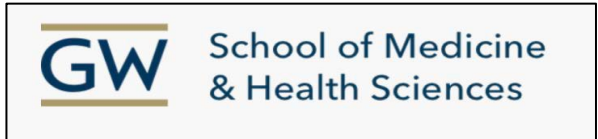


Ethics in Healthcare: Exploring Bioethics, Clinical Ethics, and Health Equity

Justin Ortique, PharmD, RPh, CPM

Executive Director - District of Columbia Board of Pharmacy

Collaborators





More resources available at:
<https://dchealth.dc.gov/dcrx>

Course Overview

- This course aims to reinforce the foundational concepts of clinical bioethics and to educate the learner on how to apply these foundational concepts to the pressing ethical issues related to health equity, prescribing, and access to medications and treatments.
- This module will be a lecture style format with knowledge check questions at the end of the presentation.
- In order to receive completion credit, you must receive a passing score on the knowledge checks and complete the evaluation.
- This module will be approximately 60 minutes in length for viewing and completion of the evaluation.
- This module is approved for CME.

Instructor

Claudia Ruiz Sotomayor, MD, Dbe, HEC-C

Chief of Ethics Consultation Service and Clinical Ethicist, Pellegrino Center for Clinical Bioethics and Assistant Professor of Internal Medicine, Georgetown University Medical Center

Clinical Advisors

Karen J. Maschke, PhD

Research Scholar, The Hasting Center
and Editor, *Ethics & Human Research*

Mohamed Elsherief, MD, MHSA, CCDS

Assistant Chief of Stakeholder Impact & Experience, Veterans Health Administration (VHA)
and Team Lead Certified Clinical Documentation Integrity Specialist, MedStar Georgetown University Hospital

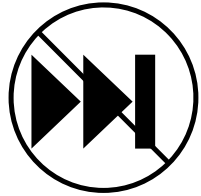
Conflict of Interest

The instructor and advisors have no conflicts of interest to declare.

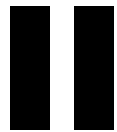
Anti-discrimination Policy

The **instructor and advisors** have agreed to our anti-discrimination policy that prohibits the inclusion of discriminatory language, graphics, or references on the basis of race, gender identity, age, color, national origin, physical or mental disability, or religion.

Important Information



Allow the video to progress at the current settings.



The video can be paused and resumed later.

Ethics in Healthcare: Exploring Bioethics, Clinical Ethics, and Health Equity

Claudia Ruiz Sotomayor, MD, DBe, HEC-C

**Chief of Ethics Consultation Service and Clinical Ethicist, Pellegrino Center for Clinical Bioethics
and Assistant Professor of Internal Medicine, Georgetown University Medical Center**

Learning Objectives

By the end of this course, the learner will be able to:

1. Apply key concepts of clinical bioethics to clinical practice
2. Describe the ethical considerations of social determinants of health and resource allocation
3. Explore pressing ethical issues related to health equity and access to healthcare
4. Evaluate a case related to access to medications from an ethical perspective

