
Ethical Dilemmas in Integrated Health Care

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Jessica

Program: Interpersonal Practice, Mental Health, Integrated Health Scholar, 16 Month

Field Experience: Michigan Medicine, Medical/Surgical Adult Inpatient Intern

Past Integrated Experience: Outreach Services and Community Care Manager at Axis Integrated Health Care clinics, Care coordinator for high-utilizers, medical advocate for survivors of sexual assault

Integrated Affiliations: IHIPE

Sarah

Program: Interpersonal Practice, Health, Integrated Health Scholars Program, 16-month

Field Experience: Michigan Medicine, Inpatient Medical Surgical Teams, Critical Care Unit and Moderate Care Unit Intern

Past Integrated Experience: Patient and Family Advocate Lead at Mott Children's Hospital, Patient Advisory Committee Member at Michigan Medicine, and Patient and Family Care e-Advisor

Integrated Affiliations: IHIPE

Erin

Program: Interpersonal Practice, Mental Health, 20 Month

Field Experience: Henry Ford Behavioral Outpatient Center Intern Mental Health Therapist

Past Integrated Experience: Department of Veterans Affairs Intensive Outpatient Substance Use Unit, Patient Advocate at a Residential Facility for Youth in the system, Case manager at Residential for Houseless Veterans

Integrated Affiliations: IHIPE & ISHT

Social Work Values

SERVICE

SOCIAL
JUSTICE

DIGNITY & WORTH
OF
THE PERSON

IMPORTANCE
OF
HUMAN RELATIONSHIPS

INTEGRITY

COMPETENCE

Ethical discussions are more meaningful than right & wrong.

Most places of employment have ethics committees because of how often these matters come up.



Other Professional Ethics

AMA Code of Medical Ethics

<https://www.ama-assn.org/sites/default/files/media-browser/principles-of-medical-ethics.pdf>

National Association of Nutrition Professionals Code of Ethics <https://www.nanp.org/code-of-ethics>

American Pharmacists Association Code of Ethics <http://www.pharmacist.com/code-ethics>

Resources for Interprofessional Ethics

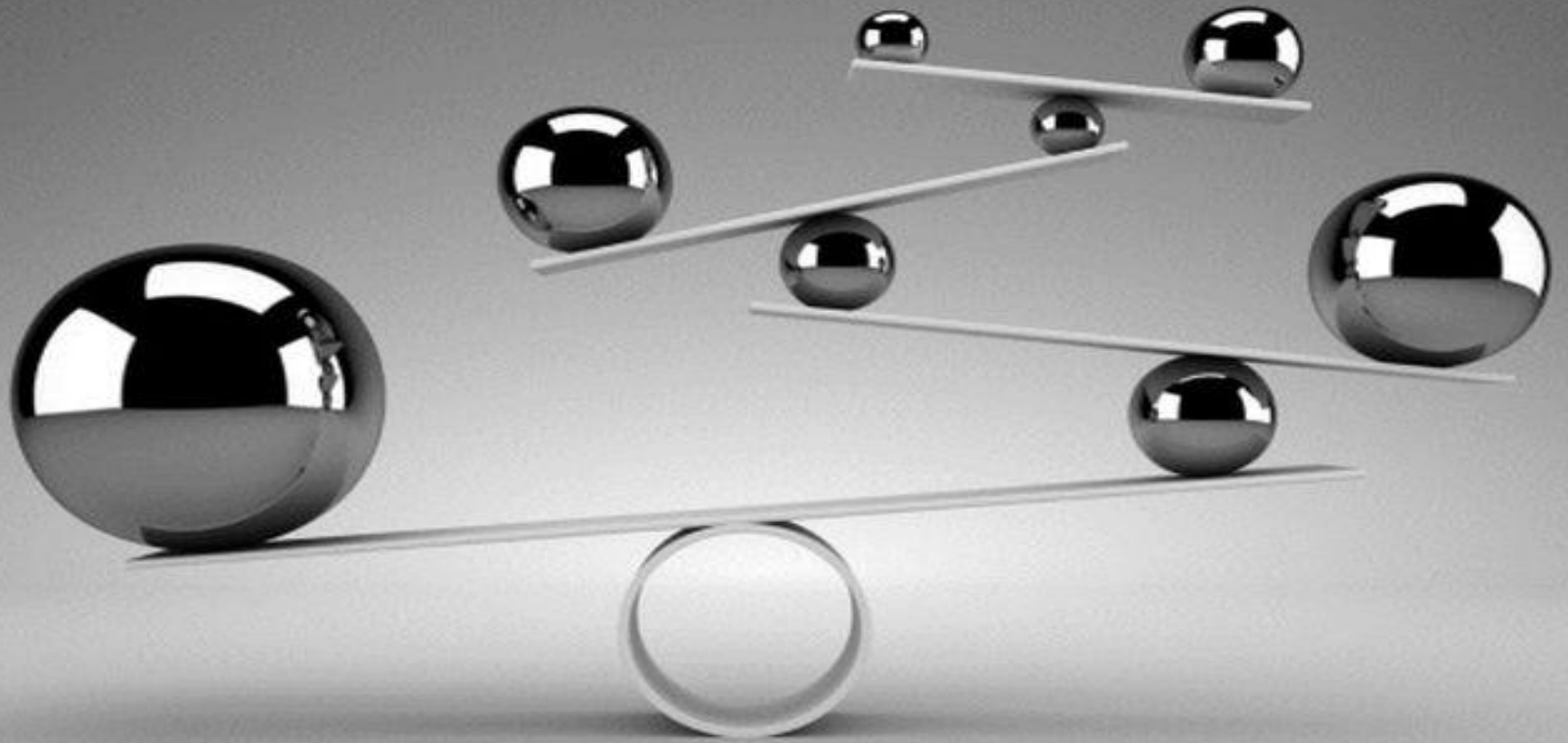
<http://journals.sagepub.com.proxy.lib.umich.edu/doi/full/10.1177/0969733012468466>

