

# e-LEARNING FACILITATOR GUIDE

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## Conflict at the End of Life

### INTENDED AUDIENCE

This learning module can be used for individual reflection and learning, or group discussion. It can be used with health care practitioners at any level, in the context of an ethics committee discussion, staff meeting activity, or self-study. It is recommended that participants work through the learning activity together, as much richer discussion and learning will result.

### TIME FRAME

This module can be read through in a few minutes. If participants engage in active discussion, it is suggested that an amount of time between 15 and 60 minutes be allotted.

### MATERIALS

The learning module includes a short PowerPoint presentation with discussion questions.

### Suggested Additional Materials

It is suggested that facilitators and/or participants familiarize themselves with the resource list that is available on the MB-PHEN website, <http://www.mb-phen.ca/>

### EQUIPMENT REQUIREMENTS

A screen and projector may be used to view the presentation. If none is available, the facilitator may choose simply to read the slides.

### ROOM SET-UP

Informal seating is recommended, to promote active participation and discussion.

### GOALS

#### Learning Objectives

At the outcome of this session, participants will be able to

- Describe the link between ethics at the end-of-life, autonomy and non-maleficence

- Engage in discussions about how to provide high quality care at the end of life
- List some of the ethical considerations around providing care for patients who request interventions that are not necessarily indicated.

## SUGGESTED ACTIVITY SEQUENCE

1. Read scenario
2. Read the content slides
3. Use the Questions for Reflection and Discussion to explore the concepts

### Alternative or Additional Activity Suggestion

4. Apply the Ethical Decision-Making framework used by your organization or profession to develop a possible resolution to the issue in the scenario.
5. Read the following case and discuss the questions below:

Margaret is a 32-year-old woman previously in excellent health who collapsed at a shopping mall. She was brought to hospital by ambulance and found to have a dangerously high blood sugar level. However, when she regained consciousness, she declined all treatments and refused to consent to any further medical procedures. She indicated full understanding of the implications for refusing care, namely that if she did not receive treatment for her diabetic condition, she would likely die quite quickly. A psychiatric consultant found her to be competent to make her own medical decisions.

- How is this case different from the case of Jane? How is it similar?
- How would you handle this situation? Why?
- What are the team's obligations to June?
- What are their obligations to her family?
- Are there other ethical considerations?

Dudzinski, D.M., & Shannon, S.E. (2006). Competent patients' refusal of nursing care. *Nursing Ethics*, 13(6), 608-621. Doi: 10.1177/09697330069696.

Simon, J.R. (2007). Refusal of care: The physician-patient relationship and decision-making capacity. *Annals of Emergency Medicine*, 50(4), 456-461.