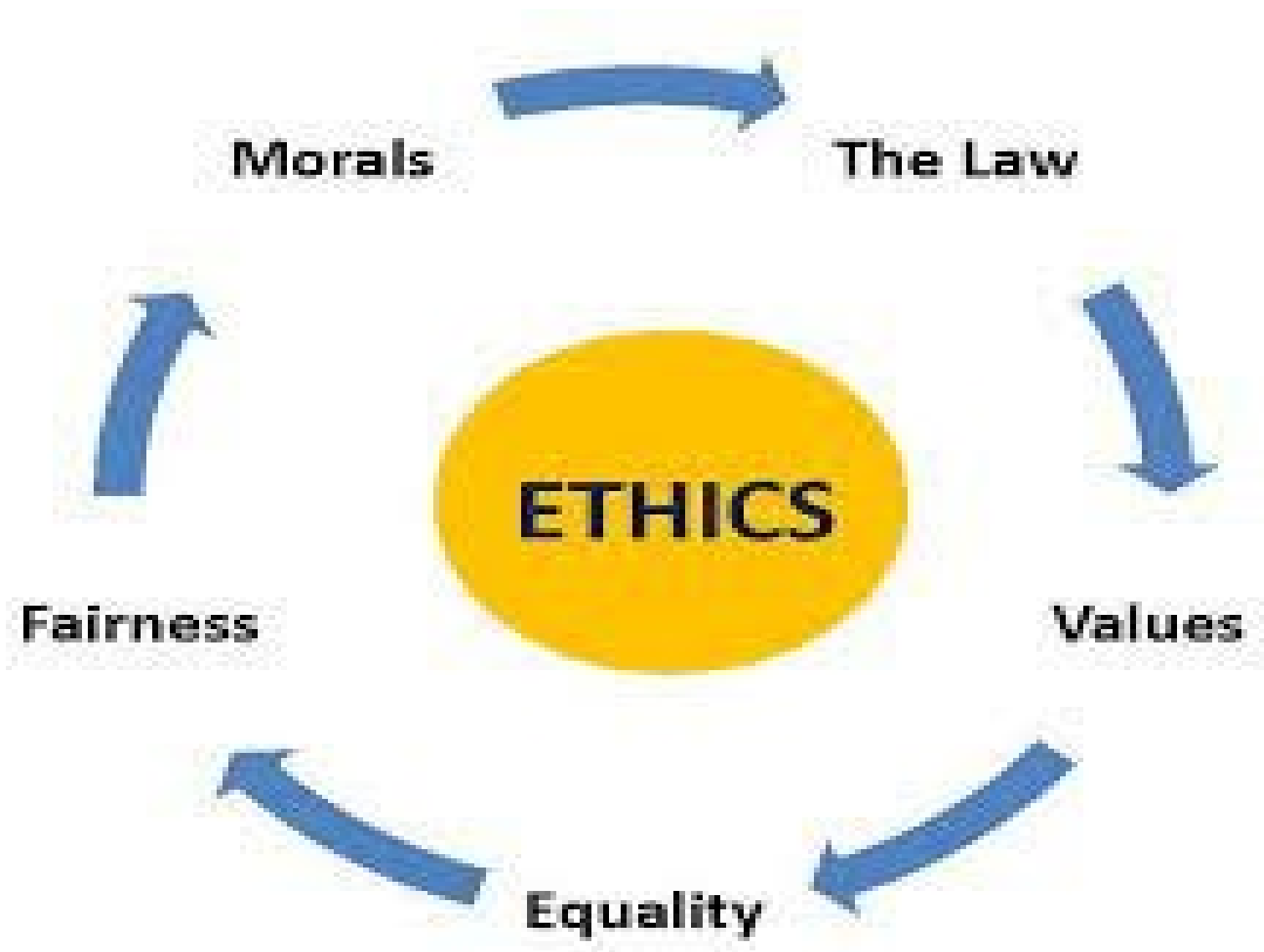
The Importance of Ethics in Healthcare Professions

- Because lives are at stake, the healthcare profession requires a strong ethical framework to guide decisions about patient care.
- Healthcare practitioners who are educated and equipped to address ethical considerations (Ethics committee members) can make compassionate, fair, and effective choices for their patient's treatment.
- Ethics benefits not only the patients, but the health care professional also, in the work setting.
- Ethically directed care and treatment of patients increases trust and opens communication.
- Truth-telling, is a part of patient Autonomy .