Notable Similarities: Dignity, autonomy, relationships, beneficence

From The American Medical Association: Lots of consistencies with NASW Code including “Compassion and respect for human dignity and rights” “respect the rights of patients, colleagues and other healthcare professionals” “responsibility to the patient as paramount” and some notable differences: “A physician shall, in the provision of appropriate patient care, except in cases of emergency, be free to choose whom to serve”

The Nutritionist code of ethics: Focus on client and community, skills and training, legal basis for practice, responsibility to clients, and Freedom of Speech, interestingly enough.

Pharmacists: Covenantal relationship between patient and pharmacist, promote good of patient in compassionate, caring and confidential manner, “autonomy and dignity of each patient”



When working with other professionals to provide the best care we must learn how to balance everyone's ethics, values, and principals.

Case A

A 62 year old female, living in the state of Michigan, was diagnosed with stage 4, terminal cancer. She was offered the option to undergo treatment and have about 10-14 months to live or to opt out of treatment and have about 6 months to live. After 2 months of undergoing chemo therapy, in attempt to prolong her life, the doctors told her that the chemo was not working and that they were terminating treatment. The physicians gave her 1-2 months to live. 2 weeks later, the patient had become completely reliant on others, was not eating or drinking much, was completely emaciated, and receiving around the clock pain medication. A hospice social work came to her home, where the patient disclosed her want to end her pain and suffering.

Ethical Questions

1. As a Social Worker, what would you do?
2. Which social work values are most important?
3. Should terminally ill patients have the right to die?

Right to Die

You must also must be able to self-administer and ingest the prescribed medication. All of these requirements must be met without exception. You will not qualify under aid-in-dying laws solely because of age or disability.

- Right-to-die debate surfaced in 2005
- Death with Dignity laws allow qualified terminally-ill adults to voluntarily request and receive a prescription medication to hasten their death
- To qualify for a prescription under physician-assisted dying laws, you must be:
 - A resident of one of the 6 states
 - 18 years of age or older
 - Mentally competent, i.e. capable of making and communicating your health care decisions
 - Diagnosed with a terminal illness that will, within reasonable medical judgment, lead to death within six months.
- As of February 20, 2017, California, Colorado, District of Columbia, Oregon, Vermont, and Washington have Death with Dignity statutes.
- In Montana, physician-assisted dying is legal by State Supreme Court ruling.

Case B

You are a social worker for the department of veterans affairs working in their substance use department. You have a female client 32 years old with active moderate alcohol use disorder, post traumatic stress disorder, the beginning stages of COPD and a history of military sexual trauma. Throughout treatment client has been committed to their sobriety and only uses or relapses when experiencing symptoms of their post traumatic stress disorder. The patient believes they need to get their PTSD symptoms under control before they will have success with their substance use disorder and the client has found a inpatient 3 months program for post traumatic stress disorder treatment. The treatment center will deny any persons who have active substance use issues, believing a person cannot be successful with their mental health recovery until they are free from substances for 6 weeks prior to enrollment. Your client asks you to write a letter about her progress in treatment and disclose that she has not been using substances throughout the treatment process so that she may be enrolled in the program

Ethical Questions

1. As a social worker, what would you do?
2. Which values are in jepordy?
- 3.

Case C

A 24 year old male was born with a genetic condition known as Marfan's syndrome, which greatly affected his cardiac health. Beginning in his teenage years, he struggled with mental health problems, as well as drug and alcohol use. For the last three year, the patient checked himself in and out of rehab with the goal of getting clean. One month ago, the patient's cardiac health required immediate attention and was in need of a heart transplant. He was evaluated at Beaumont Hospital in Royal Oak, MI and denied transplant due to a history of drug and alcohol abuse. His health was declining and he entered the University of Michigan Health System through the emergency department to receive immediate care and also see if this transplant team would consider him for a transplant. After being denied a transplant at Michigan Medicine for the drug/alcohol abuse as well as not being strong enough to undergo a transplant. The transplant team said that they wanted him to undergo a few cardiac procedures and then they would reconsider him for the transplant list. After, 3 weeks of being in the Michigan Medicine hospital, the patient passed away as a result of heart failure.

