



ETHICAL DILEMMAS IN HOMELESS HEALTHCARE: THE GRAY ZONE

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OBJECTIVES

- *Review medical ethics*
- *Discuss particular challenges of applying medical ethics to working in homeless populations*
- *Break-out to discuss ethical dilemmas*
- *Review challenges and role of ethics going forward*



2019 NATIONAL HEALTH CARE FOR THE HOMELESS

CONFERENCE & POLICY SYMPOSIUM

MAY 22-25 | WASHINGTON, D.C.

WORKING TOGETHER FOR JUSTICE

REVIEW OF OUR TEAM



Medical Respite

*~200 shelter bed
~30 respite beds*



Shelters



Outreach



Our Team:

Respite Director - RN

2 MDs

3 NPs

3 RNs

6 CHWs

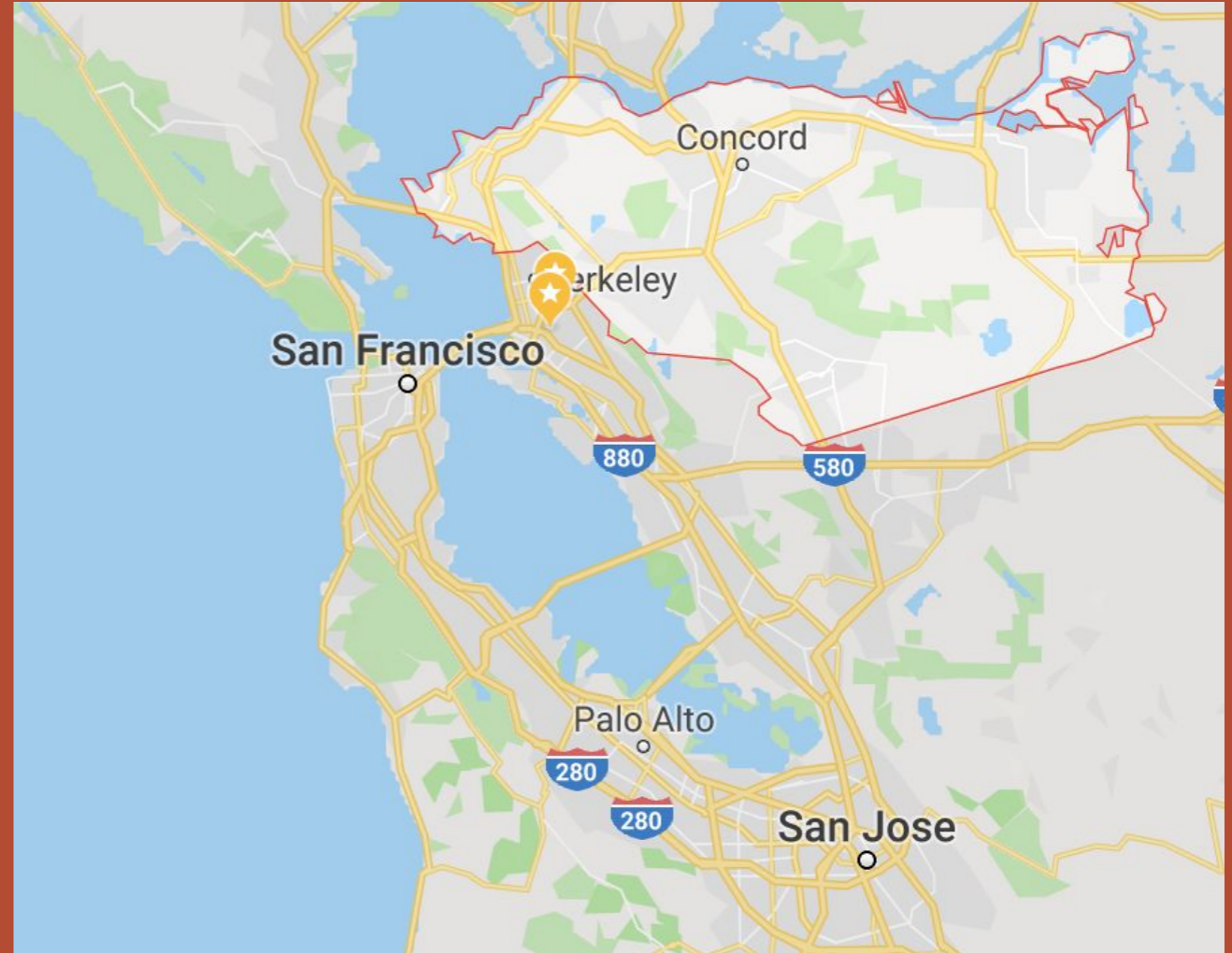
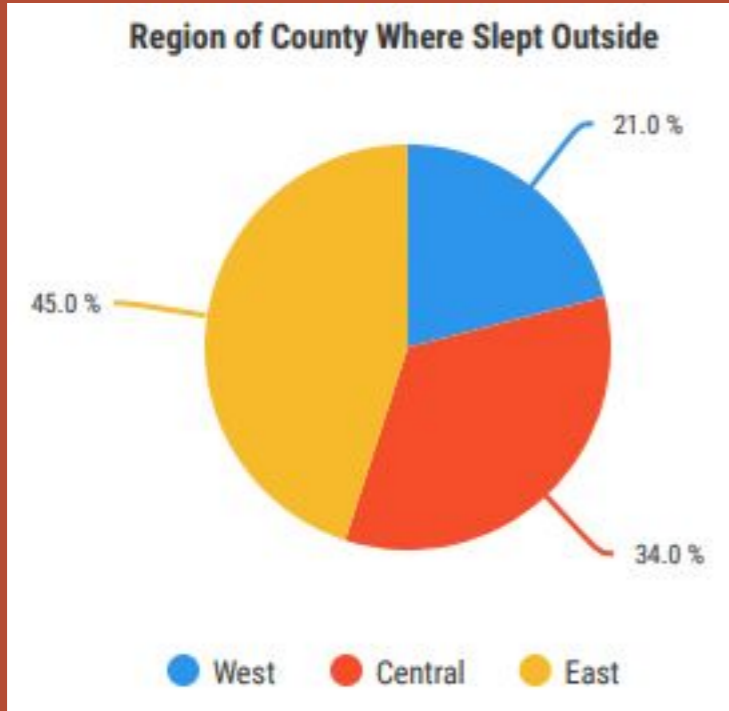
2 DDS