Outline

1. Bioethics

- a. What is Bioethics
- b. What is Clinical Bioethics

2. Principles of Bioethics

- a. Beneficence
- b. Non-Maleficence
- c. Autonomy
- d. Justice

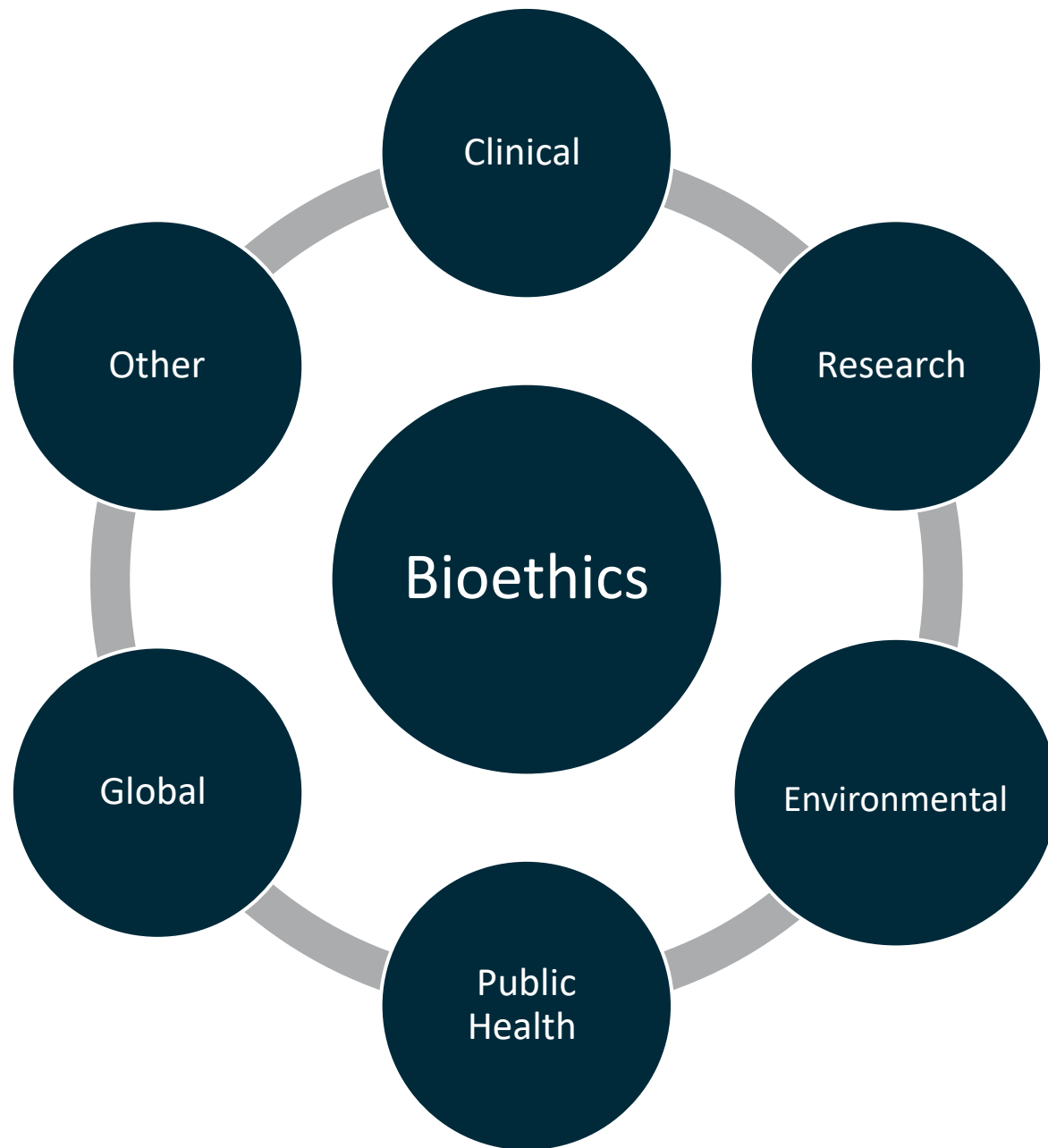
3. Social Determinants of Health

4. Ethical issues related to health equity and access to healthcare

Bioethics

What is Bioethics?

- Bioethics is the discipline dealing with the ethical implications of biological research and applications in medicine (Merriam-Webster, 2005)
- Bioethics analyzes human conduct regarding life, health, and responsibility toward others and nature in the light of values and virtues
- In 1970, Van Rensselaer Potter was the first to use the term "bioethics"
- Andre Hellegger and Sargent Shriver opened an Institute for the Study of Human Reproduction and Bioethics at Georgetown University



What is Clinical Bioethics?

- Applied ethics
- The aim is to navigate through ethical questions or disagreements that emerge in the clinical practice
- Introduces different values in the clinician-patient relationship
- It is a structured approach to ethical decision-making in medicine

What Moral Theories are Used in Clinical Bioethics?

