

**METHODS OF  
ETHICAL DECISION - MAKING  
IN HEALTHCARE**

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# **BEAUCHAMP & CHILDRESS' METHOD**

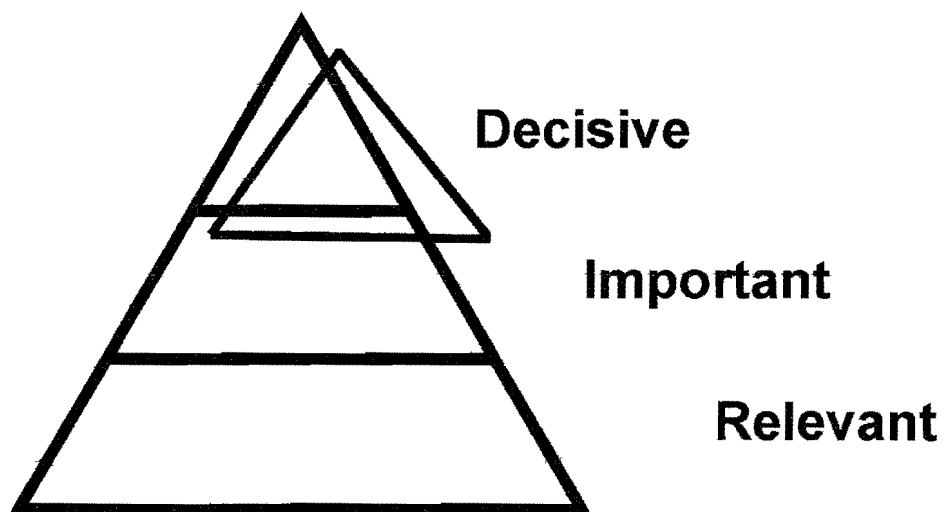
- 1. Apply principles**
  - a. Respect for Autonomy**
  - b. Beneficence**
  - c. Nonmaleficence**
  - d. Justice**
- 2. Specify principles**
- 3. Balance principles**
- 4. Decide**

See: Tom Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, 5th ed., Oxford University Press, 2001.

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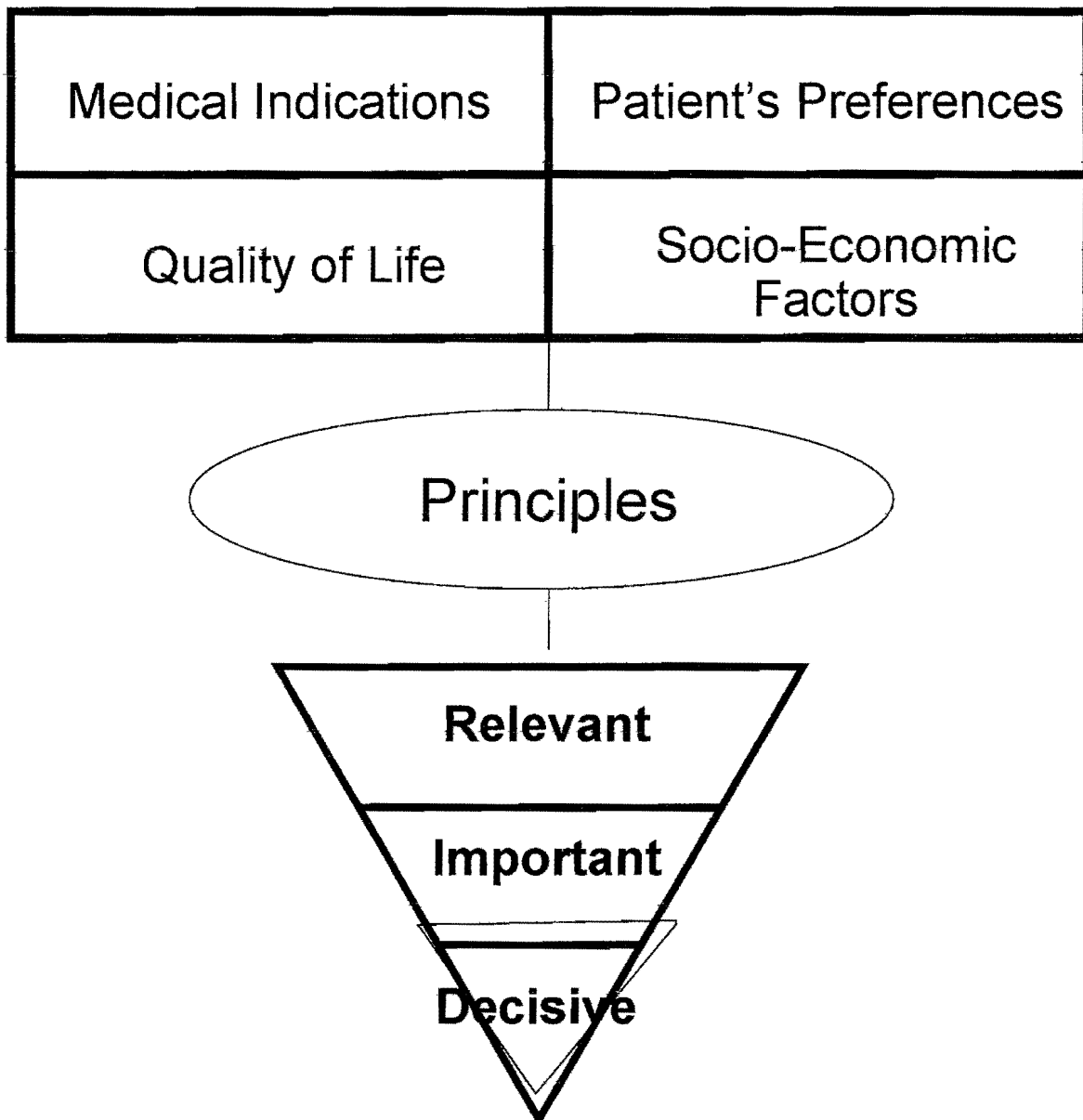
## JONSEN, SIEGLER & WINSLADE'S METHOD

