

Index

- abortion, reproductive ethics and, 152
- accommodations, 137
 for conscientious objections, 210–216
 ethical constraints on, 211–212
 institutional management of requests for, 212–216
 policy guidelines for, 212–215
 review procedures for, 215–216
- accountability
 educational programming for, 252
 of healthcare ethics committees, 5–6
- ACE form. *See* Aide to Capacity Evaluation form
- ACES tools. *See* Assessing Clinical Ethics Skills tools
- ACMG. *See* American College of Medical Genetics
- adolescents. *See* older children and adolescents
- advance care planning
 preventative ethics and, 135
 processes for, 122
- advance directives, 26, 124–125
 “do not attempt resuscitation” orders, 26–27, 125
- healthcare powers of attorney, 124–125
- living wills, 124
- under Patient Self-Determination Act, 124
- portable medical orders for end of life care, 125–126
- African Americans. *See* black communities
- AIAN people. *See* American Indians and Alaska Native people
- Aide to Capacity Evaluation form (ACE form), 98–99
- Alzheimer’s disease, 176
- AMA. *See* American Medical Association
- American College of Medical Genetics (ACMG), 185–188
- American Hospital Association, 2
- American Indians and Alaska Native (AIAN) people, 31–32
- American Medical Association (AMA), 2, 211
 ethics consultations and, 58, 62
- American Nurses Association (ANA), 211
- American Society for Bioethics and Humanities (ASBH), 2
 credentialing program, 4
 ethics consultations and, 57
 ethics pedagogy and, 258–261
 healthcare disparities by race and, response to, 31
- The Americans with Disabilities Act, 22–23
- ANA. *See* American Nurses Association
- argumentation. *See* moral argumentation
- Aristotle, 17, 143–144
- ASBH. *See* American Society for Bioethics and Humanities
- Assessing Clinical Ethics Skills (ACES) tools, 269–270
- audits, for organizational ethics, 241
- authority principles
 for healthcare ethics committees, 5–9
 leadership and, 6
- in pediatrics, for parents and/or providers, 169
 for surrogate decision makers, 114
- autonomy
 bioethics and, 17
 of minors, in pediatrics, 166–167
 as moral instrument, 72
 in potentially inappropriate treatment disputes, 134
 surgical ethics and, for patients, 194–195
- Baby Doe Regulations, 2, 166
- Beauchamp, Tom, 17
- behavioral moral distress, 48
- beneficence, as moral instrument, 72
 in neonatal intensive care units, 158–159
 in psychiatric ethics, 204–205
 in surgical ethics, 197
- Bentham, Jeremy, 16
- best interest standard, 115
- bias
 explicit, 65
 implicit, 36–37
 in ethics consultations, 65
 microaggressions, 36–37
 in neuroethics, 177–178
- bioethics. *See also* pediatrics
 autonomy and, 17
 beneficence of, 17
 during civil rights era, 31
 duty-based approaches to, 15
 healthcare disparities by race and, 33
 inclusive language, 33
 for resilience, 33
 justifications for, 17
 methodological approaches to, 17–18
 in neonatal intensive care units, 158
 nonmaleficence in, 17
 reasons for, 17

- reflection in, 17–18
 reproductive ethics, 151
 surrogate decision makers
 and, 114
 theoretical approaches to,
 17–18
 principles in, 17
 in virtue theory, 14
 Bird, Stephanie, 176
 births. *See* cesarean deliveries;
 vaginal births
 black communities, healthcare
 disparities for, 31–32
 structural racism and,
 33–34
 Blustein, Jeffrey, 210
 borderline viability issues,
 in neonatology,
 160–161
 National Institute of Child
 Health and
 Development
 assessments, 160–161
 Neonatal Research Network
 assessments, 160–161
 brain death, 142–143
 BRCA genes, 186–187
 Burke, Wylie, 186
 burnout, moral distress
 compared to, 49–51

Canterbury v. Spence, 78
 Card, Robert, 215
 CASES approach, in
 consultation methods,
 68
 casuistry, 17
 Centers for Disease Control
 and Prevention
 (CDC), 31
 cesarean deliveries, 155
 children. *See* minors
 Childress, James, 17
 civil rights movement
 bioethics and, 31
 ethics consultations and, 57
 clinical genetics. *See* genetics
 Clouser, K. Danner, 15
 CMD. *See* Cognitive Motor
 Dissociation
*Code of Ethics for Nurses with
 Interpretive Statements*
 (ANA), 211
Code of Medical Ethics
 (AMA), 211
 Codes of Ethics, 12

 cognitive dissonance
 case analysis for, 146–147
 case studies for, 140–141
 Cognitive Motor
 Dissociation, 144–145
 practice guidelines for,
 145–146
 theoretical approach to,
 140–141
 cognitive impairment,
 decision making
 influenced by, 100–101
 cognitive moral distress, 48
 Cognitive Motor Dissociation
 (CMD), 144–145
 coma, 141–142, 146
 “comfort care,” 2
 communication issues, for
 surrogate decision
 makers, 117
 family dynamics as factor
 in, 117
 community-building. *See*
 moral community-
 building
 compassion, 14
 compassion fatigue, moral
 distress compared to,
 49–50
 competence
 decision making compared
 to, 97
 for informed consent, 81
 during pregnancy,
 assessments of, 154
 compliance
 for confidentiality, ethics
 compared to, 88–89
 in policy development
 strategies, 232–233
 for privacy, ethics compared
 to, 88–89
 conception, in reproductive
 ethics
 loss and, 152–153
 moral status of embryo/
 fetus, 153
 conclusions, in moral
 argumentation, 73
 confidentiality, in medical
 settings
 case studies for, 85
 compliance and, ethics
 compared to, 88–89
 future considerations for,
 92–93