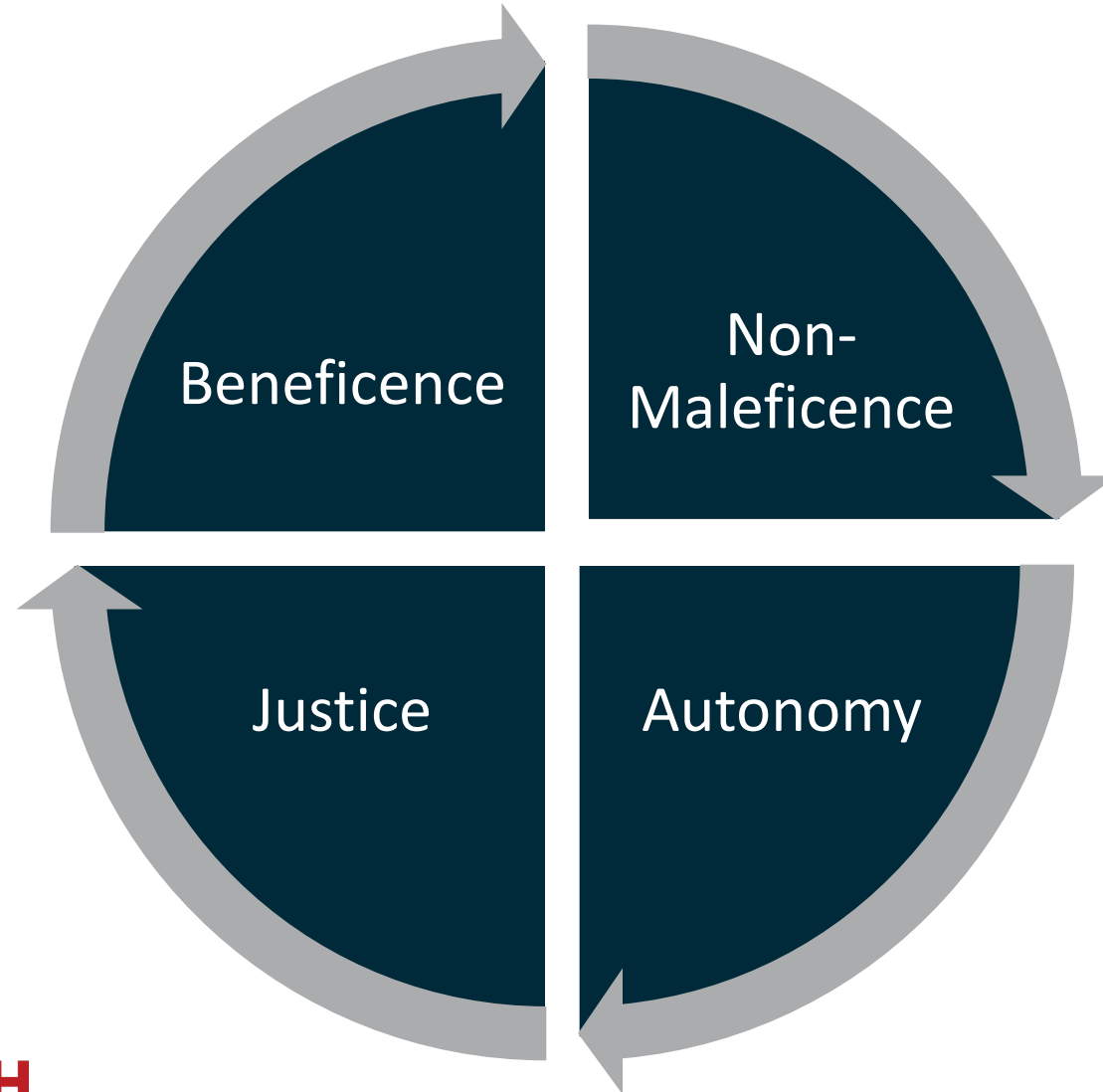
- The relation between clinical bioethics and moral theory is a complicated one.
- Some argue that moral theory has a crucial, if not indispensable, role.
 - Normative ethics
 - Deontology
 - Consequentialism
 - Virtue
 - Applied ethics
- Others assert that moral theory should not have a place in the making of public policy on bioethical issues.

How Do We Approach Clinical Bioethics?

- Principlism (Four principles)
- Casuistry
- Unified theory
- Phenomenological ethics
- Pragmatism
- Narrative ethics
- Virtue-based ethics
- Personalist ethics
- Feminist ethics

Principles of Bioethics

Principles of Bioethics



Beneficence

Principles of Bioethics

Beneficence

- Beneficence has played a major role in a central conceptual issue about the nature and goals of medicine as a social practice.
- Pellegrino argued that the telos of medicine is to do the good and the right healing act for the patient.
- Under this line of thought, medicine has fundamentally a beneficent undertaking and determines the professional obligations and virtues of the physician.

