Nottingham University Hospitals NHS
NHS Trust

MORAL balance

making bed side ethical decisions

Dr Dale Gardiner
Adult Intensive Care Consultant, Nottingham
Chair of Ethics of Clinical Practice Committee, Nottingham
National Clinical Lead for Organ Donation, NHSBT
dale.gardiner@nuh.nhs.uk
@dalecgardiner

A good HCP makes good decisions.

Better ethics is about having better justifications for decisions.

BETTER DECISIONS ?

Reduce Stress

Patient & Family Satisfaction

Team Satisfaction

Justifiable

Reduce Fallout


Chesham
Chalfont & Latimer
Amersham
Chorleywood
Rickmansworth
Watford
Croxley
Moor Park
Northwood
Northwood Hills
Pinner
North Harrow
Harrow-on-the-Hill
West Harrow
West Ruislip
Hillingdon
Ruislip
Ruislip Manor
Eastcote
Uxbridge
Ickenham
Rayners Lane
Ruislip Gardens
South Ruislip
South Harrow
Sudbury Hill
Northolt
Sudbury Town
Greenford
Alperton
Perivale
Hanger Lane
Park Royal
North Ealing
Ealing Broadway
West Acton
North Acton
East Acton
White City
Wood Lane
Acton Central
South Acton
Ealing Common
Acton Town
South Ealing
Northfields
Boston Manor
Osterley
Hounslow East
Hounslow Central
Hounslow West
Hatton Cross
Heathrow Terminals 1, 2, 3
Heathrow Terminal 4
Heathrow Terminal 5
Chiswick Park
Turnham Green
Stamford Brook
Ravenscourt Park
Gunnersbury
Kew Gardens
Richmond
Watford Junction
Watford High Street
Bushey
Carpenders Park
Hatch End
Headstone Lane
Harrow & Wealdstone
Kenton
Preston Road
Northwick Park
South Kenton
North Wembley
Wembley Central
Stonebridge Park
Harlesden
Willesden Junction
Wembley Park
Stanmore
Canons Park
Queensbury
Kingsbury
Neasden
Dollis Hill
Willesden Green
Kilburn
West Hampstead
Finchley Road
Swiss Cottage
St. John's Wood
Brondesbury Park
Brondesbury
Kensal Rise
Kensal Green
Queen's Park
Kilburn High Road
South Hampstead
Kilburn Park
Maida Vale
Warwick Avenue
Royal Oak
Westbourne Park
Paddington
Edgware Road
Marylebone
Baker Street
Great Portland Street
Euston
Ladbroke Grove
Latimer Road
Shepherd's Bush
Holland Park
Notting Hill Gate
Bayswater
Lancaster Gate
Queensway
Marble Arch
Bond Street
Oxford Circus
Regent's Park
Shepherd's Bush Market
Goldhawk Road
Hammersmith
Kensington (Olympia)
Barons Court
West Kensington
Earl's Court
West Brompton
High Street Kensington
Hyde Park Corner
Knightsbridge
Gloucester Road
South Kensington
Sloane Square
Victoria
St. James's Park
Westminster
Green Park
Piccadilly Circus
Fulham Broadway
Parsons Green
Putney Bridge
East Putney
Southfields
Wimbledon Park
Wimbledon
Imperial Wharf
Clapham Junction
Wandsworth Road
Clapham High Street
Clapham North
Clapham Common
Clapham South
Balham
Tooting Bec
Tooting Broadway
Colliers Wood
South Wimbledon
Morden
Pimlico
Vauxhall
Stockwell
Oval
Kennington
Brixton
Edgware
Burnt Oak
Colindale
Hendon Central
Brent Cross
Golders Green
Hampstead
Belsize Park
Chalk Farm
Camden Town
Mornington Crescent
Finchley Road & Frognal
Hampstead Heath
Gospel Oak
Kentish Town West
Camden Road
Mill Hill East
High Barnet
Totteridge & Whetstone
Woodside Park
West Finchley
Finchley Central
East Finchley
Highgate
Archway
Tufnell Park
Kentish Town
Crouch Hill
Upper Holloway
Holloway Road
Caledonian Road
Caledonian Road & Barnsbury
King's Cross St. Pancras
Warren Street
Euston Square
Goodge Street
Tottenham Court Road
Russell Square
Holborn
Chancery Lane
Covent Garden
Leicester Square
Charing Cross
Embankment
Temple
Waterloo
Southwark
Lambeth North
Elephant & Castle
Borough
Angel
Old Street
Farringdon
Barbican
Moorgate
St. Paul's
Bank
Mansion House
Cannon Street
Blackfriars
Monument
Tower Hill
Fenchurch Street
Tower Gateway
London Bridge
Bermondsey
Cockfosters
Oakwood
Southgate
Arnos Grove
Bounds Green
Wood Green
Turnpike Lane
Manor House
Harringay Green Lanes
South Tottenham
Seven Sisters
Tottenham Hale
Blackhorse Road
Walthamstow Central
Walthamstow Queen's Road
Leyton Midland Road
Finsbury Park
Arsenal
Highbury & Islington
Canonbury
Dalston Kingsland
Dalston Junction
Haggerston
Hoxton
Shoreditch High Street
Hackney Central
Homerton
Hackney Wick
Liverpool Street
Aldgate
Aldgate East
Whitechapel
Shadwell
Wapping
Rotherhithe
Canada Water
Surrey Quays
Queens Road Peckham
Peckham Rye
Denmark Hill
New Cross Gate
New Cross
Brockley
Honor Oak Park
Forest Hill
Sydenham
Penge West
Anerley
Crystal Palace
Norwood Junction
West Croydon
Bethnal Green
Mile End
Bow Road
Bow Church
Stepney Green
Limehouse
Westferry
Poplar
Blackwall
East India
Devons Road
Langdon Park
All Saints
Bromley-by-Bow
Pudding Mill Lane
Stratford
Stratford International
Stratford High Street
Abbey Road
West Ham
Star Lane
Canning Town
Royal Victoria
Custom House for ExCeL
Prince Regent
Royal Albert
Beckton Park
Cyprus
Gallions Reach
Beckton
Emirates Royal Docks
Emirates Greenwich Peninsula
North Greenwich for The O2
West Silvertown
Pontoon Dock
London City Airport
King George V
Woolwich Arsenal
Canary Wharf
West India Quay
Heron Quays
South Quay
Crossharbour
Mudchute
Island Gardens
Cutty Sark for Maritime Greenwich
Greenwich
Deptford Bridge
Elverson Road
Lewisham
Plaistow
Upton Park
East Ham
Barking
Upney
Becontree
Dagenham Heathway
Dagenham East
Elm Park
Hornchurch
Upminster Bridge
Upminster
Theydon Bois
Epping
Debden
Loughton
Buckhurst Hill
Roding Valley
Chigwell
Grange Hill
Hainault
Fairlop
Barkingside
Newbury Park
Redbridge
Gants Hill
Wanstead
Woodford
South Woodford
Snaresbrook
Leytonstone
Leytonstone High Road
Leyton
Wanstead Park
Woodgrange Park
River Thames
Bakerloo
Central
Circle
District
District open weekends, public holidays and some Olympia events
Hammersmith & City
Jubilee
Metropolitan
Northern
Piccadilly
Victoria
Waterloo & City
DLR
London Overground
Emirates Air Line
Interchange stations
Step-free access from street to train
Step-free access from street to platform
National Rail
Riverboat services
Tramlink
Airport
Emirates Air Line

