

Client's Rights and Choices

Course

Health Science

Unit III

Ethical and
Legal

Essential Question

How important is
client autonomy
in the delivery of
health care?

TEKS

130.204(c) 9A,
9B, 9C, 9D

Prior Student Learning

Basic
understanding of
ethics.

Estimated time

3-4 hours

Rationale

The health care provider must know client's rights and choices and the legalities associated with them.

Objectives

Upon completion of this lesson, the student will be able to:

- Evaluate situations related to client's rights and choices
- Research living wills
- Write a living will following state guidelines
- Identify legal requirements, ethical behavior standards, and scope of practice for students in the health care delivery system

Engage

A 54-year old woman with diabetes and schizophrenia has been hospitalized with unstable angina, bilateral heel ulcers, urinary retention caused by an acute urinary tract infection and anemia caused by a combination of gastritis and chronic renal failure. One year ago, she was hospitalized with diabetic ketoacidosis after reporting that "voices" told her to stop taking her insulin. Currently, she is improving but requires a urinary catheter and must keep her legs elevated at rest. She says she is now able to take care of herself and wants to return home. Does this patient have the capacity to make this decision?

<http://www.aafp.org/afp/20010715/299.html>

Key Points

- I. Client autonomy
 - A. The right of patients to make decisions about their medical care without their health care provider trying to influence the decision.
 - B. Patient autonomy does allow for health care providers to educate the patient but does not allow the health care provider to make the decision for the patient
 - C. Sometimes the right to autonomy can be overridden in the interest of protecting others who may be harmed by the patient's decisions
- II. Informed consent – the health care provider must advise a patient about the potential benefits, risks, and alternatives involved in any procedure or treatment. The patient's written consent must be obtained to proceed.
 - A. A critical aspect of patient rights as well as for protection of the health care providers involved.

- B. Patients have the right to refuse any procedure and medication, even if others consider it in their best interest to receive the care
 - C. Respecting this right of the patient is a very important aspect of medical ethics. Requiring written informed consent offers evidence in a court of law that defends the actions of the doctors or nurses involved.
- III. End of life
 - A. Health care providers need to understand the patient's wishes in order to provide the desired level of care during life threatening and end of life illnesses.
 - B. This can be controversial in a situation where a health care professional has performed procedures or life extending care, when the patient has made it clear that only minimal or comfort measures of care are desired.
- IV. Advanced Directives
 - A. A legal document that a patient signs defining the type of health treatment and care they would like to receive in various health situations that may arise
 - B. Different health situations may warrant different directives from the patient
 - C. A living will is a type of advanced directive. It is a legal document, freely signed by a competent individual, defining the type of medical treatment and care they would like to receive should their health stability decrease to the point that they are not longer capable of making important health decisions on their own behalf
- V. Without written documentation that expresses the patient's wishes, confusion can occur, leading to errors in providing or withholding the care of the patient. This error may lead to ignoring of patient autonomy.
- VI. Clients have the right to expect individualized, safe, competent, and beneficial care.
- VII. Health care workers are legally responsible for the care given to clients
 - A. The scope of duties a health care worker may perform is defined by their level of training and education
 - B. Health care workers must understand their limits and scope of practice. It is malpractice to perform skills past the level of the health care workers training and education.
 - C. It is malpractice to neglect to do something that is considered common practice
 - D. Errors may result from emotional, psychological, physical, and financial burdens being placed on all involved
 - E. Prevention of errors is the best solution, but the proper handling of an error when it occurs may prevent legal action

- VIII. Ethical guidelines to be followed at work
- A. Health science students are thought to know more about health care because of their work and training. People frequently ask questions about health problems and may rely on the answers given by the health science students. Students must answer such questions with greatest care. They should always suggest the patient ask the doctor. Students should be constantly aware of their limitations in such instances.
 - B. Be accurate in following directions and in reporting. Report any error or accident to superior at once.
 - C. Take proper care of equipment and supplies. Not only is medical equipment expensive, it is inconvenient and inefficient if it is not in working order at all times. Do not steal office or hospital supplies or equipment.
 - D. Treat co-workers with respect and courtesy. Everyone is important to the smooth operation of the health care facility. Every person and every task deserves respect.
 - E. Complete assigned tasks. Ask questions to be sure you understand an assignment before starting it. Consult supervisor when help is needed or when you're unsure of what to do.
 - F. Do not grant a patient's request that is not mentioned on the chart without checking with the supervisor.
 - G. Do only those things for which training has been provided and is legally allowable.
 - H. Accept no money or expensive gifts from patients.
 - I. Respect the privacy of patients and their families.
 - J. Know and follow the health care facility's rules and policies.
 - K. Do not discuss personal problems or affairs with patients. Avoid inappropriate, flippant, or unbecoming behavior.
 - L. Treat all patients with kindness, compassion, and respect. Help patients to maintain their dignity and confidence.
 - M. Respect the religious beliefs of patients.

