Respecting Patient's Dignity in Emergency Medical Care: Drawing from the Experience of Clinical Ethics Case Conferences in Japan

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Introduction

The basic policy in emergency medicine is to make every effort to save the patients' lives, however difficult cases often emerge if there are risks of severe aftereffects.

Basic decision-making factors are as follows;

(a) Medical indication: assessment of the possibility of saving the patient's life and prediction of the patient's QOL after treatment,

(b) Will or preference of the patient and his/her family members: wish to recover and live on, or to terminate life if his/her predicted QOL is thought to be poor,

(c) Evaluating the patient's best interests: considering the above (a) and (b) together,

(d) Communication process between medical staff and patient/family members,

(e) Clinical ethics case conference: supporting the decision making process.

We could raise such basic questions to be examined as;

"Is it justified to terminate the life of the patient in accordance with the patient's best interests?"

"Can we say that in doing so this is respecting the patient's dignity?"

This paper aims to investigate these questions considering the communication process and the ethical and social implications of patient QOL post-treatment. I will propose the requisite points for respecting patient dignity based on the experience of clinical ethics case conferences with staff of emergency medicine department of Osaka University Hospital.

1. Case presentation

We would like to present a case which was discussed at the clinical ethics case conference.

A man in his 70s was found unconscious in the bathtub and brought into the emergency medicine centre in a deep coma. He was diagnosed with a subarachnoid hemorrhage from ruptured intracranial aneurysms and his condition was critical. The patient's condition improved slightly and the medical staff recommended that the patient have an intravascular operation with ventricular drainage to the family. Explanation was given that there was some risk of aftereffects including the patient remaining in a persistent vegetative state after the operation. However, the family members refused the surgery saying that "he did not wish to live in a physically incapacitated condition."

2. Basic decision-making factors

(1) Medical indication

Opinions are often divided among medical staff when invasive treatment is necessary to save the life of a patient, there is a risk of dying during or after treatment, and severe aftereffects are expected

despite successful treatment.

Some staff claim that "we should do everything possible in our power to save the patient's life," others oppose that claim saying that "we should not perform invasive treatment considering the low success rate or expected low QOL."

(2) Will of the persons concerned

How to treat the emergent patient depends not only on the medical indication, but on the will or preference of the patient and/or his/her family which can be classified as follows;

(i) Patient's will at the time of decision in the case they are competent,

(ii) Patient's will according to advance directives,

(iii) Presumptive will of patient according to family members.

(3) Reasons to refuse treatment

Patients often refuse to be treated, because;

"I would prefer to die rather than to live a life wheelchair-bound or bedridden, with impaired consciousness," or

"I don't want my family members to suffer economically, physically and emotionally. It would be better if I died."

Family members may also request withholding or withdrawing treatment to avoid the heavy burden of caring for a person with a low QOL.

3. Communication process regarding the patient's best interests

(1) Patient's family members vs. medical staff

While medical staff will propose treatment to save the patient's life, family members may refuse treatment, which occurs frequently in Japan.

In particular, when treatment is refused on the basis of presumptive will of the patient according to family members, medical staff will often find themselves in a dilemma, i.e., if there is a possibility of recovery some medical staff will take every possible measure to save the patient's life, while others would find it inappropriate to treat the patient if there was little chance of success, and claim to respect the will of the family.

(2) What is a clinical ethics case conference?

When there is a difference of opinion between the patient's family and staff, or among the medical staff, a communication process is required to reach an agreement. Clinical ethics case conferences aim to support the decision making process on the treatment between patient/family and medical staff through dialogue in a case-based approach. Attendants of the conference are physicians, nurses, ethicist, and sometimes clinical psychotherapist.

(3) Basic questions: practical and conceptual

There might be such questions as;

"Can we terminate the life of a patient at the request of family members?"

"Should we make every effort to save the patient's life regardless of the will of the persons concerned?"

How could we respect the best interests or dignity of the patient?

(4) Different opinions at the conference

Different opinions are raised by medical staff at the conference.

"If we accept the family's request, wouldn't it just be getting rid of a person whose existence is a burden on their family?"

"We should not impose our own values on the patient and/or their family."

"It is our social responsibility to save the life of a patient in a critical condition."

"As it is the family members that would take care of the patient after such invasive treatment, their will and preference should be respected."

Conclusion

Serious conflict could arise between medical staff and family members (or among medical staff) when dealing with patients who could be saved but for whom severe aftereffects are predicted, and when his/her will is unconfirmed and the family members refuse treatment.

While the patient's best interests are usually evaluated on the medical estimation of QOL and the will of the persons concerned, we should also consider the communication process regarding what is the best interests from the viewpoint of a social context and related moral views and values with regard to the cost or burden of caring.

Clinical ethics case conferences are particularly helpful for medical staff as they explore medical practice from such viewpoint, and would be indispensable when we are going to respect the patient's dignity.

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