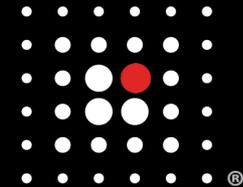


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Risk-Ethics

Ethical Perspectives in Risk Management Decision-Making

Optima Healthcare Insurance Services

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Systems Manager

Risk Management and Analytics

Objectives

- 1: Deconstruct the roles and similarities that culture and organizational ethics play in risk management through a working model that structures ethical arguments from a risk management perspective.
- 2: Critique the role that RM plays in clinical ethics, research ethics, business ethics, and ethics committees.
- 3: Develop a working model that structures risk management arguments from an ethical perspective that RMs can take with them for future use.

Question

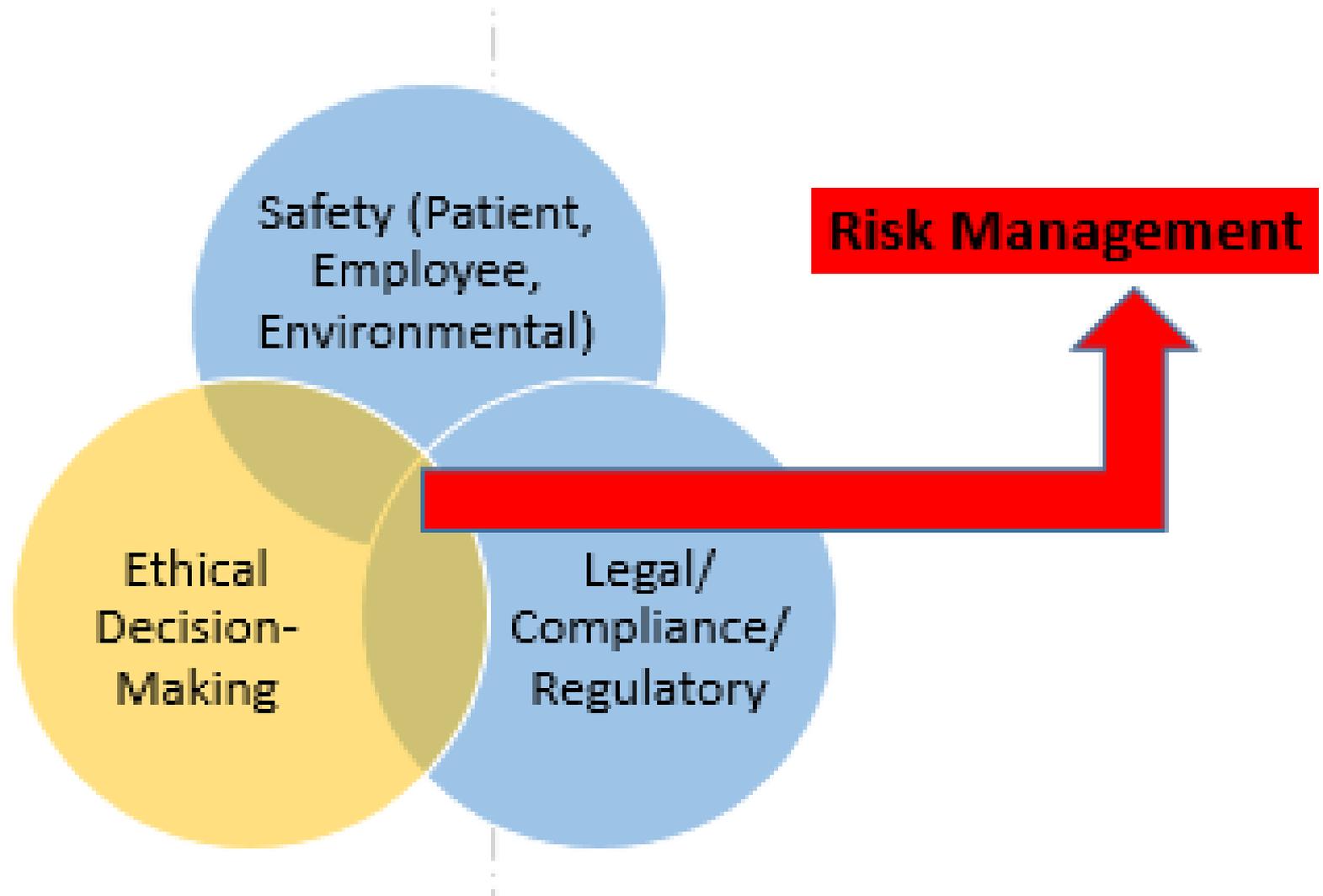
As a Risk Manager, how often do you engage the Ethics Department or a Bioethicist in case reviews in which there are moral issues or ethical conflicts?

