



LIVING AT RISK

ETHICS ISSUE QUICK REFERENCE GUIDE

Updated October 2017

Quick summary

Major ethical issues arise when competent (and non-competent) people make choices that their health care providers consider to be risky. At what point is it ethical to intervene in these situations? Or is it ever appropriate?

The Issue

Living at risk happens when a client knowingly and willingly engages in behaviour that could cause harm, such as:

- Smoking and other drug use
- Living in suboptimal or unsafe conditions (e.g. remaining with an abusive partner, squalor, refusing (necessary) support to manage care needs)
- Risky sexual behaviour
- Refusing to use personal protective equipment such as helmets or seat belts
- Choosing a contraindicated diet
- Informed refusal of recommended health interventions such as medication, surgery or transfer to personal care home

Discussions of living at risk involve a complex and interconnected set of considerations.

Ethical Considerations

Some factors that may need to be considered in order to clearly identify the issue and facilitate a satisfactory resolution include:

Values that might be in conflict, for example

Choice: The extent to which the client's choice is, or can be respected

Safety: The magnitude and likelihood of risks, the consequences for decisions

Respect: A basic demonstration of the worth of every person.

Dignity: The client's sense of self, their values and integrity

Fidelity: Trustworthiness and loyalty; also related to advocacy and support

Autonomy: respect for the individual's preferences and opinions on quality of life



For more information, see the reference list on page 4.



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Ethical Principles

Autonomy: Respecting individual choice, even if it is one with which we personally disagree;

Beneficence: How best to achieve good for all involved; how to support the client in their choice while, for example, effectively presenting some safer options;

Non-maleficence: Avoiding harm to the patient/client/resident, including the harm that may be caused by damaged trust from too paternalistic an intervention; avoiding direct or vicarious harm to the staff.

Justice: How individual choices may impact on others, including other clients, staff, and the public; for example, how to act if a client chooses to engage in behavior which puts others at risk for contracting a communicable disease

Careful balancing the risks and benefits of intervention will help the client balance the risks and benefits of their decision.

Ethical Theories

Virtue: The exercise of patience, honesty, kindness, respect, empathy, non-judgment;

Consequentialism: Consideration of the implications for interfering with client's choice to live at risk, for the client, their family, people nearby, and to the staff member (e.g. physical safety, moral distress);

Deontology: Awareness of organizational, professional and societal rules and policies that may apply, including laws that would support a particular intervention (e.g. child protection, Public Health, Mental Health or privacy statutes);

Relational Ethics: Understanding the context in which decisions are made and working with the client to reduce barriers to safe choices.



For more information, see the reference list on page 3.

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Decision-Making

A framework like the WRHA's Ethical Decision Making Guide can be helpful (available at <http://www.wrha.mb.ca/about/ethics/patient-care.php>).

Pay special attention to the clinical components of the situation. The following considerations are based on the Four Topics method (Jonsen, Seigler & Winslade, 2010), which is embedded in the Guide, starting on page 23.

Medical Indications

What is the patient's condition? Client's goals of treatment? Provider's goals for client? How crucial is this intervention to achieving the goal?

Patient Preferences

What does the patient want? Are they competent to make their own decisions? Is the decision informed? Is there good evidence that they truly understand the risk?

Quality of Life

What are the patient's views on quality of life? Would this decision contribute to an improvement according to the patient, or would it reduce quality of life?

Contextual Features

Are there legal, religious, family, institutional, economic or other factors to consider? Is there a risk to other members of society (e.g. an infectious disease or dangerous psychiatric illness)?

Literature Scan

The following is a brief list of resources that may be helpful in considering this issue. It is not an exhaustive list, but identifies some helpful sources discussing the major components of the issue.

Back, A. & Arnold, R. (2005). Dealing with conflict in caring for the seriously ill: "It was just out of the question". *JAMA* 293(11), 1374-1381. doi: 10.1001/jama.293.11.1374

Badger, J., Ladd, R. & Adler, P. (2009). Respecting patient autonomy versus protecting the patient's health: A dilemma for healthcare providers. *JONA's Healthcare Law, Ethics, & Regulation*. 11(4):120-124. doi: 10.1097/NHL.0b013e3181c1b542.

Golan, O. (2010). The right to treatment for self-inflicted conditions. *Journal of Medical Ethics* (36), 683-686.

Hunt, M. & Ells, C. (2011). Partners towards autonomy: Risky choices and relational autonomy in rehabilitation care. *Disability and Rehabilitation*, 33(11): 961-967.

No Author (2006) Ethical dilemma: Letting patients make bad choices. *AIDS Alert*, Aug. 2006.

Questions for Exploring the Issue

1. What exactly is the conflict?
2. Is the client competent to make decisions of this nature?
3. What values are in conflict?
4. How can the conflicting values be weighed or balanced?
5. Are there organizational policies or professional codes of ethics that could provide some guidance on the conflict?
6. How can we best prioritize our multiple obligations to patients and their families, colleagues, organizations, professions?
7. What are the available options?
8. What exactly is the risk? How serious is it (in the range of inconvenience to death) and how likely is a negative consequence (e.g. unlikely? Certain?) Are these risks reasonable (according to the client)?
9. Does the client fully understand the risks?
10. What could mitigate the risks of the choice?
11. What is our obligation to maintain and encourage trust relationships and truthfulness? How might our responses compromise these things?
12. Have we accounted for conflicts of interest and personal agendas?
13. How can we demonstrate respect for the choices of both the client and the health care provider who will be responsible for facilitating the client's right to choose?



For more information on any of the points in this document, please contact us, or talk with your library about the resources on this list.

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