Difficult Patient Encounters: Improving Patient Care through a Wide Reflective Equilibrium

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Purpose and Declarations

In discussing the role of initial moral judgments and how they can be shaped through coherence among ethics, clinical facts, and social values/beliefs in patient care, I present some methods and recommendations for circumventing our labeling of patients despite the benefits.

I have no conflicts of interest, financial or otherwise, to declare.

Objectives

Participants will gain further knowledge about difficult patient encounters and some of the ethical issues surrounding these encounters.

Participants will be exposed to a useful ethical framework that can be used to resolve ethical and social conflict in the clinical setting.

Participants will be encouraged to reflect on personal biases and initial judgments in the clinical setting and will learn how biases and judgments can be both useful and detrimental to patient care.

What does “difficult” mean?

- Non-compliant
- Belligerent
- Combative
- Manipulative
- Self-righteous/Demanding
- Redusive
- Unkempt/unhygienic
- Socially inept
- Irresponsible (i.e., engages in risky behaviors)
- Incompetent/Lacks cognitive capacities
- Complicated disease/disorder
- No [needed] documents (DNR, living will, insurance, identification)

By labeling a patient “difficult”…

- We may wrongfully judge a patient
- We may inaccurately or haphazardly diagnose or treat a patient.
- We may forget or fail to understand the patient’s medical situation
- We may forget or fail to understand the patient’s social situation
- We may forget or fail to remember why we entered the healthcare profession – we are frustrated, angry, apathetic…

“Difficult Situation”

“Difficult Patient”
Benefits of Labeling

Labels contribute to:

- Collective (acute) understanding of patients and situations
- Triaging efforts
- Communication/common language
- Identifies personal biases, discriminatory practices, lapses in virtue
- Allocation of resources (e.g., medical care)

Risks of Labeling

- Peretration of personal biases, discriminatory practices, and lapses in virtue
- The person behind the label is not recognized and dehumanized
- Patients, families, and others may not receive appropriate care and support
- Cynicism and jadedness
- Inability to acquire needed resources

The Case of Mr. And Mrs. Cox

DIFFICULT FAMILY SITUATION


Method of Wide Reflective Equilibrium (WRE)

- A type of coherence framework
- Useful for working through medical issues and problems
- Critical morality achieved through the coherence of critical elements
- Ethical principles and theories alone cannot help us resolve dilemmas.
- Abstract values cannot always guide our personal, moral beliefs or actions.

WRE Continued

- One way that ethical issues and dilemmas can be resolved, and our personal beliefs and actions can be guided, is through what is known as a coherence framework.
- A coherence framework is made up of elements that are important for recognizing, resolving, and reflecting upon ethical issues and dilemmas.
- A type of coherence framework useful for working through medical issues and problems is the wide reflective equilibrium.
- The wide reflective equilibrium (WRE) is a framework initially designed and used by political philosopher John Rawls.

Three Elements of WRE

A) Our initial personal judgments, i.e., moral judgments, about what we believe to be morally right or wrong, good or bad, e.g., “Not giving pain medication to Mr. Cox is wrong”

B) Ethical principles and theories, e.g., do no harm, always treat people as ends in themselves, etc., and

C) Background beliefs and theories (e.g., scientific theories, metaphysical, religious, and cultural beliefs, such as beliefs surrounding evolution).
Coherence

- When the elements cohere or “fit together” in a way a puzzle piece fits together, we are able to achieve critical morality. That is, we are able to solve various moral and ethical problems.

A: Initial Moral Judgments

B: Ethical Principles/Theories

C: Background Beliefs/Theories

Review of Family Situation

- Consider the case of Mr. and Mrs. Cox; Mrs. Cox insists on giving Mr. Cox his pain medication at her discretion (which is not enough to subdue his pain and suffering).
- The hospice nurse in the case has a moral obligation to BOTH Mr. and Mrs. Cox, since the family in this case is the patient.
- Moral Dilemma: Mrs. Cox is failing in role as primary caregiver.

  - What are the options for the hospice nurse?
  - What is the ethically appropriate course of action in this case?

