Ethical Considerations in Refusal of Consent for Routine Vital Sign Monitoring During Dialysis
A Discussion Paper prepared by the Regional Ethics Council and WRHA Ethics Services
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Application of the WRHA’s Ethical Decision-Making Framework for clinical decisions can provide support to discussions about refusal of consent for routine vital sign monitoring during dialysis. To support this, a short overview of some of the ethical considerations will be outlined here.

Dialysis is a life sustaining treatment. The protocol requires nurses to check patient vital signs frequently during the 4-hour, 3x/week treatment. The treatment poses risks to the patient. Frequent monitoring allows potential complications to be caught early and reduces the risks; patients who are monitored less frequently may have avoidable complications.

Occasionally, patients prefer not to be disturbed during the treatment and refuse the monitoring. Nurses feel this raises a conflict between respecting the patient’s right to autonomy and non-maleficence, as well as a potential violation of the nurse’s professional obligations and standards of practice.

I. Clarifying the problem
1. Uncertainty: What is the main problem?
2. Biases: What assumptions are you making?
3. The Question: What, specifically, do you need to decide? What is still missing?
4. Major Stakeholders: Who will be affected by this decision?

II. Describing the Ethical Considerations
5. Context: What constraints are you operating with?
7. Options: List 2-3 viable options

III. Choosing a Solution
8. Clinical Issues: What are the medical indications and patient views on quality of life?
9. Risks and Consequences: What could possibly go wrong?
10. Applicable Rules and Duties: What policies, laws, codes or standards apply?
11. Relationships: How will your options affect stakeholder relationships?
12. The Best Choice: Test your choices using the Ethical Checklist (reverse)

IV. Implementing and Evaluating
13. Action Plan: What will you do? Who needs to be told?
14. Evaluation: How do you and others feel?
15. Moral Distress: Is there any distress that needs to be followed up?
16. Policy Implications: Does this need to be escalated?
A full version of this guideline is available at http://www.wrha.mb.ca/about/ethics/patient-care.php. The following analysis uses this tool as a guide to describe some of the ethical considerations that might inform a discussion on refusal of consent for routine vital sign monitoring during dialysis.

**Ethical Considerations**

### Values

Biases are the values and assumptions of the stakeholders in a situation. Consider what you have assumed with respect to this issue. How can you test or confirm these assumptions? Do others share them? It is important to acknowledge these biases, because they will alter the discussion. Care should also be taken to ensure the environment is safe, and for people involved in the discussion to feel comfortable identifying their own biases and those of others, especially if they have been disproven.

- What is important to the patient? Do we fully understand their reasoning?
- What is important to the staff? How is this similar to the patient’s values? How is it different? How important are the differences?
- Are there other resources that might help? For example, Spiritual Health Services or psychosocial supports? Palliative care?

Corporate values will also be a consideration in any decision. For example:

- Dignity – what is the best way to ensure the patient’s dignity is preserved, and they are afforded every opportunity to fully participate in their care?
- Care – how can we best demonstrate caring? How can we ensure the patient receives high quality, ethical care that meets their needs?
- Respect – what do we know about the patient? How are we using that knowledge to give them the best possible care, according to their perspective on quality of life?
- Equity – what are the elements of this situation related to preventable differences in access to health resources? How can we ensure patients have every opportunity to reach their full health potential?
- Accountability – to whom are we accountable? How can we balance accountabilities to the patient, to our regulators, and to the community?

The acceptance by the WRHA of the Declaration of Patient Values (DPV) also indicates support for the practice of person-centered care, and the deference to patient values. The DPV was developed through extensive consultation with WRHA public engagement volunteers and includes the following values:

- Dignity and respect
- Care and compassion
- Feeling safe
- Open and transparent communication
- Being an equal partner in my care
- Getting support in my health care journey

Each of these values speaks to the importance of the relationship between health care providers, the system, and the people who need our services.

**Stakeholders**

When thinking through an ethical decision, the values and positions of all who will be affected need to be considered. Clearly, there are many groups and individuals who could be affected by this issue, for example:

- The patient
- Other patients (since hemodialysis is offered in a group setting and nurses are usually caring for more than one patient at once)
- The dialysis nurse
- The dialysis physician
- The care team
- The WRHA as an organization
- The public
- Staff
- Others? Who else should be included in this discussion?

**Equity**

Considering the WRHA’s position on health equity, any discussion of this topic must include equity considerations. It will be important to think about how advantage and disadvantage affect individuals’ behaviours and choices, and whether the protocols we use in clinical care and the resulting policies would improve conditions where some populations are able to achieve better health outcomes, or exacerbate inequities. For example, is the person requesting not to be disturbed because they are unable to get sufficient rest elsewhere due to home circumstances or the need to work to make ends meet?

