

EVENING ETHICS

with Larry Cripe, M.D.

“VIRTUE ETHICS AND DECISIONS TO LIMIT POTENTIALLY LIFE-SUSTAINING THERAPIES”

TUESDAY
APRIL 26, 2016
5:30-7:00PM



RESEARCH
ADMINISTRATION
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LIGHT
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Decisions to limit life-prolonging treatment (DLT), a type of shared decision making, requires that patients tell physicians their preferences for end-of-life care and that patients be told when physicians have decided to limit treatment. In a recent study (Winkler et al., 2009) nearly 75% of terminally ill cancer patients told doctors their intubation, ICU transfer, and chemotherapy preferences, but only 47% of those patients were notified of their physicians' decisions—notably, those who agreed with doctors to opt for palliative care. When patients wanted life-prolonging treatment, communication between patients and physicians was "impaired." Larry Cripe, Associate Professor of Medicine, Division of Hematology and Oncology, Indiana University School of Medicine and founding co-director of Simon Cancer Center's Palliative Care Research and Education Program, suggests that we look carefully at the emphasis medicine places on truthfulness. Dr. Cripe suggests that although terminally ill patients want "medical experts" to tell them truthfully about prognoses and treatment plans, they do not necessarily want to share in decision making, but rather, want trusted physicians to be with them as they seek "a shared meaning of hope" grounded in compassion.

Please join us to discuss these and other questions: Are we witnessing with DLT (decisions to limit life-prolonging treatment) a change of paradigm in end-of-life care, a return to a paternalistic doctor-patient relationship? What are the ethical ramifications of DLT? What role might narrative play in training physicians how to better communicate about end-of-life? Could narrative help ensure that DLT is a fair and just process for all patients?

Please read two, short articles to prepare for this discussion: [Winkler, EC et al. Patient involvement in decisions to limit treatment: The crucial role of agreement between physician and patient.](#) (J of Clinical Oncology 27: 2225-2230, 2009) and [Cripe, LD. Trustworthiness.](#) (J of Clinical Oncology 29: 3483-3486, 2011.)



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