

Building Bioethics Capacity in Hong Kong: Ethical Dimensions of Policy for Ageing and Genetics

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Ethics of Care Transitions

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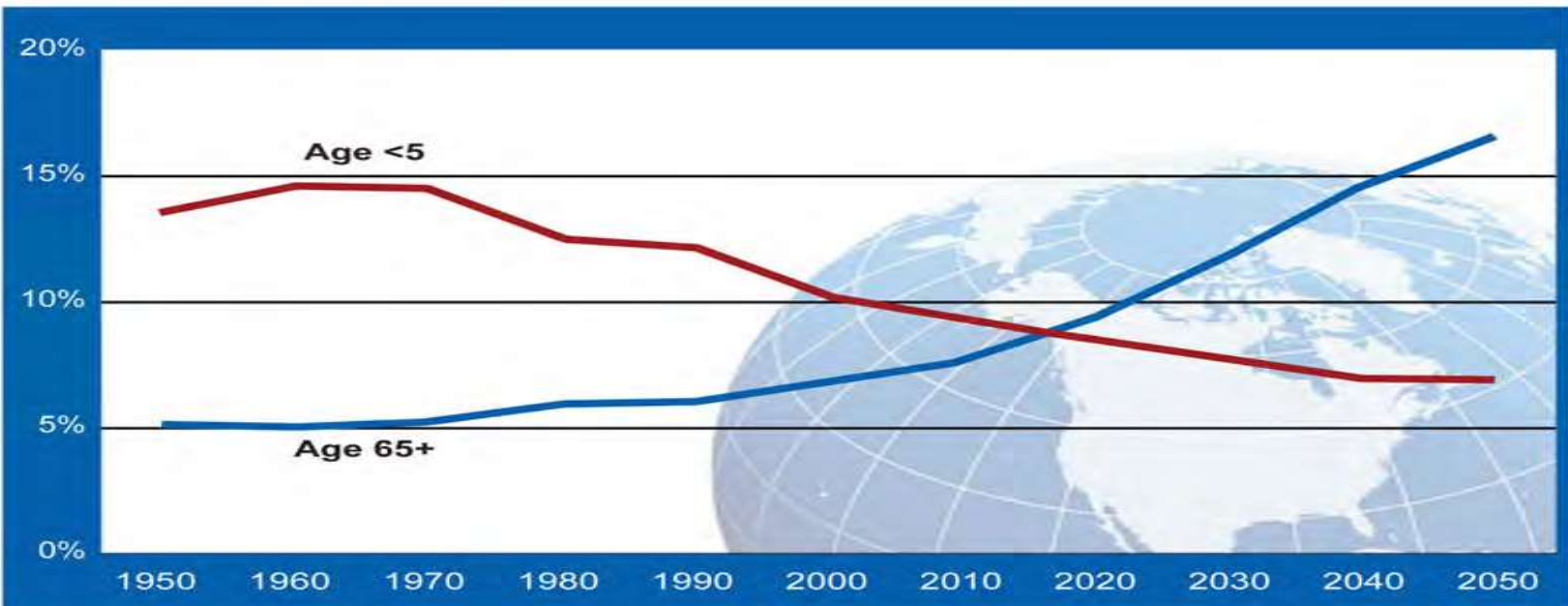
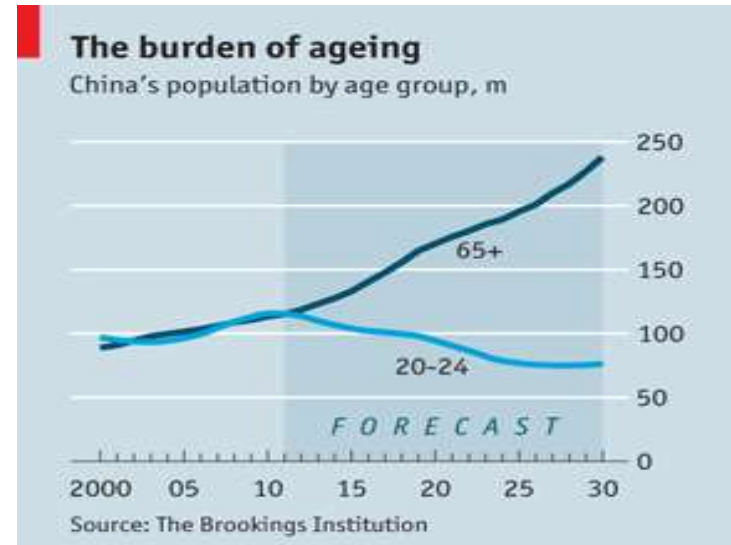
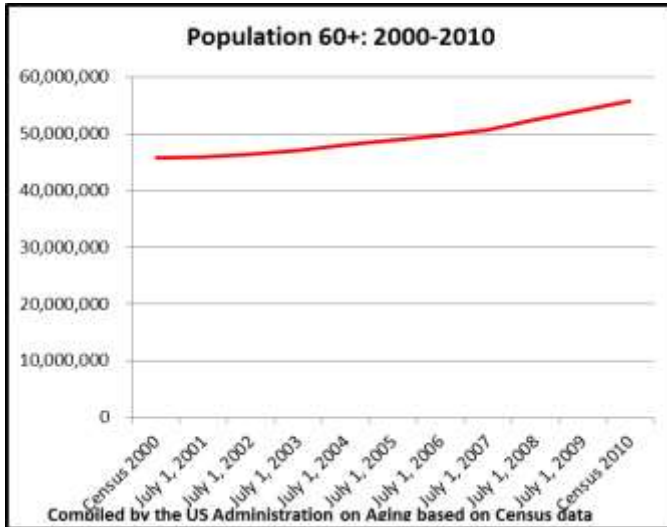
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Significant Ethical Challenges