**Ethical Principles**

Among the most important factors affecting an ethical decision is the application of ethical principles to the issue. For example:

- Respect for autonomy: recognizing the inherent worth and right to self-determination of every person. Consider:
  - How do we best promote and enhance the patient’s ability to participate as a full partner in their care?
  - What is the reason for refusal? How can this be explored further?
  - Is the decision truly informed? Does the patient have all the information they need? Do they understand it?
  - How do we ensure we as staff understand the patient’s goals of care?
  - How often is the informed consent process revisited?

- Beneficence: the obligation to do good, or provide a benefit. Consider:
o What will do the most good?
  o How do we facilitate the patient’s quality of life?
  o How do other programs (e.g. surgery, transfusion medicine, oncology) manage conflicts like this?
  o How often do end-of-life or goals of care conversations happen? Is there room to increase the frequency?

- Non-maleficence: the obligation to prevent harm. Consider:
  o What does “harm” look like? To the patient? To the nurse? Are these irreconcilable?
  o How do we minimize risk of harm to the patient?
  o Could there be other medical issues like depression that are affecting the patient’s values? Is the desire to “not be disturbed” a sign of more serious mental health issues?
  o If the patient is making a fully informed decision to accept risk, how can the staff minimize or mitigate any moral distress that results?

- Justice: the principle of equality and fairness. Defining fair treatment as treatment according to need recognizes the disadvantage of equity affected populations. Consider:
  o How do we ensure fairness and equity in treatment?
  o Are there equity-related elements to the patient’s reasoning?
  o Will adjusting the frequency of monitoring affect other patients in the unit (e.g. allow more nursing time to be spent on patients who want it? Potentially expose other patients to an avoidable “code” or death in the open unit?)

There may be other ethical principles to consider as well.

Clinical Issues

It should be acknowledged that there are clinical considerations for the protocol. The standard of checking vital signs every 30 minutes addresses the risk of adverse outcomes from the treatment. However, a discussion with the patient may provide an opportunity to explore their understanding of the goals of treatment (including the checks), the risks of foregoing or reducing checks, and their risk tolerance. It may require consideration of the patient’s preferences on quality of life, and finding creative ways of reconciling any differences between their perspective and that of care providers.

Risks and consequences

An important ethical consideration in any decision is the potential outcomes of the decision. For example there could conceivably be liability issues that would need to be discussed with Risk Management professionals and/or professional liability insurers. There will be tradeoffs. The most responsible physician (who has written the dialysis orders) should be consulted if those orders cannot be carried out as intended, as this may raise liability issues for the physician and nursing staff.
Decision-makers (including the patient) will need to consider how to balance the risks and benefits to the various stakeholders, including equity-affected populations, staff, and the WRHA as a whole.

The likelihood and strength of all risks and benefits, long term and short term, should be weighed.

- What might happen if we do/do not do the checks as required by the protocol? What are the implications for the patient? For the nurse?
- What are the benefits of skipping or reducing the frequency of assessments?
- Is the decision truly informed? That is, does the patient have all materially relevant information about the risks and benefits, do they understand this information, and is the decision voluntary?

Obligations such as rules and duties
Rules and duties are important ethical considerations. The WRHA and its staff must ensure policies and procedures are consistent with legal obligations. Staff must also engage in practice that is consistent with the standards of their professions. Ideally, these should match, if there is strong evidence to support it, in order to prevent moral distress among health care providers.

- What are the standards of practice? What is the evidence?
- Should the protocol be re-evaluated to see if less frequent checks can offer similar safety? Is there a threshold below which we cannot provide safe care?
- What advice do the regulator and/or liability insurer offer?
- How can standards be balanced against the obligation respect a patient’s autonomy?
- Would a waiver help alleviate some moral distress among nurses? Is a waiver possible?

Relationships and relational ethics
Relational questions are critical to ethical deliberation. We must demonstrate respect, preserve dignity, and ensure (as much as possible) safety. Risks to the relationships among stakeholders are critical:

- How do we best demonstrate caring?
- How can we meet the patient “where they are” and care for them in a way that respects them, their choices, and their circumstances?
- How could a harm reduction approach be used to facilitate the patient’s wishes in a way that minimizes risk?
- How can nurses ensure they are not approaching these situations as “non-adherence” or “non-compliance” and with a view to facilitating the patient’s quality of life and ability to participate as fully as possible in their care?
- How can the nurses mitigate some of the moral distress related to seeing people make informed choices they don’t agree with?
Again, consideration needs to be given to how best to balance the various stakeholders’ interests.

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For further information on ethical considerations or the Ethical Decision Making Framework used in this discussion paper, please contact WRHA Ethics Services at ethics@wrha.mb.ca or 204-926-7124