

53. Case discussions in a clinical ethics support service for equine medicine: a field report

M. Long¹*, F. Jenner², Z. Kelemen², J.-M. Cavalleri³, U. Auer⁴ and H. Grimm¹

¹Unit of Ethics and Human-Animal Studies, Messerli Research Institute, University of Veterinary Medicine, Vienna, Medical University of Vienna, University of Vienna, Veterinaerplatz 1, 1210 Vienna, Austria; ²Equine Surgery Unit, University Equine Hospital, University of Veterinary Medicine, Vienna, Veterinaerplatz 1, 1210 Vienna, Austria; ³Equine Internal Medicine Unit, University Equine Hospital, University of Veterinary Medicine, Vienna, Veterinaerplatz 1, 1210 Vienna, Austria; ⁴Clinical Unit of Anaesthesiology and perioperative Intensive-Care Medicine, University of Veterinary Medicine, Vienna, Veterinaerplatz 1, 1210 Vienna, Austria; mariessa.long@vetmeduni.ac.at

Abstract

Clinical Ethics Support Services (CESS) have recently found their way from human into veterinary medicine to assist with ethically challenging decisions. However, literature is scarce on structures for veterinary CESS that detail what case discussions and their outcomes, in an ethics committee or with stakeholders, can look like. The aim of this work is to report and discuss a process for case discussions with stakeholders and an impartial facilitator based on experiences with a CESS in an equine hospital. We applied six steps during these case discussions: (1) introducing method and participants; (2) describing the problematic situation and associated goals; (3) collecting prospective treatment options; (4) discussing options; (5) developing an action plan with corresponding checkpoints; (6) concluding the discussion. The intended outcome of this process is agreement on an action plan which details the horse's treatment in the form of scenarios with checkpoints for evaluating treatment success at specified time points and based on clinical parameters defined in the case discussion. In combination with ethics tools, this 6-step process has the potential to be a powerful tool for supporting challenging decisions in veterinary medicine by combining metric and discourse models of decision-making and resulting in well-considered and transparent outcomes.

Keywords: facilitation, ethical challenge, veterinary ethics

Introduction

Clinical Ethics Support Services (CESS) assist with ethically challenging decisions in various contexts of medical care, such as hospitals and longterm care facilities for humans (Fournier, 2016; Stolper *et al.*, 2016) to support healthcare professionals, patients and their families with ethical challenges and to improve patient care (Molewijk *et al.*, 2016). The methods and models differ from ethics committees or lone ethicists recommending the best way forward to group dialogue-based models such as moral case deliberation (Fournier, 2016; Molewijk *et al.*, 2016).

CESS have been introduced into veterinary medicine in recent years in the form of case discussions in ethics committees. Rosoff *et al.* (2018) report the successful implementation of a multidisciplinary ethics committee at a veterinary tertiary care hospital. They offer ethics consultations upon request for challenging cases and provide recommendations through a deliberation process by members of the patient's care team and core members of the ethics committee as facilitators (Rosoff *et al.*, 2018). Moses (2018) describes working as a veterinarian offering ethics consultations outside the context of a committee in a variety of settings. These implementations of veterinary CESS highlight the relevance of such services, however, they do not yet provide a structured process for case discussions as part of a veterinary CESS.

Thus, the aim of this article is to report and discuss a 6-step-process used in case discussions with stakeholders and a facilitator as part of a veterinary CESS at an equine hospital.

The 6-Steps for case discussions

The 6-step-process (hereafter 6-Steps) for case discussions in the context of the veterinary CESS, has been developed and deployed at the equine hospital at the University of Veterinary Medicine, Vienna in the context of case discussions within the framework of the Equine Hospital Ethics Working Group (Springer *et al.*, 2018).

