# “4 Box” Approach to Complicated Clinical Ethical Questions

## The Four Topics Chart

### Medical Indications

*Beneficence and Nonmaleficence*

1. What is the patient’s medical problem?
2. Is the problem acute? Chronic? Critical? Reversible? Emergent? Terminal?
3. Where the goals of treatment?
4. In what circumstances are medical treatments not indicated?
5. How can the patient benefit from medical and nursing care, avoid harm?
6. Do critical military mission considerations dictate that the need for preferential care?
7. Conscience clause: is there an indication for intervention/patient preference that does not align with physician willingness to treat?

### Preferences of Patients

*Respect for Autotomy*

1. Has the patient been informed of benefits and risks of recommendations, understood, and given consent?
2. Does the patient have capacity?
   Yes: What preferences are they stating?
   No: Have they expressed prior preferences?
3. Who is the appropriate surrogate to make decisions for an incapacitated patient?
4. What standards should govern the surrogate’s decisions?
5. Is the patient unwilling or unable to cooperate with medical treatment question if so, why?

### Quality of Life

*Beneficence, Nonmaleficence, & Autonomy*

1. What are the prospects, with or without treatment, for a return to an acceptable quality of life (QOL) and what physical, mental, and social deficits might the patient experience even if treatment succeeds?
2. On what grounds can anyone judge that some QOL would be undesirable for a patient who cannot make or express such judgement?
3. Are there biases that might prejudice the provider’s evaluation of the patient’s QOL?
4. What ethical issues arise concerning improving or enhancing a patient’s QOL?
5. Do QOL assessments raise any questions that might contribute to a change of treatment plan, such as forgoing life-sustaining treatment?
6. Are there plans to provide pain relief/comfort after a decision has been made to forgo life-sustaining interventions?

### Contextual Features

*Principles: Justice and Fairness*

1. Are there professional, interprofessional, or business interests that might create conflicts of interest in the clinical treatment of patients?
2. Are there parties outside clinician/patient such as family members who have a legitimate interest in decisions?
3. Are there limits imposed on pt confidentiality by the legitimate interests of third parties?
4. Are there financial factors that create conflicts of interest in clinical decisions?
5. Are there religious factors that might influence clinical decisions? Legal issues?
6. Are there considerations of clinical research and medical education that affect clinical decisions?
7. Are there considerations of public health and safety that influence clinical decisions?
8. Does institutional affiliation create conflicts of interest that might influence clinical decisions?

**“Above the double line”**

Majority of decisions here made by clinicians.

Disagreements above the line:

1. Failure of communication
2. Fear and pain limiting decision-making
3. Lack of trust
4. Values different from traditional medicine

**“Below the double line”**

Largely dictated by patient preference.

These topics are not typically part of a clinical workup, but they are essential to understanding clinical ethics cases.

Understand the factors external to the medical problem at hand that fundamentally influence decision-making.

*Adapted from: Jonsen AR, Sieger M, Winslade WJ. Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine. 8th ed. New York, NY: McGraw-Hills; 2015.*