CENTER FOR PRACTICAL BIOETHICS
GUIDANCE AT THE CROSSROADS OF DECISION

# The Ethics Dispatch

**January 2024**

"The object of philosophy is the logical clarification of thoughts. Philosophy is not a theory but an activity."

- Ludwig Wittgenstein

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# Hot Topic

## Multidisciplinary Teams: The Risks and the Promise

As the nature of healthcare in the United States continues to change, the delivery of healthcare will change with it. The idea of the family physician who knows their patients extensively and travels to the hospital when they are admitted is going away quickly.

It is being replaced by multidisciplinary teams of healthcare workers whose members all work together and contribute to providing the highest level of quality care. The goals of multidisciplinary teams are clear. They should "improve coordination, communication, and decision making between healthcare team members and patients, and hopefully produce more positive outcomes" (Fleissig et al.).

A team-based approach has been demonstrated, for example, to "significantly improve the quality of cancer care. The integration of all the departments and professionals involved in the treatment of a specific cancer guarantees full and continued support to patients during diagnosis, treatment and follow-up periods and it is perceived positively by most patients" (Taberna et al.).

**Team Functioning**

Additional benefits to patient care of a multidisciplinary team approach come from improved team functioning. Actually, teamwork has been shown to have clear benefits for all involved in healthcare (Zajac et al) state that "better teamwork is associated with lower patient morbidity and mortality, as well as other critical outcomes such as reduced nursing turnover and increased patient satisfaction. Taken together, teamwork has proven instrumental to healthcare performance outcomes, meriting effort to clarify how best to facilitate effective teamwork" (Zajac et al).

The multidisciplinary nature of healthcare ethics committees offers significant potential for the sorts of benefits that are seen in healthcare delivery teams. Clinical ethics consultation, in particular, might do well to operate in a team-based approach, with two to four consultants collaborating on a consultation request. This approach can improve discernment and decision making while potentially mitigating bias.

**Decision Making**

Multidisciplinary teams can also have a significant impact on medical decision making. Teams have been demonstrated to be effective and beneficial: “Decision making bears out that teams can outperform individual decision makers in terms of decision accuracy, and that process gains cannot be explained by the most knowledgeable member or even the average level of knowledge across the team” (Michaelsen et al.).

Particularly in today's modern healthcare systems, teamwork seems necessary both for clinical decision making and clinical ethics consultation.

**Actions for Improvement**

While the benefits of working in multidisciplinary teams have been demonstrated, any member of any team can verify that there are challenges to working well together. Diversity of expertise is no guarantee of efficiency and effectiveness. What then can be done to improve collaboration and eliminate the negatives of multidisciplinary teams? Research suggests some actions for improvement.

Saxena et al. (2016) “emphasize the importance of (1) clarity around roles and responsibilities that are shared and held individually, and (2) presenting a united front.” Presenting a united front may require negotiation and debate when individual team members with different perspectives on a situation disagree. Ultimately, those disagreements need to be resolved or left aside as of lesser importance than that of “presenting the same message” (Zajac et al.).

Failure to collaborate on and communicate a single message can create difficult situations for patients. None of us as patients appreciate being the recipient of differing or even competing answers from multiple care providers. For example, a patient with kidney failure might be finding dialysis difficult. When asking about available options, they are told one thing by a nephrologist and quite another by a transplant coordinator, both on the same renal transplant team. Inconsistency of message leads to confusion and breakdown of trust between the patient and their healthcare providers.

Another action for improving decision making within teams is the intentional inclusion of diverse voices. “Research on participation in Decision Making suggests that greater inclusion of team members, including those with diverse backgrounds and the dissenting minority, can improve decisions outcomes (e.g., creativity), satisfaction with the process, and organizational commitment” (Zajac et al.). It is important to make room for as many voices as possible so that the clinical picture can be seen from as many perspectives as possible.

**Clinical Ethicists as Team Members**

As multidisciplinary teams become the norm in healthcare, with new members and expertise introduced, clinical ethicists are increasingly being added as yet another sort of team member with specialized expertise. The clinical ethics consultant or consultation team has a unique role, often serving as a bridge between provider and patient or their family. Ethics consultants might serve this bridging role also between the various members of a healthcare team. As such, the ethicist helps a team to create and convey more consistent messages to patients/families, while also bringing greater diversity and yet another perspective to complex clinical situations. If so, clinical ethics consultants add value to that realized already in multidisciplinary healthcare teams.

