



Hôpital St-Boniface Hospital

# Ethics in Family Medicine: The Patient-Provider Relationship

Katarina Lee, J.D., M.A., HEC-C

Clinical Ethicist, Health Care Ethics Service, St. Boniface Hospital, Réseau  
Compassion Network

Assistant Professor, Department of Family Medicine, University of Manitoba

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# Objectives

- What is a therapeutic relationship?
- What are key ethical principles for consideration in this relationship?
- What are obligations of providers and patients/clients?

# Therapeutic Relationship

- Is the relationship between a patient/client and their health care provider in furtherance of providing health care

# Tenets of a Therapeutic Relationship

- Autonomy
- Beneficence
- Non-Maleficence
- Veracity
- Respect
- Privacy

# Autonomy

- The ability for an individual to make decisions for themselves in accordance with their philosophical beliefs, religious beliefs or value laden preferences.

# Autonomy cont'd: Informed Consent

- Informed Consent:
  - Providing patients with information regarding procedure/treatment
  - Including expected benefits, significant risks, consequences and reasonable alternatives
  - Engaging with the patient/surrogate decision maker regarding questions and concerns

# Capacity

Aspect	Definition
Decision Making Capacity	A patient has the ability to understand a procedure including the risks, benefits, consequences and reasonable alternatives.
Lack of Decision Making Capacity	A patient does not have the ability to understand a procedure including the risks, benefits, consequences and reasonable alternatives.

# Surrogate Decision Making

- What happens when the patient does not have the ability to make certain medical decisions?
  - Health Care Proxy
  - Committee
  - Family, friends



# Surrogate Decision Making

- **Standard 1: Substituted Judgment:**
  - Put on the “hat” of the patient
- **Standard 2: Best Interest:**
  - In the event that the SDM does not know what the patient would have wanted, look to best interest of the patient

# Surrogate Decision Making Cont'd

- Committee:
  - Court determined or order determined under the Mental Health Act of Manitoba
  - Substitute Decision-Maker for Personal Care under the Vulnerable Persons Living with a Mental Disability Act
  - Committee may be an individual or a public trustee

# WRHA Policy: Informed Consent

- Spouse/Common-Law Partner
- Children
- Parents
- Siblings
- Grandparents
- Grandchildren
- Aunts/Uncles
- Nephew/Nieces
- Friends

# Advanced Medical Directives



## Health Care Directive

Please type or print legibly

### This is the Health Care Directive of:

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

### Part 1 – Designation of a Health Care Proxy

You may name one or more persons who will have the power to make decisions about your medical treatment when you lack the ability to make those decisions yourself. If you do not wish to name a proxy, you may skip this part.

I hereby designate the following person(s) as my Health Care Proxy:

#### Proxy 1

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

#### Proxy 2

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_

*(Check  one choice only.) For an explanation of "consecutively" and "jointly" please see the reverse side of this form.*

#### If I have named more than one proxy,

I wish them to act:

consecutively OR  jointly

My Health Care Proxy may make medical decisions on my behalf when I lack the capacity to do so for myself (check  one choice only):

With no restrictions  
 With restrictions as follows:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Part 2 – Treatment Instructions

In this part, you may set out your instructions concerning medical treatment that you do or do not wish to receive and the circumstances in which you do or do not wish to receive that treatment. REMEMBER – your instructions can only be carried out if they are set out clearly and precisely. If you do not wish to provide any treatment instructions, you may skip this part.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Part 3 – Signature and Date

You must sign and date this Health Care Directive. No witness is required.

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

If you are unable to sign yourself, a substitute may sign on your behalf. The substitute must sign in your presence and in the presence of a witness. The proxy or the proxy's spouse cannot be the substitute or witness.

Name of substitute: \_\_\_\_\_  
 Address \_\_\_\_\_

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Name of witness: \_\_\_\_\_  
 Address \_\_\_\_\_

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

- Proxy
- Treatment Preferences
- Other specific requests



# Beneficence

- Care providers have a duty to provide care that has a benefit to patients
- What constitutes a benefit?
- Utilitarian framework?
  - Does the benefit outweigh the harm/cost/difficulty?

# Non-Maleficence

- Care providers have a duty to not harm patients either through acts of commission or omission
- Some cases are obvious
- Some are more grey

# Veracity

- Providing truthful information to patients and clients
- Particularly challenging dilemma of “how much do you disclose?”
- What happens if you have a patient who doesn’t want to hear certain words?
- Does your tone mislead or influence individuals?

# Distrust of Health Care Professionals

- Racial and Ethnic Bias
  - Indigenous Population
  - African American Population
  - Mexican American Population
- Economic Bias Concerns
- Educational Bias
- Other socio-economic determinants of health



# Respect

- Treating patients/clients with respect
- Most importantly respecting their wishes and understanding that individuals may make “poor” choices that may run contradictory to your recommendation
- Respecting religious, cultural and spiritual differences

# Bridging the Gap

- Communication Techniques
  - Use of interpreters, use of communication devices (visual aids)
- Time Limited Trials
  - Attempting an intervention for a period of time
- Incorporation of Family and Patient into Care Plans
  - Involving patients early in planning, discussing with family and supports

# Privacy/Confidentiality

- Both in law and ethics: **protecting the health information of patients and clients**
- Information should only be shared with the consent of the patient/client or in limited scenarios of potential harm to self or others or to provide medical care
- Only divulging the minimal amount necessary

# Areas to be Aware of in Therapeutic Relationship

- How therapeutic relationships begin and end
- Coercion
- Undue Burden
- Inappropriate Relationships

# Beginning and Ending Relationships

- Different colleges have different codes of conduct and guidelines
- General obligations:
  - Obligation to provide medical care to those that seek it
  - Cannot patient/client “dump” (referral requirements)
  - Obligations to provide referrals when the request is out of scope of practice
  - Patient/Client has to be aware that relationship has ended

# Coercion

- Trying to persuade someone by threats or force
- Different than undue influence
- Threatening to withdraw care or services for lack of compliance
  - Ethically challenging situation when patients are not participating in their medical care (often due to barriers)

# Undue Influence

- Different than coercion because there is no threat or force
- Other factor that could impair or impact decision making
- Often a concern in research environments in which your direct care provider may be a researcher
  - Cancer Example

# Inappropriate Relationships

- Health care providers are not to provide health care to their loved ones (except in limited circumstances like emergencies)
- Sexual or romantic relationships, especially during the therapeutic relationship (undue influence)
- Inappropriate relationships amongst health care providers



# Responsibilities of Patients/Clients

- Participation
- Communication
- Treatment of other with Respect and Dignity

# Questions?

Katarina Lee

409 Tache Ave, Winnipeg MB, Canada  
R2H 2A6

Office Phone: 204.235.3619

Direct Phone: 204.235.3267

Cell: 204.794.2511

Email: [klee13@sbgh.mb.ca](mailto:klee13@sbgh.mb.ca)