- **A growing elderly population and its health care needs**
- **High costs of care and limited resources along the continuum**
- **Inconsistent variations in practice patterns in the transitions of care**
 - **Overuse of non-effective care**
 - **Underuse of effective care**
 - **Limited and inconsistent use of shared decision-making**

First - Growing Elderly Population



Third - Variations in Practice Patterns

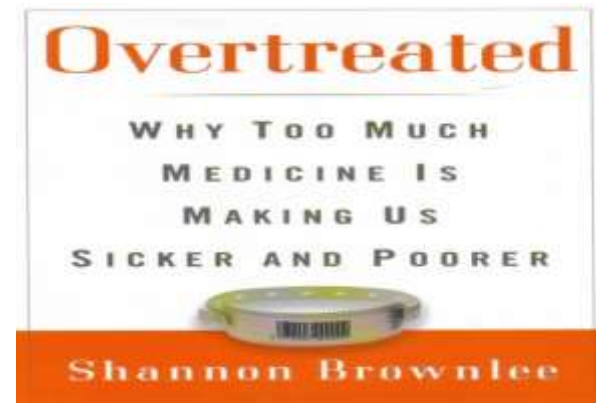
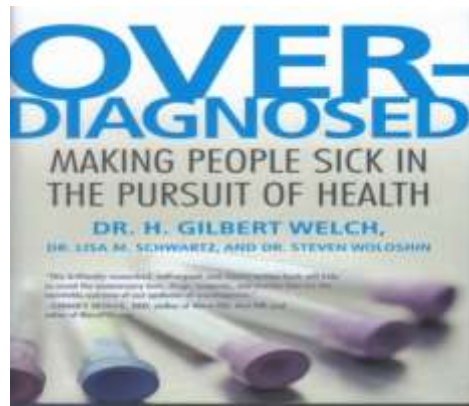
- **Categories of care:**

- **Evidence-based care**

- Care and treatments that all with need should receive
- Under use of effective care and illness prevention

- **Supply-sensitive care**

- Hospitalizations, ICU units, service utilization is associated with supply
- Can create over-use of non-beneficial care



