BSLMC Ethics Binder

For a BSLMC Ethics Consultation, call the Ethics Consultant directly:

832-438-6665

You can also use Tiger Text by searching for “BCM Clinical Ethicist on-call” to connect to our team.

Scan QR code below to add to phone contacts:

Contents

Ethics Consultation Service

What is the Ethics Consultation Service (ECS)?

We are a 24/7 consult service available to address ethical issues that arise in patient care. There is always an ethicist on call who can answer questions and facilitate the resolution of ethical dilemmas at the bedside. Anyone involved in patient care can call a consult, and there is no fee for our service.

How do I contact the ECS for a consult?

There are two ways to consult Ethics:

1. Call the on-call Ethics Consultant directly at **(832) 438-6665**.
2. Use Tiger Text by searching for "BCM Clinical Ethicist on-call"

PLEASE NOTE: The "Ethics at Work Line" listed on your BSLMC badge is a corporate ethics resource and is **not** affiliated with the Clinical Ethics Consult Service at BSLMC.

When should I call ethics?

You may contact the ECS anytime you think there is an ethical issue that is affecting patient care. Some common issues in which Ethics may be helpful are:

- Identification of surrogate decision maker
- Intractable disagreement among clinicians, patients, and/or surrogate decision makers
- Questionable capacity and informed consent
- Appropriate and inappropriate care questions
- End of Life issues, including withholding or withdrawing life-sustaining treatment
- Concerns about appropriate surrogate decision making
- Unrepresented patients or unavailable surrogates
- Moral distress

Where can I find hospital policies related to ethical issues?

The home page on the Source has a quick link tab to the hospital policies. Or you can go to Policy Manager: http://isource.sleh.com/system/policies.cfm

The policies below can be searched by keywords, e.g. surrogate, or end of life:

- Medical Decision-Making Policy and Procedure
- Advance Directives Policy and Procedure
- End of Life Treatment Decisions Procedure
- Resuscitation: Code Status (DNAR) Policy and Procedure
- Declaration for Mental Health Treatment Policy and Procedure

Ethical Guidance

Ethical and Religious Directives for Catholic Health Care Services (ERDs)

The ERDs, also known as Directives, provide guidelines on how hospitals should provide care according to Catholic moral and theological teachings. The Directives address a range of issues, most pertaining to beginning of life and to the seriously ill and dying.

Some pertaining to the end of life are:

55. Catholic health care institutions offering care to persons in danger of death from illness, accident, advanced age, or similar condition should provide them with appropriate opportunities to prepare for death. Persons in danger of death should be provided with whatever information is necessary to help them understand their condition and have the opportunity to discuss their condition with their family members and care providers. They should also be offered the appropriate medical information that would make it possible to address the morally legitimate choices available to them. They should be provided the spiritual support as well as the opportunity to receive the sacraments in order to prepare well for death.

56. A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.

57. A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.

58. In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the "persistent vegetative state") who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be "excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed." For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.

59. The free and informed judgment made by a competent adult patient concerning the use or withdrawal of life-sustaining procedures should always be respected and normally complied with, unless it is contrary to Catholic moral teaching.

61. Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person's life so long as the intent is not to hasten death. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.

63. Catholic health care institutions should encourage and provide the means whereby those who wish to do so may arrange for the donation of their organs and bodily tissue, for ethically legitimate purposes, so that they may be used for donation and research after death.

Priority/Hierarchy for End of Life Surrogate Decision Making

Consent to Medical Treatment Act Hierarchy (CMTA)	**Texas Advance Directives Act Hierarchy (TADA)**
1. Agent under Medical Power of Attorney (MPOA) or legal guardian 2. Patient's spouse 3. Adult child with the "waiver and consent" of the other adult children 4. Majority of adult children 5. Patient's parents 6. The individual clearly identified to act for the patient by the patient before the patient became incapacitated, the patient's nearest living relative, or a member of the clergy **"routine" treatment decisions**	1. Agent under Medical Power of Attorney (MPOA) or legal guardian Attending physician and one from the list below: 2. Patient's spouse 3. Patient's adult children 4. Patient's parents 5. Patient's nearest living relative 6. Attending with the concurrence of a second physician not involved in the care of the patient or a member of the Biomedical Ethics Committee **life-sustaining treatment decisions**

Summary of Advance Directives

	Directive to Physicians (aka Living Will)	**Medical Power of Attorney (MPOA)**	**Out-of-Hospital Do-Not-Resuscitate (OOHDNR)**
What type of decisions does it apply to?	End-of-Life decision-making	Any health care decision	Resuscitative efforts
When does it become operable?	After the patient loses capacity AND is in a terminal or irreversible condition	After the patient loses capacity	Out-of-hospital setting and patient has an arrest
When is it completed?	When the patient has capacity	When the patient has capacity	When patient has capacity; surrogate can complete on behalf of patient w/o capacity
Benefits?	Communicates treatment decisions re. life-sustaining therapies	Good to use when you want to appoint someone outside of the surrogacy hierarchy	Guides EMS about patient's treatment preferences
Drawbacks?	Lacks Specificity; wishes expressed may not be current	Assumes the MPOA is willing and able to make decisions in accordance with patient wishes	Resuscitation will occur if document is unavailable.

Important Forms

Links to Forms

Directive to Physicians (aka Living Will)

https://hhs.texas.gov/laws-regulations/forms/miscellaneous/form-livingwill-directive-physicians-family-or-surrogates

- Provided by Texas Health and Human Services
- Available in English and Spanish

Medical Power of Attorney:

https://www.texmed.org/Template.aspx?id=65

- Provided by Texas Medical Association

Out of Hospital DNR:

https://www.dshs.state.tx.us/emstraumasystems/dnr.shtm#form

- Provided by Texas Dept. of State Health Services
- Inpatient DNAR consent forms are available on iMed

Declaration for Mental Health Treatment:

https://hhs.texas.gov/laws-regulations/forms/miscellaneous/form-dmht-declaration-mental-health-treatment

- Provided by Texas Health and Human Services

Texas Advance Directives Act Providers Potentially Willing to Accept Transfer

https://www.dshs.texas.gov/THCIC/Registry.shtm