1. Very Engaged (More than 80% of cases)
2. Somewhat Engaged (50-80% of cases)
3. Rarely Engaged (10-50% of cases)
4. Never/Almost Never Engaged (0-10% of cases)
5. What Ethics Department?

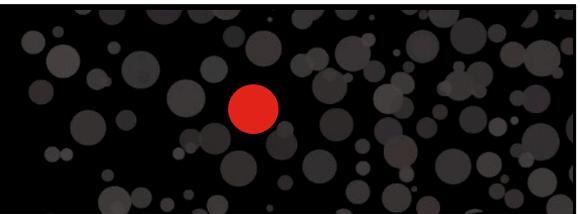


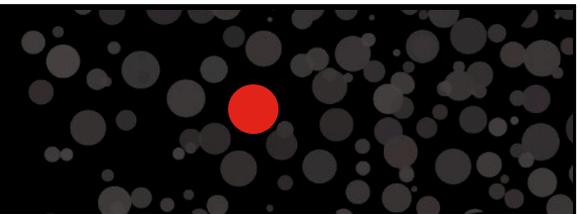
Risk-Ethics

RM Decision-Making



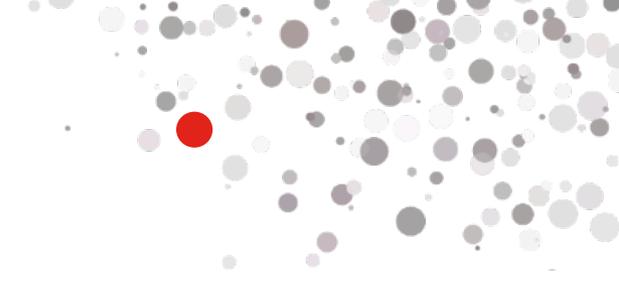
Risk and Ethics Overlap



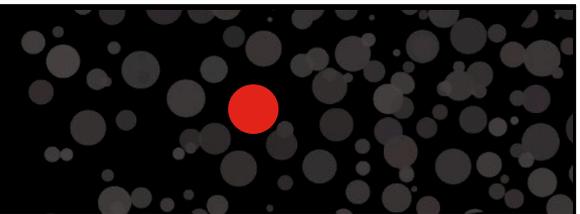


Dr. Alan Card (2020) outlined the inherent intersections:

- **“Ethical Management of Risk”**
- **“Management of Ethical Risks”**



Ethical Management of Risk



“***Ethical Management of Risk***”- Ethical Foundations in Risk Management Decision-Making

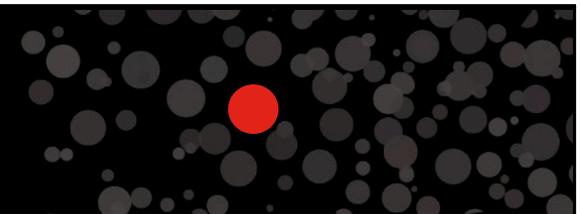
Challenges:

- Interdisciplinary Nature of Risk Management and Ethics
- Competing Priorities (i.e., patient, institution, provider, personal, etc.)
- Moving from narrow, reactive decision-making to values-based, proactive decision-making
- No Risk Management Code of Ethics

“Management of Ethical Risks” Traditional Intersections

- Patient Rights
- Human Factors in Decision-Making
- Patient Safety
- Social Justice

Foundational Premise



The practice of risk management does not have a foundational code of ethics, set of values, or clear decision-making process because:

- New RMs are often thrust into their role without training or experience
- The field is extensively interdisciplinary, which contributes to implicit bias in decision-making
- The role is often unclear to both the risk manager and their colleagues
- The expectations are defined by the culture in which the RM works

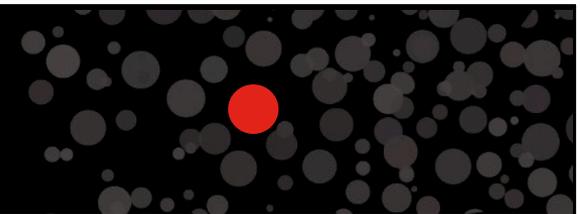
thinking about how we think

What makes RM recommendations compelling?*

- Why should people listen to us?
- What makes our advise sought after?
- What makes our advise appropriate?
- What accounts for the knowledge differences between an RM expert and an expert in another field**?

