



How Do I Know Whether It Is an Ethical Issue? Helping Registered Dietitian Nutritionists Identify Ethical Issues in Practice



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ETHICAL DILEMMAS ARISE when one's values are in conflict with the regulations and procedures that one is obligated to comply with as a professional or an employee. The registered dietitian nutritionist (RDN) and nutrition and dietetic technician, registered (NDTR) are practitioners and have an obligation to patients, colleagues, and the community, as well as to their profession. They participate in the clinical, research, management, public health, and industry arenas and must be able to discern the differences in ethical issues that include organizational and legal components (Figure 1). For instance, a contract dispute may require a legal response. Issues about employee performance may be resolved organizationally through human resources management. However, in some instances the difference between an ethical dilemma, a legal issue, a business issue, or an employment issue needs clarification. Hospital or

workplace policies can affect the decision-making process. Ethics committees, as part of the division of medical ethics, participate in patients' goals of care, provide and use appropriate ethical language, collaborate with all health services within the institution, lead in ethics education, and provide a point place in defining capacity and health literacy, as well as creating an atmosphere of transparency. Ethics committees review presented cases in which members analyze the values, ethical principles, philosophical approaches, and health care statutes related to the conflict or uncertainty that prompted the ethics consultation. Presenting a case includes stating the dilemma, providing the medical information, and communicating how the case progressed. Nutrition and dietetics practitioners can be important members of ethics committees. The RDN and NDTR are important members of the interdisciplinary team and are equipped with specialized knowledge, unique skills, and approaches for information gathering. This article presents a framework to help the nutrition and dietetics practitioner identify and distinguish ethical challenges encountered in clinical practice. Using case studies as examples and providing resources and tools to guide them, ethical issues faced by three nutrition and dietetics practitioners are analyzed.

"Ethical decision making is a core competency of nutrition and dietetics practice and requires a broad professional understanding, including diversity of individual value systems and cultures and the rapidly changing and complex environments within the health care system."¹ Nutrition and dietetics practitioners apply the four basic principles of ethical decision making: autonomy (the patient's right to choose), beneficence (to do good),

nonmaleficence (to do no harm), and justice (fairness and equality) to analyze the ethical dilemma. They then identify the applicable provisions of the code of ethics for dietetics and nutrition practitioners.

RDNs and NDTRs adhere to a code of ethics established by the Academy of Nutrition and Dietetics (Academy) and the Commission on Dietetic Registration (CDR) (Figure 2). The documents that best serve as a guide for the RDN and NDTR are the American Dietetic Association/Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics, published in 2009, the Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitians, and the Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Dietetic Technicians, Registered.^{2,3} "The current code of ethics includes two fundamental principles: 1) honesty, integrity, fairness; and 2) behaviors that support and promote high professional standards."¹ Nineteen principles in the code of ethics adopted in 2009 state the responsibilities of the profession.

The RDN is often consulted in the care of a patient. Common requests for consults that include RDN involvement are: 1) the medical team wants to stop what it considers futile treatment while the family requests all interventions; 2) assistance for the medical team in an ethical dilemma posed by a terminal patient regarding a nutritional plan of care; 3) a patient with capacity and understanding that she is dying refuses care, including nutritional care; 4) conflict and poor communication between stakeholders often leading to the medical staff's frustration and a family's lack of trust. "Ethical decision-making involves an

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	Definition	Principles	Issues/topics	Code of Ethics
Clinical ethics	Standards for decision making in the medical environment	Autonomy, beneficence, nonmaleficence, justice	Informed consent, refusal of treatment, confidentiality, medically beneficial treatment Communication, bias, vulnerable patient, conflict of interest, moral distress, research	#5, #9, #10, #12, #15
Legal Issues	Pertaining to state and federal law		Informed consent, refusal of treatment, surrogate decision maker, confidentiality, abuse of power, research	#1, #2, #9, #19
Policy issues/ organizational ethics	Standards and structure by which a business or institution operate		Interaction with vendors, gift giving and receiving, abuse of power, conflict of interest, confidentiality, research	#1, #2, #8, #18, #19

Figure 1. Identifying issues in practice with the ethical dilemma, relevant principle, and the Academy of Nutrition and Dietetics/Commission on Dietetic Registration’s Code of Ethics.

exchange of views among individuals who may have different cultural backgrounds preferences and values.”⁴ It takes into consideration the best interest of the patient as well as the stakeholders.⁵ These elements, although defined for competencies for clinical ethics consultants and hospital ethics committees, are also relevant to all aspects of nutrition and dietetics practice. Analysis of an ethical dilemma is a step-by-step approach: 1) defining the dilemma and who the stakeholders are; 2) discerning the objective (medical) information; 3) identifying relevant legal and policy guidelines.

The most common reason for an ethics consult in the clinical environment surrounds artificial nutrition and hydration (ANH). Although withholding and withdrawing ANH are ethically and legally equivalent,⁶ it still proves to be an item of stress for family members and the health care team.

SCENARIO 1

Mr B., a 50-year-old patient who was diagnosed with cancer 2 years ago, was admitted to the hospital for severe weight loss. He entered the hospital with decision-making capacity but no longer has that capacity because of his illness. He lived with his long-term girlfriend and had one minor son. No health care proxy was known. The patient refused treatment, stating he “saw what chemotherapy did to his mother and does not want to suffer the

same side effects.” The attending physician wanted to place a percutaneous endoscopic gastrostomy tube (PEG). The floor nurses called for an ethics consult to assist in an assessment of a nutritional plan of care. They believed the patient was actively dying and that this medical intervention would be burdensome to the patient. Patty, the RDN, was not consulted by the medical team and thought that she should be involved in the decision-making process. Patty overheard members of the health care team discussing the case while waiting for an elevator in the hospital. She reported this incident to her clinical nutrition manager to discuss her concerns.

The overarching ethical dilemma in this case is protecting patient autonomy while recognizing the tension between beneficence and nonmaleficence. Could palliation relieve Mr B.’s suffering? A PEG placement is not without its risk; would it provide a benefit or excessive burden to an actively dying patient? Using substituted judgment is appropriate because, although Mr B. indicated that he did not want aggressive treatment at the time of his diagnosis, he no longer had capacity, and therefore a surrogate decision-maker must be determined. This was a legal issue, and thus the relevant surrogate laws would apply. No decision can be made for treatment without informed consent by the patient or his surrogate. Likewise, the position of the Academy of Nutrition and Dietetics is “that

individuals have the right to refuse nutrition and hydration as medical treatment” and “RD[N]s promote the rights of the individual.”⁷ This underscores the definition of informed consent and patient autonomy. Because ANH is considered a medical treatment, it can be refused.

Patty knows that discussing this case in public potentially violated the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as a hospital policy and code of ethics principle #10 by not protecting the patient and his confidential information. She is correct in apprising her supervisor of her observations. Likewise, Patty would do well to refer to Academy/CDR Code of Ethics for the profession of Dietetics Principles #8, #13, and #14 in exercising professional judgment. “RDNs provide sufficient information to enable clients and others to make their own informed decision and respect clients rights to make decisions regarding the recommended plan of care, including consent, modification, or refusal.”⁸ Nutrition and dietetics practitioners are equipped to engage with the medical care team because of their expertise in nutrition and their importance as part of the informed consent process and implementation of nutritional goals of care. Patty’s supervisor encourages her to take a leadership role as a member of the medical team. It is her responsibility to apply her professional skills to practice and keep

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