 historical development of,
 85–86
 legal parameters for, 27
 for minors, 91–92
 scope of, 86
 technology considerations
 communication tools, 90
 electronic health records,
 92
 ethical challenges in,
 91–92
 under The Health
 Insurance Portability
 and Accountability
 Act, 88
 online portals, 91–92
 personal health records,
 91–92
 telemedicine, 88–92
 congenital anomalies,
 161–162. *See also*
 Trisomy 18
 “conscience” laws, 27
 conscientious objections
 accommodations for,
 210–216
 ethical constraints on,
 211–212
 institutional management
 of requests for,
 212–216
 policy guidelines for,
 212–215
 review procedures for,
 215–216
 case studies for, 208
 medical professional codes
 for, 211
 moral convictions as
 influence on, 209–211,
 216–217
 parameters of, 209–210
 refusal of treatment as,
 209–210
 scope of, 208–209
 conscientious refusal, 123
 in reproductive ethics, 152
 conscious bias. *See* explicit
 bias
 consciousness disorders. *See*
 disorders of
 consciousness
 consequentialism, 15–16
 consultation methods
 case studies for, 67–68
 CASES approach, 68

- consultation methods (cont.)
 Four Box method, 68
 GiNO'S DiCE, 68
 moral argumentation in,
 72–73
 conclusion, 73
 premises, 73
 moral considerations in,
 69–72
 character evaluation as
 part of, 71–72
 consequences of, 71
 information gathering in,
 comprehensive
 approach to, 69–70
 obligations in,
 recognition of, 70
 overreaching as risk in,
 70–71
 responsibilities in, 70–71
 moral evaluations from,
 68–69
 justification in, 69
 moral instrumentation, 72
 autonomy in, 72
 beneficence in, 72
 fidelity principles in, 72
 justice in, 72
 recommendations, 73–74
 resolution in, 74
 scope of practice, 71
 surrogate decision makers
 and, 118–119
 theoretical approach to, 68
 utility principles in, 72
 consultations, ethics, 3–4
 American Medical
 Association and,
 57–58, 62
 American Society for
 Bioethics and
 Humanities and, 57
 case studies, 56
 during civil rights era, 57
 complex values, in clinical
 care settings, 57
*Core Competencies in
 Healthcare Ethics
 Consultation*, 60
 cultural influences on, 42
 fair processes in, 61–65
 for analysis and
 deliberation, 63
 for ethics
 recommendations,
 63–64
 for information
 gathering, 62–63
 for medical chart
 documentation, 64
 for outcomes, 64–65
 for review, 64–65
 foundational knowledge in,
 59–61
 goals of, 57–58
 American Medical
 Association definition
 of, 57–58
 individual consultants, 3
 Individual Ethics
 Consultant model,
 58–59
 limitations of, 61
 mandatory, 136
 moral evaluations from,
 68–69
 justification in, 69
 moral reflection in, 68
 multi-disciplinary approach
 to, 3
 in neonatal intensive care
 units, 158
 non-autonomous refusals,
 57
 obstacles to, 65
 bias, 65
 groupthink, 65
 overlap of services in, 61
 purpose of, 57–61
 risk management in, 61
 scope of, 57–58
 skills in, 57, 60
 Team (sub-committee)
 model, 58–59
 team-based approach to, 4
 virtues in, 57, 60
 Whole Committee model,
 58–59
 contraception, reproductive
 ethics and, 152
*Core Competencies in
 Healthcare Ethics
 Consultation*, 60
 cost of care, informed consent
 about, 79
 credentialing, by American
 Society for Bioethics
 and Humanities, 4
 Cruzan, Nancy Beth, 143
*Cruzan v. Director, Missouri
 Department of Health*,
 22
 culture, healthcare ethics
 influenced by. *See also*
 value-conflicts
 case studies for, 39
 with cultural
 misunderstandings, 44
 definition of, 40
 educational implications,
 44–45
 in end-of-life decision
 making, 127
 ethics consultations
 influenced by, 42
 integration strategies for,
 40–42
 organizational, moral
 distress influenced by,
 53
 policy implications, 44–45
 potentially inappropriate
 treatment influenced,
 133
 religion as part of, 40
 self-awareness of, 41–42
 theoretical approach to,
 39–40
 tools for practice, 42–44
 through ethics
 consultations, 42
 FICA Model, 43
 HOPE Model, 43
 with language differences,
 42
 LEARN Model, 43
 Culver, Charles, 15
De Anima (Aristotle), 143–144
 decision making
 Aide to Capacity Evaluation
 form, 98–99
 case discussion for, 102
 case studies in, 95
 characteristics of, 97–98
 common
 misunderstandings in,
 100–101
 competence compared to,
 97
 definition of, 95–96
 with dementia, 98–99
 determination of, 98–99
 elements of, 96–97
 ethics and, in hospital
 setting, 1–2
 in informed consent
 for disclosure, 79

