

Doing the Right Things for the Right Reasons Part 1 (The Basics)



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Mentors/Teachers



*Our Moral Imperative:
To advocate on behalf of beings
who cannot advocate for
themselves...*



A Map for Today

Three interrelated sessions

The goal - - to illustrate a bioethical framework within which to work as we focus on three contexts:

Embracing and practicing Fear Free™ medicine

Pain management - - acute and chronic

Palliative and end-of-life care

First, an overview of bioethical principles and how they apply to both clients and patients

Next, an overview of each context asking you to think about how bioethical principles apply and should influence our actions

Finally, I will provide a PDF of my slides for future reference



My circuitous career path

Primary care provider

Taught (1982-86) to use pain as restraint

Ambulatory companion animal practice in semi-rural Wyoming (1986-91)

Epiphany in 1988 about pain as a killer & started my pain management journey

Purchased Windsor Veterinary Clinic in 1991

In 1995 I engaged in changing the animal pain management landscape

My circuitous career path

Partnered as a consultant with multiple corporate partners as pain medications entered our world

Earned 2 human pain management credentials (AAPM & ASPE) & co-founded the IVAPM

Through AAPM met one of my bioethics mentors

The next bioethics mentor who "showed up" helped me, through hospice, assist my mother's dying & facilitated my bioethics MS program choice (2016)

Finally, I completed my Doctorate at Loyola in 2022



Right Things, Right Reasons

In order to expand and translate the application of foundational clinical bioethical principles and practices to include clinical veterinary medicine we need to have a basic understanding of the fundamentals

These four foundational principles apply to both clients (the traditional context) *and* to patients

Bioethics provides an additional lens through which to consider practice

Right Things, Right Reasons

Traditional medical ethics failed to keep up with emerging developments and advancements in medicine

Bioethics expanded medical perspectives beyond traditional paternalistic relationship of doctor to patient

From "Doctor knows best" to "Shared decision-making"

Medical decision-making *can* be yes/no but not always... often "gray zone"

Just because we *can*, does that mean we *should*?

Right Things, Right Reasons

Common morality = norms about right/wrong conduct

Widely shared among the general population

Stable social agreement

Common morality traits:

Honesty

Integrity

Nonmalevolence

Fidelity

Trustworthiness

Gratitude

Truthfulness

Kindness

Right Things, Right Reasons

BUT...

Medical/veterinary professionals are distinguished from the general population by training, knowledge, delivery of important & special services

Increased emphasis on patient personal autonomy has prompted important moral evolutions among health care professionals

Patients, and for us our clients, are now better informed than ever

This sets the stage for shared decision-making

Right Things, Right Reasons

Also important is to realize that even with the guidance of moral/bioethical principles and practices, we will still face moral dilemmas that defy easy black vs white answers

Medical decision-making & recommendations involve a sequence for weighing and balancing

Target question = "What is best for the patient?"

Ancillary/critical question = "What best serves our client?"



<http://go.funpic.hu>

Right Things, Right Reasons

When weighing & balancing during medical decision-making, one cornerstone principle may take primary preference

That said, *conditions* must be met that justify infringing one principle to adhere to another as we articulate priorities:

1. There is a good reason for adhering to the primary principle versus any infringed principle
2. The desired objective can probably be achieved
3. There are no morally preferable alternatives
4. The lowest level of infringement/negative effects results
5. All parties (patients/clients) are treated impartially

Right Things, Right Reasons

All five conditions will not come into play for all medical decisions, *BUT* the conditions can provide *context* for weighing and balancing options during difficult decision-making

We may need to revisit both principles & conditions as things change for a patient over time

Right Things, Right Reasons

Finally, five "vital virtues" provide a moral compass and guide expression of caring:

1. Compassion (backdrop for caring, focus on "other")
2. Discernment (insight, judgement)
3. Trustworthiness (trust must be earned)
4. Integrity (reliability, maintaining professional standards of care)
5. Conscientiousness (doing right for right's sake)



Right Things, Right Reasons

Four cornerstones of clinical bioethical decision-making:

Respect for autonomy

Nonmaleficence

Beneficence

Justice/fairness

Right Things, Right Reasons

Respect for Autonomy (clients)

Traditionally this principle applied only to clients

Implies self-rule free from coercion by others (the move away from paternalism)

Decisions made after delivery of medical information and the client's *appreciation of the consequences* of their decisions

We have a positive obligation to deliver enough information in a *comprehensible* way to empower the client to make the best choice on behalf of their pet

Right Things, Right Reasons

There are rules that support respect for the client's autonomy:

Telling the truth about the patient's condition & prognosis

Respecting privacy & confidentiality

Obtaining consent before proceeding

Helping to direct decision-making when asked (no matter how much information we deliver, the client can never know our body of knowledge)

Right Things, Right Reasons

Respect for Autonomy (patients)

What about respect for the *patient's* autonomy?

Not traditionally a concern, but the ethics literature supports a thought-shift

"... our love for our pets should be shaped and informed by our recognition of the ways in which their needs and their lives are their own, peculiar to the sorts of animals they are..."