The Benefits of Ethics for Patient Care

- All the Core ethical principles are designed to benefit patients by ensuring:
 - Guaranteeing their respect.
 - Providing the patient with Autonomy to make their own decisions.
 - Equitable treatment
 - Receive the best available care based on their beliefs and decisions.
 - Improved trust from the patient
 - More open communication between the patient and healthcare professional.
 - Improved health outcomes for the patient.
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- In a 2021 study by NORC found that only 78 % of participants trusted their PCP, which may suggest that a significant portion of Americans are unwilling to reveal important health information to their doctors, or agree to life-saving procedures or treatments.



Benefits for Practitioners

- The core ethical principles are designed to benefit patients, but they also benefit practitioners, in the following ways:
- Ethical frameworks in the workplace allow healthcare workers to talk honestly and candidly with their patients and families about end-of-life care, or to quickly inform their patients about their emergency choices.
- Practitioners can recommend a solution when there are ethical disagreements between patient, families, caregivers, or even other staff members. The ethical framework helps resolve issues in a clearer way.
- Having ethical guidelines to support one's decisions allows for one's conscience to remain clear, as ethics will help dictate what the best decision should be for the ideal outcome.
- Ethical frameworks that encompasses an entire facility, support healthcare workers to feel assured that their co-workers are operating with the same intent as they are , and that they have a solid foundation.
- Ethical framework enhances communication and understanding between staff, this creates mutual trust.
- Ethical guidelines help practitioners find the least obtrusive and most beneficial solution to a patient's health concern available, reducing the risk for unnecessary procedures and treatments.
- Nonmaleficence, extends to patients and colleagues. Healthcare workers can feel they are **working in a safe**
- **workplace.** This reduces moral and personal distress.

Turfing



Turfing and Where Patients Belong?

- **Turfing is a colloquialism that refers to what clinicians do to patients whose needs do not fit neatly and tidily into a typical clinical placement protocols, especially during inpatient admissions from a hospital emergency department.**
- **This term "turfing" and this practice are both clinically and ethically problematic because a patient is rarely, if ever, "turfed" to their advantage.**
- **Ethically speaking, turfing constitutes deferral of responsibility for a patient's admission or care to colleagues.**
- **We will discuss under what circumstances it is clinically and ethically appropriate to defer a patient's care, and suggest why turfing happens despite its negative influence on patients, healthcare professionals, and physicians.**

- **"What's a TURF?" asked Potts.**
- **"To TURF is to get rid of, to get off your service and onto another, or out of the house altogether."**
- **(SHEM, S.)**

The Origins of Turfing and Dumping

- **Prior to 1986, patients with emergency conditions could be turned away because they did not have insurance or ability to pay for services.**
- **The Federal Emergency Medical Treatment and Labor Act (EMTALA) was passed that year to increase health care access and prevent “dumping” based on insurance status.**
- **The EMTALA mandate requires emergency physicians (EP’s) and their institutions to evaluate and stabilize all patients regardless of their ability to pay, which commonly requires the expertise of and further care from consultants.**
- **EMTALA was intended to create both a more equitable health system by removing systemic barriers to care and what could be called a culture of belonging by ensuring emergency care for “anyone, anytime”.**
- **A consultant may decline emergency department (ED) evaluation of a patient, admission to that consultants’ service, or outpatient follow –up.**
- **Both the EP and consultant must determine if the reasons for refusal to provide care to the patient are proper and if reasonable alternatives can be put in place to ensure that the patient’s needs are met.**
- **In some instances, a consultant might have less altruistic reasons to deny care to another clinician, leading to the pejorative term turfing, popularized in the book, House of God.**

Accountability in Turfing Practice

- **Physicians, other health care professionals, and institutions are accountable for inappropriate routing of patients, which could result in civil monetary penalties for hospitals, or physicians, physicians can be excluded from CMS (Center for Medicare and Medicaid services) and terminating its provider agreement with the hospital.**
- **It is critical that clinicians understand the nature and scope of EMTALA-related care, their institutional policies and pathways to ensure compliance with the law, and the reasons for, implications of, and consequences of declining care.**
- **Ethically, health professionals should be concerned about “Turfing/Dumping” because it may narrow a clinician conception of what a patient deserves based on where that patient might be thought to belong, and belonging informs whom clinicians see, within the scope of their responsibility and concern.**
- **We will discuss specific circumstances wherein deferral of care to another provider is clinically and ethically appropriate and situations wherein it is not, and we will explore why Turfing still occurs.**
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- **(Gillian R. Schmitz MD, and Robert W. Strauss, MD)**

Legitimate Reasons to Defer Care

- **1. Patients require higher levels of care, specialized services, diagnostic testing, more intensive nursing, and expertise.**
- **2. Patients insurance dictates where they are admitted. Insurance types require care be given within a specific health system.**
- **3. A surgical specialist requests admission to the medicine service for surgical patients with complex medical conditions. Hip Service pathway for geriatric falls.**
- **4. Consultants defer admission to an outpatient setting for testing and follow-up. Administrative costs to hospital admission are a major driver of health care system costs.**
- **5. Patient or consulting physician requests transfer to another facility, where patient has previously received care. Comorbidities, patient must be stabilized as stipulated by EMTALA. Once the patient is stabilized, EMTALA mandate no longer applies.**

