

# NEWSLETTER BULLETIN



The Champlain Centre  
for Health Care Ethics  
Le Centre de  
bioéthique Champlain

Volume 1 / Issue 1

## DIRECTOR



## MEET OUR TEAM! FAITES CONNAISSANCE AVEC NOTRE ÉQUIPE!

**Mike Kekewich** is the Director of Clinical and Organizational Ethics at The Ottawa Hospital, as well as the Director for the Champlain Centre for Health Care Ethics, and the Champlain Regional MAID Network. Mike has worked in Ethics at The Ottawa Hospital since 2009 and is also a Clinical Investigator with The Ottawa Hospital Research Institute. Mike completed an undergraduate degree in Philosophy at the University of Ottawa, as well as a master's degree in Public Ethics from Saint Paul University.

## ADMINISTRATIVE ASSISTANT



**Alessandra Nenci** is an administrative assistant who completed her studies in communications at the University of Ottawa. She recently finished her certification in administration and is currently pursuing a certification in human resources at Algonquin College. She worked in administration for the last 3 years as well as a client care coordinator.

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## REGIONAL ETHICISTS

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**Darquise Lafrenière** is an ethicist who has held research and teaching responsibilities at various Canadian universities and worked in the pharmaceutical industry for several years. She completed a postdoctoral fellowship in Ethics of Health Research and Policy at the University of British Columbia, a PhD in Applied Social Science with a specialization in Bioethics, and a master's in education at the University of Montreal.

**Nikolija Lukich** is an ethicist who completed her Honors BSc at the University of Toronto, and MA in Healthcare Ethics at Duquesne University in Pittsburgh, PA. Currently she is working on her PhD in Healthcare Ethics, focusing her dissertation on the creation of a normative ethical framework for genetic therapy and gene editing. This work will hopefully become a resource for patients when making difficult and complex decisions.



## REGIONAL ETHICS ROUNDS

*As a partner of the Champlain Centre for Health Care Ethics, organizations can access and host monthly regional ethics rounds. Topics for the regional rounds will vary, and are determined by influential current ethical issues, and those issues facing the partner organizations.*

\*For summaries of previous rounds visit

[www.champlainethics.ca](http://www.champlainethics.ca). Pour les résumés des conférences antérieures, visiter [www.champlainethics.ca](http://www.champlainethics.ca)

Please contact one of our ethicists at [champlainethics@toh.ca](mailto:champlainethics@toh.ca) to gain access to the password protected section for the archived rounds. Contactez une éthicienne pour obtenir le mot de passe de la section protégée du site où sont archivées



## CASE SCENARIO

### CASE SUMMARY

Mr. O'Reilly is 64 years old. He was admitted to the hospital last night after an overdose involving narcotics. This was his second suicide attempt in recent months. He has been depressed for over a decade, and his mood has been even worse in the past year.

Mr. O'Reilly remained in a stable condition until 6:00 am this morning following his admission, when he had a sudden cardiac arrest. His daughter, Ann, was with him when it happened. Ann was rushed out of the room by the medical staff, who quickly performed resuscitation measures on Mr. O'Reilly. Mr. O'Reilly was successfully resuscitated but requires ongoing mechanical ventilation in the ICU. Family members wish to withdraw his life-sustaining treatment. They explain that Mr. O'Reilly wanted to die and that he would not want to be kept alive mechanically under these circumstances.

The ICU physician is reluctant to proceed with the withdrawal of treatment. He is not sure if normal breathing will resume once the patient detoxifies from the overdose. Dr. Ho can still see two undissolved tablets of narcotics in the patient's stomach. By requesting that ventilator be withdrawn, Dr. Ho thinks that the family are not acting in the patient's best interests.

A psychiatrist met the family and indicated she was confident that she could successfully treat Mr. O'Reilly's depression, should he recover from this episode in ICU. Like Dr. Ho, she believes that Mr. O'Reilly should not be disconnected from the mechanical ventilator.

Ann is angry. She reminds the psychiatrist that her father showed up at the hospital several days before her recent admission claiming that he was not feeling well. He was sent back home with a drug prescription.

Ann brought her father's advance care plan to the hospital. Mr. O'Reilly writes in this plan, dated in 2006 and witnessed by a lawyer, that he would want to live 'as long as possible' but that he did not want any mechanical life-sustaining measures to keep him alive.

What should be done?

## 1. Identify the Facts

### **Medical Indications**

Patient has been depressed for the past 10 years, but even more so in the past two years.

Suffered from a cardiac arrest. Physician not sure yet if there will be aftereffects, and if so, how severe they will be.

Patient has been connected to a mechanical ventilator for the past 12 hours. Cannot breathe by himself.

Patient still has two tablets of narcotics in his stomach – not dissolved.

Physician is not sure if breathing will resume when tablets are dissolved.

### **Patient Preferences**

Advance care plan (2006): Live 'as long as possible'; No mechanical life-sustaining measures to keep him alive

### **Quality of Life**

Physician not sure yet if there will be aftereffects following cardiac arrest, and if so, how severe they will be.

Family members claim that patient did not have a good quality of life. He was only thinking about dying. He did not enjoy his life.

### **Contextual Features**

Patient had several suicide attempts in the past two years

Patient visited the hospital three days before last suicide attempt to get help – he was not feeling good. (Does it mean that he was suffering but wanted to live?)

Not clear if patient's condition is reversible or irreversible at this point.

Physician and psychiatrist recommend that life-sustaining measures should not be withdrawn. Feel patient's life could still be saved.

Psychiatrist says that she can treat patient's depression.

Both physicians think family members are not acting in the best interests of the patient.