Can RM be replaced by AI?

Why Are We Experts?



Risk Managers exhibit expert knowledge of risk situations with ethical intersections

Meaning:

- Risk Management decisions are not based on a “universally accepted moral foundation” and therefore, cannot “be justified with certainty.”*
- Risk Managers make decisions that are iterative in nature, based on situational factors in a given culture that hopefully encompass both necessity and equity.

*Zaner, R. 1988. *Ethics and the Clinical Encounter*. Englewood Cliffs, NJ: Prentice Hall.

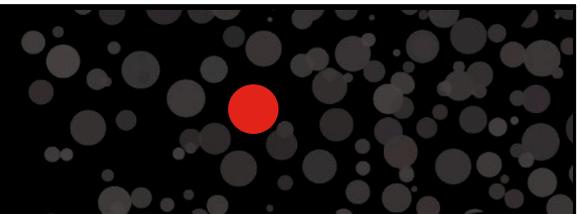


Impact of Decisions Demonstrates Complexity

“Crushed by the enormity of our decisions”

- Can making recommendations feel overwhelming and make someone fearful of making a mistake?
- How do we prepare and support risk managers with the moral distress that is ubiquitous in the field?

Which Begs the Question



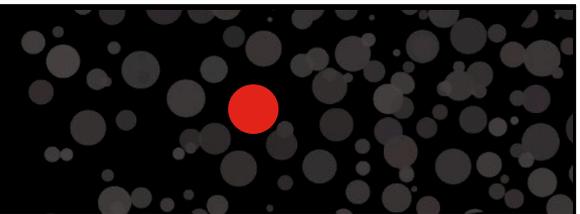
To whom are we beholden?



Professional Duties

- Different professional groups have different approaches to ethical conflicts and loyalties
- To whom are you beholden when conflicts arise may be dictated more by your 1st ordered profession.
 - Patient
 - Institution
 - Administration
 - Legal Duty
 - Peers
 - Professional License and oath

Personal v. Professional Ethics



- Professional ethical that impinge on personal beliefs.
- The dilemmas arise from a variety of sources (religion, values, culture, etc.) and often create tension in the workplace and may result in poor patient outcomes.
- How does a medical professional reconcile his or her personal ethics with the professional code of ethics?

Vaccination Hesitancy

Is it ok to deny treatment to the unvaccinated?

During the COVID pandemic nurses tend to critically ill patients, many who have chosen not to be vaccinated.

Healthcare workers must be fully vaccinated.

Healthcare providers are asking: 'Why am I doing this?'

Contributing to record workforce shortages and the devastating consequences of burnout.

**WE RESERVE THE RIGHT
TO REFUSE
SERVICE
TO ANYONE
NOT LIKE US**

Vaccine Hesitancy



Opinions about vaccine enthusiasm or reluctance are often based on

- social media engagement/algorithms
- emotional response pro/con
- levels of trust and/or education

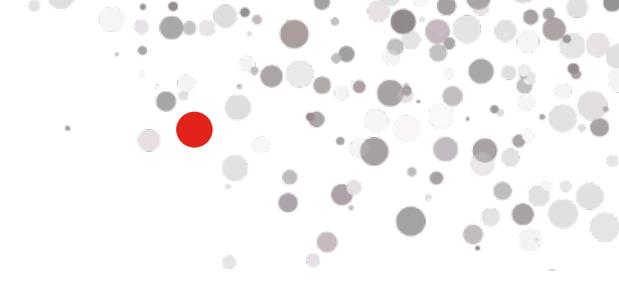
How do we see and treat those who do not want vaccinations?

Vaccination Hesitancy

What is the context around this complex question?