Beauchamp and Childress

Principlism

Four principles of medical ethics

Principle	Working definition	Link to older ethical theories
Autonomy	Obligation to respect the decision-making capacities of persons	Deontology (rule based) or duty; example: Immanuel Kant said, 'Act in such a way that you always treat humanity, whether in your own person or in the person of any other, never simply as a means, but always at the same time as an end'
Beneficence	Obligation to provide benefits and to balance benefits against risks	Utilitarian (outcome based); example: maximise the good for the greatest number of people
Non-maleficence	Obligation to avoid causing harm	Opposite of benefit; example: *primum non nocere*
Justice	Obligation of fairness in the distribution of benefits and risks	Fairness (social justice) (e.g. John Rawls's *A Theory of Justice*); example: try to maximise the interests of the worst off

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M MAKE SURE OF THE FACTS

O OUTCOMES OF

R RELEVANCE TO THE

A AGENTS INVOLVED

L LEVEL OUT THE ARGUMENTS USING

BALANCE THE 'BALANCING BOX'

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ELSEVIER

'MORAL balance' decision-making in critical care

D.J.R. Harvey* and D. Gardiner

Nottingham University Hospitals NHS Trust, Nottingham, UK

Learning objectives

By reading this article, you should be able to:

- Demonstrate appreciation of Beauchamp and Childress's four principles of medical ethics.
- Apply these principles practically and quickly at the bedside to aid in medical decision-making.
- Reduce your moral distress when making ethical decisions.

