

Clinical Pearls: Ethics and Patient Safety

- Physicians are morally and legally obligated to maintain confidentiality of patient information. The only exceptions are if a patient is at imminent risk of harming themselves or others; instances of suspected child and/or elder abuse; reporting of communicable diseases; and reporting of information regarding minors to their legal guardian(s).
- Capacity to make an informed decision requires the ability to understand relevant information, appreciate the situation and its applicability to oneself, demonstrate reasoning regarding the proposed intervention, and communicate a choice.
 - Although cognitive impairment and psychiatric illness are risk factors for incapacity, a diagnosis of neurocognitive disorders and/or psychiatric disease does not equate to automatic incompetence.
- The Plan-Do-Study-Act (PDSA) cycle is a continuous quality improvement strategy aimed at enhancing patient safety and outcomes by setting specific goals, planning and implementing targeted interventions, measuring and evaluating changes, and refining interventions based on results for iterative improvement.
- "Competence", or global incapacity, is a legal determination that is made by a judge. "Capacity" is the ability to make a decision related to a current medical situation; determination of capacity can be made by any clinician. To have decision-making capacity, patients must be able to understand the relevant information required to make a medical decision, reason about treatment options with appreciation for the various consequences and communicate a choice.
- Withdrawing life-sustaining treatment (e.g. extubation) and withholding life-sustaining treatment (e.g. "do not attempt intubation" or DNAR orders) are ethically equivalent. All patients with decision-making capacity may decline recommended treatment, even if there is a high likelihood of morbidity or mortality.
 - Physicians are obligated to provide symptomatic management even if curative (disease-directed) treatment is declined.

- When a patient lacks capacity, a surrogate decision-maker may be identified based on a written health care power of attorney.
 - If this is not available, state laws and institutional policies inform the hierarchy of surrogate decision makers, including potentially a state-appointed guardian if no capable family or friends are identified.
 - Surrogate decision makers should make decisions based on a patient's documented preferences (i.e. in an advanced directive) if possible, otherwise they should use "substituted judgment" to make a decision in line with the patient's views on life and attitudes towards sickness. Only if they are unable to use substituted judgment should they turn to the "best interest standard", whereas they make a decision in the patient's best interest.