- War-Like Bravado
- Rationing Healthcare v. Denying Healthcare
 - Organ Transplantation
- Vulnerable Populations
- Intersectionality
- Motivated Reasoning
- Trauma Informed Care



Management of Ethical Risks

Ethical Risks

- Situations or encounters where there is patient and provider **conflict**
- Clinical issues are often choices between two bad **choices**
- Actions will likely result in **moral distress**
- Goal: “Structured ***approach*** in clinical medicine to ***identify*** and ***analyze*** questions to reach a ***feasible*** conclusion”*

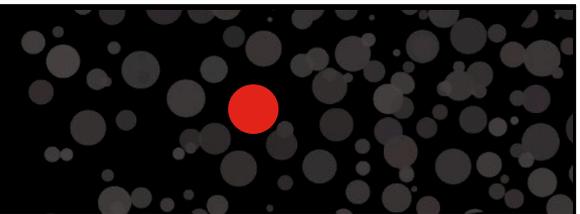
Question

What is the best approach to ration healthcare like ventilators, medications, or vaccines?

1. First Come, First Served
2. Priority to the Sickest Patient
3. Those Who are the Most Useful to Society or in Protected and Vulnerable Populations
4. Maximizing the Best Outcomes for the Most People



Common Management of Ethical Risks Topics

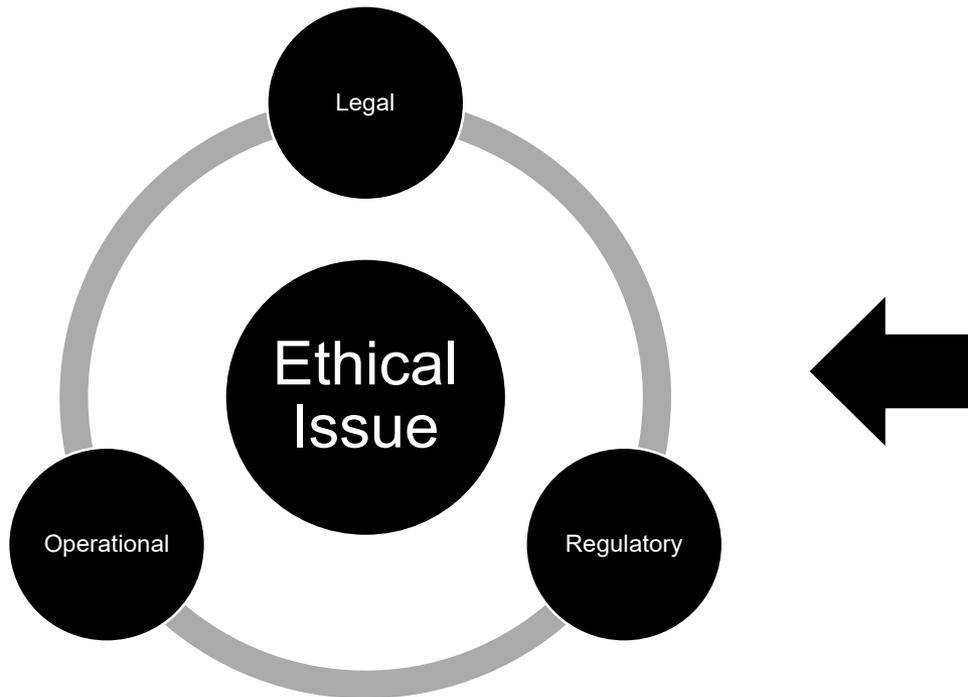


- Consents
 - Surrogate Decision-Makers (B. I. v. S.J)
- Defining Death, End-of-Life Care
- Acts v. Omission
- Hastening Death
- Medically Non-Beneficial or Unwanted Treatment
- Rationing Healthcare