**Sources:**

Fleissig, A., Jenkins, V., Catt, S., & Fallowfield, L. (2006). Multidisciplinary teams in cancer care: are they effective in the UK?. *The lancet oncology*, *7*(11), 935-943.”

Taberna, M., Gil Moncayo, F., Jané-Salas, E., Antonio, M., Arribas, L., Vilajosana,

E., & Mesía, R. (2020). The multidisciplinary team (MDT) approach and quality of care. *Frontiers in oncology*, *10*, 85.)

Michaelsen, L. K., Watson, W. E., & Black, R. H. (1989). A realistic test of individual versus group consensus decision making. *Journal of applied psychology*, *74*(5), 834.").

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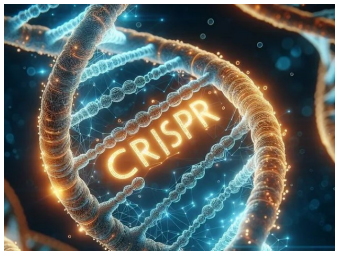
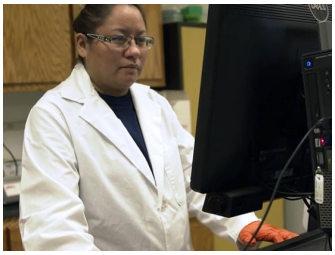
## Bioethics in the News


[‘Groundbreaking’ gene-editing therapy receives thumbs up from Catholic bioethicist]




[What is CRISPR and Why Does It Matter? A Guide to the Bioethics of Genetic Editing]



[Bioethicist is liaison in Indigenous research project]

[Scarce resources, public health and professional care: the COVID-19 pandemic exacerbating bioethical conflicts — findings from global qualitative expert interviews]

[Pet cloning in Korea raises concerns over bioethics, regulatory void]

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## Case Study

### A Multidisciplinary Healthcare Team Disagrees with Keeping the Patient Full Code

“George” is an 84-year-old male admitted to the medical ICU for respiratory

failure and multiple life-threatening comorbidities after having had a severe case of COVID. The patient is currently supported by life-sustaining interventions including dialysis and ventilation. As an ICU patient, his situation is complicated, requiring the attention of all members of a multidisciplinary healthcare team who are not all of one mind as to whether George might yet recover sufficiently to return to a long-term care facility.

Despite intensive care, after several weeks of treatment and aggressive measures, George's health continues to decline. Most members of the ICU team, and the palliative care consultant, believe that prognosis is poor and death is imminent. Their patient is still Full Code, however, and his wife and daughter are adamant that providers "continue to do everything that will work." George himself has lacked decisional capacity from the time of admission and had not completed any advance directives. His daughter says, "Dad's a Vietnam veteran. He's always been a fighter!"

During a long "goals of care" meeting that Palliative Care conducts with George's family, they state that if ventilator support is not working for George, at that point they would be okay with extubation and allowing him to pass away naturally. But until then, even if his heart were to stop, they want to "give Dad a chance to win this battle" and attempt resuscitation—"paddles, shocks, compressions, and whatever it takes to give him a fighting chance!" For now, the code status remains "Full Code." But there is moral distress amongst team members who feel that CPR on this frail, dying 84-year-old would be "torture".

During a team "huddle" later that afternoon, most everyone expresses disagreement with keeping the patient Full Code. The palliative care physician says, "We need to help this family do the right thing and agree to transition this poor man to comfort measures only, CMO. Continued ventilation, dialysis, the whole nine yards—and CPR especially—is all futile. What we're doing is nonbeneficial and harmful to this guy."

Heads nod around the conference table. Pulmonologist Dr. Jacobi, however, says she understands the prognosis is poor. "But I cannot in good faith say to this family that the vent is 'not working' or 'nonbeneficial', at least in the sense that it surely is keeping George alive longer. And that seems to matter to his family."

