


Moral Courage and Living at Risk

Presented by: Dr. Thomas Foreman, Director, The
Champlain Centre for Health Care Ethics
September 12, 2014


What is Moral Courage?

- * The commitment to stand for or act upon your ethical beliefs.
- * Willingness of individuals to take hold of, and fully support, ethical responsibilities essential to professional values.

- 
- * Moral courage is considered to be the pinnacle of ethical behavior; it requires a steadfast commitment to fundamental ethical principles despite potential risks, such as threats to reputation, shame, emotional anxiety, isolation from colleagues, retaliation and loss of employment.

What does Moral Courage Look Like?

- * When faced with an ethical dilemma, individuals explore a course of action based on their ethical values and follow through with a decision as to the right course of action regardless of the possible consequences this course of action might present.

- 
- * Moral courage involves the willingness to speak out and do what is right in the face of forces that would lead us to act in some other way.
 - * It is a personal virtue but the support and promotion of moral courage is an organizational responsibility.

Some Fundamental Ethical Values

- * Honesty
- * Integrity
- * Fairness
- * Respect
- * Empathy
- * Compassion

Barriers to Showing Moral Courage


- * Organizational culture
- * Lack of concern by colleagues
- * Groupthink
- * Preference for redefining unethical actions as acceptable

Defining “Living at Risk”

- * There is no standardized definition or understanding of what constitutes “living at risk”.
- * Being alive is inherently “risky”.
- * Must consider the degree of risk and the probability of harm.

Are we Biased in our Approach to Risk?

- * Are the rights and behaviours of older adults questioned in ways that would never be acceptable if they were younger adults?
- * What is more concerning, a competent 85 yo person at risk of falling wanting to stay home or a 16 yo learning to drive or a 45 yo who decides to have a baby?
- * Are the rights and behaviours of mental health or substance use and addiction patients questioned in ways that would not be for other patient populations?



* “They’re right when they say there are risks. I might fall, I might leave the stove on. But there is no challenge, no possibility of triumph, no real aliveness without risk.”*

*Nellie Renoux

Ethical Issues to Consider for “At Risk” Elderly Patients

- * Capacity
- * Paternalism
- * Autonomy
- * Beneficence
- * Nonmaleficence

Capacity

- * Often difficult to assess in “at risk” patients
- * Rarely is a patient globally incapable
- * Capacity is time and decision specific
- * Different decisions require different standard
- * Good documentation is essential

Paternalism

- * Who is in the best position to determine what is in the best interests of a patient?
 - * Patient
 - * Family
 - * Physician
 - * Care Team

Autonomy

- * Patients who have capacity should be making their own decisions.
- * All people have a right to self determination.
- * Geriatric, Psychiatric, Disenfranchised and Vulnerable persons have the same rights as any other person to make decisions that others may not agree with.

Beneficence

- * What constitutes a “doing of good”?
 - * Greater Autonomy for patients who wish to live at risk?
 - * Protecting the patient from risk against their wishes?
 - * Are we willing to be flexible with regard to living at risk or do we have a zero tolerance perspective?

Nonmaleficence

- * Is forcing “at risk” patients into living situations that they have not chosen a “causing of harm”?
- * Is it more harmful to allow persons to exercise autonomy and be at risk than to protect them from themselves?
- * Who defines “harm”, the person, the health care professional or the health care system?