Key points

- Moral distress is a cause of burnout and can occur when one feels unable to do 'the right thing' or when there is ethical uncertainty.
- Ethics should be seen as a science, not an art.
- The use of Beauchamp and Childress's four principles of medical ethics should be recognised as a skill-based competency.
- 'MORAL balance' is a useful mnemonic for applying the four principles at the bedside.
- The use of MORAL balance to aid in medical decision-making is illustrated using a clinical example, where admission to the ICU of a patient with perceived devastating brain injury would fill the 'last bed'.

Clinical scenario

A 58-yr-old man presents to the emergency department (ED) after collapsing at work. His presenting GCS score is 3/15 (E1, V1, M1) with sluggishly reactive pupils. His trachea is intubated, and a CT scan reveals intracranial haemorrhage and a probable anterior communicating artery aneurysm. The neurosurgical opinion is that there are no surgical options, and that this is a non-survivable event. His daughter is present in the ED with him and his son is travelling to the hospital, but is a few hours away. The ED consultant refers the patient to intensive care with the following question: should we admit this patient to the ICU or commence end-of-life care in the ED? The ICU is almost full, with a single bed available.

One of the factors that leads to high levels of health professional burnout is moral distress.[1] Moral distress can occur when doctors and nurses feel unable to do what they perceive to be the right thing, or when faced with ethical uncertainty.[2,3] It is therefore of no surprise that moral distress occurs frequently in critical care.[4] The continuing capacity of technology and medical advances to improve our ability to maintain life leads to the question of whether critical care is saving life or merely prolonging existence.[5,6] Historically, medical decisions made by doctors went unchallenged. Recent professional guidance, legislation, and societal expectations demand a greater role be played by patients, families, courts, and society.[7–10] As a result, the emotional stress on the staff has never been greater. Making defensible, time-critical decisions is therefore a core competency for critical care clinicians and all doctors who work in acute specialties.

Dan Harvey BMedSci MRCP FRCA Pg Dip MEL DICM FFICM is a consultant and research lead in critical care medicine at Nottingham University Hospitals NHS Trust, and Honorary Associate Professor of Intensive Care Medicine at the University of Nottingham. Dr Harvey is national medical education Clinical Lead for Organ Donation for NHS Blood and Transplant.

Dale Gardiner MBchEth FRCA is a consultant in critical care medicine at Nottingham University Hospitals NHS Trust, UK. He is the National Clinical Lead for Organ Donation for NHS Blood and Transplant, co-chair of the deceased donation working group for Ethical, Legal and Psychosocial Aspects of organ Transplantation, as part of the European Society for Organ Transplantation; and chair of the Nottingham University Hospital's Ethics of Clinical Practice Committee.

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VISUAL MINUTES: WWW.FRANOHARA.COM

Late Friday Afternoon

Brian, a 68 year old morbidly obese male with a past medical history history of smoking, hypertension and diabetes has a ruptured AAA.

Currently in ED - awake. BP unsupported.

High risk surgery. Patient keen to give it a go.

Anaesthetic opinion is sought.

Is he suitable for surgery?

MAKE SURE OF THE FACTS

Present

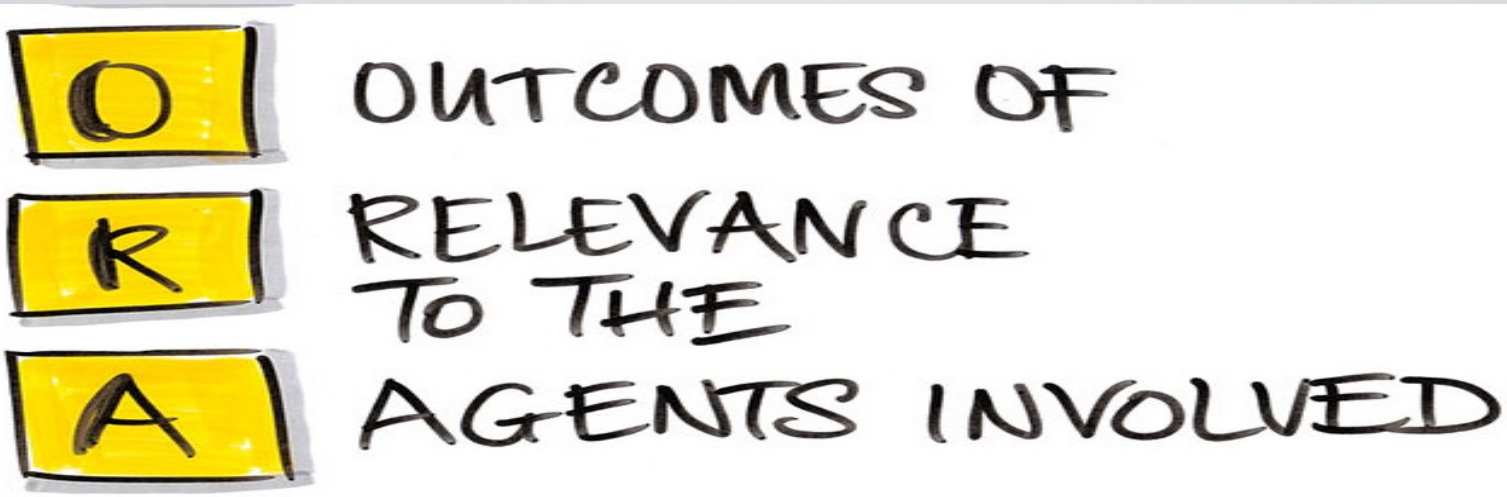
- Ruptured AAA
- Relatively stable currently
- No real conservative Rx
- Surgical option?

