

Each phase of the module will follow the same format:

- A Didactically introduce the concept, provide illustrations for application of the concept,**
- B Allow students the opportunity to actively practice and rehearse of the model with one another; and then,**
- C Debrief the exercise presenting a context for reflection and opportunity for self evaluation**

Phase I:

Introduce the principles of medical ethics including current HIPAA (Health Insurance Portability and Accountability Act) privacy guidelines as converging with social work ethical guidelines in acute care and hospice environments

This lecture and class discussion overview would include a brief historical overview of bioethics and the core principles of ethical decision making. This will be achieved through use of large group discussion to illustrate challenges facing health care workers in hospice settings, lecture, in class exercises, and case examples from direct practice literature

Phase II:

Introduce our unique, multi-step model for collaborative ethical decision making which includes assuming a leadership role on an ethics committee. This step in the module will allow the instructor to demonstrate use of the model in a case example illustrating to students how the problem solving model might be implemented. Discussion with the students regarding challenges of negotiating collaboration and problem solving strategies will be facilitated throughout this role modeling illustration

Phase III:

Students will be divided into small groups and provided case illustrations as role playing exercises in order for them to practice the collaborative process of conducting an ethics committee using the model presented earlier. Students will each take on roles of the typical

possible. These discussions frequently include an overlay of cultural, societal, religious, moral, and family traditions (Csikai & Chaitin, 2004). Further, social workers on ethics committees must also weigh the practical aspects impacting their decisions including federal, state, and organizational policies, budgetary concerns, liability risk, and health insurance limitations.

In many situations in acute and hospice care, the process of ethical problemsolving is often conducted on a case-by-case basis with resolutions being heavily influenced by a few of the most active stakeholders (Boyd, 2006). Yet if each ethical dilemma is treated as a unique situation, there is inconsistency and a lack of justification in the decision-making process.

Purposes for the Release of Patient Records

Privacy can be compromised under certain conditions. These are

Public Health Threat

Respecting Reporting Laws (child abuse, elder abuse, danger to self or others)

Law Enforcement Purposes (such as Medicare or Medicaid fraud, civil actions, and criminal cases)

Duty to Warn (Tarasoff cases)

Third Party Payers (insurance companies and government agencies such as Medicare and Medicaid)

In preparation for this phase, students have a suggested reading list before attending the session

Select Readings From

Basky, A.E. (2010). Ethics and Values in Social Work: An Integrated Approach for a Comprehensive Curriculum. NY: Oxford University Press

Levine, C. (2009). Taking Sides: Clashing Views on Bioethical Issues (13th Ed). Guilford, CT: McGraw-Hill/Dushkin Publishing Group

National Association of Social Workers, (2009). Code of Ethics of the National Association of Social Workers. Retrieved July 27, 2010 from <http://www.naswdc.org/pubs/code/code.asp>

Suggested Readings

Boyd, K. (2006). Ethical decision making among hospital social workers. Journal of Social Work Values and Ethics, 3. Retrieved April 2, 2011, from <http://www.socialworker.com/jswve>

**Health Insurance Portability and Accountability Act of 1996
Pub L. No. 104-191, 110 Stat. 1936 (1996).**

Sparks, J. (2006). Ethics and social work in healthcare. In S. Gehlet & T.A. Browne (Eds) Handbook of health social work (pp. 43-69). Hoboken, NJ: Wiley.

Winzelberg, G. S., Hanson, L. C., & Tulsy, J. A. (2005). Beyond autonomy: Diversifying end of life decision making approaches to serve patients and families. Journal of the American Geriatrics Society, 53, 1046-1050

- 1. Describe the principles that underlie medical ethics, including autonomy, beneficence, nonmaleficence, justice, dignity, and fidelity.**
- 2. Apply ethic of confidentiality associated with end of life patient concerns to a practice scenario to illustrate ethical principles of dignity and autonomy.**

Suggested Readings

Breitbart W, Gibson C, Poppo SR, Bag A: Psychotherapeutic interventions and end of life: a focus on meaning and spirituality. *Can J Psychiatry* 2004; 49: 366-372 Available online at <http://www.cpapc.org/8080Publications/Archives/CJP/2004/june/breitbart.asp#Medline>

Haly T.C. (2008). Ethical Decision Making Pressure and Uncertainty as Complicating Factors. *Health and Social Work*, 28(4), 298-301.

