MORAL Balance

An Ethical Framework to aid Medical Decision-Making

What is the medical decision you are trying to make?

Tracheostomy insertion for 67 year old man with laryngeal carcinoma and impending airway obstruction

Make sure of the Facts

Outline the facts of the case and decision in question (e.g. diagnosis, prognosis, comorbidities, frailty, all treatment options, verbal or written statements, resources). Include degree of uncertainty if present.

67 year old presented unwell, with weight loss, difficulty swallowing, confusion, agitation and aggression.
Delirium diagnosed.
CRP = 158ng/ml but no evident source of probable infection
Peripheral vascular disease
Known vascular dementia
Heavy smoker, heavy alcohol use, said to be 'always miserable'
Separated from wife 9 years, wife still in contact, also has son and daughter
Living alone, coping progressively less well over 9 months
CT scan chest revealed 5x5cm laryngeal tumour obstructing airway
Resisted IV fluids, antibiotics
Nasendoscopy revealed exophytic tumour.

Options 1) symptom control 2) palliative tracheostomy 3) tracheostomy then biopsy, staging CT, consider for radical laryngectomy or radiotherapy
Potential for distressing acute airway obstruction
Cure possible but unlikely, would lose voice
Prospects for rehabilitation poor, unlikely to be able to return home

Outcomes of Relevance to the Agents Involved

Agents are anyone who has a moral stake in the outcome (e.g. patient, family, other patients both in the hospital and outside the hospital, hospital staff, and society). Try and outline what outcomes matter most to these agents, especially taking account of any conversations you have had.

Patient
Lacking mental capacity to decide, paranoid
Did not want to stay in hospital, wanted to go home, resisting medical and nursing care
Likely to pull at tracheostomy
Unhappy with life
Would not have wanted to lose voice or independence

Patient's Family
Avoid distress
Preserve life but not at all costs
Respect patient's views
Consensus with all family members
Transfer to hospice, to remain in hospital

Other Agents
Staff dealing with difficult behaviours
Staff anticipating managing acute airway obstruction
Risk of diagnostic overshadowing (dementia, substance abuse)
Possibility of resolution of delirium
Exclude major depression

Level out the Arguments in a Balancing Box

Populate facts and outcomes into a Balancing Box which uses Beauchamp and Childress's four principles of medical ethics.

Autonomy *(what outcomes matter to the patient)*	***Burden*** *(what are the burdens and to whom)*
• Non-capacitous, but does not cooperate with medical treatment and wants to leave hospital • Avoid dependency, need to move to care home • Avoid loss of voice, need for PEG feed • Care for his dog	• Medical care resisted by patient, likely to pull at tracheostomy • Loss of voice, need for PEG feed • Radical treatment unpleasant and unlikely to succeed • Delirium may resolve, but dementia will progress and depression unlikely to respond to treatment • Unlikely to rehabilitate well in view of co-morbidities • Prolonging suffering or distress • Likely to need care home
Benefit *(what are the benefits and to whom)*	**Justice** (non-discrimination, fair use of resources)
• Preserve life • Avoid distress if acute airway obstruction • Allow treatment to resolve delirium • Allow assessment and treatment of mental state • Allow work-up for potential radical treatment	• Diagnostic overshadowing, parity of esteem (delivery of physical healthcare to people with MH problems) • Outcome unlikely to be good in view of co-morbidities, resources spent aggressive treatment likely to be better used elsewhere

Level out the arguments by seeing if you can balance the calls of each principle and judging if each fact or outcome is truly commensurate?
Consider asking three questions of the Balancing Box:

(i) Anything of particular note?

- Potential distress of acute airway obstruction, but could be managed palliatively ('rescue midazolam')
- Time pressure, evolution of family view over (a short) time
- Involvement of ex-wife in decision making

(ii) Where is the greatest conflict?

- His expressed, but non-capacitous, wishes against medical intervention
- Assessment of mental state in presence of delirium, potentially reversible physical and mental pathology

(iii) Where is the greatest congruence (agreement)?

Family (and staff) consensus on respecting what they knew of wishes of patient, desire to avoid further distress and treatment burden of tracheostomy or radical cancer treatment

Document Decision (it can be helpful to use the framework to help guide documentation or place this sheet in the medical notes)

The patient lacks mental capacity to decide, so treatment would be on a best interests basis.
His expressed, but non-capacitous, wish is against medical intervention.
Tracheostomy was considered to avoid impending acute airway obstruction, to allow acute medical treatment, assessment and possible resolution of mental illness, and time for work-up and consideration of definitive cancer treatment.
Family were keen to preserve his life, but not at any cost
Family's primary concern was to avoid distress and respect patient's previously discussed wishes.

Outcome
Following discussion of options, the pros and cons of each, and the beliefs and priorities that the patient would have brought to the decision, it was agreed not to proceed with tracheostomy insertion, and instead to treat any distress with palliative drugs, including 'rescue midazolam' in the case of acute airway obstruction.

Transferred to a hospice. He became gradually weaker and although his stridor worsened, he died peacefully on day 19, without acute airway obstruction.