Medical Indications	Patient's Preferences
Quality of Life	Socio-Economic Factors



See: Albert Johnson, Mark Siegler, and Wm. J. Winslade, *Clinical Ethics*, 4th ed., McGraw Hill, 1998, and earlier editions.

# JONSEN, SIEGLER & WINSLADE'S METHOD



See: Albert Johnson, Mark Siegler, and Wm. J. Winslade, *Clinical Ethics*, 4th ed., McGraw Hill, 1998, and earlier editions. Please note, this is Prof. Zucker's conception of Johnson, Siegler, and Winslade's recent description of their model. For the authors' own representation of their model, see the preceding page.

# FLETCHER'S METHOD

## 1. Assessment (Assemble and consider relevant facts)

- Patient's medical condition
- Relevant contextual factors
- Decision-making capability
- Patient's preferences
- Needs of the patient as a person
- Preferences of family / surrogate
- Interest other than competing with the patient
- Issues of power or conflict
- Opportunity to be heard
- Institutional factors contributing to moral problems

## 2. Moral diagnosis

- Examine how the moral problems in this case are being framed
- Determine whether this framing should be reconsidered
- Identify any relevant institutional policies
- Consider ethical standards and guidelines
- Consider similar cases and discussions in the literature
- Identify the morally acceptable options

## 3. Goal setting, decision-making, and implementation

- Consider or reconsider and negotiate goals
- Consider possible interventions
- Deliberate regarding merits of options for resolving moral problems
- Endeavor to resolve conflicts
- Assess whether ethics consultation is necessary or desirable
- Negotiate acceptable plan
- If negotiations/ethics consultations fail to achieve satisfactory resolution, consider judicial review
- Implement plan

## 4. Evaluation

- Current evaluation
- Retrospective evaluation

See: John C. Fletcher et al., eds., *Introduction to Clinical Ethics*, 2nd ed., University Publishing Group, Inc., 1997.