Family members are tired and angry. They want to withdraw life-sustaining treatment (ventilator).

## 2. Determine the Relevant Ethical Values/Principles

### **Autonomy**

Patient is not conscious. Cannot make treatment decisions.

Consent from SDMs was not asked regarding resuscitation when patient had his cardiac arrest. Unknown if patient had a *Do Not Resuscitate* (DNR) code.

### **Beneficence/Non-maleficence**

For the physicians, beneficence/non-maleficence (doing good/avoiding harm) means keeping the ventilator at least until the 2 remaining narcotics pills located in patient's stomach are completely dissolved. Patient's condition can be reversible. There is still hope to save his life.

For the family members, beneficence/non-maleficence (doing good/avoiding harm) means to withdraw the life-sustaining measure (ventilator) to meet patient's prior wishes. Would avoid repeating the same cycle (suicide attempt-medical care-back home-suicide attempt-...) or living with permanent damage.

### **Compassion**

Family members felt it would be an act of compassion to remove the ventilator and let the patient go. Mr. O'Reilly was not enjoying life anymore.

<p><b>3. Explore the Options</b></p> <p><i>Option 1 - Maintain life-sustaining measures</i></p> <p><u>Pros</u></p> <ul style="list-style-type: none"> <li>• Patient’s condition could be reversible (2 tablets still to be dissolved).</li> <li>• Patient went to Emergency three days prior to suicide attempt. Can be argued that he was looking for help and wanted to live.</li> <li>• Wrote in his advance care plan that he wished to live as long as possible.</li> </ul> <p><u>Cons</u></p> <ul style="list-style-type: none"> <li>• Wrote in his advance care plan that he did not wish to live with mechanical assistance.</li> <li>• Made several suicide attempts in the previous years. Can be argued that he wished to die.</li> <li>• Mr. O’Reilly may suffer from severe brain damage because of his cardiac arrest.</li> <li>• Patient’s SDMs wish to withdraw ventilator out of compassion. Are convinced that this is what the patient would want.</li> </ul> <p><i>Option 2 - Withdraw life-sustaining measures</i></p> <p><u>Pros</u></p> <ul style="list-style-type: none"> <li>• Wrote in his living will that he did not wish to live with mechanical assistance (although he probably did not think at the time of the possibility of a potential reversible condition).</li> <li>• Made several suicide attempts in the previous years. Can be argued that he wished to die.</li> <li>• Mr. O’Reilly may suffer from severe brain damage as a result of his cardiac arrest.</li> <li>• Patient’s SDMs wish to withdraw ventilator out of compassion. Are convinced that this is what the patient would want.</li> </ul> <p><u>Cons</u></p> <ul style="list-style-type: none"> <li>• Patient’s condition could be reversible (2 tablets still to be dissolved).</li> <li>• Patient went to Emergency three days prior to suicide attempt. Can be argued that he was looking for help and wanted to live.</li> <li>• Wrote in his living will that he wished to live as long as possible (although not with life-sustaining measures).</li> </ul> <p><i>Option 3 - Maintain life-sustaining measures for now and withdraw ventilator in 24 hours if there is no change in condition then</i></p> <ul style="list-style-type: none"> <li>• In 24 hours, the two remaining tablets will have time to dissolve and everyone will have a better idea of Mr. O’Reilly’s condition.</li> </ul>	<p><b>4. Act</b></p> <p>Option 3 was favored by SDMs, and Dr. Ho agreed to it. Life-sustaining treatment (ventilator) will be withdrawn in 24 hours (Saturday – 5 pm) if patient cannot breathe by himself at that time.</p> <p>Dr. Ho will instruct the physician who will be working on Saturday.</p> <p>(Note: Since no visible change occurred in the patient’s condition in the 24 hours following the family meeting, at 5pm Saturday the ventilator was withdrawn, and Mr. O’Reilly died.)</p>
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## NEW REGIONAL RESOURCES

Regularly visit the *Resources* page on our website. We frequently add new material that could be useful to you or your colleagues. For example, an introductory package for the Ethics Committee Members who are new to an ethics committee and have potentially not had any ethics training in the past is now available. This package includes general information about ethics in

healthcare, the role and responsibilities of an ethics committee, and tips on how to contribute in a meaningful way to an ethics committee. A similar tool kit containing information specific to the role of clinical and organizational ethics committee chair has also been developed. Both documents can be found on our website.

**\*To access the package and other resources please contact one of our ethicists at [champlainethics@toh.ca](mailto:champlainethics@toh.ca) to gain access to the password protected session on our website at [www.champlainethics.ca](http://www.champlainethics.ca)**

Thème à confirmer: *Santé mentale le long du continuum des âges.*

2019

Theme to be confirmed: *Mental Health through the continuum of age.*



\*STAY TUNED FOR MORE INFORMATION ON OUR ANNUAL SYMPOSIUM NOVEMBER 2019\*

2019 NOVEMBER						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30



**Ethics Education Program** is a free online course that is available to all LHIN-funded organization. The course offers support in meeting Accreditation Canada standards, creating strong leadership practices, and addressing moral distress and other dilemmas in the care of patients. This program consists of 6 sessions that will give you in-depth information about common topics related to health care ethics. For more information

on the modules visit our website [www.champlainethics.ca/ethics-education-program/](http://www.champlainethics.ca/ethics-education-program/)

One-Hour Review Sessions with the Ethicists:

- August 23<sup>rd</sup>, 2019**
- September 27<sup>th</sup>, 2019**
- October 25<sup>th</sup>, 2019**
- November 29<sup>th</sup>, 2019**

You must register for the review sessions at [\*\*champlainethics@toh.ca\*\*](mailto:champlainethics@toh.ca).