Non-Maleficence

Principles of Bioethics

Non-Maleficence

- The principle of “Non-Maleficence” requires an intention to avoid harm or injury
- Hippocrates: *primum non nocere*
- Link to the concept of moral or professional obligation
- One should **prevent** evil or harm
- One should **remove** evil
- One should **promote** good

Case 1

- 58-year-old gentleman with medical history of epilepsy, who presented with progressive aphasia, declining mental status, and daily generalized seizures lasting up to 20 min.
- Seizures had increased from his baseline of one seizure per day controlled with topiramate 200 mg three times daily and lamotrigine 400 mg twice daily.
- Prior admission, seizures continued to increase gradually to a point that the medications were not able to control them.
- He was diagnosed with super refractory status epilepticus (SRSE) after being intubated and placed on eight anti-epileptic drugs (AEDs) that failed to abort status epilepticus (SE).
- Electroconvulsive therapy (ECT) was recommended by his medical provider.
- Various ECT dosing parameters were attempted, varying pulse width and frequency.

Case 1: Points to Consider

Given the lack of success, the team starts considering repetitive transcranial magnetic stimulation (rTMS)

Important caveats:

- This would be considered off-label for the type of seizures the patient has
- There are a few case reports of its use in refractory status epilepticus (RSE)
- To date, cases are too few to provide evidence of efficacy
- Adverse effects include inducing seizures (very rarely) or headache and dizziness

Questions for Consideration

1. Would you recommend proceeding with this treatment option? Why?
2. Does the limited evidence of safety and efficacy suggest that potential benefits of rTMS outweigh the potential risks?
3. What is the right healing action for this patient?

Autonomy

Principles of Bioethics

Autonomy

- Autos (self) Nomos (rule, governance or law)
- Self-made or self-governance
- Autonomous person can make autonomous choices
- Autonomous person can make nonautonomous choices
- The right to make decisions for oneself and to act on those decisions as one wishes

Autonomy

- Requires capacity
 - **Understand** information relevant to the decision
 - **Communicate** with caregivers about the decision
 - **Consistently reason** about relevant alternatives, against a background of reasonably stable personal goals and values
- To respect autonomy, we use:
 - Informed consent
 - Advance directives
 - Surrogate decision makers
 - Substituted judgement
 - Best interest

Autonomy in Pediatrics

- In pediatrics we rely on parents or guardians giving permission for minors
- Depending on the level of maturity of the kid, we can look for assent
- Pediatric patients: fully, and legally, autonomous at age 18
- Parents are natural decision makers for infants
- There are exceptions in pediatrics where minors can give consent:
 - Sexually transmitted disease
 - Substance Abuse
 - Mental Health
 - Pregnancy

Case 2

- 15-year-old boy who has undergone two liver transplants within the past eight years.
- Post-transplant, he has been prescribed antirejection medication to ensure the longevity of the transplanted organ.
- However, he claims to experience adverse effects from the medication, including headaches, back pain, and leg pain, which significantly impede his ability to engage in social activities and enjoy life.
- The patient expresses a desire to discontinue the medication, fully understanding the potential life-threatening consequences.
- Meanwhile, his parents maintain that his young age and presumed immaturity prevent him from making such a decision, anticipating his eventual appreciation of the gravity of his request.
- Consequently, they insist that he continues the antirejection medication regimen.

Questions for Consideration

1. Is a 15-year-old generally mature enough to make a decision to die? In some cases?
2. How do we determine an adolescent's level of maturity and decisional capacity?
3. Would your recommendation be the same if the patient refused a repeat liver transplant?

Justice

Principles of Bioethics

Justice

- Aristotle: Giving people what they deserve. Virtue.
- Modern political philosophers: Not a virtue. A just society respects each person's freedom to choose "a good life".
- Rawls: The concept is best explained in terms of fairness.
- In clinical bioethics we need to understand the concept of distributive justice.
- Distributive justice: The economic, political, and social frameworks that each society has different distributions of benefits and burdens across members of the society.

