



ETHICAL AND SOCIOECONOMIC CONSIDERATIONS

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LEARNING OBJECTIVES

1. Apply the tenets of biomedical ethics to ethical dilemmas commonly encountered in providing pharmaceutical care to geriatric patients.
2. Explain issues related to communication in the care of the geriatric patient, including informed consent, privacy and confidentiality, and surrogate decision making.
3. Describe patient, caregiver, family, and legal issues associated with end-of-life decisions.
4. Explain the effects of socioeconomic issues on access to pharmacy care by geriatric patients.
5. Describe medication financing options (including affordable medications) available for geriatric patients.

KEY TERMS AND DEFINITIONS

AUTONOMY: Respect for autonomy obliges healthcare professionals to honor the choices of adults with decision-making capacity, allows for a patient's right to self-determination, avoids paternalism, allows for the acceptance of the free choice of the patient, and ultimately permits the patient to make final decisions relating to his or her healthcare.

BENEFACTENCE: Beneficence obliges healthcare professionals to help others and promote their welfare.

BOXED WARNING: A notice in the prescribing information of a prescription medication that alerts prescribers and patients of severe or fatal side effects of the medication; often added retrospectively following identification of side effects in the routine use of the medication. This was previously known as a "black box" warning.

CULTURE: The group to which one belongs; extends beyond race and ethnicity to include age, gender, religion, and health beliefs.

DNR: Do not resuscitate; an order that states cardiopulmonary resuscitation (CPR) is not to be performed in the event of cardiac or respiratory arrest.

ETHNOGERIATRICS: Healthcare for geriatric patients from diverse populations.

INFORMED CONSENT: A process in which a person learns key facts about a healthcare treatment, including potential risks and benefits, before deciding whether or not to accept the treatment.

JUSTICE: An obligation to treat patients who are equal, in relevant respects, in the same manner; giving what is due to patients.

LIVING WILL: A written, legal document that conveys the wishes of an individual in the event of a terminal illness; can convey the wishes of one who is no longer able to communicate.

MANAGED CARE: A system created with the intent to control the cost of healthcare that uses financial incentives and management controls to direct patients to providers who are responsible for giving appropriate care in cost-effective treatment settings. Financial risk is shared among the providers.

NONMALEFICENCE: An obligation to not intentionally inflict harm on others nor to engage in actions with foreseeable harmful effects; “At least, do no harm.”

PROXY: A person authorized to act for another.

INTRODUCTION

Ethical and socioeconomic considerations are integral components in the delivery of healthcare to geriatric patients. Often, the care of a geriatric patient centers on important decisions regarding healthcare choices and end-of-life issues for those who lack the mental capacity or physical ability to effectively communicate their personal choices. Access to healthcare, healthcare disparities, and financing healthcare are vital socioeconomic issues for older citizens. This chapter will describe ethical issues and socioeconomic considerations related to geriatric patients.

ETHICS AND BIOMEDICAL ETHICS

Biomedical ethics is the branch of ethics concerned with the life of the patient, and at the core of biomedical ethics are issues regarding the protection of life.¹ **Table 2-1** provides examples of many important biomedical issues. The promise to adhere to the principles of biomedical ethics is contained in the various oaths affirmed by healthcare professionals, including pharmacists. Of the various tenets of biomedical ethics, four are particularly applicable in geriatric pharmacy practice: respect for patient **autonomy**,

nonmaleficence, **beneficence**, and **justice**.

Ethical dilemmas arise when these tenets are in conflict, and a choice between two “rights” must be made. Biomedical ethics often involves situational ethics, in which a particular clinical condition may cause both patient and caregiver values to evolve in order to cope with changing circumstances. Ethical dilemmas are often encountered during geriatric patient care because treatment options are rarely straightforward.

Pharmacists are obligated to apply the tenets of biomedical ethics when providing pharmaceutical care for geriatric patients. For example, by providing full disclosure regarding the risk-benefit profile of medications, thus allowing the patient to make a personal choice as to whether to consume a particular medication, the pharmacist is providing patient care as well as respecting autonomy and acting with beneficence and nonmaleficence. The use of medications with a **boxed warning** in the prescribing information can be a particularly difficult ethical dilemma for the pharmacist providing care for geriatric patients. Recently approved drugs may be more likely to have unrecognized adverse drug reactions (ADRs) than established drugs, especially in older frail patients. Serious ADRs commonly emerge after FDA approval, and the safety of new agents cannot be known with certainty until a drug has been on the market for several years. Yet, physi-