The case discussions took place for challenging cases on request by equine hospital staff and were attended by the treating veterinarians, veterinarians of different specialties (such as pain management, orthopaedics, etc.) that were familiar with the case, grooms, veterinary nurses, the head of the equine hospital and an ethicist as a facilitator. This inclusive group allows for veterinary students to join the discussion; however, a group size of a maximum of 12 seemed to be adequate for a productive and focussed discussion. Depending on the complexity of the case to be discussed, results could be obtained as fast as within 1 to 2 hours of discussion.

For case discussions in ethics committees we applied a six-step process: (1) introducing method and participants; (2) describing the problematic situation and associated goals; (3) collecting prospective treatment options; (4) discussing options; (5) developing an action plan with corresponding checkpoints; (6) concluding the discussion. On the basis of our experience with this procedure, important aspects of each of those steps are identified in Table 1.

Aim of the case discussion: the action plan

The intended outcome of a case discussion following the 6-Steps is agreement upon an action plan that outlines scenarios, parameters and decisions for the expected and possible results of a treatment or an intervention (Figure 1). The goal is to delineate which parameters will be assessed at which point in the treatment and what will happen as a next step depending on whether the intended result was achieved or not. Clear cut-off points are defined for when the treatment strategy should be changed or euthanasia should be performed. This prevents prolonged states of suffering of the equine patient because there is less room for adding yet another day based on not wanting to give up the hope for improvement. These difficult decisions are made in the group and based on discussions from different perspectives which reduces the uncertainty with regards to whether or not a particular treatment should be abandoned and leads to a shared responsibility by all those involved in the discussion.

If no agreement upon an action plan can be achieved during the case discussion, it still brings the benefit of clarifying the situation. Since the outcome of the case discussion in the ethics committee is by nature a recommendation, if no such recommendation can be developed the regular routines of the veterinary hospital are followed.

The role of the ethicist as a facilitator

The ethicist in the 6-Steps is an impartial facilitator and does not contribute a judgement on the case. Moral case deliberation (MCD) similarly advocates for a facilitator as a ‘Socratic midwife’ (Stolper *et al.*, 2016, p. 3) that supports the participants in uncovering moral insights and a solution to their ethical challenges without providing clear-cut judgements (Molewijk *et al.*, 2008; Porz *et al.*, 2011). A difference between the 6-Steps and MCD is that the 6-Steps focusses on the result for a particular case and any training of the participants’ competences in moral deliberation are only a welcome side-product,

Section 6

Table 1. Steps and important aspects of the 6-Steps based on experience with case discussions in an ethics committee in the context of a veterinary CESS.

Step	Important aspects
1. Introducing method and participants Facilitator introduces the process and explains the facilitator's role Participants introduce themselves and their relation to the case	Should be brief because participants are most likely eager to start and time is short
2. Describing the problematic situation and associated goals The treating veterinarian(s) provide medical information on the case (patient information (age, sex, breed etc.) medical history, diagnosis, treatment to date, complications to date, ...) The participant requesting the case discussion describes the situation and the (ethical) challenge they experience The goals for the case are clarified	No discussion of options yet Presenting participant should be able to talk without too many interruptions Other participants should have the option to contribute their knowledge about the case Shared goal to keep the discussion focussed Ethics tools can assist with clarifying the challenge (see Discussion: Between metric and discourse)
3. Collecting prospective treatment options Participants share options for the treatment of the horse going forward	All options are collected and preferably written down on a flipchart No discussion of options at this point Space for creativity
4. Discussing the options Participants discuss reasons for and against individual options Options are specified in more detail, if possible combinations are developed	Important to talk about all options Ethics tools can help with assessing the legitimacy of options (see Discussion: Between metric and discourse)
5. Developing an action plan with corresponding checkpoints An action plan with treatment steps and their intended outcome, fixed checkpoints and corresponding parameters and criteria is outlined Scenarios are developed with decisions about how to proceed for possible outcomes	Action plan needs to be specific and concrete Time, parameters and criteria for checkpoints need to be fixed Also undesired developments should be covered (e.g. deterioration, no improvement) If necessary, a date for follow-up meetings should be fixed to evaluate the case progress
6. Concluding the discussion Facilitator summarises the action plan Participants are asked for approval of the action plan Follow-up meetings (if applicable) are arranged/confirmed If no agreement on an action plan: follow-up meeting or transfer to responsible veterinarian Documentation of the action plan	Ideally, every participant agrees with the final action plan It should be clarified whether the allocated time was sufficient or whether another meeting is required due to disagreements Photos of the flipchart provide a time-efficient way to document the results