Past

- Relatively young
- Significant comorbidities
- Morbidly obese
- Exercise tolerance / frailty?

Prognosis

- P-Possum / Buckley's



Patient

- Live
- Give it a go

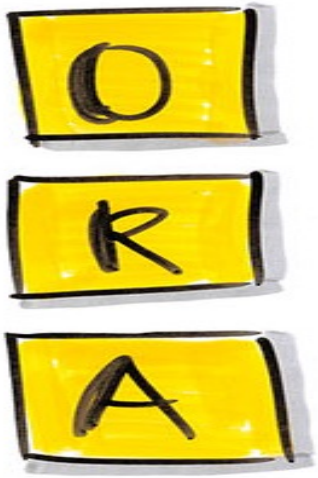

90 %
Death on table (unaware)
Surgery
Recovery

Recovery

Complications

Critical illness

Recovery



OUTCOMES OF
RELEVANCE
TO THE
AGENTS INVOLVED

Patient

- Live
- Give it a go
- Quality
- Amputation ?
- Independence ?

Family

- He's a fighter doc

Surgeons

ICU staff

Other Patients

Wider NHS

OUTCOMES OF RELEVANCE

Mortality / Morbidity
Pain & suffering
Physical & psychological
Grief /Regret
Dignity
Independence
Communication / Cognition
Resource utilisation
Metrics
Complaints & litigation
Interpersonal relationships

