

# Diabetes and Ethical Thinking

Anne R. Simpson, MD

Associate Vice President for African American Health

Professor of Medicine and Geriatrics

Rust Professor of Ethics

Director: Institute for Ethics and Center of Excellence for African  
American Health

# Diabetes

- Who is the Patient?
- Who is the decision maker?
- Why are they there?
- Do they understand why they are there?
- Assessment of decisional Capacity

# Decisional Capacity (DC)

- Ability to understand information about procedure or Treatment
- Ability to appreciate potential results of tests, treatments and associated risks and benefits
- Ability to comprehend information about diagnosis and prognosis

## D.C.

- Ability to manipulate information and compare options
- Ability to deliberate in accordance with one's values
- Ability to give reasons for choices
- Ability to communicate choices

# Diabetes

- Medical assessment
- Chronic disease
- Bad news
- How to talk about difficult issues, can be a challenge
- Who is the audience

# Decision Maker

- Patient/decision maker
- Parent/child
- Surrogate ( under N.M. Uniform Health Care Decisions Act)
- POA (appointed by patient)
- Guardian (court appointed)

# Disclosure

- Informed Consent/refusal
- Must have clear understanding of:
  - Diagnosis
  - Prognosis
  - Benefits and burdens of rec. treatment and reasonable treatment options
  - Expected/potential outcomes with or without treatment

# Disclosure

- Information must be provided in language the decision maker understands
- Use certified interpreter
- DO NOT use family to interpret
- Sign language is a valid language

# Patient Self Determination Act

- Enacted by Congress, Nov. 5<sup>th</sup> 1990
- Effective Dec. 1, 1991
- Requires Medicare/Medicaid providers to provide all patients over 18 written information regarding:

# PSDA

- Patient's rights, under law, to participate in decisions about their medical care
- Patient's right to personal health care information
- Right to accept or refuse (though not demand) medical or surgical treatment
- Patient's rights, under law, to complete advance directive

# PSDA

- Provider's policies regarding honoring these rights
- Providers include:
  - Hospitals, nursing homes, home health providers, hospices and HMOs
  - Out-patient service?
  - Emergency medical personnel?

# PSDA

- PSDA provides patient/decision maker the right to make a non-coerced autonomous decision
- It is the Act that supports autonomy for each of us in our role as patient

# Diabetes

- When one receives the diagnosis, what do they hear?
- How do they understand the disease?
- How do they frame it?
- Cultural interpretation
- Perceptions based on family/friend history

# Diabetes

- If the patient has a distorted image or unrealistic perceptions of the disease, is that consistent with a lack of capacity to make a decision regarding the disease
- Or, should we spend more time educating the patient and helping them to understand

# Diabetes

- If the patients perceptions are skewed, is it appropriate to give them medication?
- If they don't understand the diagnosis, are they informed?
- If they accept treatment, have they actually consented to treatment?

# Diabetes

- Informed decision making often discussed with end of life issues
- Is it important with chronic disease management?
- Medication, risks and benefits
- Risks and benefits of no treatment

# Values

- Patient's perception of disease and personal values may determine outcomes
- Diabetic's belief:
  - “I feel fine”
  - “I have to cook what my family will eat”  
“If I cook it, I'm going to eat it”
  - “I got a little sugar”

# Values

- “I can’ t exercise, I tried it and I get short of breath”
- “The doctor told me to take my medicines, that’ s all I have to do”
- “My kidneys are fine, I don’ t have any problems peeing”

# Values

- What are some of the values that cause these statements?
- Power and control over person?
- Acceptance leads to reality?
- Attending to fear?
- Religious?
- Other

# Values

- How might a clinician intervene?
- Promote patient's clinical interest
- Take time to listen, hear and educate
- Ask questions about patients understanding of diabetes
- Get patient involved in making treatment decisions will likely adhere to

# Values

- Ask patient what is important to them
- Ask if this is difficult topic to discuss
- Ask if there is someone else they want you to talk with
- Ask what is most important to them regarding disease, treatment, family involvement etc

# Values

- Promote discussion
- Allow time
- Offer to invite family/friend into the discussion
- Be open to hearing about patient's use of complementary treatments

# Values

- Offer to speak with other providers and consider collaborative treatment
- RESPECT patient's preferences and values
- KNOW your own values and how they impact your ability to help the patient

# Document

- Document
- Document
- Document
- It is an important step in good treatment outcomes

# Diabetes and Ethical Thinking

- 

- 

That's All Folks!

- 

Thank you