The rest of the team continues to express their distress that George is dying and "we keep doing things to him." Someone states with emotion that Dr. Jacobi's approach is going to make the patient unnecessarily suffer. Dr. Jacobi responds that she doesn't appreciate being pressured to go against her best medical judgement and conscience.

Meanwhile, a text message from George's daughter to the palliative care physician is received and read aloud: "Mom and I are getting confused because we keep hearing different messages from doctors here. We want to do what's right for Dad, but it's just so hard to know what's really going on."

The ICU attending decides to place a request for ethics consultation.

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## KEYNOTE SPEAKER

### Daniela Lamas, MD

- Author of "You Can Stop Humming Now: A Doctor's Stories of Life, Death and In Between."
- Pulmonary and critical care doctor at Brigham & Women's Hospital and faculty at Harvard Medical School
- Medical journalist

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## Ethical Musings

### Transhumanism, Society, and Multidisciplinary

# Healthcare Teams

Transhumanism is “a movement that advocates for the use of technology to augment human capabilities in an effort to improve the human condition. The idea is to develop beyond biological limitation using technological advancements that enhance cognition and promote longevity” (https://builtin.com/artificial-intelligence/transhumanism).

To move humans beyond what they can normally do has long been the goal of many people. They wish to enable people to reach their highest potential beyond what for centuries has been deemed humanly possible, often through the use of technology. This is where cyberpunk and other science fiction come into the process. It might start with wearable technology, like Google Glass, that allows people to seamlessly access troves of information like connections, information and entertainment. Transhumanism can also be interpreted to include medical interventions such as surgical implants that can enhance intelligence, strength and more. This goal of artificial enhancement is the dream of some and the nightmare of others.

**Societies as Transhumanist Technology**

Theoretically, transhumanism attempts to improve people and make them more capable will lead to improvement of the world. It might be understood as a dimension of “human flourishing,” which has long been normatively valued by ethicists. While artificial and technological enhancements are relatively new and can be unnerving, another sort of transhumanism and technology has evolved with homo sapiens, and with significant benefits to all. I perceive an important manifestation of transhumanist technology to be society. Merriam Webster defines “technology” as “a manner of accomplishing a task especially using technical processes, methods, or knowledge” (https://www.merriam-webster.com/dictionary/technology).

Human societies are technological in that they have established goals, roles, responsibilities and tasks distributed across all members. One member of a societal population would not be able to build a city and manage it themself, but societies as a whole have been able to build and run great metropolises with millions of people. Through people coming together, working with one another and serving in specific roles, humans have improved the quality, quantity and length of life for their members.

If the goal of transhumanism is to improve human capabilities and the human condition—human flourishing—then society has been accomplishing this for thousands of years. This idea is not new, with some philosophers, sociologists and psychologists having long described human society as a superorganism with individual members acting always as a part of the larger whole. We see this within nonhuman “societies” as well, such as ant colonies and bee hives or the way that starlings fly in ornate patterns without colliding. Individually, the ants or bees or birds are disorganized and weak, but collectively, they can accomplish truly impressive tasks.

**Healthcare Teams as a Form of Transhumanism**

When we apply these concepts to healthcare teams, their value becomes

apparent. Healthcare teams are one sort of transhumanist technological society. It would be impossible for one healthcare provider to know the subtle details of every organ system, to develop surgical finesse for every body part, to acquire and apply pharmacological knowledge for all products and their uses, to have expertise on the social and spiritual needs of every patient, or to understand how best to apply ethics principles to a given situation. The old country doctors did the best they could, and solo providers still do in places where that's the best healthcare available. Elsewhere, modern healthcare has developed impressive teams of specialized team members: physicians and nurses of various specialties, chaplains, social workers, respiratory therapists, managers, technicians, environmental services, ethicists, and others. Individually, they have amazing competencies, but together, they can accomplish even more.

Healthcare delivered by a team, in which the sum is more than its parts, is a form of transhumanism. Knowledge and expertise are shared, strength is enhanced, and the abilities of all are improved. Individually, we are unlikely to cure cancer, extend the collective lifespan, or generally improve quality of life. But when we are able effectively to come together and work on a shared goal, who knows what can be accomplished?

By Ryan Pferdehirt, DBe and Tarris Rosell, PhD, DMin

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