Variation in Practice Patterns

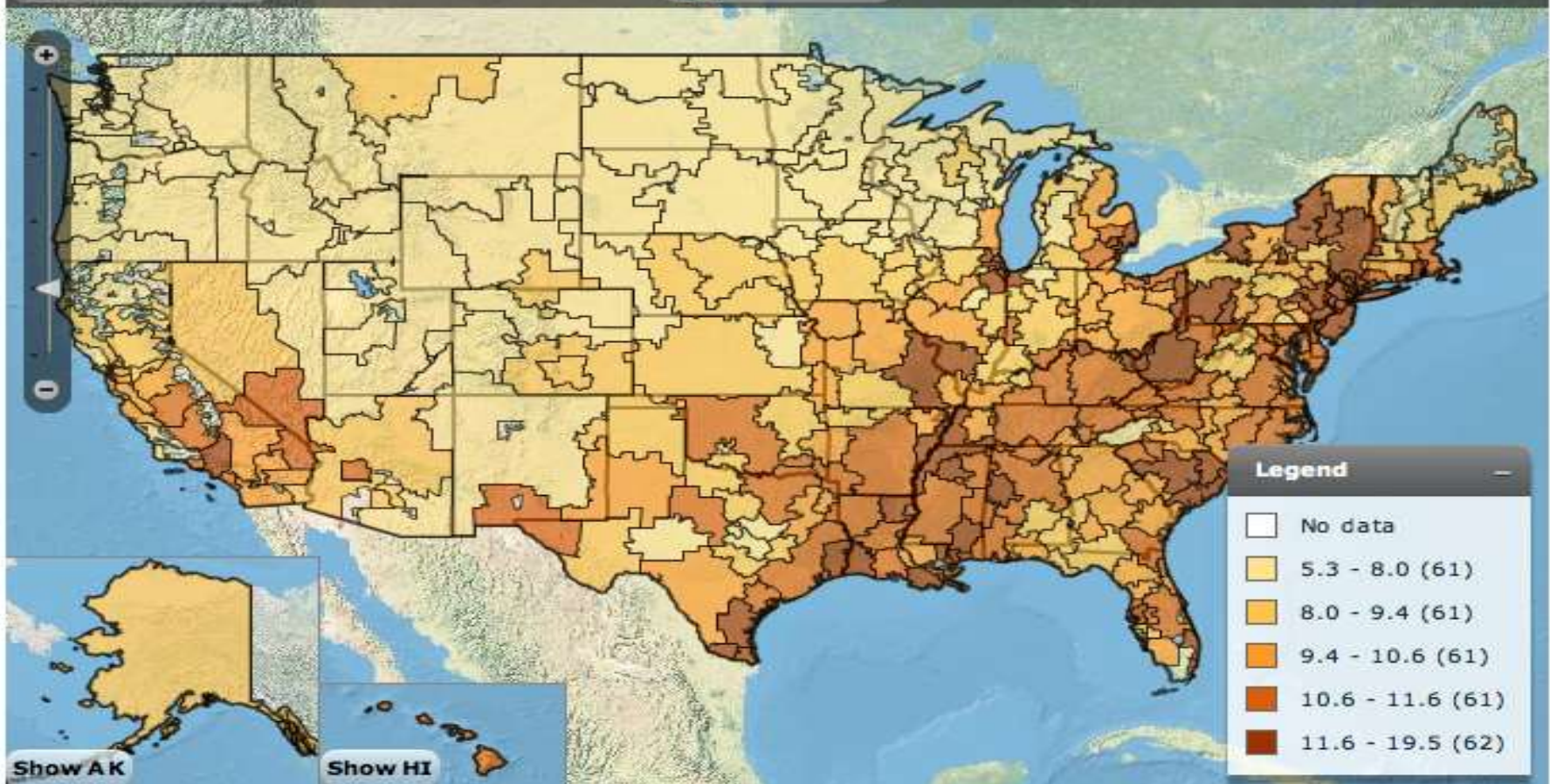
INPATIENT DAYS PER DECEDENT DURING THE LAST SIX MONTHS OF LIFE, BY GENDER AND LEVEL OF CARE INTENSITY