2 MH Clinicians

1 Program Manager



OUR POPULATION



2018 Point In Time Count

The Point in Time (PIT) count is a one-day census of persons experiencing homelessness and living in shelters and uninhabitable locations in Contra Costa County. The PIT Count is used by HUD and our community to define local and national issues related to homelessness.



Persons experiencing homelessness
January 23, 2018



ETHICAL DILEMMA CASE #1

45yo F

Living in shelter for months, much beyond time limit of medical respite

Breast Ca, s/p lumpectomy and chemotherapy - starting radiation

Pain control is a significant challenge

- *Daily heroin use, trial of suboxone without success*
- *Switched to methadone by oncology MD, frequent loss of meds, early refills requested*
- *Multiple infarctions with shelter staff for finding pt using on property*
- *Some 3d “outs” but not formally discharged*

Other patients have mentioned to medical staff about her use in the shelter

Pt resistant to palliative or mental health consultations from shelter staff

HOW DOES THIS CASE MAKE US FEEL?



REVIEW OF MEDICAL ETHICS

“Every competent adult has the fundamental right of self-determination over his or her body and property. Individuals who are unable to exercise this right, such as minors or incompetent adults, have the right to be represented by another who will protect their interests and preserve their basic rights.”

-- CHA 2016 consent manual, page 1.1

Beneficence

Justice

Autonomy

Non-Maleficence



REVIEW OF MEDICAL ETHICS

Autonomy

- *autonomy of thought, intention, and action when making decisions*
- *free of coercion and coaxing, must understand risks/benefits/adverse outcomes*

Justice

- *fair distribution of goods, equal allocation of resources*

Non-Maleficence

- *do no harm*

Beneficence

- *doing something with the intent of helping the patient, for doing good*

PARTICULAR CHALLENGES IN OUR LINE OF WORK

Ideas?

Our patient population is particularly challenging

Autonomy

- some of our patients cannot make informed decisions or have no decision maker*
- sometimes healthcare assumes our patients cannot make a decision (especially if their decision is against the advice of clinicians)*
- role of substances*

Justice

- limited resource setting, sometimes we have to pick or choose*

Non-Maleficence

- *is intervening sometimes harmful? should we ever NOT do something?*
- *who decides when we do this?*

Beneficence

- *we are quite good at this one*
- *patient focused versus public health focused or system focused?*

WHAT DO WE OFTEN DO IN THESE SCENARIOS?

Team Meetings

Family Meetings

Ethics Committee

- sometimes only in hospital, not always in HCH setting*
- often do not make the decisions, only offer their thoughts/opinions*

Legal involvement

Mental Health Clinician Role

- Conservatorship*

Limitations to these interventions?