HARMS

Communication

Cognition

Mobility

Breathlessness

Powerlessness

Hallucinations & Delirium

Fear

Dignity

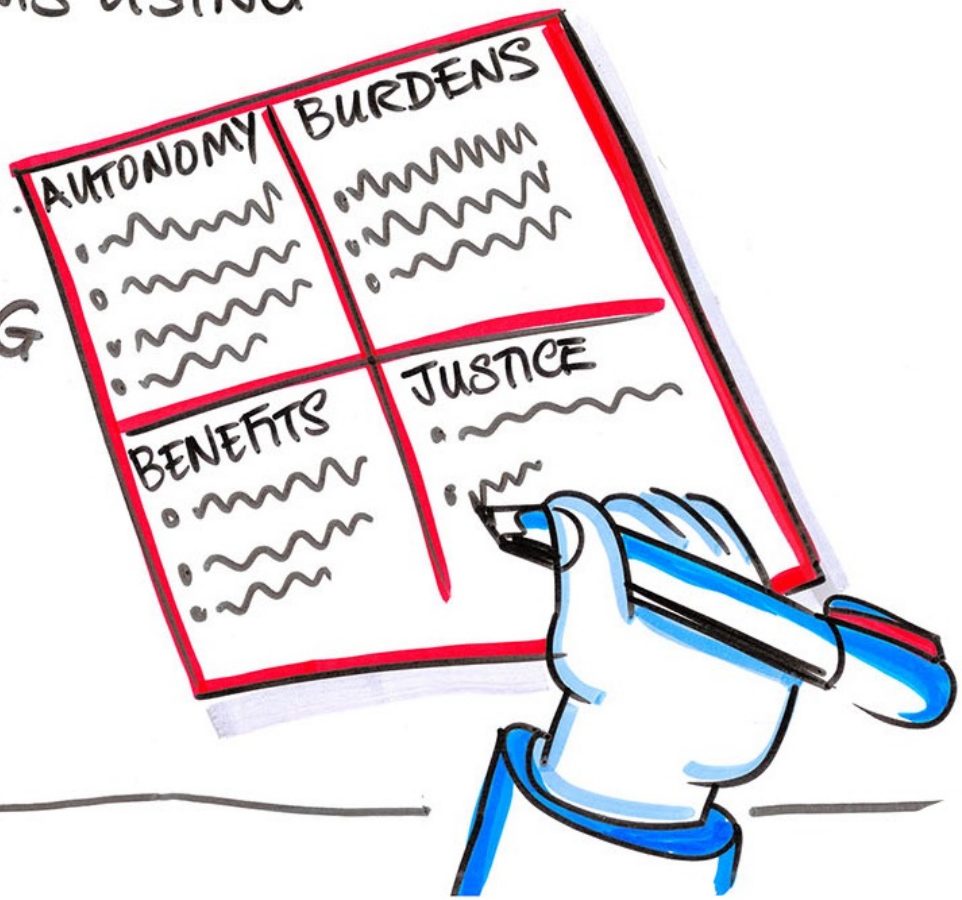
Guilt & Moral Distress in Family & HCP

L

LEVEL OUT THE ARGUMENTS USING

BALANCE

THE 'BALANCING BOX'



Autonomy

- Give it a go
- Independence
- No amputation

Burdens

- Prolonged hospital stay
- ICU Mission creep
- Loss of independence
- Staff nihilism

Benefits

- Mortality (unlikely / deferred)
- Gave it a go (family)

1. **ANYTHING OF PARTICULAR NOTE, WHAT IS 'JUMPING OUT'?**

Justice

- Patients in Theatre / ICU
- Patients in rest of hospital
- Cost

2. **WHERE IS THE GREATEST CONFLICT?**
3. **WHERE IS THE GREATEST CONGRUENCE (AGREEMENT)?**

Late Friday Afternoon

Brian, a 68 year old morbidly obese male with a past medical history history of smoking, hypertension and diabetes has a ruptured AAA.

Currently in ED - awake. BP unsupported.

High risk surgery. Patient keen to give it a go.

Anaesthetic opinion is sought.

Is he suitable for surgery?

Not suitable for surgery.

or

Yes, surgeons say is for full escalation – will let ICU know.

Late Friday Afternoon

Brian, a 68 year old morbidly obese male with a past medical history history of smoking, hypertension and diabetes has a ruptured AAA.

facts prognostication

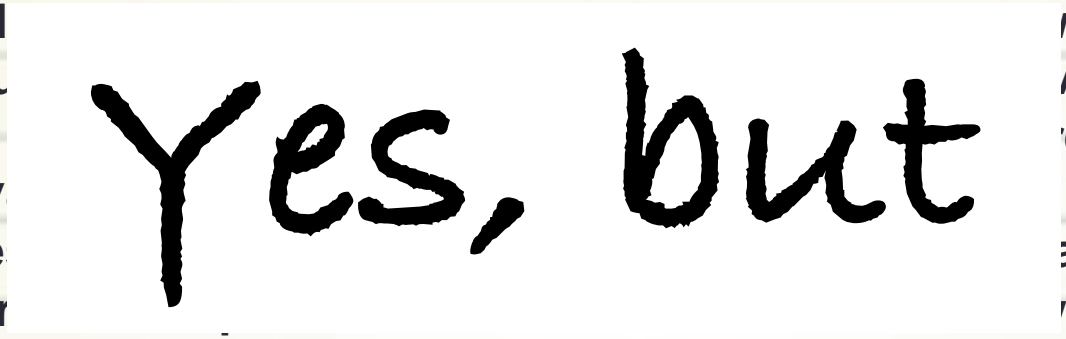
Anaesthetic / ICU consultant in resus

Brian has a ruptured AAA on a background of life-limiting comorbidities. Even if surgically amendable the prognosis is extremely grave.

Patient and family outcomes of relevance

I have spoken to Brian and his son. Brian would like to attempt surgery and is fully aware of the risks. He values his independence (strongly against requiring nursing home care and also vehemently opposed to amputation). Were these negative outcomes all that could be achieved Brian understands and agrees we should move toward a comfort care approach. His son was also in agreement.

decision

Having d 

we will plan to do the su vel 2 care post-op. esent an unsurviv in the outcome and beliefs. Consider ould be appropriate.

Late Friday Afternoon

Brian, a 68 year old morbidly obese male with a past medical history history of smoking, hypertension and diabetes has a ruptured AAA.

MORAL Balance

Altering facts / outcomes of relevance alters the balance.