- shared decision making, 79–81
- irrational choices in, 99–100
- lack of capacity for, 100
- cognitive impairment as factor in, 100–101
- incompetence compared to, 97, 100
- legal parameters for, 24–28
- for advance directives, 26
- for confidentiality and privacy, 27
- for “conscience” laws, 27
- for “do not resuscitate at resuscitation” orders, 26–27
- for informed consent, 25
- for medical futility, 27
- for medical malpractice, 27
- in patient-standard states, 25
- in physician-standard states, 25
- refusal and withdrawal of care, 25–26
- for standard of care, 27–28
- under state laws, 24
- for surrogate decision making, 26
- MacArthur Competence Assessment Tool for, 98–99
- Mini-Mental Status Exam for, 98–99
- by minors, 101–102
- for emancipated minors, 101
- for mature minors, 101
- Montreal Cognitive Assessment tool for, 98–99
- in psychiatric ethics, assessment of capacity for, 201–203
- with mental illnesses, 202
- significance of, 95–96
- delivery, reproductive ethics during, 153–155
- for cesareans, 155
- ethical considerations, 155
- for vaginal births, 154–155
- dementia, decision making with, 98–99
- deontologies, 15, 17
- discharge issues, ethics in
- in case studies, 104–105
- challenges in, 105–106
- for safe discharges, 106–107
- in extended care facilities, 106
- justice principles and, 106
- nonsocial risks, 106
- problematic types of, 106
- decisional capacity issues, 107–108
- incapable patients with strong dispositions, 108–109
- with surrogate decision makers, 109–110
- Wernicke-Korsakoff Syndrome and, 108
- in skilled nursing facilities, 106
- surrogate decision makers, 109–110
- systemic problems in, 110–111
- hospital issued notice of non-coverage, 110
- theoretical approach to, 105
- disclosure, informed consent and, 78–79
- in *Canterbury v. Spence*, 78
- of cost of care, 79
- decision making in, 79
- objective/subjective elements of, 78–79
- disorders of consciousness. *See also* cognitive dissonance
- brain death, 142–143
- assessments of, 142
- case analysis for, 146–147
- case studies for, 140–141
- coma, 141–142
- diagnostic assessments of, 146
- minimally conscious state, 144–145
- practice guidelines for, 145–146
- theoretical approach to, 140–141
- vegetative state, 143
- redesignation of, 143–146
- Unresponsive Wakefulness Syndrome, 143–144
- distributive justice
- advantages of, 223–226
- case studies for, 219–220
- consultations for, 226
- through educational programming, 226–227
- through hospital policy, 223–224
- distribution of resources, 224
- education of hospital staff, 226–227
- providers in, role of, 220–223
- through justly restricted advocacy, 222–223
- through restricted advocacy, 222
- through unrestricted advocacy, 221
- theoretical approach to, 220
- “do not attempt resuscitation” (DNAR) orders, 26–27, 125
- documentation. *See* medical chart documentation
- Dudzinski, D. M., 53
- duty-based approaches, to ethics, 15
- bioethicists and, 15
- deontologies, 15
- ECQAT. *See* Ethics Consultation Quality Assessment Tool
- educational programming, educators and, 5
- for accountability, 252
- alternative opportunities for, 250–251
- case studies for, 245
- committee members as, 247–248
- complexity of ethical action, 248–249
- components of, 248–249
- core knowledge areas, 247
- cultural influences on, 44–45
- for distributive justice, through hospital policy, 226–227
- effectiveness of, 252

- educational programming,
 educators and (cont.)
 goals of, 257–258
 institutional questions in,
 245–246
 in larger communities,
 252–253
 logistical pathways for,
 249–250
 for medical futility/
 potentially
 inappropriate
 treatment, 135–136
 in policy development
 strategies, 233
 as preventive ethics,
 251–252
 relevance of, 248
 sample topics for, 249
 self-education as part of,
 246–247
 for surrogate decision
 makers, 118
 electronic health records
 (EHRs), 92
 quality assessment in, 269
 ELSI. *See* Ethical, Legal, and
 Social Implications
 emancipated minors, decision
 making by, 101
 embryo. *See* moral status of
 embryo/fetus
 emergencies, informed
 consent in, 81
 Emergency Medical Transfer
 and Active Labor Act
 (EMTALA), 22–23
 end-of-life treatment
 decision making
 under, 123
 emotional moral distress, 48–49
 EMTALA. *See* *Emergency
 Medical Transfer and
 Active Labor Act*
 end-of-life decision making
 advance directives, 26,
 124–125
 “do not attempt
 resuscitation” orders,
 26–27, 125
 healthcare powers of
 attorney, 124–125
 living wills, 124
 under Patient Self-
 Determination Act,
 124
 portable medical orders
 for end of life care,
 125–126
 capacity criteria for,
 122–123
 case studies for, 121
 conscientious refusal in, 123
 controversies as result of,
 127
 cultural values as influence
 on, 127
 under Emergency Medical
 Transfer and Active
 Labor Act, 123
 future challenges in, 127
 general considerations for,
 122–124
 goals of care in, 125–126
 hospice care and, 123
 informed consent in,
 122–123
 informed refusal of
 treatment in, 122–123
 during intraoperative
 interventions, 193–197
 medical futility/potentially
 inappropriate
 treatment in, 123
 palliative care and, 123
 physician aid in dying and,
 123
 Physician Orders on Life
 Sustaining Treatment,
 26–27, 125–126
 physician-assisted suicide
 and, 123
 religious values as influence
 on, 127
 right to health care, 123
 theoretical approach to,
 121–122
 treatment choices in,
 125–126
 Engelhardt, H. Tristram, 15
 Ethical, Legal, and Social
 Implications, of
 genetics (ELSI), 184,
 189
Ethical Guidance (GMC), 211
 ethics. *See also* bioethics;
 specific topics
 Codes of Ethics, 12
 consequentialism and,
 15–16
 duty-based approaches, 15
 bioethicists and, 15
 deontologies, 15
 etymological origins of,
 11–12
 in hospitals
 “comfort care” and, 2
 decision making
 resources and, 1–2
 history of, 1–2
 medical futility and, 2
 quality of life issues and,
 1–2
 intention-based approaches,
 15
 meaning of, 11–12
 moral theory and, history
 of, 13–16
 narrative, 17
 reasonable positions in, as
 right, 18
 reflection on, 13–16
 scope of, 12
 unreasonable positions in,
 as wrong, 18
 utilitarianism and, 16
 value-conflicts and, 12–13
 resolution of, 13
 values carrier and, 12
 in virtue theory, 13–14
 bioethics and, 14
 compassion in, 14
 honesty in, 14
 trustworthiness in, 14
 Ethics Consultation Quality
 Assessment Tool
 (ECQAT), 269
 ethics consultations. *See*
 consultations
 ethics education. *See* ethics
 pedagogy
 ethics of care, 17
 ethics pedagogy
 American Society for
 Bioethics and
 Humanities and,
 258–261
 case studies in, 255–256
 educational programming
 as different from,
 256–257
 focus of, 256
 methods of, 258–261
 online, 260–261
 for self-knowledge, 259
 Socratic, 259
 morality influences on, 261
 narratives in, 260