Describe the multi-step model for collaborative ethical decision making in end of life care

Demonstrate the ability to blend social work values and medical ethics to make sound ethical decisions involving patients and their families

Apply the ethical decision making framework to a patient case in a logical manner; reflecting interdisciplinary collaboration

1. Medical Ethics – suggested questions to prompt review Based on previous session and readings, describe importance of medical ethics

2. HIPAA Privacy Guidelines – suggested question to prompt discussion Why were HIPAA guidelines established?

3. NASW Code of Ethics – suggested question to prompt discussion How do medical ethics differ from social work ethics?

4. Historical Overview – describe an historical event from the Phase I discussion

5. Ethical Challenges in health care social work - describe one ethical challenge facing social workers today in the health care setting

This question is designed to prompt students to think about if and where there are opportunities for ethical decision making training MSW students are encouraged to take

process by keeping the focus on the patient and family throughout the process. The framework includes the following steps:

1. situation completely from a social work perspective examining the clinical, physical, legal, cultural, and systemic issues facing the situation
 2. issues that present the ethical problem
 3. alternatives available for implementation, weighing positives and negatives of each
 4. with professional colleagues and/or experts with knowledge about this or similar situations
 5. alternatives with patient and family and document accordingly.
 6. the best alternative given the circumstances and the environment
 7. the decision
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In-depth explanation of each step is listed below. There are coordinating PPT slides with this same information.

Conduct a thorough psychosocial assessment. Students at this level of social work education are familiar with the various psychosocial assessment tools available to them. This topic can allow for additional discussion about what constitutes a thorough assessment: key components? What topics are covered? How long does a social worker need to conduct a quality assessment?

Know the facts This refers to the social worker knowing the facts of the patient/family situation they are working with. The key to this discussion point is that the 'facts' of the case need to be understood as clearly as possible. There will likely be emotional issues tied in with this, but the social worker needs to stay focused on the facts of the case.

Define which aspects of the case are ethical issues that can be resolved among team members

Clear assessment is key. The social worker has the opportunity to gather information from multiple sources in the assessment phase. Per the NASW Standards (2011), the assessment should include information that allows the social worker and the team to develop interventions and appropriate treatment planning.

Clearly and concisely communicate your presenting problem from your professional assessment. Effective communication in the written format as well as verbal communication of the information is needed.

Medical Indications - what medical conditions are present? How do those impact the care - if they are

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Contextual Issues - what issues are present - if which situation? Family concerns?

Mortality Issues - End of life issues are recognized as difficult and potentially controversial. These issues reflect multiple value systems, cultures and groups. The NASW

Congruent with hospice philosophy and social work ethics, all alternatives should be developed utilizing both hospice philosophy and social work ethical standards. See the NASW Code of Ethics (2009). The National Hospice and Palliative Care Organization (NHPCO) defines palliative care as “treatment that enhances comfort and improves the quality of an individual’s life during the last phase of life. No specific therapy is excluded from consideration. The test of palliative care lies in the agreement between the individual, physician(s), primary caregiver, and the hospice team that the expected outcome is relief from distressing symptoms, the easing of pain, and/or the enhancing the quality of life. The decision to intervene with active palliative care is based on a ability to meet stated goals rather than affect the underlying disease. An individual’s needs must continue to be assessed and all treatment options explored and evaluated in the context of the individual’s values and symptoms. The individual’s choices and decisions regarding care are paramount and must be followed at all times” (NHPCO, 2006).

Communication is vital to maintaining healthy professional relationships with patients and families. Social workers are specifically trained to effectively communicate with patients, families, and collateral persons involved in the case. They recognize family dynamics and potential communication pitfalls. Their expertise in communicating with sensitivity and professionalism helps maintain the relationships needed in end-of-life care.

Honor the dignity of autonomy. Social workers respect the individual’s right to make his or her own decisions. Where possible seek situations that maximize the patient’s right to make his/her best choices about their health care.

Based on input from professionals and family, and with respect for medical and social work ethical principles, introduce the alternative that is the most viable given the circumstances

Leave your own values, opinions, and judgments at the door:

This social worker will be placed in situations that may conflict with their personal values and beliefs. In this role, the professional must put those issues aside to effectively work with the patient and family members. Social workers can utilize professional supervision through their agency to discuss issues where the personal and professional come into conflict.

Implementation plans are subject to change at any time, without notice. Professionals need to be

aware that the plans are not final and can change at any time.

Step 7: Describe ways to monitor the situation. Describe ways to evaluate the plan that is in place. How can the social worker clearly and effectively document the decision making process every step of the way?