whereas MCD is also considered as a bioethics education tool (Stolper *et al.*, 2016). With the focus on a solution, the role of the facilitator in the 6-Steps comes close to that of a mediator in bioethics mediation (Bergman and Fiester, 2014; Dubler and Liebman, 2011). Bioethics mediation is similarly process-focussed and aims to achieve a consensus about outcome not necessarily values (Fiester, 2014, p. 507). The bioethics mediator provides no value judgement beyond ensuring that solutions stay within the limits of laws, institutional policies and local ethical frameworks (Bergman and Fiester, 2014). In

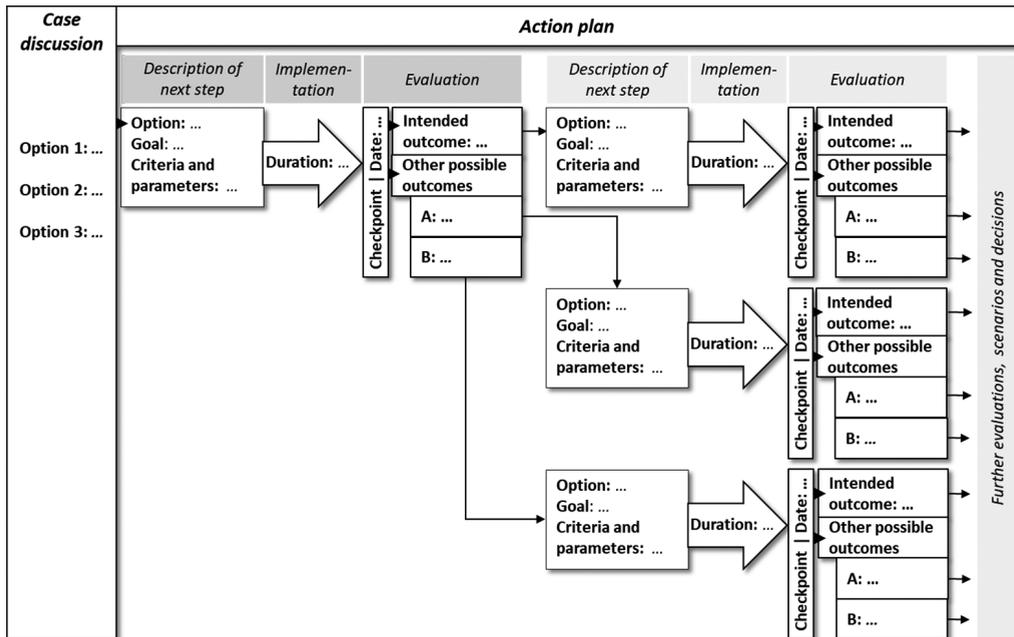


Figure 1. Template for an action plan containing checkpoints, corresponding criteria and parameters and decisions for possible scenarios as a result of the 6-Steps for case discussions.

contrast to bioethics mediation, however, the 6-Steps for case discussions does not (only) focus on disagreements or conflicts between multiple parties (Bergman and Fiester, 2014) but is also intended to assist with an internal conflict or perceived dilemma.

Discussion: between metric and discourse

The 6-Steps is brief and flexible and the action plan, tailored to the specific case, brings practical guidance and a direct benefit for decisions in veterinary practice. This helps with overcoming the challenges any veterinary CESS faces; time constraints in clinical practice, and a high work load and long working hours contributing to stress among veterinarians (Bartram *et al.*, 2009; O'Connor, 2019). Moses (2018) discusses the necessity of fast decisions in veterinary practice due to its fee-for-service model and Rosoff *et al.* (2018) highlight the speed at which ethics consultations are offered within their CESS. As a consequence of these constraints, it might seem practical to further reduce discussion time by developing a checklist or guideline with pre-determined criteria and decisions (e.g. for when to euthanise a horse), a so-called metric model (Grimm *et al.*, 2019). However, this would favour time-efficiency over context-sensitivity.

