



Ethics in Practice:
what can we learn from the end of life?

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Frameworks

Values

- Individual rules for decisions
- Right & wrong
- Should & shouldn't
- Rank importance
- Trade meeting one value or another

ChangingMinds.org (2008)

Morals

- Society's standards: right & wrong
- More about *good & bad* than other values
- Judge others on morals
- “Immoral” person
 - but no word for not respecting values
- Tend to be externally imposed

ChangingMinds.org (2008)

Ethics

- “Professional morals”?
- Formal system or rules
- Explicitly adopted by group
- Internally defined & adopted

ChangingMinds.org (2008)

My biases

- Racism
- Religion
- Motivation

- Do they affect my clinical care subconsciously?

Medical ethical principles

- Autonomy
- Beneficence
- Nonmaleficence
- Justice

Autonomy

Respect another's worth & right to make choices

Beneficence

*Take positive action to do good for others
AND act to prevent or remove harm*

Nonmaleficence

Avoid causing harm

Justice

*Provide what patients **need** in fair & equitable manner*

Evidence Based Practice

A Venn diagram with three overlapping circles. The top-left circle is labeled 'Clinical Expertise' and has a question mark above it. The top-right circle is labeled 'Patient Preference' and has a question mark above it. The bottom circle is labeled 'Best Evidence'. The circles overlap in the center and in pairs.

Best evidence

- Not always randomized control trials
- Some evidence is better than others
- Get trained in how to judge papers
 - how robust was study?
 - are participants like my patients?
 - was there bias?

ASHA resources

- Discuss ethical concerns
 - with supervisors
 - with peers
- ASHA help
- Policy documents & specific guidelines
- Ethics forum
- Special interest group communication

ASHA support

- Code of ethics
 - <http://www.asha.org/policy/ET2016-00342/>
- Issues in ethics statements
 - http://www.asha.org/practice/ethics/ethics_issues_index.htm
- ASHA sanctions for violations
 - <http://www.asha.org/practice/ethics/sanctions.htm>

Documentation

- Poor clinical record keeping is unethical
- Clinical documentation
- <http://leader.pubs.asha.org/article.aspx?articleid=2299987>

ASHA Principle I_k

“Individuals shall evaluate the *effectiveness* of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when *benefit* can reasonably be expected.”

Feeding tubes: saints or sinners?

- What's the evidence?
 - robust?
 - participant?
 - bias?
- What problems does patient have?
- Have I checked *advance care plans*?
- TALK TO PATIENT, FAMILY, TEAM

Why worry about nutrition?

- If people can't eat enough
- Protein energy malnutrition
- Muscle changes
- Muscles affect swallowing

Veldee & Peth (1992)

Do tube feeds help?

- 🦷 Swallow recovery (Lee et al, 2004 letter)
 - need nutrition **AND** exercise
- 🍴 Texture modified diet (Wright et al, 2005)
 - patients on modified diets are susceptible to protein & energy deficit
 - consult dietitian in case patient needs tube feed supplementation
- Think about specifics of your case

Tubes & dementia?

- Historically against gastrostomy tube feeds
- Poor outcomes “does not prolong survival” (Mitchell, 1998)
- “Lack of benefit” (Meier, 2001)
- What does *prolonging survival* mean?
- What is *benefit*?

What can tubes do?

- Nutrition
- Hydration
- Aspiration
- Quality of life - Patient perception (Anis et al, 2006)
 - families & patients felt it helped with nutrition
 - **BUT** still need evidence on nutrition benefit
 - & quality of life

Select for right patient


- Stroke (FOOD Trial, 2005)
 - early feeding increase survival but worse outcome
 - supplement malnourished
- Does this simply mean that sicker patients are more likely to have tube feeds?
- This is associated **not** causative!


Dementia: think again

- Comorbidities?
- Prognosis?
- Patient wishes?
- SLP: what is your role
 - palliative?
 - or
 - rehabilitative?

Food & Feeding

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 SCHOOL OF HEALTH AND REHABILITATION SCIENCES



Feeding

- Duality
- Deities
- National pride
- Identity

Informed Consent

Informed consent

- Process not an event
- You don't "consent" a patient
- Need:
 - intention
 - capacity
 - voluntariness

Clinician disclosure

- The law was written for "physicians"
- But it would be an applicable standard
- Standards of disclosure
 - Physician or professional
 - Patient or lay

History & legal cases

- Ears & battery
- Rights & bodies
- Know stuff *before* giving permission

What is “material”?

- 1972 Canterbury v. Spence

Justice

- Provide what patients ?
in fair & equitable manner

Paula Leslie 2017 References

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