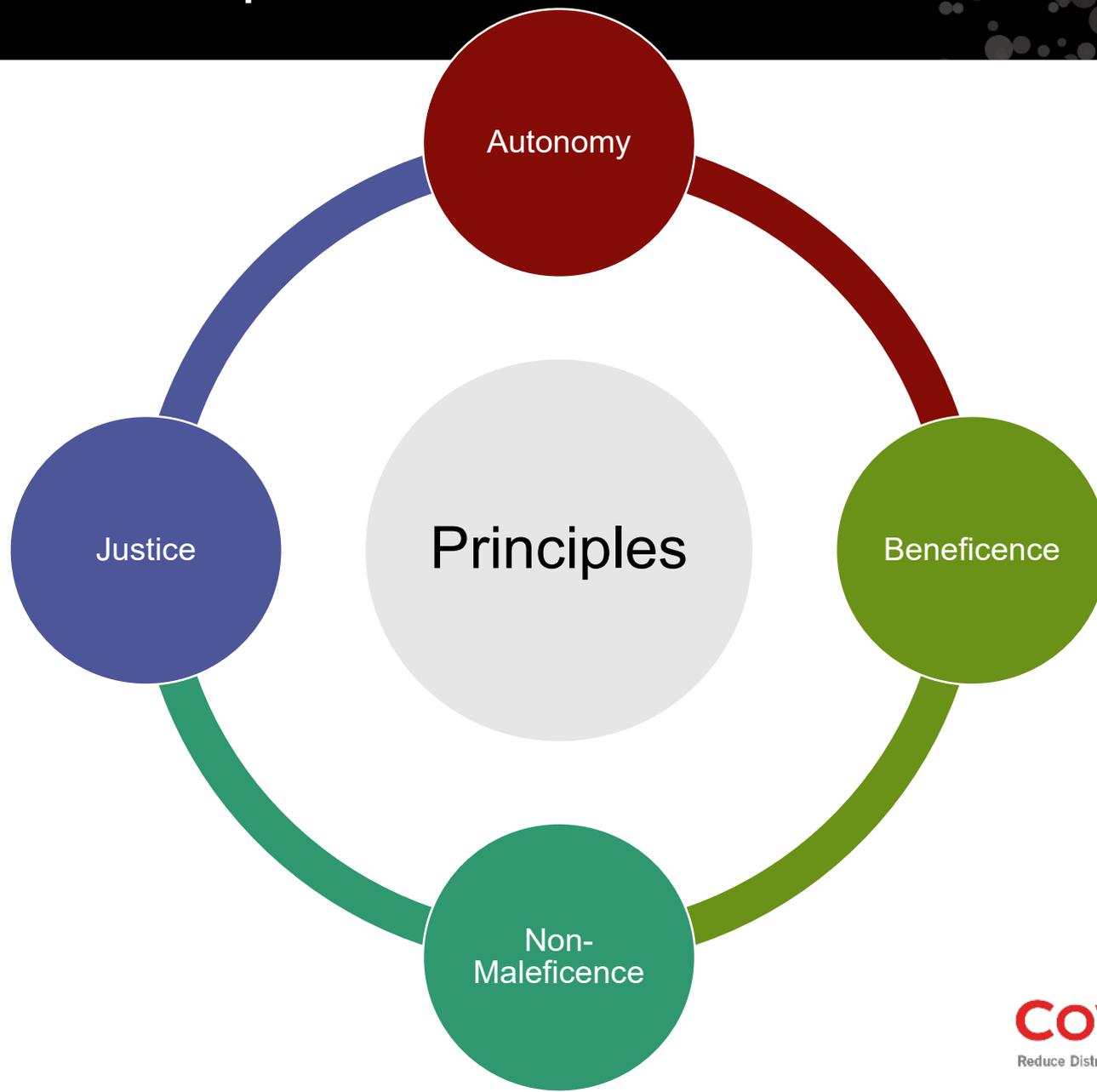


Core of RM Questions

Most **RM consultation questions** are ethical questions at their core with supporting legal, regulatory, and operational components.



Bioethical Principles



DNR/DNI

A non-responsive patient is admitted through the ED, placed on a vent, and transferred to ICU. You later find out there is an active DNR/DNI in place.



Is there sufficient reason to withdraw because you would have initially respected the DNI?



Risk-Ethics Questions to Ponder

- Are we providing safe and ethical care to the patient?
 - From whose perspective
 - Do we ask about whether patients felt as if they were treated ethically?
- How do we or can we quantify ethical behavior?
- Do we have an ethical decision-making process in our organization?
- Do we have competencies in our institution that evaluate ethical decision-making?
- How do we care for those who are making ethical decisions?

