
Ethical Dilemmas in Post Acute/Long Term Care: The Registered Dietitian's Role in the Interdisciplinary Team

— Rachael Barlow, RD, LDN —
Emily Haymond, MS, RD , LDN

Agenda

- Review the Academy's updated Code of Ethics
- Application of the Code of Ethics to the RDs role in Post-Acute Care/LTC
- Ethical treatment at the end of life: Palliative vs Hospice Care
- Review of ethical dilemmas, religious and cultural components in Post-Acute Care/LTC
- Case Study examples and action steps to ethical decision-making



Learning Objectives

Participants will be able to...

- Define the Code of Ethics from the Academy of Nutrition and Dietetics and CDR
- Develop an understand of the Rd's role as a member of the interdisciplinary team in post-acute care
- Explain the difference between palliative care vs hospice care
- Advance their awareness of religious, cultural, and educational issues regarding the patient as a whole and the family
- Describe potential feeding/nutrition dilemmas from a nutritional perspective
- Discuss case studies to experience the complexity of real-life scenarios and emerging issues.

The Code of Ethics

History and Updates

The Code of Ethics...

- Guides a dietetic practitioner's practice
- Applies to all members of the Academy of Nutrition and Dietetics and to all CDR credentialed practitioners
- Originally developed in 1934 for the dietetics profession
- The Code of Ethics Task Force started reviewing and revising the 2009 Code of Ethics in November 16
- The CDR and Academy Board approved the final Code of Ethics for the Nutrition and Dietetics Profession during their February 4-5, 2019 and February 22-23, 2018 meetings, respectively

The Updated Code of Ethics

Why Revise and How Do They Compare to Previous Standards?

Why revise?

The Code of Ethics are dynamic and must be modified and adapted as practice evolves.

19 principles of the code which are divided into 5 categories

FUNDAMENTAL PRINCIPLES

RESPONSIBILITIES TO THE PUBLIC

RESPONSIBILITIES TO CLIENTS

RESPONSIBILITIES TO THE PROFESSION

RESPONSIBILITIES TO COLLEAGUES AND OTHER PROFESSIONALS



A preamble, 4 principles and 32 standards comprise the code

NON-MALEFICENCE

AUTONOMY

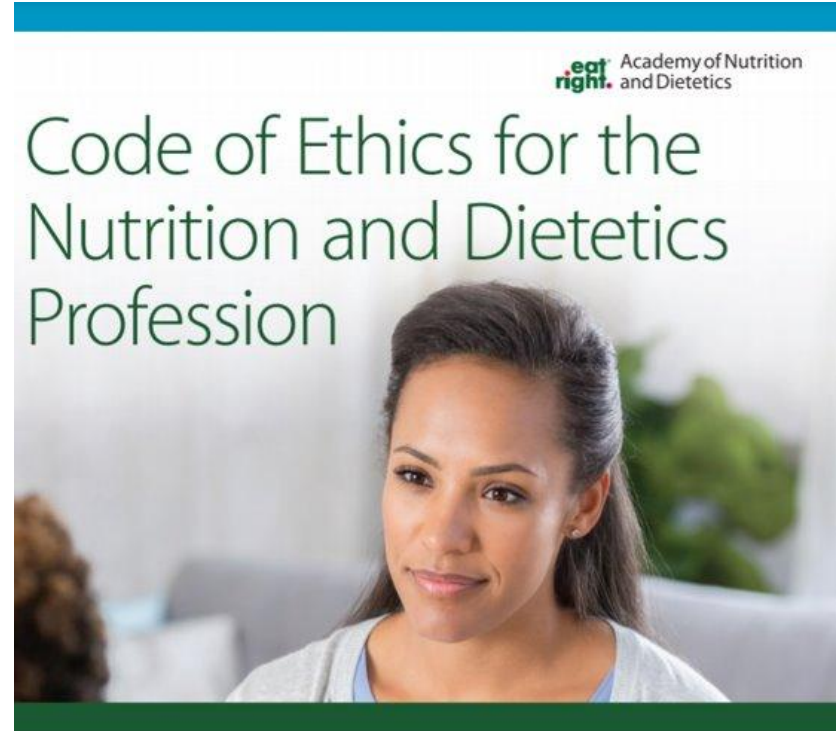
BENEFICENCE

JUSTICE

Components of the Code

The Four Principles

1. Competence and professional development in practice (Non-maleficence)
2. Integrity in personal and organizational behaviors and practices (Autonomy)
3. Professionalism (Beneficence)
4. Social responsibility for local, regional, national, global nutrition, and well-being (Justice)