Contrary to the metric model, conducting case discussions with relevant stakeholders following the 6-Steps falls into the category of discourse models since the aim is to support the participants in finding the answer to their ethical challenge within the exchange between them. As Grimm *et al.* (2019) outline, important ideals of the discourse model are the validation of ethical judgments through social dialogue and that disagreements 'can be argued out between fair-minded people' (Grimm *et al.*, 2019, p.23). The 6-Steps shares this view that the stakeholders are the ones most capable to develop a solution to their challenges while the ethicist is guiding the process without acting as a moral expert.

Section 6

Compared to a metric approach with set criteria and decisions, the discourse model offers clear advantages, such as the flexibility and context-sensitivity of the solutions developed within case discussions and the clear accountability of the members of the committee for value judgements and the outcome of the discussion, but also disadvantages, such as the influence of social and professional roles and the limited transparency of criteria (Grimm *et al.*, 2019). Therefore, a combination of discourse and metric model would be the best way forward, namely a set of criteria (metric) that guides the dialogue (discourse) (Grimm *et al.*, 2019). For the case discussions following the 6-Steps, this entails outlining the criteria or questions to discuss with regards to possible treatment options. The Ethics Working Group is currently developing a set of questions to be addressed during the case discussion within the ethics committee but also in earlier stages like ward rounds. The questions emphasise the impact of treatment options on the horse by for example drawing attention to pain levels and the overall quality of life of the horse.

Ethics tools and frameworks such as the Ethical Matrix (Mepham *et al.*, 2006), the four principles of biomedical ethics (Beauchamp and Childress, 2009) or the veterinary ethics tool (VET) (Grimm *et al.*, 2018) can support the process mainly at two stages during the case discussion; during step (2) ‘describing the problematic situation and associated goals’ they can help to illuminate and specify the challenge; during step (4) ‘discussing options’ they can assist in reflecting upon the legitimacy of the different options, e.g. by including perspectives of absent stakeholders (Jensen *et al.*, 2011) or by providing questions and input with regards to the justificatory value of reasons (Grimm *et al.*, 2018). Their application should be considered based on the requirements of a specific case and the tool’s theoretical foundations.

Transparency of the process can be attained by implementing a standard operating procedure (SOP) for critical or challenging cases. Such an SOP is currently under development at the equine hospital at the University of Veterinary Medicine, Vienna, and will, for example, delineate when and how case discussions are convened. Transparency is important, also since the final decision about the treatment rests with the patient owner, who is (typically) not present during the case discussion and who might disagree with conclusions from the discussion. Nevertheless, the case discussion and the action plan can then function as a basis for discussion with the patient owner. And if financial constraints or owner wishes are known, they should be part of the case discussion as they can speak for or against treatment options.

Another challenge for implementing the 6-Steps is that access to multiple experts, perspectives and a qualified facilitator is more difficult for veterinarians working alone outside the scope of veterinary hospitals with access to academic institutions, such as equine practitioners in a mobile practice. A way forward could be to offer case discussions via online meetings that can make the service more accessible.

Conclusions

Case discussions using the 6-Steps presented here allow for a practical, well-considered and transparent veterinary CESS in a veterinary hospital that combines the metric and the discourse model. The case discussion itself, however, is only one aspect of a CESS. Other important aspects include the transparent selection of the participants and a qualified facilitator and a clear, easily accessible process for requesting an ethical case discussion. Therefore, it is necessary to embed the case discussions into a wider strategy for a CESS that also considers challenges regarding the implementation process and allows for evaluations of its success.