- obstacles to, 261–262
 role models in, 259–260
- explicit bias, in ethics
 consultations, 65
- extended care facilities,
 discharge issues in, 106
- family issues, for surrogate
 decision makers, 117
- feedback, in policy
 development
 strategies, 233
- fetus. *See* moral status of
 embryo/fetus
- FICA Model, for healthcare
 ethics, 43
- fidelity principles, as moral
 instrument, 72
- forced medical interventions,
 during pregnancy, 154
- Four Box method, 68
- futile treatment, 130–131
 in neonatal intensive care
 units, 159
- General Medical Council
 (GMC), 211
- genetics, clinical
 American College of
 Medical Genetics,
 185–188
 for BRCA genes, 186–187
 case studies in, 183–184
 Ethical, Legal, and Social
 Implications of, 184,
 189
 harm principle, 185–186
 informed consent in,
 186–188
 patient privacy and,
 188–189
- Gert, Bernard, 15
- Gilligan, on ethics of care, 17
- GiNO'S DiCE, as consultation
 method, 68
- GMC. *See* General Medical
 Council
- “God squads,” 2
- groupthink, 65
- guidance principles, for
 decision makers,
 114–115
- Hall, Robert, 241
- harm principle, 170
 in clinical genetics, 185–186
- HCPs. *See* healthcare
 providers
- The Health Insurance
 Portability and
 Accountability Act
 (HIPAA), 22
 privacy under, 87–88
 Privacy Rule in, 88–89
 protected health
 information in, 88
 telemedicine technologies
 and, 88
- healthcare disparities, race as
 factor in
 American Society for
 Bioethics and
 Humanities response
 to, 31
 in bioethics language, 33
 for inclusion, 33
 for resilience, 33
 for black communities,
 31–32
 structural racism and,
 33–34
 case studies for, 30
 causes of, 32–35
 definition of, 31–32
 by Centers for Disease
 Control and
 Prevention, 31
 by Institute of Medicine,
 31
 implicit bias and, 36–37
 microaggressions, 36–37
 through institutional/
 structural mechanisms,
 31–32
 structural racism, 33–35
 invisibility of whiteness and,
 31–32
 multiculturalism and, 33
 for Native American
 communities, 31–32
 structural racism and,
 33–34
 pluralism and, 33
 roots of, 32
 strategies for HECs, 35–37
 unconscious bias and,
 34–35
 microaggressions, 34–35
- healthcare ethics committees
 (HECs), 2–9. *See also*
specific topics
 accountability of, 5–6
 authority of, 5–9
 leadership and, 6
 case consultation by, 3–4
 individual consultants, 3
 multi-disciplinary
 approach to, 3
 team-based approach to,
 4
 constitutional structure of,
 5–9
 bylaws, 7–9
 leadership roles in, 6
 for membership, 6–7
 educational role of, 5, 118
 global expansion of, 2
 “God squads” and, 2
 location of, 5–6
 membership in
 community members, 7
 constitutional rules for,
 6–7
 criteria for, 7
 hospital administration
 representatives, 7
 origins of, 2
 policy development and
 review through, 4
 implementation of, 4
 sizes of, variability in, 8
 healthcare powers of attorney,
 124–125
 healthcare providers (HCPs).
See also moral distress
 moral distress for, 48–54
- HECs. *See* healthcare ethics
 committees
- HINN. *See* hospital issued
 notice of non-coverage
- HIPAA. *See* The Health
 Insurance Portability
 and Accountability Act
- Hippocrates, 86
- HIV/AIDS, privacy issues for,
 87
- honesty, 14
- HOPE Model, for healthcare
 ethics, 43
- hospice care, 123
- hospital issued notice of non-
 coverage (HINN), 110
- hospitals, ethics in. *See also*
 healthcare ethics
 committees
 “comfort care” and, 2
 decision making resources
 and, 1–2

