

How to read a case: A four-step approach (after Fletcher and Spencer, Intro to Clinical Ethics)

A: Assessment: In many cases, most, if not all, of the following factors are discussed.

1. The patient's medical condition
 - diagnosis
 - prognosis
 - goals of treatment
 - reasonable alternatives?
2. Contextual factors
 - demographics
 - life situation
 - family relationships
 - cultural factors
 - setting (institutional? Home? What constraints on options does setting set?)
3. Patient's capacity
4. (for incapable patients, who is the surrogate decision maker?)
5. Patient's preferences
6. Patient's needs
 - family's preferences
 - competing interests
 - issues of power
6. Has everyone who has a moral stake in the outcome been heard?
7. Are there institutional factors?

B: Moral diagnosis: What are the moral issues as you see them in this case?

Who has moral issues? (Different participants may have different issues.)

What is the most desirable outcome, and how can we get there?

(I tend to think of this in terms of different agents, their goals or objectives; obstacles that impede them from reaching those goals; and the options then available to them .)

What are the constraints (intrapersonal, interpersonal, institutional, legal, social) on the options available?

What are the major responsibilities of the various players?

C: Generate possible options and rank them.

D: Evaluation: What could have prevented this situation from arising?

How can we minimize the damage to affected parties?

III: The following are ethically relevant considerations in most cases:

- balance of benefits and burdens to the patient
- professional integrity
- disclosure, informed consent, shared decision making
- resource allocation and cost / benefit analysis
- norms of family life
- cultural/ religious factors
- responsibilities of professionals (and others)
- considerations of power