Principle #1 - Non-Maleficence

Includes 8 Ethical Standards



- Practice using an evidence-based approach
- Demonstrate in depth scientific knowledge of food, human nutrition, and behavior
- Assess the validity and applicability of scientific evidence without personal bias
- Interpret, apply, participate in and/or generate research
- Make evidence-based practice decisions
- Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others
- Act in a caring and respectful manner and be mindful of individual differences, cultural and ethnic diversity
- Practice within the limits of their scope and collaborate with the interprofessional team

Principle #2 - Autonomy

Includes 9 Ethical Standards

- Disclose any conflicts of interest. Refrain from accepting gifts or services which potentially influence professional judgment
- Comply with all relevant laws and regulations
- Respect intellectual property rights, including citation and recognition of the ideas and work of others, regardless of the medium
- Provide accurate and truthful information
- Report inappropriate behavior or treatment of a patient/client by another nutrition and dietetics practitioner or other professionals
- Document, code, and bill to most accurately reflect the character and extent of delivered services
- Respect patient/client's autonomy
- Implement appropriate measures to protect personal health information using appropriate techniques

Principle #3 - Beneficence

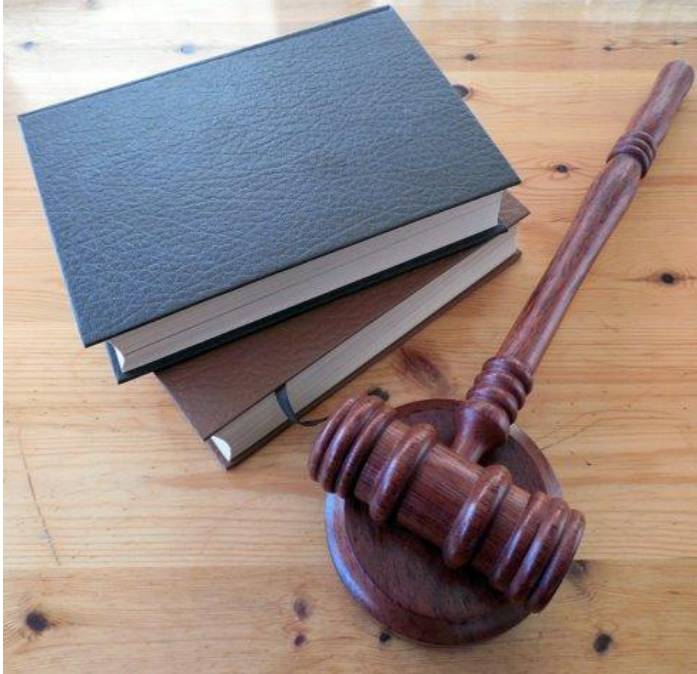
Includes 9 Ethical Standards

- Participate in and contribute to decisions that affect the wellbeing of patients/clients
- Respect the values, rights, knowledge, and skills of colleagues and other professionals
- Demonstrate respect, courtesy, constructive dialogue and professionalism in all communications
- Refrain from communicating false, fraudulent, deceptive, misleading or unfair statements or claims
- Uphold professional boundaries
- Refrain from verbal/physical/emotional/sexual harassment
- Provide objective evaluations of performance
- Communicate at an appropriate level to promote health literacy
- Contribute to the advancement and competence of others



Principle #4 - Justice

Includes 6 Ethical Standards



- Collaborate with others to reduce health disparities and protect human rights
- Promote fairness and objectivity with fair and equitable treatment
- Dedicate time and expertise to activities that promote respect, integrity, and competence of the profession
- Promote the unique role of nutrition and dietetics practitioners
- Engage in service that benefits the community
- Seek leadership opportunities in professional, community, and service organizations to enhance health and nutritional status while protecting the public

The RD's Role

- Sound technical judgment on a feeding strategy
- Sufficient experience with clinical ethics to participate in a facilitate discussion
- Knowing what is wanted
- Understanding laws and regulations
- Interdisciplinary Care Team
- Quality of life goal screening
- Nutrition care plan



Ethical Treatment and the End of Life



- Hospice care vs Palliative care
- Delivery of person-centered, family-oriented care is key when achieving the two main goals that must be met when caring for older adults
- The Goals: maintenance of health and quality of life.
- However, practitioners may have to choose one of these goals over the other based on the individual's goals and desires

Hospice Care vs Palliative Care

What is the difference?