References

- Bartram, D.J., Yadegarfar, G., Baldwin, D.S., (2009). Psychosocial working conditions and work-related stressors among UK veterinary surgeons. *Occupational Medicine* 59: 334-341.
- Beauchamp, T.L., Childress, J.F., (2009). *Principles of biomedical ethics*, 6th ed. Oxford University Press, New York, USA.
- Bergman, E.J., Fiester, A., (2014). The future of clinical ethics education: value pluralism, communication, and mediation. In: Akabayashi, A. (ed.), *The future of bioethics: international dialogues*. Oxford University Press, Oxford, UK, pp. 703-711.
- Dubler, N.N., Liebman, C.B., (2011). *Bioethics mediation: a guide to shaping shared solutions*, revised and expanded edition. Vanderbilt University Press, Nashville, USA.
- Fiester, A., (2014). Bioethics mediation & the end of clinical ethics as we know it. *Cardozo Journal of Conflict Resolution* 15.2: 501-513.
- Fournier, V., (2016). Clinical ethics: methods. In: ten Have, H. (ed.), *Encyclopedia of global bioethics*. Springer International Publishing, Cham, Switzerland, pp. 553-562.
- Grimm, H., Bergadano, A., Musk, G.C., Otto, K., Taylor, P.M., Duncan, J.C., (2018). Drawing the line in clinical treatment of companion animals: recommendations from an ethics working party. *Veterinary Record* 182: 664.
- Grimm, H., Olsson, I.A.S., Sandøe, P., (2019). Harm-benefit analysis – what is the added value? A review of alternative strategies for weighing harms and benefits as part of the assessment of animal research. *Laboratory Animals* 53: 17-27.
- Jensen, K.K., Forsberg, E.-M., Gamborg, C., Millar, K., Sandøe, P., (2011). Facilitating ethical reflection among scientists using the ethical matrix. *Science and Engineering Ethics* 17: 425-445.
- Mephram, B., Kaiser, M., Thorstensen, E., Tomkins, S., Millar, K., (2006). *Ethical Matrix manual*. LEI, The Hague, The Netherlands.
- Molewijk, B., Slowther, A., Aulisio, M., (2016). Clinical ethics: support. In: ten Have, H. (ed.), *Encyclopedia of global bioethics*. Springer International Publishing, Cham, Switzerland, pp. 562-570.
- Molewijk, B., van Zadelhoff, E., Lendemeijer, B., Widdershoven, G., (2008). Implementing moral case deliberation in Dutch health care; improving moral competency of professionals and the quality of care. *Bioethica Forum* 1: 57-65.
- Moses, L., (2018). Another experience in resolving veterinary ethical dilemmas: observations from a veterinarian performing ethics consultation. *The American Journal of Bioethics* 18: 67-69.
- O'Connor, E., (2019). Sources of work stress in veterinary practice in the UK. *Veterinary Record* 184: 588.
- Porz, R., Landeweer, E., Widdershoven, G., (2011). Theory and practice of clinical ethics support services: narrative and hermeneutical perspectives. *Bioethics* 25: 354-360.
- Rosoff, P.M., Moga, J., Keene, B., Adin, C., Fogle, C., Ruderman, R., Hopkinso, H., Weyhrauch, C., (2018). Resolving ethical dilemmas in a tertiary care veterinary specialty hospital: adaptation of the human clinical consultation committee model. *The American Journal of Bioethics* 18: 41-53.
- Springer, S., Auer, U., Jenner, F., Grimm, H., (2018). Clinical ethics support services in veterinary practice. In: Springer, S., Grimm, H. (eds.), *Professionals in Food Chains. Proceedings of the 14th Congress of the European Society for Agricultural and Food Ethics*, June 13-16, 2018. Wageningen Academic Publishers, Wageningen, the Netherlands, pp. 308-313.
- Stolper, M., Molewijk, B., Widdershoven, G., (2016). Bioethics education in clinical settings: theory and practice of the dilemma method of moral case deliberation. *BMC Med Ethics* 17: 45.