Source: Lamont and Favor 2017

Distributive Justice

- Plato
- Strict Egalitarianism
- Rawls
- Dworkin
- Locke
- Daniels



Equality



Equity



Removal of Barriers

Material Principles of Justice

- To each person an equal **share**
- To each person according to individual **need**
- To each person according to individual **effort**
- To each person according to individual **merit**
- To each person according to **societal contribution**

Theories of Justice

- Utilitarian, Libertarian, Egalitarian.
- Right to healthcare?
- Social Responsibility: Refers to a moral duty held by all societies to promote health, to prevent and treat diseases, and to provide the highest attainable standard of health
- What is the highest attainable standard of health?
- Who is responsible: The State? The Individual?

Principle of Justice in Healthcare

Macro-allocation of Goods

Decisions must be made as to how much of society's resources should be used for various goods in directing health-related expenditures, as well as how priorities are to be established for the distribution of these resources.

Macro-allocation of Goods

1. Should the government be involved in healthcare resource allocation?
Based on what?
2. If the government should be involved, how much of its budget should be allocated for healthcare and how much for other social goods?
3. Should funds be used for preventative medicine or for acute care?
4. How do we prioritize what diseases need more attention?
5. Within disease categories, which technologies or procedures should be funded?

Principle of Justice in Healthcare

Micro-allocation of Goods

At the micro-allocation level, healthcare professionals, hospitals and other institutions determine which individuals will obtain available resources.

Who should get the ventilator in times of crisis?

Why is This Relevant?

- Health inequities
- Increases in novel technologies and new drugs portray a bright future for those who can access such technologies, therefore there is a risk of increasing health inequities
- Exorbitant drug pricing poses direct challenges for **distributive justice**

Social Determinants of Health

Social Determinants of Health



Ethical Issues Related to Health Equity and Access to Healthcare

Ethical Issues Related to Health Equity & Access to Healthcare

SOUNDING BOARD

Fair Allocation of Scarce Medical Resources in the Time of Covid-19

Ezekiel J. Emanuel, M.D., Ph.D., Govind Persad, J.D., Ph.D., Ross Upshur, M.D., Beatriz Thome, M.D., M.P.H., Ph.D., Michael Parker, Ph.D., Aaron Glickman, B.A., Cathy Zhang, B.A., Connor Boyle, B.A., Maxwell Smith, Ph.D., and James P. Phillips, M.D.

COUNTERPOINT:

Is It Ethically Permissible to Unilaterally Withdraw Life-Sustaining Treatments for Reallocation During Crisis Standards of Care? No

Daniel P. Sulmasy, MD, PhD
Washington, DC
Fabien Maldonado, MD
Nashville, TN



[Editorials Point and Counterpoint]

POINT:

Is Considering Social Determinants of Health Ethically Permissible for Fair Allocation of Critical Care Resources During the COVID-19 Pandemic? Yes

Douglas B. White, MD, MAS
Pittsburgh, PA
Bernard Lo, MD
San Francisco, CA

COUNTERPOINT:

Is Considering Social Determinants of Health Ethically Permissible for Fair Allocation of Critical Care Resources During the COVID-19 Pandemic? No