- hospitals, ethics in (cont.)
 history of, 1–2
 medical futility and, 2
 quality of life issues and,
 1–2
- Illes, Judy, 176
- implementation strategies, for
 ethics policies
 barriers to, 232–233
 case studies in, 228–229
 of feedback policies, 233
 goals of, 229–230
 community context for,
 230
 institutional context for,
 230
- implicit bias, 36–37
 in ethics consultations, 65
 microaggressions, 36–37
- inclusion, 33
- incompetence, compared to
 lack of capacity in
 decision making, 97,
 100
- Individual Ethics Consultant
 model, 58–59
- individual moral distress,
 53–54
 organizational culture as
 influence on, 53
- information gathering
 in consultation methods,
 69–70
 in ethics consultations, 62–63
- informed consent. *See also*
 refusal of consent
 case studies, 76
 in clinical genetics, 186–188
 competence for, 81
 decision making in
 for disclosure, 79
 shared, 79–81
 development of, as legal
 concept, 25, 76–77
 as ethical doctrine, 77, 80
 for minors, 25
*Scholendorff v. New York
 Hospital*, 77
 disclosure and, 78–79
 in *Canterbury v. Spence*,
 78
 of cost of care, 79
 decision making in, 79
 objective/subjective
 elements of, 78–79
- in emergency situations, 81
 in end-of-life decision
 making, 122–123
- healthcare ethics
 committees and, 83
 during pregnancy, 154
 psychiatric ethics and,
 205–206
 public interest goals and,
 82–83
 requirements for, 77–79
 in surgical ethics, 194–195
 therapeutic privilege and,
 81–82
 variations for, 81–83
 voluntariness in, 77–78
 waiver exceptions to, 82
- informed refusal of treatment,
 122–123
- Institute of Medicine, 31
- intention-based approaches,
 to ethics, 15
- intervention principles
 in pediatrics, 169–170
 harm principle, 170
 non-standard
 interventions, 170–171
 parental requests in,
 170–171
 for providers, 171
 for surrogate decision
 makers, 114
- invisibility of whiteness,
 31–32
- irrational choices, in decision
 making, 99–100
- Jennett, Bryan, 143–144
- Joint Commission on the
 Accreditation of
 Healthcare
 Organizations (Joint
 Commission), 2
- justice. *See also* distributive
 justice
 discharge issues and, 106
 as moral instrument, 72
 justification, in moral
 evaluations, 69
 justly restricted advocacy, for
 hospital providers, for
 distributed justice,
 222–223
- Kant, Immanuel, 15, 17
- Kleinman, Arthur, 43–44
- lack of capacity, for decision
 making, 100
 cognitive impairment as
 factor in, 100–101
 incompetence compared to,
 97, 100
- law, legal parameters under.
See also decision
 making
 case studies for, 20
 for committee members,
 23–24
 under state law mandates,
 23–24
- non-legal ethics standards,
 28
- for psychiatric ethics,
 205–206
parens patriae principles,
 204–205
 police powers, 204–205
 power of psychiatrists,
 204–205
 vulnerability issues in,
 204–205
- theoretical approach to,
 20–21
- under US federal law, 21–23
 The Americans with
 Disabilities Act, 22–23
 The Emergency Medical
 Transfer and Active
 Labor Act, 22–23
 The Health Insurance
 Portability and
 Accountability Act, 22
 The Patient Self-
 Determination Act,
 22–23
- in US Supreme Court cases,
 22
*Cruzan v. Director,
 Missouri Department
 of Health*, 22
*Planned Parenthood
 v. Casey*, 22
Roe v. Wade, 22
Vacco v. Quill, 22
*Washington
 v. Glucksberg*, 22
*Webster v. Reproductive
 Health Services*, 22
- leadership, in healthcare ethics
 committees, 6
- LEARN Model, for healthcare
 ethics, 43