- **The Patient is best served by follow up with the physician or surgeon who provided previous, related care or who performed invasive surgery or procedure, an approach guided by the principles of beneficence, nonmaleficence, and respect for patient autonomy.**

Turfing and other Inappropriate Deferrals

- **Turfing could reflect the following:**
- **Concern over lower reimbursement for hospitals, physicians, and services.**
- **Concern over lower compensation.**
- **Perceived increased risk of complications.**
- **Unclear Hospital/Administrative Policies.**
- **Work Avoidance.**
- **Physician Burnout.**
- **Concern over their quality metrics, complication rates, and readmission rates, for hospital and physicians .**
- **Turfing can cause both patients and physicians to feel unappreciated, undervalued, demoralized, and powerless to control their situation or environment. Moral Injury to physicians**
- **Because it is Unlawful and Unethical to deny care to or turf patients based on their Predicted outcome, specialties and hospitals should fight for RISK ADJUSTMENTS, to the CMS's proposed quality metrics.**
- **Turfing has an impact on how they perceive their care and how physicians deliver care.**

More on Risk Adjustments for Hospitals and Physicians

- **A Risk Adjustment allowance would do the following:**
- **Anticipate higher complication rate associated with underlying disease processes and would decrease the financial risk physicians take when providing equitable care.**
- **All patients deserve high-quality care, and physicians and providers are obligated to address patients' acute needs regardless of their :**
- **Race**
- **Ethnicity**
- **Gender**
- **Sexual Orientation**
- **Underlying Risk Factors**
- **Socioeconomic status**

Best Practices for Hospitals/Administrations

- It is important that hospitals have clear policies regarding the appropriate admitting services for certain patient populations. Patients do not follow the textbook when presenting with an emergency condition.
- Patient may have more than one chief complaint or acute issue that require admission. (MVA)
- Emergency doctor (ED) often calls in many consultants when multiple injuries or conditions are present.
- Best Practice encourages multidisciplinary meetings and policies that develop clear communication, proactive planning, and procedures that are mutually agreed upon between the services and the ED.
- Common situations involving more than one service should have admission guidelines and protocols for several types of presentations:
 - A. Trauma patients with acute conditions (seizure, AMI, that caused a car crash).
 - B. Medical or pediatric patients with suicidal ideation.
 - C. Isolated fractures in geriatric, medically complex, or fragile patients. (Hip fracture pathway)
 - D. Pregnant patients with acute surgical condition or other needs unrelated to pregnancy.
- Some Hospitals have created Multiple Teams responsible for certain types of patients (Cardiology, Orthopedics).
- Department and hospital chain of command be established to escalate resources when a consultant cannot be reached.

Best Practices for Hospitals and Physicians

- **Some Hospitals have created Multiple Teams responsible for certain types of patients (Cardiology, Orthopedics).**
- **Department and hospital chain of command must be established to escalate resources when a consultant cannot be reached.**
- **Create a Boarding metric/time tool to reduce boarding in the emergency room relieving the ED of the boarding burden.**
- **Boarding in the emergency rooms results in:**
- **Backlog of patients.**
- **Limits the space for incoming patients needing acute care.**
- **Overcrowding results in increased length of stay in the emergency department.**
- **Boarding in the emergency department before transferring to ICU/CCU has resulted in worse patient outcomes**
- **for both admitted and new patients.**
- **Hospitals must have policies in place to determine disposition in circumstances in which services do not agree on optimal management, which leads to delays in care.**
- **Patient flow and improved care must be the goal of the hospital and health care teams.**

Conclusion for Ethics in Health Care

- **It is critical that the four Ethical Principles of Beneficence, Nonmaleficence, Autonomy, and Justice be understood by Health Care Professionals.**
- **All Health Care Professionals must understand their hospital policies to ensure they are meeting the ethical and legal requirements of EMTALA.**
- **As discussed there are many reasons consultants may defer admission from the ED, some of which are legitimate and patient centric.**
- **We discussed how Turfing, defined as an inappropriate transfers or deferral of care, threatens both physician and patient wellbeing and undermines physicians; ability to deliver the empathetic care that patients deserve.**
- **Hospitals that have clear policies, protocols for their patient populations, multidisciplinary teams, and solutions are using a patient-centered approach to addressing the many healthcare challenges , and realigns patient care with incentives grounded in ethics and equity.**

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- Thank you for attending this presentation today.

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