John L. Hick, MD
Minneapolis, MN
Dan Hanfling, MD
Washington, DC

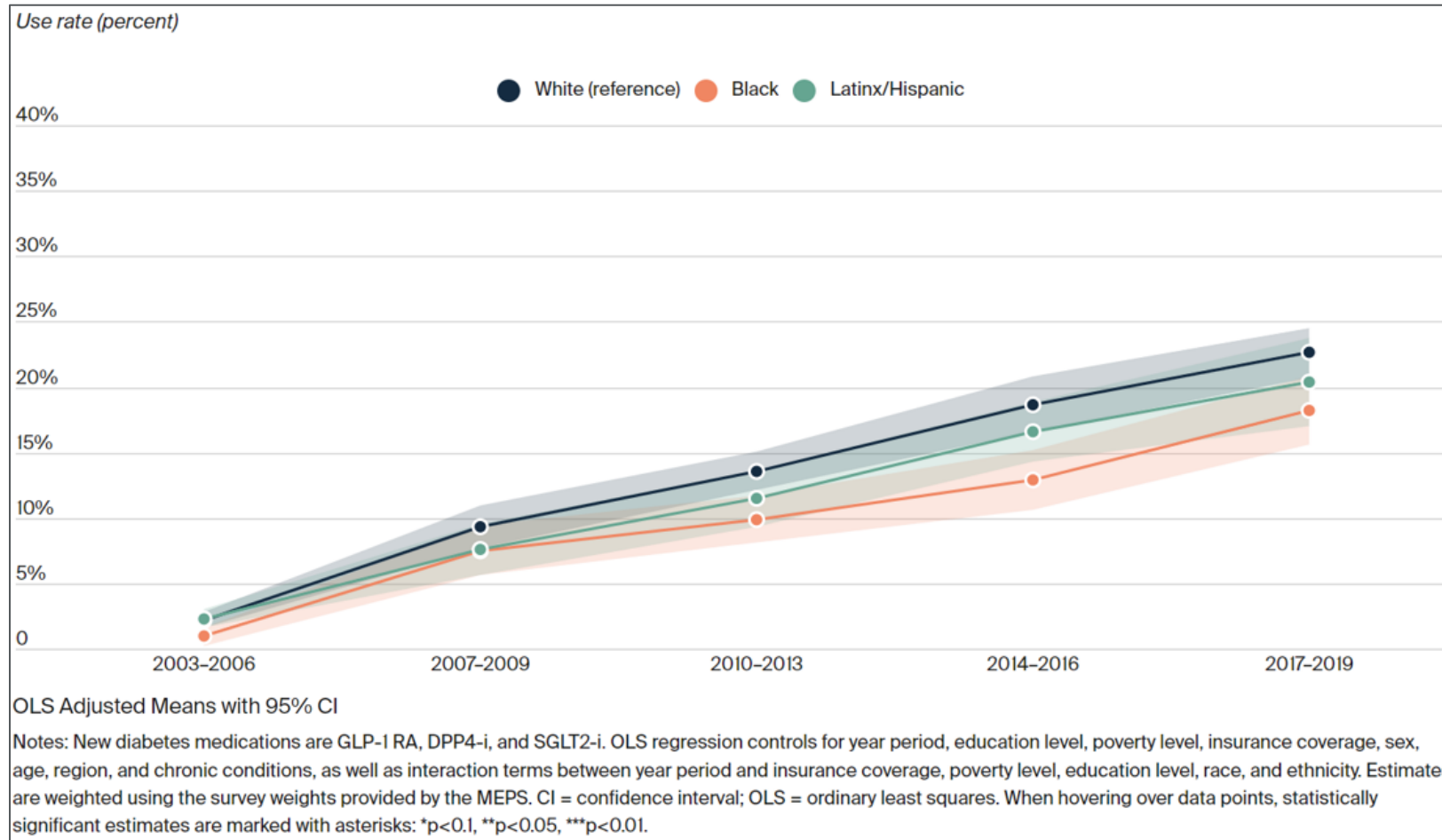
COVID-19 has laid bare existing inequities in health care,^{1,2} and the disproportionate impact on the poor and communities of color have rightfully driven a search for solutions to improve access across the spectrum of medical care delivery. Identifying at-risk areas of our community for targeted interventions is thus a key mitigation strategy to reduce further impact.