1. **Fact - Present**
2. **Fact - Past**
3. **Outcome of relevance - iatrogenic (guilt)**
4. **Outcome of relevance – transfer in (momentum)**

Late Friday Afternoon

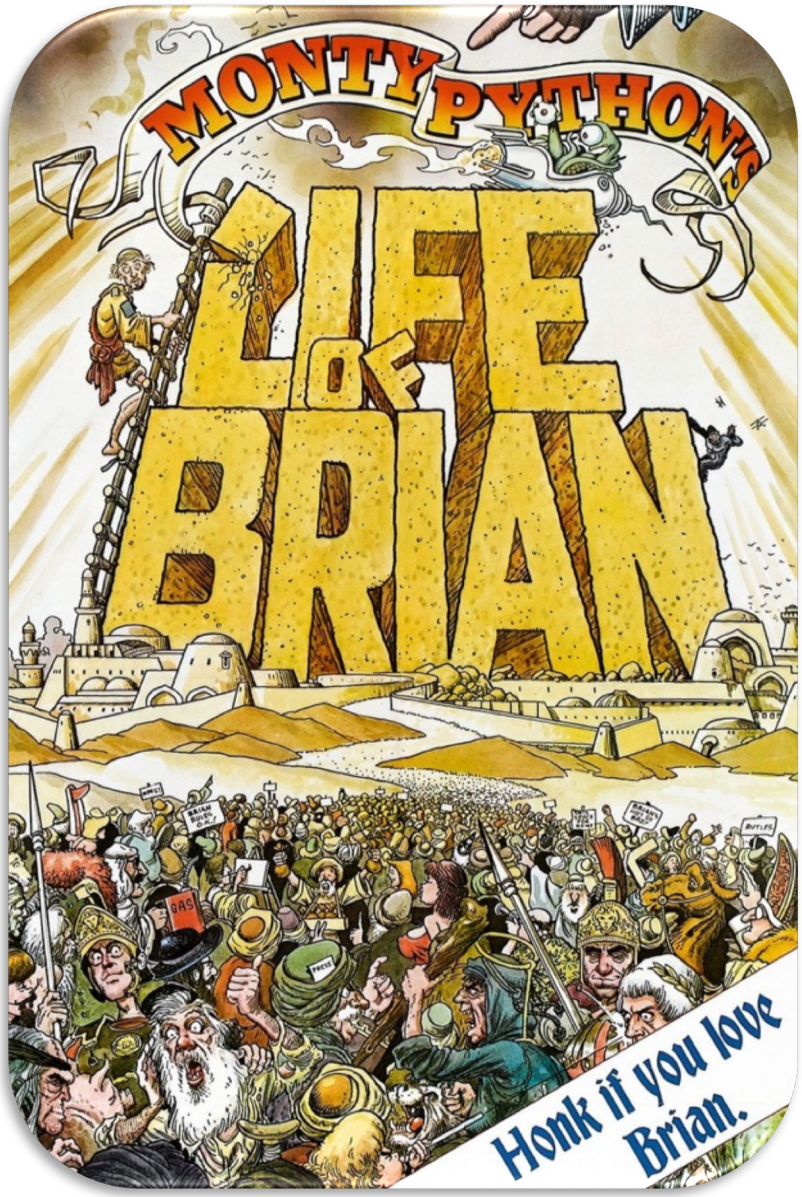
Brian, a 68 year old morbidly obese male with a past medical history history of smoking, hypertension and diabetes has a ruptured AAA.

Currently in ED – **semi conscious. BP sixty systolic with metaraminol bolus. Lactate 15.**

Patient's last words 'help me'.

Anaesthetic / ICU opinion is sought.

Is he suitable for surgery?


MONTY PYTHON'S
LIFE of BRIAN
Honk if you love Brian.

Autonomy

- Help me

Burdens

- Prolonged hospital stay
- ICU Mission creep
- Loss of independence
- Staff nihilism

Benefits

- ~~Mortality (unlikely / deferred)~~
- Gave it a go (family)

Justice

- Patients in ICU
- Patients in rest of hospital
- Cost

1. **ANYTHING OF PARTICULAR NOTE, WHAT IS 'JUMPING OUT'?**

2. **WHERE IS THE GREATEST CONFLICT?**

3. **WHERE IS THE GREATEST CONGRUENCE (AGREEMENT)?**

Late Friday Afternoon

Brian, a 68 year old morbidly obese male with a past medical history history of smoking, hypertension and diabetes has a ruptured AAA.

Currently in ED - awake. BP unsupported.

Known AAA. Six months ago assessed for elective surgery. Decision not fit for surgery.

"He found that it
was easy to make a
heroic gesture,
but hard to abide
by its results"

W. Somerset Maugham, Of Human Bondage

Autonomy

- His understanding at the time of elective surgery work up?
- His thoughts now.