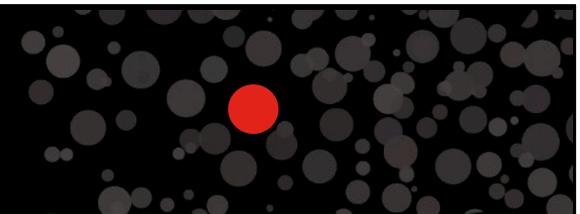


Foundational Risk-Ethics Principles

- Ethical Principles Aligned with the Practice of Risk Management
 - Principles of Bioethics
 - Just Culture and High-Reliability Principles
 - Doctrine of Double Effect:
 - Act has both Good and Bad Effect
 - Precautionary Principle
 - Taking steps to mitigate further harm
 - Incommensurability Principle
 - Risk/Benefit Equivalency Failure



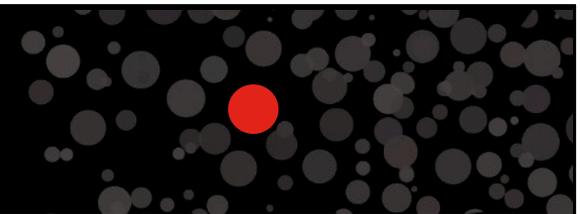
Case Review



Giving morphine to a terminal cancer patient can both have the positive effect of pain relief and the bad effect of speeding up death at certain doses.

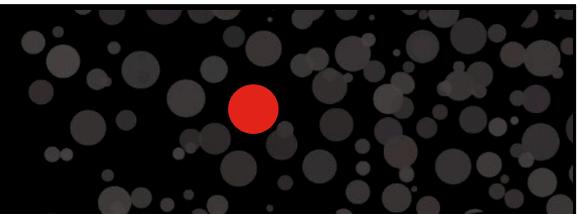
The patient is requesting lethal dosing of morphine to alleviate suffering and is fully aware of the consequences. Family supports the patient's choice.

Is it ethical to give an indicated medication at higher than safe doses to hasten death when suffering is evident?



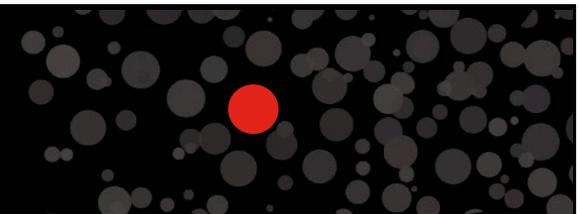
Doctrine of Double Effect: Act has both Good and Bad Effects (5 Requirements):

- Act must be morally good or neutral (Giving Morphine)
- Good effect is what is intended (Pain Relief)
- Bad effect is merely foreseen (Hasten Death)
- Bad effect is not the means to achieving the good effect (Goal is not to hasten death)
- Proportionality: Good must outweigh the bad (Relieving pain is the goal and helps the patient)



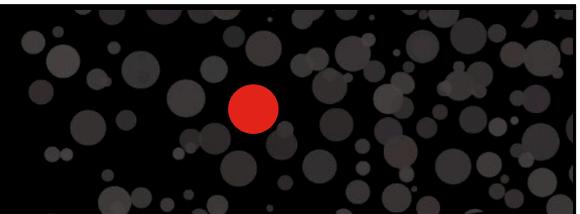
What is the best ethical option for the patient?

1. Maintain a therapeutic comfort level by titrating up to a dose that may ultimately be lethal
2. Only provide a controlled amount of morphine, understanding that the patient may suffer
3. Ensure that the patient is capacitated and then respect their autonomy by providing the lethal dose of morphine
4. Discharge them because you cannot meet their needs



Engagement in Risk-Ethics:

- Comprehensive ethics theory training
- Risk management participation on institutional Ethics Committee
- Active engagement and positions on social justice issues
- Inviting clinical ethicists to investigations
- Learning through case studies



This approach provides a forum for the fields for RM and bioethics to:

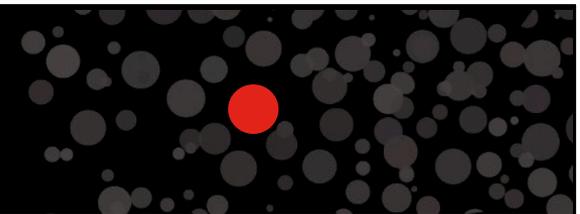
- Find commonalities
- Opportunities for collaboration
- Development of an appreciation of the unique perspectives each brings to enhance patient-centered care

Call to Action

- Interprofessional Collaboration (Management of Ethical Risk)
 - Clinical Issues and Decision-Making
 - Policy Development
 - Investigations
- Risk Management- Development of Consistent Ethical Standards for Decision-Making (Ethical Management of Risk)
- Social Justice Advocacy



Thank You



Thank you!

Q&A

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