Social workers and interdisciplinary team members often do not have the luxury of time to thoughtfully reason out a 7-step decision making plan. Hence, we have developed and modified

Don't incapacitate
Don't cause offense
Don't deprive others of the goods of life

This principle also includes obligations not to impose risks of harm or the departure from professional standards of care which falls under the purview of negligence. This distinction is important as non-treatment due to futility such as withholding or withdrawing treatment, or allowing a terminally ill patient to die is not negligent or

Sheila is a 59-year-old African American female who had a heart transplant in her late 40s. Since the transplant, she has had numerous health problems, and has often been non-compliant with her medication treatment and plan of care. She has a family history of heart problems, with her mother and older sister both dying from heart attacks in their early fifties. At her most recent appointment, her physician stated that her heart was failing again, and she would need to make some end-of-life care decisions. He has recommended the option of hospice care for her either in the hospital or at home.

Sheila's husband and adult children are devastated by this news and have expressed to the physician and the social worker that they want "any and all" possible treatments to prolong her life. They also want more tests and second opinions.

Sheila, however, has stated she does not want to undergo any further treatment and would prefer hospice care. She has expressed to you several times that her family does not consider her wishes and that they often make health decisions without her involvement. She describes the past several years as unbearable. She has been treated for depression in the past year. Her husband, Alan, states to you, "Sheila doesn't know what's best for her when it comes to thinking about her health. Her depression causes her trouble in that area." Her husband wants to take

The first phase will cover the following materials

In preparation for this phase, students have a suggested reading list before attending the session

Select Readings From

Basly, A.E. (2010). Ethics and Values in Social Work: An Integrated Approach for a Comprehensive Curriculum. NY: Oxford University Press

National Association of Social Workers (2008). Code of Ethics of the National Association of Social Workers. Retrieved July 27, 2010 from <http://www.naswdc.org/pubs/code/code.asp>

Smith, G. (1986). Legal and health care ethics for the elderly. Washington DC: Taylor & Francis

Required Readings

Lacey, D. (2006). End of life decision making for nursing home residents with dementia: A survey of nursing home social services staff. Health & Social Work, 31(3), 189-199

1. Apply an ethical decision making framework to help patients, families, and interdisciplinary team members

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Step 7: Describe ways to monitor the situation. Describe ways to evaluate the plan that is in place. How can the social worker clearly and effectively document the decision making process every step of the way?

- Basly, A.E. (2010). Ethics and Values in Social Work: An Integrated Approach for a Comprehensive Curriculum. NY: Oxford University Press**
- Bangatner, L. M. (2003). Self-directed learning: A goal, process, and personal attribute. In L. Bangatner (Ed), Adult learning theory: A primer; (pp 23-28). Columbus, OH: Center on Education and Training for Employment**
- Boer, T. A. (2007). Recurring Themes in the Debate about Euthanasia and Assisted Suicide. Journal of Religious Ethics, 35(3), 539-555**
- Boyd, K. (2006). Ethical decision making among hospital social workers. Journal of Social Work Values and Ethics, 3. Retrieved November 1, 2010 from <http://www.socialworker.com/jswve>**
- Bost, J. M. (2010). Social Work and Health Care. Boston, MA: Allyn & Bacon**
- Breitbart, W., Gibson, C., Poppo, S. R., & Bag, A. (2004). Psychotherapeutic interventions at the end of life: a focus on meaning and spirituality. Can J Psychiatry, 49, 366-372. Available online at <http://www.cpaap.org/8080Publications/Archives/CJP/2004/june/breitbart.asp?Medline>**
- Csikai, E. L. (2009). Social Workers' participation in the resolution of ethical dilemmas in hospice care. Health and Social Work, 29(1), 67-76**
- Csikai, E. L. & Chaitin, E. (2006). Ethics in End of Life Decisions in Social Work Practice. Chicago, IL: Lyceum Books**
- Devette, R. J. (2009). Practical Decision Making in Health Care Ethics: Cases and Concepts. Georgetown: Georgetown University Press**
- Eads, C. (2000). A mingling of minds: Collaboration and modeling as transformational teaching techniques. Focus on Basics, 5(B), 26-29**
- Fitzpatrick, J., and Fitzpatrick, E. (2010). A Better Way of Dying: How to Make the Best Choices at the End of Life. New York, NY: Penguin**
- Health Insurance Portability and Accountability Act of 1996
Pub. L. No. 104-191, 110 Stat. 1936 (1996).**
- Haly, T. C. (2009). Ethical Decision Making: Pressure and Uncertainty as Complicating Factors. Health and Social Work, 28(4), 298-301.**
- Jeffrey, D. (2006). Patient-Centered Ethics and Communication at the End of Life. Abingdon, UK: Radcliffe**

