

DUTY TO CARE

Safety, Risk and Ethics in Bariatric
Health Care

SCENARIO

The ICU has recently admitted Mark, a patient who is morbidly obese. Mark requires nearly total care. The ward has accessed all the necessary equipment to provide care for a patient of nearly 600 pounds.

Today, the goal is to get Mark up to sit in a chair. Upon consultation with Allied Health professionals, the team develops a plan to achieve this safely.

SCENARIO

Based on the facility's Safe Patient Handling guidelines, a group of nearly a dozen nurses, physiotherapists, occupational therapists, assistants and Health Care Aides assemble to assist Mark up to sitting. They use a sling and lift and after a difficult and lengthy process, he is successfully transferred to a chair.

SCENARIO

Unfortunately, the chair is not quite deep enough, and within a few minutes, Mark begins sliding down. The team rushes to bring the lift back to adjust his position, but is not able to reconnect the sling before he slides out of the chair and onto the floor.

Mark is not seriously hurt, and is successfully transferred back to bed without further incident. A Health Care Aide, however, suffers a back injury in the process.

SCENARIO

Many staff members are heard speaking about the incident later in the staff room.

“It’s lucky no one was crushed!”

“Maybe it would be safer to leave him on the floor.”

“I’m scared to help transfer him next time!”

“How do people let themselves get like that?”

ETHICAL CARE OF THE BARIATRIC PATIENT

Staff on the unit are divided. They wonder how to care for patients like Mark in ways that preserve their dignity and safety, without compromising the safety of the staff.

WHAT SHOULD WE DO?

- At times, the provision of good care results in risks to the safety of staff or patient.
- In order to mitigate or eliminate the risks, it feels like the quality of care is compromised.
- It is difficult when we feel we are unable to provide even the most basic care without concern for staff safety.

WHAT SHOULD WE DO?

- For example, the risks associated with lifting and transferring a morbidly obese patient (caregiver injury, patient injury, compromised patient dignity) can be eliminated by leaving the patient in bed.
- However, this puts the patient at risk for deconditioning, skin breakdown, altered elimination, compromised nutrition and ventilation, etc.

DOING THE RIGHT THING

- It can be difficult to know what to do when faced with a situation like this one.
- Critical self-examination of our own values and decision-making styles is important in health care.

DOING THE RIGHT THING

- Furthermore, understanding our own values might give us a different appreciation for the patient.
- A sense of empathy should prevent hurtful comments that demonstrate a lack of respect.



VALUES

- What are the values involved in bariatric care?
 - For patients?
 - For staff?
 - For the organization?
 - For you?

OUTCOMES

- What are the benefits of providing good care to bariatric patients?
- What are the risks?
- How do **you** balance them?
- Would they be different for a patient who was, for example, violent, instead of heavy? Why?
- Would they be different if the patient had a serious communicable disease? Why or why not?

OBLIGATIONS

- When we work in high-risk situations, sometimes we need to balance our responsibilities.
- How would **you** manage the conflicting obligations in this situation?
 - To yourself and your family
 - To the patient
 - To your colleagues and employer
 - To your profession

ADDITIONAL QUESTIONS FOR REFLECTION AND DISCUSSION

- What is the best way to balance our duties to patients when they present risks to us or to themselves?
- How can we optimize the care of patients like Mark?
- What do we need to do to ensure the care we provide is respectful at all times?
- What is the right thing to do?

RESOURCES

Please go to the MB-PHEN website for additional resources and discussion points.

www.MB-PHEN.ca