Ethical Questions

1. Should there be set transplant requirements that every hospital must adhere to?
2. Should transplant listing be up to the discretion of an individual transplant team?
3. Should there be a unified policy for all transplants to follow?
4. Is it ethical to deny someone a life-saving organ because of a history of drug/alcohol abuse?

Substance Use Disorders & Health Care

- Patients must undergo evaluation by the hospital transplant team in order to be listed on the UNOS transplant list
- Each transplant program makes its own decision about whether to accept someone for a transplant.
- The transplant team at each program has its own standards for accepting candidates. Each team may view the same facts and information different ways and make different decisions about listing a person for a transplant.
- A history of suicidal actions or drug/alcohol use are factors that typically cause a transplant board to hesitate listing a patient
- Patients legally should not be discriminated against for their SUD to get mental health treatment

Case D

Social worker treating a client for depression and alcoholism. Client is caucasian male, 48 years old, and currently oscillating between precontemplation and contemplation stages of changes in regard to his alcohol use. Due to his ambivalence towards his alcohol use and lack of desire to change his behavior the social worker focuses most of their treatment on his depression symptoms. Client undergoes a procedure to test his liver enzymes in January, he never reports the results to his social worker, as no one ever calls him to give him the results of his examination. *Against the rules and regulation of her position the social worker looks at the client's lab results on the electronic record system.* The social worker recognizes that his liver enzymes are indicative of fatty liver diseases, a common illness indicative of advanced alcoholism. The social worker messages his doctors and asks them to call patient and bring him in to go over the test results, with the hopes that it would influence his ambivalence towards managing his alcoholism. The social worker meets with the client twice before he is given his results without telling him he has fatty liver disease.

Ethical Questions

1. Was the social worker wrong to look at the client's lab results?
2. Would you have told the patient they were dying if they did not stop drinking?

Case E

A 26 year old Native American woman with several diagnosis of chronic illness, including spinal stenosis, chronic pain, depression and borderline personality disorder. Client has a long history of care at integrated clinic and requests a copy of her records to apply for long term disability due to spinal stenosis. Integrated records include psychiatric diagnostic assessment, wherein the psychiatrist states that the client's numerous physical and emotional symptoms are due to personality disorder and are unlikely to respond to treatment. The client reads this statement, is very upset, believes it will impact her disability claim and requests this statement be redacted from her record.

Ethical Questions

1. Should patient access and interpretation of their records be considered in documentation?
2. Should patients be allowed to have their records amended?

Electronic Health Records

In all states at least half of hospitals have adopted an EHR

Risk

Unauthorized access to patient records

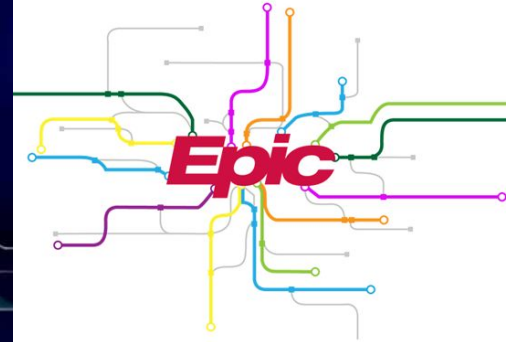
Inaccurate patient information if records not updated in real time

Potential for malpractice liability (ie. data entry errors)

Over reliance of staff on EHR resulting in less time spent with patients

Patient have access to diagnosis they may not understand or may frighten them

Loss of records or inability to access due to computer failure



Benefits

Access limited to patient and providers

Greater patient and provider access to full history of data

Increase quality of care- notes about care are easier to read, results in decrease in errors

Improved efficiency and time management of medical staff

Less waste of paper

Improved emergency backup and recovery of electronic systems

<https://www.healthit.gov/sites/default/files/data-brief/2014HospitalAdoptionDataBrief.pdf>

<http://www.kumc.edu/health-informatics/hispc/for-consumerspatients/risks-and-benefits-of-electronic-health-records.html>

Electronic Health Records

When HIPAA was created in 1996, all records were still paper

HI-TECH (Health Information Technology for Economic and Clinical Health) Act 2013 brought stipulations of HIPAA into the electronic world

HI-TECH dictates storage, maintenance, and data security

42 CFR part II - records pertaining to substance use - House bill to amend

50 states all have various statutes - if more restrictive, overrides HIPAA

Ethics are apart from laws, but ethics committees etc. are always beholden to legal considerations
Number one goal of HIPAA is patient access which results in better care. Patient is the owner of the information.
Reasons why information can be shared: Patient's safety/life or limb. Public health/safety risk. Then government oversight/auditing/quality checks.

Follow Up

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Feel free to reach out!

We know that these ethical considerations may raise questions later, so we wanted to make ourselves available should you want to continue the conversations!