

# HEALTH CARE ETHICS CONSULTATION IN VHA

Presented by

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## BEFORE WE BEGIN...

The views expressed in this presentation are those of the presenter, unless otherwise noted, and do not represent those of the Veterans Health Administration, the Department of Administration, the Department of Defense, or the U.S. Government.

This presenter has no conflicts of interest or financial relationships to disclose.

# OBJECTIVES

- Understand the mission and vision of VHA's National Center for Ethics in Health Care (NCEHC) and the resources and publications provided by the NCEHC.
- Discuss common ethical challenges related to decision-making capacity and shared decision making.

# NATIONAL CENTER FOR ETHICS IN HEALTH CARE

- **Mission**

Honor Veterans' values, goals, and preferences by driving healthcare ethics standards and nurturing strong healthcare ethics communities

- **Vision**

Veterans receive values-focused health care that fosters respect, trust, and compassion

# NATIONAL CENTER FOR ETHICS IN HEALTH CARE

- Healthcare ethics is the discipline that helps Veterans, caregivers, and employees deal with situations in which the right thing to do may be complicated or unclear. The National Center for Ethics in Health Care (NCEHC) guides patients, families, and clinical care teams in making the most ethically sound healthcare decisions for Veterans to inform ethically strong practices across VA.
- NCEHC promotes strong, Veteran-centered ethics practices by eliciting, documenting, and respecting Veterans' preferences and goals of care and actively involving patients in decisions about their health care. Working with local facility healthcare ethics services, NCEHC helps apply ethics thinking to real-life situations:  
*Who will make healthcare decisions for me when I cannot speak for myself?*  
*How do I make sure that my dad's healthcare team follows the wishes he expressed in his advance directive?*

# NATIONAL CENTER FOR ETHICS IN HEALTH CARE

- NCEHC promotes the education and training of competent ethics consultants to facilitate discussion of **emotionally charged or morally challenging clinical** situations. NCEHC also provides **ethics policy resources and education** to help facility staff maintain focus on Veterans' goals for their health care and incorporate strong ethics practices into their delivery of care. The goal is to **reduce staff turnover and moral distress** and empower staff to take positive actions to improve patient care.

# NATIONAL CENTER FOR ETHICS IN HEALTH CARE

- NCEHC helps VA navigate the gauntlet of complex decisions that we face as a healthcare system:

*How should VA allocate resources when our system may not have enough (e.g., ventilators, vaccine, personal protective equipment)?*

*How can VA support staff to provide ethically-informed patient care that is mission driven?*

# ROLE OF LOCAL/FACILITY ETHICS CONSULTATION TEAMS

- The purpose of Ethics Consultation at the local level is to promote and enable morally appropriate and effective decision-making by those primarily involved in patient care situations. Any individual primarily involved in a patient's care may request Ethics Consultation (i.e. patients, family/patient's legal representative, physicians (staff, residents, students), nurses, social workers, and all other providers).

Ethics Consultants:

- \*Provide a safe and neutral space to examine values conflicts
- \*Apply Ethics Knowledge (such as clarification on institutional policy, documents, and law; precedent cases; codes of ethics; published literature)
- \*Help to identify ethically appropriate decision makers
- \*Facilitate moral deliberations about ethically justifiable options



# CASE EXAMPLE

"I am writing over concerns with the discharge of a patient to a home environment that was deemed unsafe by the co-responder and program manager with Richmond Behavioral Health Authority (RBHA). The patient was admitted via TDO in which several health care practitioners acknowledged that the patient was lacking insight into his medical condition and was not properly taking care of his wounds. When this therapist evaluated him, he made several very concerning remarks (some of which were quoted in the Occupational Therapist (OT) and Physical Therapist (PT) notes) regarding his beliefs and his ability to care for himself.

When it came time for him to be discharged from the facility, there was no alternative discharge plan made, despite RBHA working on condemning his home. When OT and PT evaluated him, both disciplines established that he was unable to care for himself and had no good means of support within his home. Patient reports having a son who lives with him and is a high functioning autistic; the son was supposed to be taking care of the pets, but many pets were found dead, with animal waste throughout the house.

Given the deplorable situation at his home, his poor medical insight, and very paranoid thinking, which was projected towards staff, therapist has significant concerns with the patient's safety in his home. These were relayed to the inpatient Social Worker, who was in agreement with the therapists. I question if there could have been a better process to securing him a SAFE discharge location, in lieu of sending him back to a home that APS, RBHA, and Richmond Police Department have deemed uninhabitable. Was this patient's safety our first concern, or was the need to make a bed available the driving factor in this decision? Your time and consideration to this matter is greatly appreciated."