Ethical Challenges at the End of Life

Nutrition Conflicts



- Nutrition at end-of-life is a challenging but important topic for Rds to embrace
- RDs need to be comfortable to have conversations with the interprofessional healthcare team, patient and family members
- Understanding the benefits of Palliative Care and Hospice Care
- Tools available to aid with ethical challenges:
 - POLST Form
 - “The 5 Wishes” Form
 - “The Conversation Project” Online Course

Preventive Ethics and the RD's Role

- The goals of preventive ethics are to identify common triggers of ethical conflict, such as unrealistic expectations that treatment will be effective, and address them before they contribute to conflict
- Individuals with different faiths and cultures have diverse perspectives on the use of life-sustaining therapies and serious illness



Cultural and Religious Aspects

- Cultural Considerations
- Religious Considerations
 - Judaism
 - Islamic
 - Catholicism
 - Hinduism
 - Other

“The understanding of cultural and religious diversity in clinical ethics is essential to meet an individual’s wishes best.”



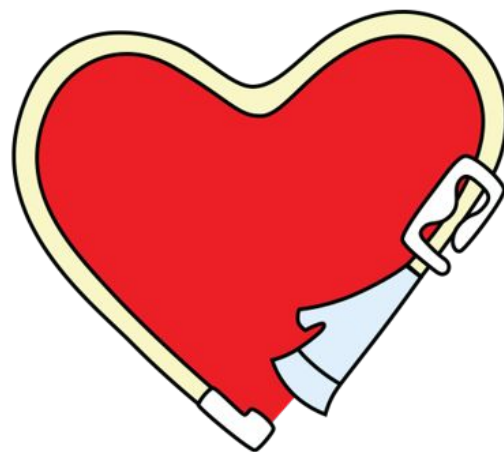
Consideration of Personal Bias



- Awareness of our own beliefs and biases
- Our Goal: to provide all information so that the patient or client can make the best choice for themselves

Ethics and Artificial Nutrition and Hydration (ANH)

1. Psychological and physiological
2. Individual desire and expressed goals of care
3. Benefits vs Burdens
4. Oral vs ANH
5. The difference between withholding and withdrawing nutrition support
6. Quality of life
7. End of life



Case Study #1

A patient admits to your facility for long term care with a diagnosis of ALS. A PEG tube was placed prior to his admission to your facility with orders for 24 hours cyclical tube feeding. The speech therapist cleared him for a mechanical soft, nectar thick liquid diet. How do you approach feeding this patient?



Case Study #2



A patient with Alzheimer's Disease is expressing decline in overall health status, including poor PO intakes and a significant weight loss in the past 30 days. The RD is aware and has attempted multiple nutrition interventions with the patient (fortified foods, feeding assistance, supplements, between meal snacks, and liberalized diets). This patient refuses all interventions and tells the RD that she no longer wants to eat. She also does not have an advanced directive.

Case Study Reflection

What is the correct approach to ethical decision making?

Step #1

State the ethical dilemma. *

Step #2

Connect ethical theory to the dilemma in practice *

Step #3 and #4

Apply the Code of Ethics to the issue and select the best alternative to ethical decision making*

Step #5 and #6

Develop strategies to successfully implement your decision and evaluate the outcomes*

*Adapted from Fornari A. Approaches to ethical decision making. J Acad Nutri Diet. 2015; 115 (1): 119-121

Continuing Professional Education and Resources



From the Academy of Nutrition and Dietetics

- ❖ Ethics Education Toolkit
- ❖ Ethics Reading List
- ❖ Ethics Education Facilitators' Guide

The Commission on Dietetic Registration (CDR) has over 50 external ethics-related CPE activities that can be found on the CPE Online Database.

- ❖ To access, go to:
http://www.cdrnet.org/go/and/cdr/cpe_search.cfm
- ❖ In Title or Description, type "ethics"
- ❖ Select Learning Needs Code: 1050

Questions?



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Thank you!