

insights into clinical research

Schneiderman L, Gillmer T, Teetzel H: *Impact of ethics consultation in the intensive care setting: A randomized, controlled trial. Crit Care Med* 28(12):3920–3924, 2000.

The purpose of this study was to determine if ethics consultations in the intensive care setting reduced non-beneficial treatments to patients and whether physicians, nurses, social workers, and families thought ethics consultation was beneficial. In recent years, ethics consultation has been offered in many health care institutions as a way to help health care providers resolve conflicts and make difficult decisions about medical treatment. Empirical research evaluating ethics consultation, however, is very limited. One of the largest empirical studies, the SUPPORT study, demonstrated no improvement in end-of-life decision making or reduction in the use of life-prolonging care after intervention by a nurse specially trained to facilitate advance care planning. The need for further empirical research is great.

This study was conducted in both medical and pediatric intensive care units (ICUs) in a university medical center. Seventy-four patients for whom value-based treatment conflicts arose were randomized to receive or not to receive an ethics consultation. Medical data and ICU hospital days were compared between the intervention and control groups. Interviews of responsible physicians, nurses, social workers, and families were conducted within 1 month of the patient's death or hospital discharge. Interviewees were asked whether ethics consultation helped to identify, analyze, and resolve ethical issues; educate about ethical issues; and present personal views.

Patients were entered into the study because of disagreements about whether to pursue aggressive life-sustaining treatment or comfort care; because physicians or nurses expressed concerns about futile treatment; or because of conflicts or questions about the appropriate decision maker for the patient. Results showed that although there were no differences in mortality between the control patients and those receiving ethics consultation, for patients who received an ethics consultation, there was a reduction in ICU hospital days and life-sustaining treatments in those who died before discharge. The majority of health care providers and family members interviewed found ethics consultation to be helpful and would seek ethics consultation again in similar circumstances.

Society of Critical Care Medicine (SCCM), to examine issues shared by both professions.

Adequate information, multiple perspectives, deliberate thought, ethical principles and guidance, and organizational support are extremely important in enabling clinicians to exercise professional judgment and make sound decisions. Seeking advisory and consultative services from an appropriate resource often assists in this process.

clinical applicability challenges

Self-Challenge: Critical Thinking

1. You believe that CPR is inappropriate for your patient, who is terminally ill with metastatic cancer. Construct plans for proceeding. Identify the people with whom you would talk and in what order you would speak to them. Structure arguments you would make to support your position.
2. A patient in your unit has severe and intractable pain, which you believe is being inadequately managed. Consider whether this is an ethical issue, and state why or why not. Explain what you would do to resolve the problem. Defend your position by using the American Nurses Association's (ANA) Code of Ethics for Nurses.
3. You receive a call from the emergency department regarding a septic patient who needs to be admitted to your unit. At the time of the call, however, your unit is full. Explain the criteria you would use to determine if there is a patient who could be moved to another unit to accommodate the patient from the emergency department. Determine who would make this decision, and construct how the decision would be made. Describe the ethical principle relevant to this situation.

Study Questions

1. An ethic of care is primarily based on
 - a. acknowledgment of the history of nurses providing care to patients.
 - b. recognition of the uniqueness of individuals, the value of relationships, and the importance of emotions in moral judgments.
 - c. expectations of the American Nurses Association (ANA).
 - d. None of the above
2. Ethics helps people reach answers to moral dilemmas by
 - a. clarifying the moral issues and principles involved in a situation.
 - b. helping the person to examine his or her responsibilities and obligations.
 - c. providing an ethically adequate rationale for a decision.
 - d. All of the above
3. A nurse believes that the medical treatment being given a particular patient is ethically inappropriate and refuses to give the patient care, leaving the workplace that day to avoid being involved in the situation. This is an example of
 - a. a nurse standing up for his or her right not to participate in morally objectionable care.
 - b. violation of the principles of beneficence and fidelity through patient abandonment.
 - c. a nurse's support for the principle of nonmaleficence (noninfliction of harm).
 - d. the exercise of professional nursing judgment.
4. Which of the following is not true?
 - a. Withholding life-sustaining treatment is ethically acceptable, but withdrawing such treatment is not.
 - b. To be truly autonomous, a patient must be fully informed and freely consenting.
 - c. "Do Not Resuscitate" (DNR) is a medical order to withhold cardiopulmonary resuscitation (CPR).
 - d. A nurse's duty always to act in the best interests of his or her patient is based on the principle of beneficence.