Benefits

- ~~Mortality (unlikely / deferred)~~
- Gave it a go (family)
- Gave it a go (surgeon)

1. **ANYTHING OF PARTICULAR NOTE, WHAT IS 'JUMPING OUT'?**

Justice

- Patients in ICU
- Patients in rest of hospital
- Cost

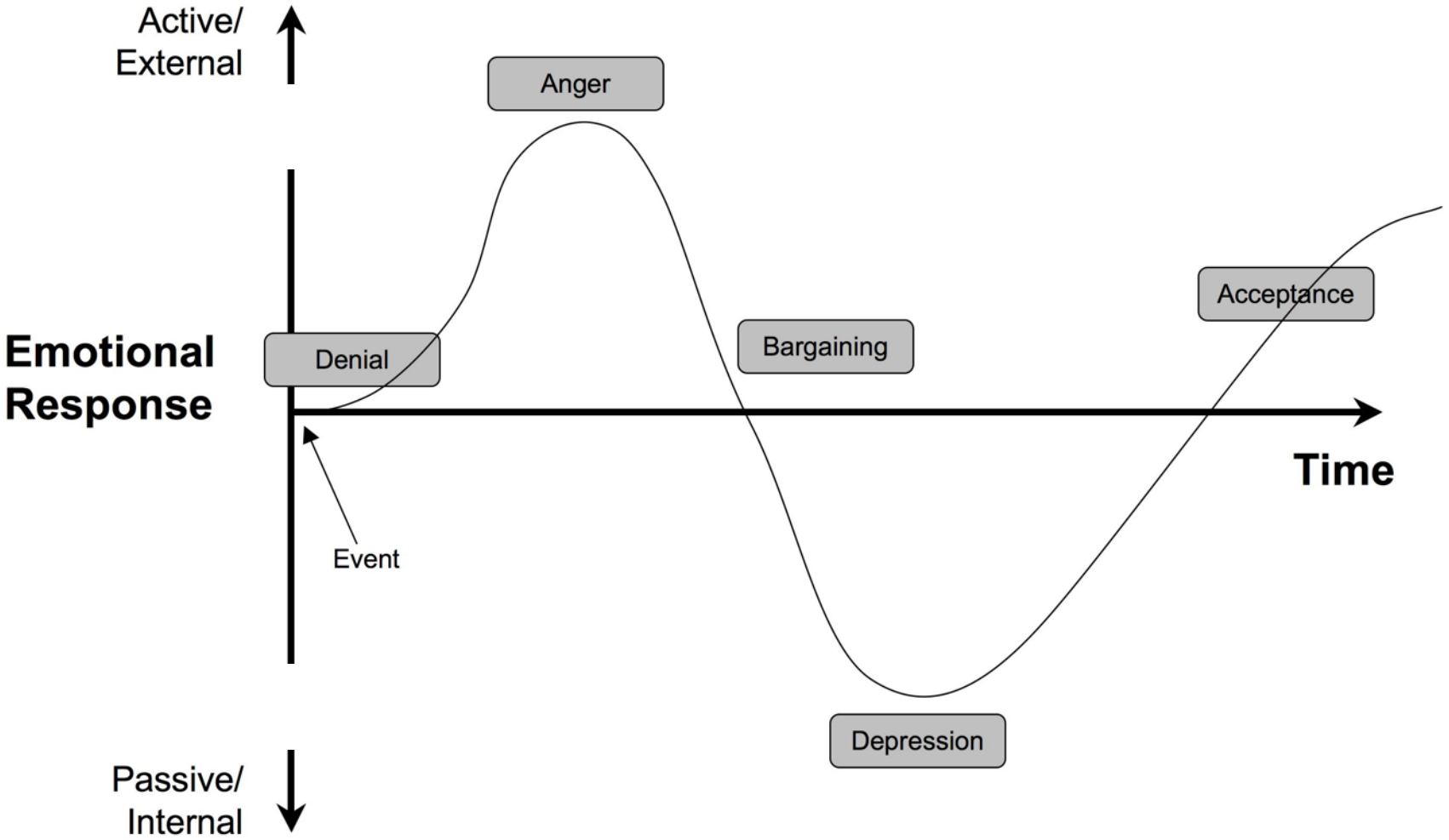
2. **WHERE IS THE GREATEST CONFLICT?**
3. **WHERE IS THE GREATEST CONGRUENCE (AGREEMENT)?**

Late Friday Afternoon

Brian, a 68 year old morbidly obese male with a past medical history history of smoking, hypertension and diabetes has a ruptured AAA.

