Overview

• Case presentation, part 1
• Questions & brief discussion
• Case presentation, part 2
• Questions, reconsidered and discussion
• Ethics and public health
• Course evaluation and review

Case Presentation

Mr. Robinson

American Medical Association Journal of Ethics
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Mr. Robinson

• Mr. Robinson arrived at the emergency room in the middle of the night after crashing a car through a glass storefront.
• Luckily for him, he hadn’t been going very fast, but had a large cut on his hand.
• He was not an easy patient; he swung at a nurse who was cleaning his wound, yelled obscenities at the doctor who was trying to get a history, and urinated in his cubicle.
• His hand required 20 stitches. His blood alcohol level was 400.

Mr. Robinson,

• When Mr. Robinson’s daughter Margaret arrived at the hospital, she was frantic with worry, not only about the health of her father but also about her own family.
• The car was hers and she needed it to get to work.
• She was the single mother of two young children, whom she’d had to leave with a neighbor.
• Her father had come to live with them in the Boston suburbs a year earlier after going through a messy divorce.

Mr. Robinson , 3

• He’d struggled with alcohol throughout his life, but had started drinking heavily again soon after moving in with Margaret.
• This was his third visit to the emergency department for an alcohol-related crisis. Margaret was at her wit’s end.
• She asked to see Dr. Diallo, a psychiatrist who had been called in to interview Mr. Robinson during a previous hospitalization.
Mr. Robinson, 4

• “We’ve tried everything—individual therapy, group therapy, AA, outpatient full-day programs.
• It just isn’t enough for him.
• He’s wonderful when he’s sober, but drunk is another story.”
• Dr. Diallo agreed that Mr. Robinson needed more intensive care to achieve sobriety.
• He decided to admit Mr. Robinson to the hospital for detoxification and to broach the subject of longer-term inpatient treatment with him that afternoon when he had sobered up and Margaret got out of work.

Mr. Robinson, 5

• Mr. Robinson was a completely different person in the afternoon.
• He gave Margaret a hug when she came in and asked about his grandchildren, but he was less pleased to see Dr. Diallo. “I just got a little too drunk last night,” he said impatiently.
• Margaret reminded him that they had been through similar episodes three other times. “You’re an alcoholic, Dad. You scare me when you’re drunk.”

Mr. Robinson, 6

• Dr. Diallo told him about the advantages of ongoing hospitalization for substance-abuse treatment, but Mr. Robinson shook his head. He wasn’t interested.
• Margaret begged Dr. Diallo to intervene. “He got into a car in that state! He’s a menace to himself, my family, and the whole community,” she argued.

Discussion

• First consider the clinical case and apply the practical approach to clinical ethics cases.
  • Medical indications
  • Patient preferences
  • Quality of life
  • Contextual factors

Questions, 1

• Describe the ethical principles that apply to Mr. Robinson’s care and Dr. Diallo’s treatment after Mr. Robinson decides against longer term inpatient treatment.
Mr. Robinson, 7

• Unlike many states, Massachusetts allows for involuntary civil commitment for patients with substance use issues if they are at risk of “serious harm” to themselves or others as a result of their use of substances.
• Though a judge ultimately determines whether or not a patient can be involuntarily committed for substance-abuse treatment, the psychiatrist must make the decision whether or not to petition the court for such an order.

Questions - Reconsidered

• Massachusetts authorizes involuntary commitment for substance abuse
• Dr. Diallo has the responsibility to decide whether to petition the court for involuntary civil commitment

Discussion

Reconsider Question 1

• Analyze the clinical case and apply the practical approach to clinical ethics cases.
  • Medical indications
  • Quality of life
  • Patient preferences
  • Contextual factors

Reconsider Question 2

• Describe the ethical principles that apply to Mr. Robinson’s care and Dr. Diallo’s treatment after Mr. Robinson decides against longer term inpatient treatment.
Mr. Robinson, 8

- The decision weighed heavily upon Dr. Diallo.
- On the one hand, Mr. Robinson had come into the ED three times with dangerously high levels of alcohol.
- On the other hand, infringing someone’s freedom demanded strong justification, especially when that person had, so far, not harmed anyone or been accused of harming anyone.
- Dr. Diallo wondered if mandating inpatient treatment for substance abuse was in his patient’s best interest.