(Level of Care Intensity: Overall, Gender: Overall - 2005)

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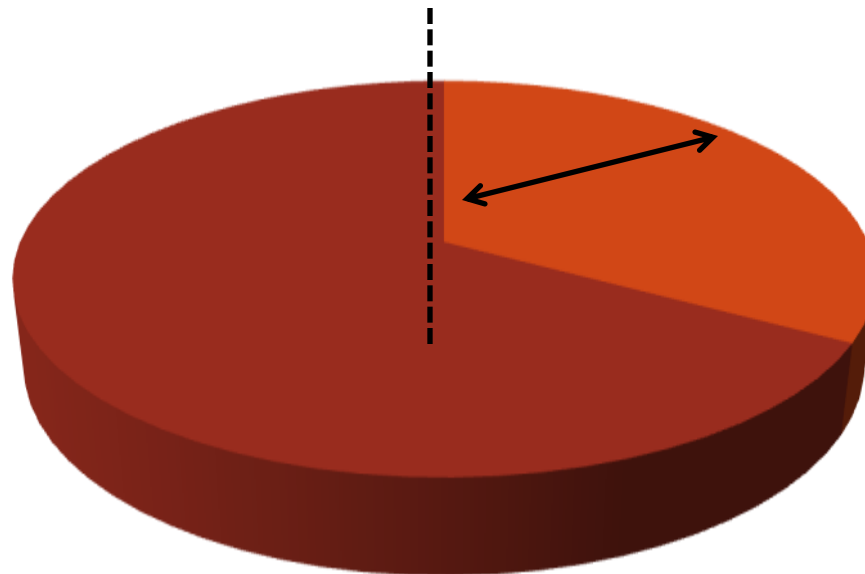
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Recent Estimates of Waste in US

- *30-40% of US health care budget – (\$640B-\$1.2T) is in the no-benefit basket*



Inconsistent Use of Patient Based Decision-Making



Improving Ethics, Quality and Value in Transitions

- **Recognize needs of elderly – using effective care and health promotion**
- **Reduce non-beneficial interventions along the continuum of care – unwarranted variation**
- **Inform and engage patients' participation in decision-making regarding beneficial care**

- **Integrating alignment between ethics, quality, and value along the continuum and transitions of care**
- **Ethicists, clinicians, organizational leaders, professional organizations and policy-makers need to coordinate alignment**

Ethics, Quality, Value Linkage

Ethics Principles and Concepts	Applications of Ethics Principles to Care	Institute of Medicine's Care Aims
<i>Autonomy</i>	Supporting, facilitating, and respecting self-determination in shared decision-making	Patient-centered
<i>Beneficence</i>	Promoting the patient's beneficial health care and best interest	Effective, safe, timely, patient-centered
<i>Nonmaleficence</i>	Avoiding and protecting patient from actions that cause harm	Safe, effective, patient-centered
<i>Distributive and social justice</i>	Allocating fairly the benefits and burdens related to health care, promoting access to healthcare services in an equitable manner and value for services rendered	Equitable, efficient, safe, patient-centered

Nelson WA, Ethics: A Foundation for Quality. *Healthcare Executive* 2011 Nov/Dec:46-49

Ethics in Transitions Case Study

Mr. Thomas Lin

- **82 year old male lives on a farm - history of COPD, CHF**
- **Develops bilateral pneumonia; admitted then transferred from a rural hospital to large urban facility**
- **Lacking a clear medical directive is treated aggressively**
- **Large family at his bedside**
- **Over the next several days becomes clearer that he will not recover; but family lack agreement about scope of care**
- **Staff frustrated**



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Case Study

Mr. Thomas Lin

- After extensive discussions, family decide to withdraw life sustaining treatment
- Mr. L is moved from ICU and dies on a medical ward with family at his bedside
- What strategies can be used to diminish the ethical challenges along the transitions of care?