Currently in ED - awake. BP unsupported.

Known AAA. Was being worked up for surgery but appears that due to staff changes and an administration mess up – he did not get a pre-op appointment and his case was 'lost'.


Active/
External
Anger
Acceptance
Emotional
Response
Denial
Bargaining
Time
Event
Depression
Passive/
Internal

Autonomy

- Give it a go
- Independence
- No amputation

Burdens

- Prolonged hospital stay
- ICU Mission creep
- Loss of independence
- Staff nihilism

Benefits

- Mortality (unlikely / deferred)
- **Gave it a go (family)**
- **Gave it a go (surgeon)**
- **Gave it a go (hospital Mx)**

1. **ANYTHING OF PARTICULAR NOTE, WHAT IS 'JUMPING OUT'?**

Justice

- Patients in ICU
- Patients in rest of hospital
- Cost

2. **WHERE IS THE GREATEST CONFLICT?**
3. **WHERE IS THE GREATEST CONGRUENCE (AGREEMENT)?**

Late Friday Afternoon

Brian, a 68 year old morbidly obese male with a past medical history history of smoking, hypertension and diabetes has a ruptured AAA.

Currently in ED - awake. BP failing.

Rupture diagnosed in a nearby hospital. Patient and family told going to have surgery in [your hospital].

Only chance to save his life. Will die without surgery.

However, receiving vascular surgeon considers surgery futile.

Autonomy

- Give it a go
- Independence
- No amputation

Burdens

- Prolonged hospital stay
- ICU Mission creep
- Loss of independence
- Staff nihilism

Benefits

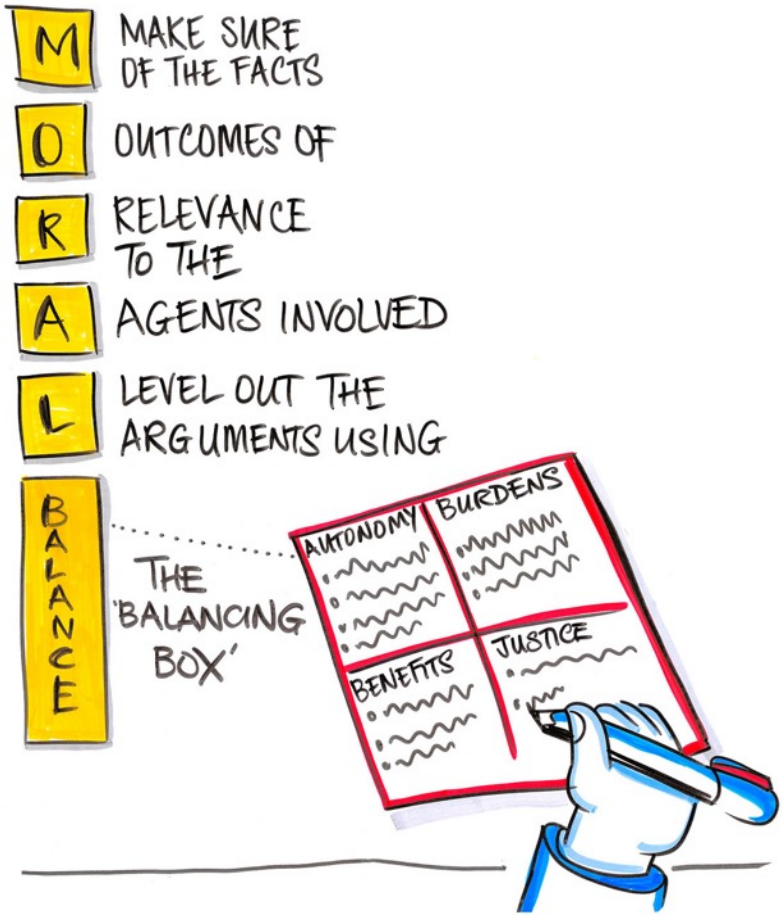
- Mortality (unlikely / deferred)
- Gave it a go (family)
- **Gave it a go (surgeon)**

Justice

- Patients in ICU
- Patients in rest of hospital
- Cost

1. **ANYTHING OF PARTICULAR NOTE, WHAT IS 'JUMPING OUT'?**
2. **WHERE IS THE GREATEST CONFLICT?**
3. **WHERE IS THE GREATEST CONGRUENCE (AGREEMENT)?**

ACHIEVING A DECISION



- Recognise it's hard
- MORAL Balance
- Start with the facts
- Recognise ALL the outcomes
- Focus on Communication
- Build your team / trust

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