Effect on the Team

Effect on Team Dynamics, Dividing the team

Trauma

Compassion Fatigue

Cases

Break out into groups of 4-5

Goals:

Review case

How does this make you feel?

What aspects of medical ethics does this case touch?

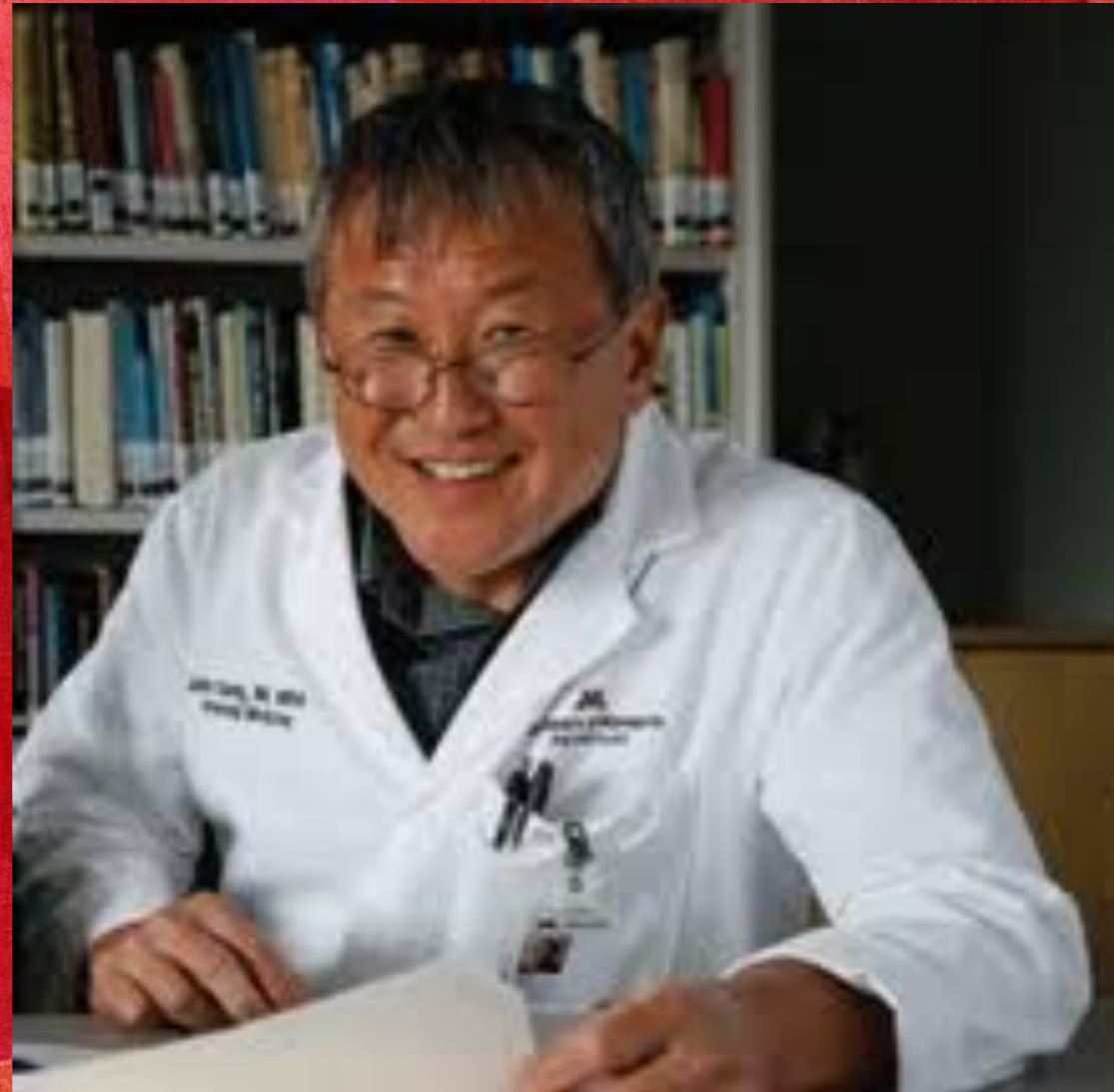
Autonomy, Justice, Beneficence, Non-Maleficence

What would you do? Do you agree?

Make a Decision!

OUR ROLE

- *we know these patients*
- *what is our role to help in patient's decision making and advocacy*
- *these scenarios are not in a vacuum, no one value is more important than the others*
- *are we doing it well? what could we do better or differently?*



Special thanks to a great friend and mentor