- legally discretionary treatment, 131
- legally proscribed treatment, 131
- living wills, 124
- loss, conception and, 152–153
- MacIntyre, Alasdair, 14
- mandatory consults, 136
- mapping tools, for moral distress, 52–53
- mature minor doctrine, 172
- mature minors, decision making by, 101
- McMath, Jahi, 142
- MCS. *See* minimally conscious state
- medical chart documentation, 64
- medical futility/potentially inappropriate treatment, 123
- case studies in, 129
- definition of, 130
- disputes in, 136–138
- accommodation in, 137
- causes of, 132–135
- goal clarification and mediation, 137
- institutional policies for, 136–137
- surrogate selection in, 137
- transfer in, 137–138
- unilateral refusal in, 138
- ethics and, 2
- legal parameters for, 27
- preventative ethics, 135–136
- advance care planning, 135
- mandatory consults, 136
- staff education, 135–136
- surrogate training, 135
- provider resistance, influences on, 134–135
- medical integrity, 134
- moral distress, 134
- patient autonomy, 134
- patient suffering, 134
- surrogate requests in, influences on, 132–133
- cognitive issues, 133
- cultural values, 133
- distrust, 132–133
- emotional/psychological issues, 133
- religion, 133
- theoretical approach to, 129–130
- types of, 130–132
- futile treatment, 130–131
- legally discretionary treatment, 131
- legally proscribed treatment, 131
- qualitative futility, 132
- quantitative futility, 131–132
- medical malpractice, legal parameters for, 27
- microaggressions, implicit bias in, 36–37
- Mill, John Stuart, 16
- utilitarianism, 17
- minimally conscious state (MCS), 144–145
- Mini-Mental Status Exam (MMSE), 98–99
- minors. *See also* neonatology; pediatrics
- autonomy for, in pediatrics, 166–167
- confidentiality for, considerations for, 91–92
- decision making by, 101–102
- for emancipated minors, 101
- for mature minors, 101
- informed consent for, 25
- privacy for, in medical settings, 91–92
- at Willowbrook State School, 31
- MMSE. *See* Mini-Mental Status Exam
- Montreal Cognitive Assessment tool (MoCA tool), 98–99
- Moore, G. E., 16
- moral agency, 50–51
- moral argumentation, 72–73
- conclusions, 73
- premises in, 73
- moral community-building through policy development strategies, 233–234
- strategies for, with moral stress, 52–53
- stakeholders in, 52–53
- moral considerations, in consultation methods, 69–72
- character evaluation as part of, 71–72
- consequences of, 71
- information gathering in, comprehensive approach to, 69–70
- obligations in, recognition of, 70
- overreaching as risk in, 70–71
- responsibilities in, 70–71
- moral distress, for healthcare providers, 48–54
- behavioral, 48
- burnout compared to, 49–51
- case studies, 47–49
- cognitive, 48
- compassion fatigue compared to, 49–50
- consequences of, 51–52
- definition of, 48–50
- emotional, 48–49
- for individuals, 53–54
- organizational culture as influence on, 53
- moral community-building strategies, 52–53
- stakeholders in, 52–53
- in potentially inappropriate treatment disputes, 134
- as relational construct, 50
- resilience and, 51
- theoretical approach to, 48
- tools for, 52
- mapping, 52–53
- moral evaluations, from consultation methods, 68–69
- justification in, 69
- moral instrumentation, in consultation methods, 72. *See also specific instruments*
- moral status of embryo/fetus, 150–151
- conception and, 153
- maternal relationship with embryo, 151
- moral theory, ethics and, 13–16
- morality. *See also* ethics; *specific topics*
- conscientious objections influenced by, 209–211, 216–217

- morality (cont.)
 ethics pedagogy influenced by, 261
 multiculturalism, 33
- narrative ethics, 17
- National Institute of Child Health and Development (NICHD), 160–161
- Native Americans
 American Indians and Alaska Native people, 31–32
 healthcare disparities by race and, 31–32
 structural racism and, 33–34
- neonatal intensive care units (NICUs), 158–160, 163
 beneficence in, 158–159
 in bioethics theory, 158
 consultations for, 158
 futility in treatments, 159
- Neonatal Research Network (NRN), 160–161
- neonatology
 Baby Doe Regulations, 2
 borderline viability issues in, 160–161
 National Institute of Child Health and Development assessments, 160–161
 Neonatal Research Network assessments, 160–161
 case studies for, 157
 congenital anomalies, 161–162
 in neonatal intensive care units, 158–160, 163
 beneficence in, 158–159
 in bioethics theory, 158
 consultations for, 158
 futility in treatments, 159
 treatment decisions in, 162–164
 consultation approaches in, 163–164
 for palliative care, 162–163
 for Trisomy 18, 163
 values as influence on, 162–163
 Trisomy 18 and, 161–163
- treatment decisions for, 163
- neurodiversity, 179–181
- neuroethics
 Alzheimer’s disease, 176
 biases in, 177–178
 case studies for, 175–176
 in Emergency and Critical Care departments, 177
 for functional diseases, 181
 psychogenic non-epileptic seizures, 181
 for imaging studies, 178–179
 of brain damage, 179
 of brain plasticity, 178–179
 of Broca’s area, 178
 for neurodiversity, 179–181
 neurotypical traits, 177
 Parkinson’s disease, 176
 theoretical approach to, 176
- neuroexceptionalism, 177–178
- NICHD. *See* National Institute of Child Health and Development
- NICUs. *See* neonatal intensive care units
- non-autonomous refusals, in ethics consultations, 57
- non-legal ethics standards, 28
- nonmaleficence
 in bioethics, 17
 in surgical ethics, 197
- nonsocial risks, in discharges, 106
- non-standard interventions, in pediatrics, 170–171
- NRN. *See* Neonatal Research Network
- Nussbaum, Martha, 14
- older children and adolescents
 capacity development, 171–173
 mature minor doctrine, 172
 refusal of treatment, 172
- online methods, for ethics pedagogy, 260–261
- online portals, 91–92
- organizational ethics
 case studies for, 237–238
 collaboration and cooperation strategies for, 242
- communication strategies for, 242
- historical development of, 239
- identification of issues in, 240–242
 audits for, 241
 awareness in, 240–241
 in organizational and policy structures, 241–242
 patterns recognition in, 240
 reporting guidelines for, 242–243
 scope of, 238
 theoretical approaches to, 238–239
- palliative care, 123
- neonatology and, 162–163
- parens patriae* principles, 204–205
- parents, in pediatrics, decision making by, 167–169
 authority of, limitations on, 169
 intervention principles and, 170–171
 refusal of consent by, 168–169
- Parfit, D., 16
- Parkinson’s disease, 176
- Patient Self-Determination Act, 22–23, 124
- patient-standard states, 25
- pedagogy. *See* ethics pedagogy
- pediatrics, bioethics in
 adult-centered ethics issues compared to, 166–167
 autonomy issues, 166–167
 case studies in, 165–166
 future considerations of, 173
 historical development of, 166
 intervention principles in, 169–170
 harm principle, 170
 non-standard interventions, 170–171
 parental requests in, 170–171
 for providers, 171

