

# Features of ethical end-of-life discussions:

## Role of trust

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# Supervisors

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# Research Question

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- **How are decisions made about providing cardiopulmonary resuscitation?**

# Qualitative Research

- **3 participant groups**
  - Senior medical staff (11)
  - Junior medical staff (11)
  - Div 1 nurses (11)
- **One-to-one semi-structured interviews**
  - How are decisions made about providing CPR?

# Trust themes

- Declining trust in health
- NFR decision requires trust
- Trusting medical knowledge / judgement
- Trusting the doctor's moral character
- Effect of cultural values on trust
- Patient's capacity to trust
- Building trust

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# Significance of trust for CPR decision

- *"This one is life and death I guess... either someone will die or someone could survive."*

*(Junior doctor 5)*

# Trusting medical knowledge/judgement

- *"They're trusting that you know enough about their illness to know what their likely prognosis and what their likely survival is."*

*(Senior doctor 11)*

- *"I remember having some terrible conversations when I was an intern where I was sort of thrown into having to talk to family members about resuscitation. I really didn't know how to do it and what I was doing. It was just awful."*

*(Junior doctor 8)*

# Trusting the doctor's moral character

- *"They think if you have one of those orders the doctors don't try as hard to treat them; they won't give them all the other medical treatment that they need."*

*(Junior doctor 2)*

- *"If they don't trust...that you are doing this because you want the best for the patient, then they're not going to accept that NFR...they won't trust that you are doing it for the right reasons...you are only doing it because you've given up and can't be bothered."*

*(Nurse 11)*

# Effect of cultural values on trust

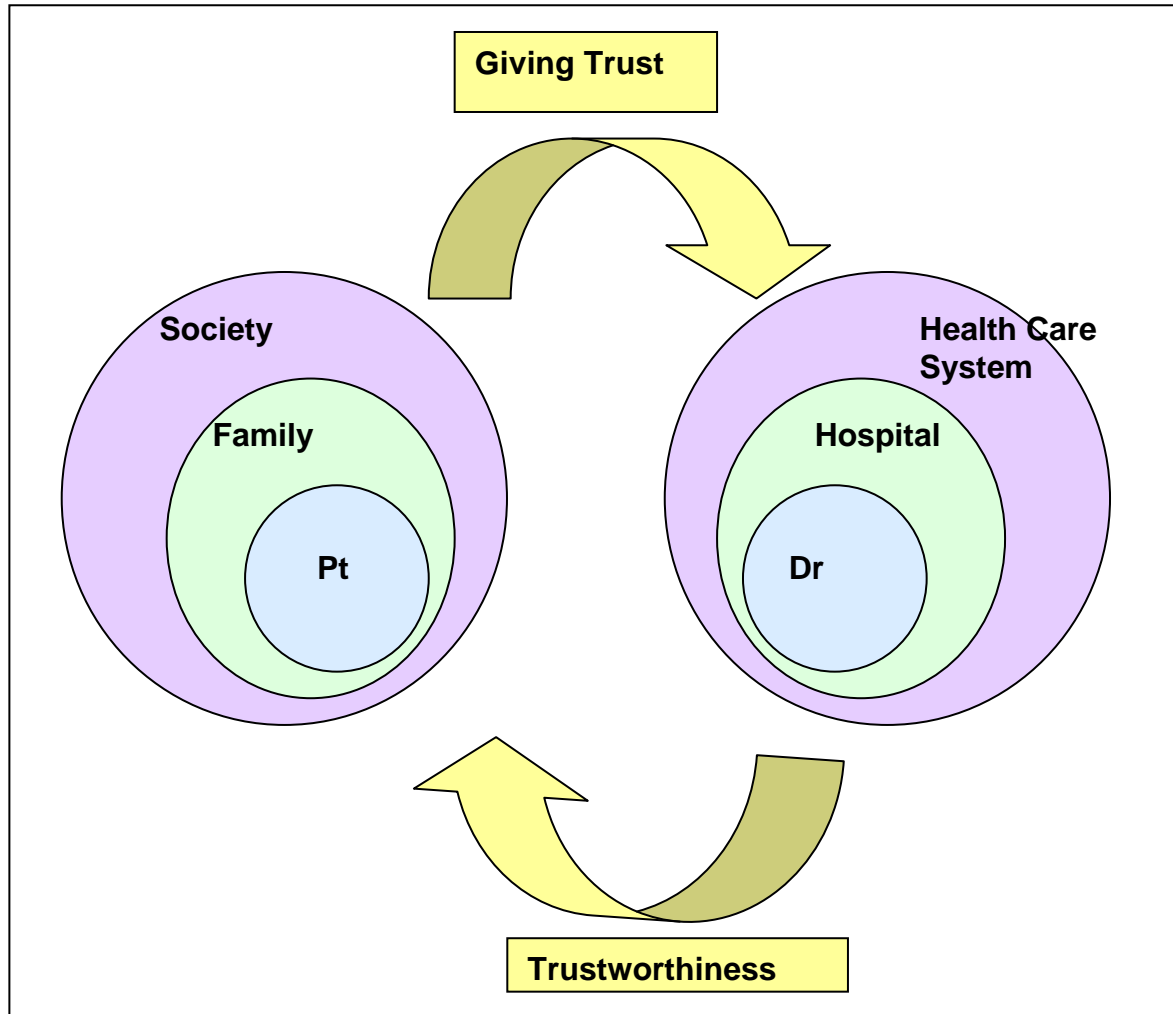
- *"You know in some cultures they think NFR is euthanasia."*  
*(Junior doctor 1)*
- *There's no way you can stop and say – I will not resuscitate or I will not do this or there's nothing more...people coming to western countries from the Middle East would be quite not accepting of the idea of stopping treatment, their idea is to have treatment...In the Middle East you would never discuss with the patient resuscitation or decision-making."*  
*(Senior doctor 8)*

# Trust

- Is required to fill the gap between what is known and what is not
- There has to be something at stake for the person giving their trust
- Giving trust makes the person giving trust vulnerable to the other

*(Baier 1992; Thom 2004; Hallowell 2008)*

# Trust relationships



# Recommendations for ethical communication

- **Trustworthiness**
  - **Of information and advice**
    - Accuracy of information
      - Avoid offering non-existent options
    - Act within competency
  - **Doctor's moral character**
    - Prioritise the patient's needs
    - Help the patient come to their best decision
      - Their best interests - as determined by patient
    - Avoid coercion
    - Avoid avoidable harm