Questions, 3

- What information would Dr. Diallo want to know about involuntary civil commitment for substance abuse to help him decide whether to petition the court for involuntary civil commitment for Mr. Robinson?

Question 3

- Does Mr. Robinson meet criteria?
  - Substance abuser
  - Likelihood of serious harm

Question 3

- Effectiveness of treatment
  - Review of coerced mandated treatments
    - Inconsistent and inconclusive studies
  - Mandated vs. non-mandated treatments
    - Some studies conclude no difference
    - Some conclude voluntary treatments have better outcomes
    - Small sample sizes
    - Group differences at baseline
    - Outcomes? sobriety?

Questions, 4

- What other factors might influence Dr. Diallo’s decision to petition the court for involuntary civil commitment for substance abuse?

Question 4

- Clinician, patient, and system factors
  - Clinician factors
    - Documentation
    - Time to petition the court
    - Time away from other responsibilities
Question 4

- Clinician, patient, and system factors
  - Patient factors
    - Comorbid medical or psychiatric illness
    - Detoxification
    - Medically stable while in court procedures

Question 4

- Clinician, patient, and system factors
  - System factors
    - Petitions must be filed and heard when court in session
    - Prior commitment

Questions, 5

- How does public health differ from clinical care?
- Are there ethical principles that are unique to public health?
- Are there legal issues that are unique to public health that affect the care of individual patients?

Public Health Ethics

An Ethics Framework for Public Health

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An Ethics Framework for Public Health

- What are the public health goals of the proposed program?
- How effective is the program in achieving its stated goals?
- What are the known or potential burdens of the program?
An Ethics Framework for Public Health

• Can burdens be minimized? Are there alternate approaches?
• Is the program implemented fairly?
• How can the benefits and burdens of a program be fairly balanced?

Section 35

MA General Laws, Chapter 123, Section 35

Section 35 FAQ’s

• How do I get someone committed?
• What happens once a petition is filed with the court?
• What is likelihood of serious harm?
• What happens if court orders the commitment?
• Will the commitment be for 90 days?

Section 35 FAQ’s

• If an individual no longer meets commitment criteria can they remain in the program on a voluntary basis for continued treatment?
• Can one be transferred from one facility to another if a bed opens?
• If an individual has court cases will the programs hold them for the court appearance date?

Section 35 FAQ’s

• If I don’t want the commitment to occur in a correctional facility can I withdraw the petition?
• Are there consequences to a commitment?
• Can the program handle all kinds of medical needs?
• Can programs handle co-occurring mental health problems?

Section 35 FAQ’s

• What kind of help will an individual receive?
• Will sec 35 commitment make the individual stop using?
• Is sec 35 a good first treatment option?
• What are some other options?
Questions, 1

• First consider the clinical case and apply the practical approach to clinical ethics cases.
  • Medical indications
  • Quality of life
  • Patient preferences
  • Contextual factors

Questions, 2

• Describe the ethical principles that apply to Mr. Robinson’s care and Dr. Diallo’s treatment after Mr. Robinson decides against longer term inpatient treatment.

References


An Approach to the Analysis of Medical Ethical Cases

Analysis of Clinical Ethical Cases
Johnson, Siegler & Winslade, Clinical Ethics

• Medical Indications
• Patient preferences
• Quality of life
• Contextual features

Clinical Ethics
Albert R. Jonson, Mark Siegler & William J. Winslade

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Mr. Robinson & Substance Abuse

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Clinical or Medical Ethics

• Addresses questions, problems, disagreements or conflicts
• Involve patients, families, surrogates, health care providers, or other parties
• Resolve uncertainties and conflicts about the values that emerge in health care

Course Evaluation

Goals for the Course, 1

• Understand that Medical Ethics addresses uncertainty and conflicts about values and questions in clinical medicine and public health
• Identify ethical issues and ethical dilemmas that arise in clinical medicine and public health

Goals for Course, 2

• Explain ethical principles that can help resolve uncertainty and conflicts
• Learn and apply a systematic approach to ethical cases that may reduce uncertainty and facilitate an ethically acceptable resolution of conflicts about about medical decisions