RESEARCH ARTICLE

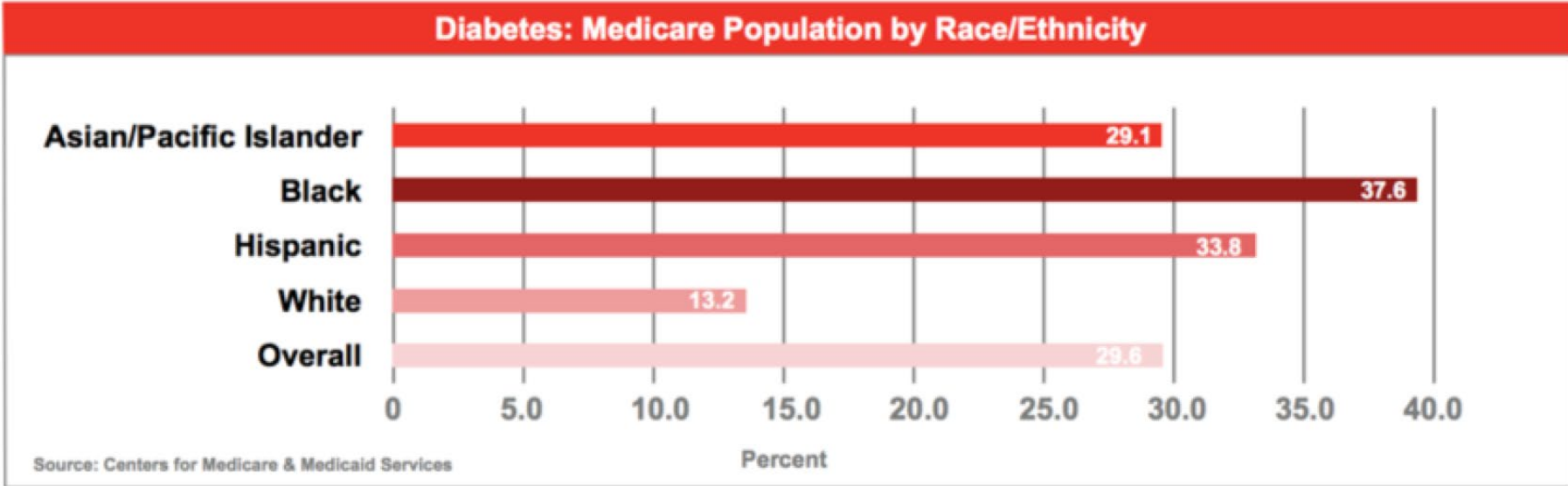
Racial disparities in the SOFA score among patients hospitalized with COVID-19

Benjamin Tolchin^{1*}, Carol Oladele², Deron Galusha², Nitu Kashyap³, Mary Showstark⁴, Jennifer Bonito⁵, Michelle C. Salazar⁶, Jennifer L. Herbst⁷, Steve Martino⁸, Nancy Kim⁹, Katherine A. Nash¹⁰, Max Jordan Nguemni Tiako², Shireen Roy¹¹, Rebeca Vergara Greeno², Karen Jubanyik⁵

Disparities in the Use of New Diabetes Medications By Race and Ethnicity



A Review of Health and Socioeconomic Disparities among Black Older Adults in the District of Columbia



Case 3

- 23-year-old African-American female with type one diabetes who is admitted to the hospital for diabetic ketoacidosis (DKA).
- Upon arrival, the physician notices that the patient is blind and has significant neuropathy in both limbs.
- After a thorough examination, the attending believes that the patient is not taking her insulin.
- When they inquire about her routine, the patient shared that the cost of the medication increased and she can't afford it, therefore she has been rationing it by using it every other day.

Case 3 (continued)

The physician finds out that African-Americans are:

- 2.5x more likely to have at least one DKA episode in the previous 12 months compared with Non-Hispanic Whites.
- 2.5x more likely than Non-Hispanic Whites to have at least one severe hypoglycemic event in the previous 12 months.
- Rates of mortality in diabetes are also twice as high among Non-Hispanic Blacks compared with other racial groups.

Questions for Consideration

1. What responsibilities do clinicians have to allocate resources such as medications like insulin? Can they allocate said resources?
2. Who is responsible for providing the highest attainable level of care?
3. What are the clinician's responsibilities to reduce inequities?

“Physicians cannot be indifferent to injustice, inequality and suffering caused by our system of health care, by an institution’s insurers, or by our professional self-interest. We share a collective responsibility to be strong and clear voices for a just health care system, for the competence of our fellow physicians for the rehabilitation or expulsion of those who violate the moral demands of what it means to be a physician.”