- for older children and adolescents
 capacity development, 171–173
 mature minor doctrine, 172
 refusal of treatment, 172
 parental role in, decision making process by, 167–169
 authority of, limitations of, 169
 intervention principles and, 170–171
 refusal of consent, 168–169
 providers in
 authority of, limitations on, 169
 non-standard interventions by, 171
 Willowbrook State School and, 31
 Pellegrino, Edmund, 14, 261
 personal health records (PHRs), 91–92
 PHI. *See* protected health information
 PHRs. *See* personal health records
 physician aid in dying, 123
 Physician Orders on Life Sustaining Treatment (POLST), 26–27, 125–126
 physician-assisted suicide, 123
 physician-standard states, 25
 PIT. *See* medical futility/potentially inappropriate treatment
Planned Parenthood v. Casey, 22
 Plum, Fred, 143–144
 pluralism, 33
 PNEs. *See* psychogenic non-epileptic seizures
 police powers, psychiatric ethics and, 204–205
 policy development strategies, for ethics policies, 231–233
 advisors in, 231
 barriers in, 232–233
 compliance as part of, 232–233
 educational elements in, 233
 feedback elements in, 233
 identification of, 231
 as iterative process, 231–232
 within larger communities, 234–235
 moral community
 cultivation through, 233–234
 stakeholder engagement in, 231
 POLST. *See* Physician Orders on Life Sustaining Treatment
 portable medical orders for end of life care, 125–126
 potentially inappropriate treatment. *See* medical futility/potentially inappropriate treatment
 pragmatism, 17
 pregnancy, reproductive ethics during, 153–155
 competency assessments, 154
 forced medical interventions, 154
 informed consent, 154
 maternal relationship with embryo/fetus, 151
 premises, in moral argumentation, 73
 President's Commission, 2
 preventative ethics, 135–136
 advance care planning, 135
 educational programming as, 251–252
 mandatory consults, 136
 staff education, 135–136
 surrogate training, 135
 privacy, in medical settings
 in clinical genetics, 188–189
 in clinical settings, 86
 access to personal information, 86
 compliance and, ethics compared to, 88–89
 future considerations for, 92–93
 under The Health Insurance Portability and Accountability Act, 87–88
 Privacy Rule in, 88–89
 protected health information in, 88
 telemedicine technologies and, 88
 Hippocrates and, 86
 historical development of, 85–86
 for HIV/AIDS, 87
 internal ethics committee communications and, 88
 legal parameters for, 27
 limitations on, 87
 for minors, 91–92
 scope of, 86
 in state legal cases, 87
 technology considerations
 communication tools, 90
 electronic health records, 92
 ethical challenges in, 91–92
 under The Health Insurance Portability and Accountability Act, 88
 online portals, 91–92
 personal health records, 91–92
 telemedicine, 88–92
 Privacy Rule, in HIPAA, 88–89
 protected health information (PHI), 88
 psychiatric ethics
 beneficence principle in, 204–205
 case studies in, 199–200
 decision making capacity and, 201–203
 with mental illnesses, 202
 informed consent and, 205–206
 legal parameters for, 205–206
parens patriae principles, 204–205
 police powers, 204–205
 power of psychiatrists, 204–205
 vulnerability issues in, 204–205
 medical ethics compared to, 201–207
 purpose of, 200–201
 stigmatization in, 203–204

- psychogenic non-epileptic seizures (PNES), 181
- Public Health Service study, in Tuskegee, Alabama, 31
- public interest, informed consent and, 82–83
- qualitative futility, 132
- quality assessment
 case studies for, 264–265
 in electronic health records, 269
 improvement strategies for, 266–270
 purpose and relevance of, 265–266
 strategies for, 266–270
 tools for, 267–270
 Assessing Clinical Ethics Skills, 269–270
 Ethics Consultation Quality Assessment Tool, 269
- quality of life issues, in hospital settings, 1–2
- quality review, surrogate decision makers and, 118–119
- quantitative futility, 131–132
- Quinlan, Julia, 143
- Quinlan, Kathleen, 143
- racism
 invisibility of whiteness and, 31–32
 Public Health Service study, in Tuskegee, 31
- reflection
 in bioethics, 17–18
 ethics and, as element of, 13–16
 in ethics consultations, 68
- refusal and withdrawal of care, legal parameters for, 25–26
- refusal of consent
 conscientious refusal, 123
 in reproductive ethics, 152
 in pediatrics, parental role in, 168–169
- refusal of treatment
 informed, 122–123
 in pediatrics, by older children and adolescents, 172
- religion, healthcare ethics influenced by. *See also* value-conflicts
 culture and, 40
 educational implications for, 44–45
 in end-of-life decision making, 127
 policy implications for, 44–45
 for potentially inappropriate treatment, 133
 theoretical approach to, 39–40
- reproductive ethics
 abortion and, 152
 bioethical theory and, 151
 case studies in, 149–150
 conception
 loss and, 152–153
 moral status of embryo/fetus, 153
 conscientious refusal and, 152
 contraception and, 152
 during delivery, 153–155
 for cesareans, 155
 ethical considerations, 155
 for vaginal births, 154–155
 future approaches and considerations in, 155–156
 historical overview of, 150–151
 moral status of embryo/fetus, 150–151
 conception and, 153
 pregnant woman and, relationship with, 151
 during pregnancy, 153–155
 competency assessments, 154
 forced medical interventions, 154
 informed consent, 154
 relationship with embryo/fetus, 151
 theoretical approach to, 150
- resilience, 33
 moral distress and, 51
- resolution, in consultation methods, 74
- restricted advocacy, for hospital providers, 222
- right to health care, 123
- risk management, in ethics consultations, 61
- Robison, John, 179–180
- Roe v. Wade*, 22
- Savulescu, Julian, 215
- Scanlon, Thomas, 15
- Schiavo, Terri, 121–122, 143
- Scholendorff v. New York Hospital*, 77
- Schwarze, Gretchen, 193
- shared decision making
 in informed consent, 79–81
 by surrogate decision makers, 116
- Siegler, Mark, 246
- Singer, P., 16
- skilled nursing facilities, discharge issues in, 106
- Socratic method, in ethics pedagogy, 259
- Spike, Jeffrey, 68
- stakeholders
 in moral community-building, 52–53
 in policy development strategies, 231
- standard of care, legal parameters for, 27–28
- state laws, for decision making, in healthcare ethics committees, 24
- stated wishes standard, 115
- stigmatization, 203–204
- structural racism, healthcare disparities through, 33–35
- substituted judgment standard, 115
- suicide. *See* physician-assisted suicide
- Sulmasy, Daniel, 14
- Supreme Court, US
Canterbury v. Spence, 78
Cruzan v. Director, Missouri Department of Health, 22