When plan of action does not work:

- Focus on the wishes of Mr. Cox (if possible).
  - Free of pain and suffering
  - End of Life with loved ones
  - End of Life at home
- Consider if Mrs. Cox is:
  - Using substituted judgment
  - Competent
  - Educated about end of life issues
  - Emotionally stable

- A deliberative model may work here in discussing this option. This model focuses on a sharing of values among caregivers.

Other options:

- Pursue a guardian ad litem or seek the assistance of protective services – but keep in mind there may be a SERIOUS price to pay for this (e.g., removal of patient from home environment, separation from loved ones, etc.)
- Continue to involve the entire hospice (or medical team if it is not a hospice situation) in trying to treat the patient’s symptom distress, maintaining the involvement of family (i.e. Mrs Cox) as caregiver(s).
- The downfall – RESOURCES – often healthcare providers do not have the time, or such a dilemma affects the provider (moral distress).

Rules for WRE

- Moral principles/theories, background beliefs/theories or particular judgments can ultimately be justified independent of the others.
- No element is immune to revision; any of the three components may be modified.
- We work back and forth between each of the three main elements, making adjustments to our particular moral judgments, moral rules and principles, and background theories and beliefs in light of the others as needed to preserve or extend coherence.
- The three components are in a reflective equilibrium when they are mutually supportive, fitting together as a unified whole.

Review of Dilemma

- Consider the case of Mr. and Mrs. Cox; Mrs. Cox insists on giving Mr. Cox his pain medication at her discretion (which is not enough to subdue his pain and suffering).
- Mrs. Cox is failing in role as primary caregiver and has been labeled “Non-compliant” “Resistant” and a “Unsatisfactory caregiver”
- The hospice nurse in the case has a moral obligation to BOTH Mr. and Mrs. Cox, since the family in this case is the patient.
Part A

- Initial moral judgment may focus on actions, beliefs and the labels assigned to Mr. and Mrs. Cox.
  - Mr. Cox is suffering, not being adequately cared for
  - Mrs. Cox is not adhering to treatment goals; she is harming her husband
  - Mr. Cox should be taken out of home and given proper care and treatment if his wife does not comply

Part B

Ethical Principles and Values

- Caregivers’ duty (Nurse and Mrs. Cox): To do no harm
- Promote and preserve health and wellness
- Ethic of care
  - As we explore underlining ethical principles and values, we recognize that elimination of physical pain is not the only need; preservation of family, safe environment, and marriage are additional needs that enhance health and wellness.

Part C

- Mrs. Cox may have underlining fears about administering pain medication, thinking she will contribute to the end of her husband’s life.
- End of life and pain management are emotionally difficult
- Loss of husband
- Stress of being a caregiver
- Lack of education about pain management

Finding Coherence

- As we explore all the multiple perspectives, values, and judgments, there are several ways to find coherence:
  - Work as a team to ease the emotional suffering of Mrs. Cox and the physical/emotional suffering of Mr. Cox
  - Educate about advance care planning and pain management
  - Acquire deeper understanding of the Family story
  - Abandon labeling the patient and caregiver through a deeper recognition of the family
  - Change the initial judgment – make a judgment based on coherence

Reflection

- We may find that after support, education, and pain management, Mrs. Cox is still resistant to adhering to the duties of caring for her husband.
- Thus, revision to the WRE may be needed
  - Mrs. Cox may have a medical/social issue (forgetfulness, onset of dementia)
  - Mrs. Cox may ultimately be difficult and resistant regardless of a team-based approach to supportive family care.
- Upon revision, changes in judgments and ultimately actions may be required:
  - Medical treatment for Mrs. Cox
  - Removal of Mr. Cox from home and into medical facilities

Coherence

Example 1

A: Provide medical care to Mrs. Cox; at home hospice care and additional support (aide) for family; provide proper pain medication to Mr. Cox
B: Ethic of Care; Beneficence and Non-maleficence
C: Couple requires medical assistance and further support than what is currently given
Coherence

Example 2

A: Remove Mr. Cox from the home due to inadequate home care

C: Mrs. Cox refuses to give pain medication following education and support; says he should suffer for the pain he caused her throughout their marriage.

B: Benefits of removing patient from home outweigh the risks of keeping him at home

Questions