# **FLETCHER'S 4 - STEP METHOD**

## **--an early version--**

1. Assemble relevant facts
  - Medical facts
  - Indications for treatment
  - Patient preferences
  - Quality of life
  - Contextual factors
    - Religion
    - Family
    - Economics
  - Legal considerations
2. Identify ethical problem(s)
  - Identify problems
  - Rank problems
  - Search for analogous cases
3. Review ethical guidelines for clinicians
  - Codes
  - Accepted principles
  - Directives
  - Regulations
  - Policy statements
4. Seek dialogue and resolution
  - List options
  - Discuss
  - Evaluate
  - Rank (with reasons)
  - Decide

# **METHOD OF THE DEPARTMENT OF VETERANS AFFAIRS**

- 1. Set out the situation**
- 2. Set out the ethical dilemma**
- 3. Identify the relevant moral concepts**
- 4. Identify other relevant issues**
  - State law**
  - VA policy**
- 5. Apply ethical reasoning**
- 6. Present and document your advice**
- 7. Follow-up**

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# **SCHAEFER'S METHOD**

## **(Union of American Hebrew Congregations)**

1. Define the problem
2. Note all stakeholders
3. List all core Jewish values
  - Honesty
  - Integrity
  - Brit
  - Loyalty
  - Tzedakah
  - Chesed
  - Respect for human dignity
  - Respect for law
  - Accountability
  - Taking responsibility
  - Tikkun olam
4. List alternatives
5. Choose
  - Most important stakeholder
  - Most important value
  - Alternative causing the greatest good or the least harm
6. Decide
7. Devise strategy for implementation

From: Arthur Gross Schaefer, "The Jewish Ethics Challenge: Where Do You Stand?" in *Reform Judaism*, November 1997.

Brit - keeping the covenant; keeping one's word

Tzedakah - justice and righteousness; not the same as charity

Chesed - kindness and compassion

Tikkun olam - acts to re-form the world

N.B. This is a method that can be used with any system of values. In a seminar several days in length, I often ask participants to identify and then work with those values especially important to health care providers.

# **ARMY VALUES**

**L** oyalty

**D** uty

**R** espect

**S** elfless service

**H** onor

**I** ntegrity

**P** ersonal courage

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# **BAYLOR HCA 7-STEP METHOD OF ANALYSIS**

- 1. Frame the question**
- 2. Set out the medical situation**
- 3. Note contextual situation, including:**
  - Stakeholders**
  - Social factors**
  - Economic factors**
  - Familial factors**
  - Religious factors**
  - Legal issues & precedents**
  - Ethical issues & precedents**
- 4. Revisit / re-frame the question**
- 5. Apply principles / identify conflict(s)**
- 6. Weigh alternatives**
- 7. Decide**

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# **BAYLOR HCA 7-STEP METHOD MODIFIED FOR ORGANIZATIONAL DECISION-MAKING**

- 1. Frame the question**
- 2. Set out the organizational situation**
- 3. Note the contextual factors**
- 4. Revisit / reframe the question**
- 5. Ask and answer the 12 questions**
- 6. Identify and weigh alternatives**
- 7. Decide**

# **12 QUESTIONS FOR EXAMINING BUSINESS DECISIONS**

- 1. Have you defined the problem accurately?**
- 2. How would the other side define it?**
- 3. How did this situation occur?**
- 4. To whom/what do you give your loyalty?**
- 5. What is your intention?**
- 6. How does your intent compare with probable results?**
- 7. Whom could your decision injure?**
- 8. Can you discuss the problem with the affected parties?**
- 9. Are you confident that your position will be valid over the long haul?**
- 10. Does your decision pass the "grandmother" test?**
- 11. What is the symbolic potential of your decision?**
- 12. Under what conditions would you allow exceptions?**

Adapted from: L. L. Nash, "Ethics Without the Surgeon" in  
*The Business of Ethics and Business*,  
Harvard Business Review, 1986.

## **WEBER'S METHOD**

- 1. Organizational interests generally take precedence over individual self-interest**
- 2. Individual rights take precedence over organizational interests**
- 3. Community good takes priority over organizational interests**
- 4. Community good takes priority over individual self-interest**
- 5. Individual rights take priority over individual self-interest**

### **Modified**

- 1. Individual rights – Community good / interests**
- 2. Organizational good / interests**
- 3. Individual good / interests**

From: Leonard J. Weber, *Business Ethics in Healthcare: Beyond Compliance*, Indiana University Press, 2001.

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"Our moral lives are comprised, not of terrible hypotheticals from which there is no escape, but of complex situations whose constituent elements are often amenable to considerable alteration."

**- - *E. Haavi Morreim***