- Planned Parenthood v. Casey*, 22
Roe v. Wade, 22
Scholoroff v. New York Hospital, 77
Vacco v. Quill, 22
Washington v. Glucksberg, 22
Webster v. Reproductive Health Services, 22
- surgical ethics
 beneficence in, 197
 case studies, 191
 historical development of, 191–192
 informed consent in, 194–195
 intraoperative interventions
 in end-of-life situations, 193–197
 for high-risk patients, 193–197
 innovative technologies in, 195–197
 novel techniques, 195–197
 with unexpected findings, 194–195
 nonmaleficence in, 197
 outcomes and, 192
 patient autonomy in, 194–195
 surrogate decision makers
 authority principles for, 114
 bioethical theory, 114
 in case studies, 113
 choice of, criteria for, 114–116
 communication issues for, 117
 family dynamics as factor in, 117
 conceptual background for, 114–116
 definition of, 114
 discharge issues and, 109–110
 guidance principles for, 114–115
 healthcare ethics committees and, 117–119
 consultation methods, 118–119
 educational programming by, 118
 organizational priorities and, 117–118
 quality review by, 118–119
 hierarchy of, 114
 intervention principles for, 114
 legal parameters for, 26
 in potentially inappropriate treatment, influences on, 132–133
 cognitive issues, 133
 cultural values, 133
 distrust, 132–133
 emotional/psychological issues, 133
 religion, 133
 in potentially inappropriate treatment disputes, 137
 preventative ethics training for, 135
 process for, 116–117
 purpose of, 114–116
 shared decision making for, 116
- Team (sub-committee) model, for ethics consultations, 58–59
 telemedicine, 88–92
 therapeutic privilege, informed consent and, 81–82
 Trisomy 18, 161–163
 treatment decisions for, 163
 trustworthiness, 14
 Tuskegee experiment. *See* Public Health Service study
- unconscious bias. *See* implicit bias
 unilateral refusal, in potentially inappropriate treatment disputes, 138
 United States (US). *See also* Supreme Court, US
 The Americans with Disabilities Act, 22–23
 Emergency Medical Transfer and Active Labor Act, 22–23
 end-of-life treatment decision making under, 123
- The Health Insurance Portability and Accountability Act, 22
 Patient Self-Determination Act, 22–23, 124
 Public Health Service study, in Tuskegee, 31
 Unresponsive Wakefulness Syndrome (UWS), 143–144
 unrestricted advocacy, for hospital providers, of distributive justice, 221
 US. *See* United States
 utilitarianism, 16–17
 utility principles, 72
 UWS. *See* Unresponsive Wakefulness Syndrome
- Vacco v. Quill*, 22
 vaginal births, reproductive ethics during, 154–155
 value-conflicts, ethics and, 12–13
 complex values, in clinical care settings, 57
 in end-of-life decision making
 cultural as influence on, 127
 religion as influence on, 127
 in neonatology treatment decisions, 162–163
 resolution of, 13
 surrogate requests and, cultural influences on, 133
 values carrier, 12
 vegetative state, 143
 redesignation of, 143–146
 Unresponsive Wakefulness Syndrome, 143–144
 virtue theory
 ethics and, 13–14
 for Aristotle, 17
 bioethics, 14
 compassion in, 14
 honesty in, 14
 trustworthiness in, 14
 ethics consultations and, 57, 60

- | | | |
|---|---|--|
| <p>voluntariness, of informed consent, 77–78</p> <p>waiver exceptions, to informed consent, 82</p> <p>Wallis, Terry, 144–145</p> <p><i>Washington v. Glucksberg</i>, 22</p> | <p><i>Webster v. Reproductive Health Services</i>, 22</p> <p>Welch, H. Gilbert, 186</p> <p>Wernicke-Korsakoff Syndrome, 108</p> | <p>Whole Committee model, for ethics consultations, 58–59</p> <p>Willowbrook State School, 31, 166</p> <p>women. <i>See</i> pregnancy; reproductive ethics</p> |
|---|---|--|