**Complete Ethics Work-up Guide**

This Work-up is the basis for our three required and graded case studies. A detailed rubric will provided for each case as the time comes.

The general steps are listed on this page. A more detailed explanation of each Appeal listed in Step 3 can be found on the following page(s).

**Step 1. Identify relevant facts of the case and any additional information you want to know.**

**Step 2. Identify the available alternate courses of action.**

**Step 3. Assess each available alternative from the perspective of the relevant ethical appeals:**

A. Appeal to stablished legal and professional standards, where you are aware of them.

B. Appeal to autonomy:

a. decision-making autonomy

b. fundamental rights to:

 (1) confidentiality, (2) control one’s health/body, (3) be free of interference

C. Appeal to consequences (serious, far-reaching, irreversible)

D. Appeal to virtues (compassion, respect, integrity, self-sacrifice, courage, honesty)

E. Appeal to justice (libertarian, egalitarian, or basic decent minimum, or other considerations)

F. Appeal to special obligations where applicable (to vulnerable patients, to those lacking decision-making capacity, for patient’s family’s decisions, moral/religious constraints, for legitimate self-interest and professional integrity, etc.)

**Step 4. Make a considered decision with the first three steps (minimum) you would attempt**

* state clear reasons based on your assessment of appeals for assigning priority to one course of action over another.
* state a critique of your decision and respond to that critique

**Step 5.** Identify steps that might have been taken to prevent the ethical challenge(s) that arose in this case.

**Appeals in Greater Detail**

We will eventually cover all significant terms and concepts listed below in class readings and lectures, including the classical philosophical underpinnings as well as other views that challenge, expand, or offer unique perspectives. Please note that not all the below terms will be addressed by the first Ethics Work-up (and you are not expected to use them until they are). Nevertheless, I have included them here for consistency and in anticipation of forthcoming concepts.

**A. Appeal to established legal and professional standards, where you are aware of them.**

* Identify any relevant legal, ethical, or professional consensus position(s)
* It is not expected that you have working knowledge of state and federal laws. However, where we have covered existing legal decisions, professional standards, or laws in texts or lectures, you should include those where applicable.

**B. Appeal to autonomy**

**a. decision-making autonomy**

**b. fundamental rights to (1) honesty, (2) confidentiality, (3) control one’s health/body, (4) be free of interference**

* Rooted in **respect for persons**
* The patient has autonomy to decide based on their own desires, preferences, and path of life
* This can include accepting or rejecting an offered or recommended plan of care
* This autonomy can be satisfied by a legally designated **surrogate decision-maker**(s) of patients who lack decision-making capacity by reason of clinical judgment of incapacity, being a legal minor, or court order
1. Children had the ethical, if not legal, right to participate in decisions commensurate with their developmental capacity (**pediatric assent**)
2. Surrogate decision makers should make decisions based on:
	1. **Substituted judgment standard:** a decision based on reliable information about patient beliefs, values, and preferences
	2. **Best interests standard:** in the absence of reliable information for substituted judgment, this is a decision based on protection of patient interests and promotion of patient well-being. This is the only standard available for a patient of a minor age or due to incapacity has not formed beliefs, values, or preferences.
* What normative ethical theories/concepts are associated with autonomy?

**C. Appeal to consequences (serious, far-reaching, irreversible)**

* Evaluating consequences as (1) serious and far-reaching, (2) irreversible, (3) probable
* The higher on these three dimensions of judgment the consequences are, the stronger is the obligation to prevent them and to respond to them when they occur
* All parties should be considered, including family members who may bear responsibility for costs or care, other patients, healthcare professionals, healthcare organizations, and society.
* What normative ethical theories/concepts are associated with consequences?

**D. Appeal to virtues (compassion, respect, integrity, self-sacrifice, courage, honesty)**

* Explain why a particular virtue is specifically appropriate in a given context
* What normative ethical theories/concepts are associated with virtues?

**E. Appeal to justice (economic, gender, race, nationality, age, education, etc.)**

* Justice considerations—both social-political and economic—relate to treating others fairly, equitably, and appropriately in light of what is due or owed to them as it relates to resource allocation and health care access.
* Considerations of *social* or *political* *justice* draw attention to addressing disproportionate burdens due to discrimination, stigmatization, and marginalization such as gender, age, race, nationality, ability, among others
* Three approaches to *economic* *justice*-based obligations include:
* **Libertarian**: everyone should receive health care benefits that they can pay for
* **Egalitarian**: everyone should receive health care benefits in proportion to their medical needs
* **Basic Decent Minimum**: everyone should receive an “average” level of services and can pay beyond that level
* Where obligations are constrained by limited resources, factors of need, likelihood of benefit, or time waiting for access can be considered
* Note: not every case has social and economic justice concerns
* What normative ethical theories/concepts are associated with justice-based concerns?

**F. Appeal to special obligations where applicable**

* Pursuing the **best interest standards** for vulnerable patients, to those lacking decision-making capacity, for patient’s families’ decisions
* Avoiding conflicts of interest
* The possibility of physician advocacy
* Legitimate self-interests such as
	+ moral/religious constraints
	+ professional integrity
	+ preserving the conditions to practice one’s profession
	+ engaging in significant activities beyond one’s profession
	+ one’s health and well-being
* What normative ethical theories/concepts help you consider these various contextual special obligations?