



Psychiatry & Behavioral Science Section - 2016

I40 Resolving Ethical Dilemmas Using Dialectical Principlism in End-of-Life Decisions

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After attending this presentation, attendees will acquire methods of analysis to help resolve ethical dilemmas.

This presentation will impact the forensic science community by analyzing conflicting considerations in end-of-life decisions.

Forensic scientists encounter serious ethical dilemmas when they face conflicting obligations with no one solution satisfying all of their concerns. It can be a challenge to determine the best action in such complex situations without a systematic approach. As a result, it is helpful in difficult situations to lay out the issues, prioritize, and balance the potentially conflicting duties to determine what is most ethical. The method of doing this was developed by Weinstock and Darby and is called dialectical principlism. “Dialectical” dates back to ancient Greece and refers to the process by which apparently contradictory competing considerations are synthesized into a coherent whole. “Principlism” refers to all types of relevant principles such as biomedical ethical principles: autonomy, beneficence, non-maleficence, justice, personal ethical values, and protecting the vulnerable in our society, among others.

Forensic scientists must consider in a specific context which duties are primary and which are secondary in a particular role. As a physician, the primary duty revolves around the patient’s welfare. Usually, primary duties will outweigh secondary duties and considerations of all types. But there can also be conflicting primary duties. They should be balanced in a way to impinge as little as possible on each other. In difficult end-of-life conundrums, the dilemmas are usually caused by conflicting primary duties. In this case, the relevant primary duties are beneficence, non-maleficence, and autonomy. Dialectical principlism can help practitioners determine their most ethical action.

Physician-assisted suicides are now legal in certain states and raise important ethical considerations on how these laws will affect end-of-life decisions. Physicians must have a high threshold to rule out psychiatric illness, cognitive impairment, and false expectations of prognosis that may impede on a person’s ability to choose for assistance in suicide. These new laws may have the unintended effect of increasing patient suicide in situations in which treating the underlying illness, providing further medical education and counseling, or allowing time itself to impact a person’s decision-making. This is not to say that in certain circumstances, physician-assisted suicides may be an ethical means to reduce human suffering. Examples are cases where there is a highly unfavorable prognosis, for an irreversible and untreatable disease process associated with significant physical or emotional pain or suffering, and with the patient having a clear understanding of their likely prognosis and without their judgement being clouded by psychiatric or cognitive problems.

The dialectical principlism framework can be used to demonstrate how the physician’s role and subsequent duties and considerations are balanced to determine the most ethical action in these types of end-of-life dilemmas. Current law should be changed and future laws made to include stronger safeguards to be sure that people wanting physician-assisted suicide fully appreciate the nature of their situation when they make these decisions.

Ethics, Dilemma, End-of-Life