(Hursthouse 2011)

Right Things, Right Reasons

Medicine recognizes that children can and do express preferences and they can and should participate in their own care to the level of their cognitive development

Respecting their preferences is respecting *their* autonomy (*assent vs consent*)

Companion animals can and do express their preferences about delivery of treatments they may need, much like pre-linguistic children (Andrews 2011)

We have an obligation to consider those preferences



Right Things, Right Reasons

Nonmaleficence (clients)

This is the obligation not to inflict harm on another

Primum non nocere - - "First, do no harm"

This is distinct from an obligation to actively *help* others

Implies not intending, causing, or permitting death or risk of death to others

Right Things, Right Reasons

Rules that support nonmaleficence:

Avoiding killing

Avoiding causing pain and suffering

Avoiding incapacitating another

Not causing offence (to the client)

Within the veterinary context, nonmaleficence is to prevent *negligence*

Absence of due care or violation of the standard of care

Intentional or unintentional, both are bad

Right Things, Right Reasons

Nonmaleficence (patients)

In veterinary medicine, we practice euthanasia (often our final gift to patients), so what about "avoid killing"?

Avoiding death from negligence or the withholding of appropriate care

We must also avoid imposing undue risks of harm

"Undue" acknowledges that in medicine, sometimes serious risk-taking is justified by the expected outcome

Also, offence to owners can prevent good care



Right Things, Right Reasons

Beneficence (clients)

Nonmaleficence demands we *avoid* harm (passive principle), but beneficence demands a *positive* action on behalf of another (active principle)

Beneficence involves balancing benefits, burdens, & costs to produce the best overall result for *both* client and patient - What will be gained by the action?

Nonmaleficence applies to all, but beneficence implies a *relationship* - - in this case the relationship we have with *both* the client and the patient

Right Things, Right Reasons

Rules that support beneficence:

Protecting & defending the well-being & rights of others

Actively protecting clients & patients from harm
(prevent harmful conditions)

Helping individuals (clients *and* patients) with disabilities

Rescuing others who are in danger

Acting/advocating in the patient's best interest

Right Things, Right Reasons

Beneficence (patients)

Beneficence for patients focuses on "best interest"

We are the medical experts to articulate what is medically best for the patient

Seeing treatments & procedures from *their* perspective

Allowing patients to feel safe and protected

Advocacy on the patient's behalf by the veterinary healthcare team

Preventing/relieving pain, fear, anxiety, stress/distress and actively supporting normal family/pet activities



Right Things, Right Reasons

Justice/Fairness

In human medicine, justice applies primarily to:

1. Distribution of scarce healthcare resources (e.g. organs, ventilators, etc)
2. Protection of human subjects in medical research

Theories of justice/distributive justice have a different application in veterinary medicine

Justice is better expressed in veterinary medicine as "fairness" - - treating like cases similarly & without bias

Right Things, Right Reasons

Justice/Fairness (clients)

Provide each client with our best efforts on behalf of their pet

Avoid prejudice toward clients based on biases

Focus efforts & recommendations on behalf an individual patient based on the client's expressed values & their available resources

Consider, during candid shared decision-making, the client's commitment to treatment, ability to comply w/recommendations, ability to provide follow-up, etc.

Right Things, Right Reasons

Justice/Fairness (patients)

Balance recommendations to accommodate both the patient's expressed preferences and their ability to withstand/tolerate/accept what is needed

This is an offshoot of both respect for autonomy and beneficence

While the veterinarian & client remain the decision makers, recommendation without bias against *patients* is critical

Treat "like" patients alike



Right Things, Right Reasons

Questions to consider during difficult decision-making:

Are there ethical conflicts involved in this case? If so, what are they?

How are the foundational principles of clinical bioethics (respect for autonomy, nonmaleficence, beneficence, and fairness) impacted/involved for both clients and patients in this case?

How might we best resolve the conflicts by leveraging foundational bioethical principles & shared decision-making?

Right Things, Right Reasons

Consider that we can reinvigorate veterinary medical decision-making by considering the principles and practices of clinical bioethics, understanding that this is in absolute alignment with the veterinary oath:

"... I will practice my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics. I accept as a lifelong obligation the continual improvement of my professional knowledge and competence..."



Right Things, Right Reasons

Steps to approach clinical bioethical dilemmas
(w/permission - R Rhodes, PhD)

1. Collect relevant data that can help resolve the issue
2. Identify which principles apply/relate
3. Consider if there are conflicts among principles or uncertainty about what a particular principle directs
4. Formulate questions (for yourself and the client) that articulate the conflict

Right Things, Right Reasons

5. Decide which principle should have priority & support that choice with relevant case details
6. Consider the need to find an alternative that avoids the dilemma
7. Plan/define/articulate practical steps that need to be taken

Add these phrases to your lexicon:

"Tell me more..." and

"... *not unreasonable*..."

Thank you!
See you next session!