E. Pellegrino

References

- AMCP Partnership Forum: Racial health disparities—a closer look at benefit design. (2022). *Journal of managed care & specialty pharmacy*, 26(11), 1468–1474. <https://doi.org/10.18553/jmcp.2021.21217>
- Beauchamp, T. (2019, February 11). *The principle of beneficence in applied ethics*. Stanford Encyclopedia of Philosophy. <https://plato.stanford.edu/archives/spr2019/entries/principle-beneficence/>
- Centers for Disease Control and Prevention. (2022, December 8). *Social Determinants of Health at CDC*. Centers for Disease Control and Prevention. <https://www.cdc.gov/socialdeterminants/about.html>
- De Oliveira, R. A., Oselka, G., Cohen, C., & Costa, S.i (2008). Clinical bioethics. *Journal international de bioethique = International journal of bioethics*, 19(1-2), 157–204.
- Ding, D., Glied, S.A. (2022). Disparities in the Use of New Diabetes Medications: Widening Treatment Inequality by Race and Insurance Coverage. Commonwealth Fund. <https://doi.org/10.26099/vabp-0g69>
- Flynn, J. (2020, November 25). Theory and bioethics. *Stanford Encyclopedia of Philosophy*. <https://plato.stanford.edu/archives/win2022/entries/theory-bioethics/>
- King C, Cloonan P, Bedri, A (2021) *A Review of Health and Socioeconomic Disparities among Black Older Adults in the District of Columbia*. Available at: <https://aarp-states.brightspotcdn.com/9a/2a/fc25c70c4ee299ae491ed5d9b006/aarpcdc-health-disparities-report-final-version.pdf>

References (continued)

- Kogut S. J. (2020). Racial disparities in medication use: imperatives for managed care pharmacy. *Journal of managed care & specialty pharmacy*, 26(11), 1468–1474. <https://doi.org/10.18553/jmcp.2020.26.11.1468>
- Lamont, J and Favor, C (2017) "Distributive Justice", The Stanford Encyclopedia of Philosophy . Edward N. Zalta (ed.), URL = <<https://plato.stanford.edu/archives/win2017/entries/justice-distributive/>>.
- Majidi, Ebekozi, O., Noor, N., Lyons, S. K., McDonough, R., Gandhi, K., Izquierdo, R., Demeterco-Berggren, C., Polsky, S., Basina, M., Desimone, M., Thomas, I., Riales, N., Jimenez-Vega, J., Malik, F. S., Miyazaki, B., Albanese-O'Neill, A., & Jones, N.-H. Y. (2021). Inequities in Health Outcomes in Children and Adults With Type 1 Diabetes: Data From the T1D Exchange Quality Improvement Collaborative. *Clinical Diabetes*, 39(3), 278–283. <https://doi.org/10.2337/cd21-0028>
- Osa, C., D. B., & Young, H. N. (2022). Pharmacists role in addressing health disparities—Part 1: Social determinants of health and their intersectionality with medication use, health care utilization, and health outcomes. *JAACP : Journal of the American College of Clinical Pharmacy*, 5(5), 533–540. <https://doi.org/10.1002/jac5.1565>

Knowledge Checks

Which principle(s) in bioethics is the most important?

- A. Autonomy
- B. Beneficence and Non-Maleficence
- C. Justice
- D. All of them are equally important

Determinations of who should get the ventilator in times of crisis requires the consideration of the principle of _____.

- A. Autonomy
- B. Beneficence
- C. Justice
- D. Non-Maleficence

A patient with Covid-19 calls his primary care doctor to see if she can prescribe ivermectin because he has read online that this could be an effective treatment. Currently, the patient is reporting to have fever, cough and general malaise. What principle(s) of bioethics should the clinician consider to guide her decision?

- A. Justice and Autonomy
- B. Beneficence, Non-Maleficence, and Autonomy
- C. Beneficence and Autonomy
- D. Autonomy

A physician advises a patient to submit to a particular operation. The patient weighs risks and burdens and shows understanding and finally consents. What elements must a person have to demonstrate that they have decisional capacity?

- A.** Understanding of information, communication of decision to others, and consistently reason relevant alternatives.
- B.** Disclosure of information, competency of the patient (or surrogate) to make a decision, and voluntary nature of the decision.
- C.** Understanding of information, communication of decision, and coercion.
- D.** Understanding information, disclosure of information, and voluntary decision.

Macro-allocation of goods means that the responsibility of distributing resources fairly falls to:

- A. The physician
- B. The hospital CEO
- C. Public health officials
- D. All of the above

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

899 North Capitol Street NE, 5th Fl, Washington, DC 20002

 dchealth.dc.gov

 [@_DCHealth](https://twitter.com/_DCHealth)

 [dchealth](https://www.instagram.com/dchealth)

 [DC Health](https://www.facebook.com/DCHealth)

 [dchealth](https://www.tiktok.com/dchealth)

For more information on the District's COVID-19 response, visit coronavirus.dc.gov