Activity

- I. Complete scenarios. This can be completed as a class or by individual student.
- II. Research Texas state laws concerning a living will.
- III. Develop a living will.

Assessment

Successful completion of living will

Materials

Library resources, including Internet access

Copy of Living Will samples (can be obtained from local hospital or private physician's office)

<http://www.med.umich.edu/1libr/aha/umlegal04.htm> - living will sample from Michigan

Accommodations for Learning Differences

For reinforcement, the student will review the components of a living will in a cooperative group setting

For enrichment, the student will research and identify states that do not have legislation concerning Living Wills. Write a plan of action to influence future legislation regarding Living Wills.

National and State Education Standards

National Health Science Cluster Standards

HLC08.01 Ethics and Legal Responsibilities

Health care workers will understand the legal responsibilities, limitations, and implications of their actions within the health care delivery setting.

HLC08.02 Ethics and Legal Responsibilities

Health care workers will understand accepted ethical practices with respect to cultural, social, and ethnic differences within the health care environment. They will perform quality health care delivery.

TEKS

130.204 (c) 9A research and describe the role of professional associations and regulatory agencies

130.204 (c) 9B examine legal and ethical behavior standards such as Patient Bill of Rights, Advanced Directives, and the Health Insurance Portability and Accountability Act

130.204 (c) 9C investigate the legal and ethical ramifications of unacceptable behavior

130.204 (c) 9D perform within the designated scope of practice

Texas College and Career Readiness Standards

English Language Arts

- I. A. 2. Generate ideas and gather information relevant to the topic and purpose, keeping careful records of outside sources.
- II. A. 4. Draw and support complex inferences from text to summarize, draw conclusions, and distinguish facts from simple assertions and opinions.
- V. A. 2. Explore a research topic.
- V. B. 3. Synthesize and organize information effectively.
- V. B. 4. Use source material ethically

Social Studies

- I. E. 4. Identify and evaluate the sources, consequences, and social conflict.
- I. F. 2. Analyze ethical issues in historical, cultural, and social contexts.

Cross Disciplinary

- I. B. 3. Gather evidence to support arguments, findings or line of reasoning.
- I. C. 1. Analyze a situation to identify a problem to be solved
- I. C. 3. Collect evidence and data systematically and directly relate to solving a problem.

First scenario

You have an advanced illness with a very poor prognosis (less than 3 months if the disease follows its usual course). You are in the hospital in a coma with a poor likelihood of recovery when you develop a small bowel obstruction.

Goals of your care. Would you want:

- a) All possible intervention to prolong life
- b) Full intervention, but with early reassessment
- c) Interventions that may help but that are not too invasive, or
- d) Noninvasive comfort care only?

What treatments would you want?

Would you want major surgery?

How about an intermediate option with a nasogastric tube, and no intake by mouth?

How about only intravenous antibiotics?

What about only comfort measures with analgesics and sedatives?

Adapted from:

<http://www.epec.net/EPEC/Media/ph/module1.pdf>

Second scenario

You have a mild chronic condition. It affects your day-to-day living to a modest degree. You now contract a life-threatening but potentially reversible condition such as *Staphylococcus aureus* pneumonia. You are conscious and cannot make decisions for yourself.

Goals of your care. Would you want:

- a) All possible intervention to prolong life
- b) Full intervention, but with early reassessment
- c) Interventions that may help but that are not too invasive, or
- d) Noninvasive comfort care only?

What treatments would you want?

Would you want care in an intensive care unit, including intubation?

Would you want a more intermediate intervention, such as multiple intravenous antibiotics but no transfer to an intensive care unit and no intubation?

Now consider a barely invasive intervention – would you want IV antibiotics but a limit on the degree of laboratory testing?

Would you want only comfort care with analgesics and sedatives?

Compare and contrast with first scenario results.

Adapted from:

<http://www.epec.net/EPEC/Media/ph/module1.pdf>

Third scenario

Imagine that you were in good health until five years ago when you were diagnosed with cancer. Your doctor recommended surgery and chemotherapy to treat the cancer and you recovered. For four years you have been well, but over the past year the cancer has returned. You have needed several hospitalizations for more chemotherapy and for several serious infections.

Your health has deteriorated, you have become weaker and it appears that the chemotherapy is not working. You are now brought to the hospital with a life-threatening pneumonia. You are unconscious and are not able to tell the doctors what sort of treatment you want. You are put on a breathing machine.

1. Would you want to be removed from the breathing machine?
2. Would your proxy agree to have you removed from the breathing machine?
3. Should your proxy agree to have you removed from the breathing machine?

Compare and contrast with first and second scenario results.

Adapted from:

<http://www.epec.net/EPEC/Media/ph/module1.pdf>