Ethical Issues in Renal Nutrition Practice

Joy Lutz-Mizar, MS, RD, CNIS
FMS Senior Director of Nutrition Services
Waltham, MA
Email: joy.lutz@fmc-na.com

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The term “ethics” refers to moral principles that govern peoples’ behavior, or rules of behavior based on ideas about what is morally good and bad (1). Ethical issues routinely arise in fields such as business, law, and health care; ethical matters likewise surface as important features in every facet of life. This review examines selected ethical matters and inferences in health care, the renal setting, and in the scope of Registered Dietitian Nutritionists (RDNs).

In the domain of health care, ethical concerns often tackle sensitive end-of-life situations. More specifically, questions may arise regarding the wisdom of providing life-saving treatments for patients whose quality of life will not benefit from such treatments.

Other health care-related ethical issues include (2):
• Balancing quality and efficiency of care
• Improving access to care
• Developing and sustaining the healthcare workforce
• Allocating limited medications and donor organs

In the realm of end stage renal disease (ESRD) and life-saving dialysis treatments, ethical matters often address (3):
• Dilemmas of informed consent
• Dealing with the difficult patient
• Patient advocacy, which may present a conflict between recognizing a patient’s autonomy and acting in the patient’s best medical interest
• Pressures of resource allocation in a dialysis facility

Over 25 years ago, the clinical practice guideline, “Shared Decision-Making in the Appropriate Initiation of and Withdrawal from Dialysis” was published to assist nephrologists, patients, and families in making decisions to initiate and withdraw dialysis (4). More recently, researchers have extensively studied dialysis decision-making and there is a substantial body of new evidence with regard to:
• The poor prognosis of certain elderly stage 4 and 5 chronic kidney disease (CKD) patients
• The frequency of cognitive impairment in dialysis patients coupled with the need to assess them occasionally for decision-making capacity
• The lack of recognition and lack of treatment of pain and other symptoms in dialysis patients

New Requirement for RDNs & DTRs
One CPEU of Continuing Professional Education in Ethics

Responding to a recommendation from the Academy Board of Directors, on May 9, 2011, the Commission on Dietetic Registration voted to require that RDNs and DTRs complete a minimum of 1 CPEU of Continuing Professional Education in Ethics (Learning Need Code 1050) during each 5-year recertification cycle in order to recertify. This requirement will be effective starting with the 5-year recertification cycle which ends on May 31, 2017, and will be phased in over a 5 year period for each recertification cycle.

Accordingly:
• Each Step 3: Learning Plan submitted for recertification cycles ending May 31, 2017 and afterwards, will be required to include a Learning Need Code 1050 – Ethics.
• Each Step 4: Activity Log submitted for recertification cycles ending May 31, 2017 and afterwards, must include at least 1 Continuing Professional Education Unit (CPEU) with a Learning Need Code 1050 – Ethics

• The underutilization of hospice in dialysis patients
• The distinctly different treatment goals of ESRD patients based on their overall condition and personal preferences

A second edition of the guideline was published to provide clinicians, patients, and families with:
• Current evidence about the benefits and burdens of dialysis for patients with varied conditions;
• Recommendations for quality in decision-making about treatment of patients with acute kidney injury, CKD, and ESRD;
• Practical strategies to help clinicians implement guideline recommendations (4)

Despite these guidelines, there continues to be instances when ESRD patients become targets of ethical discourse concerning the appropriateness of initiating or continuing dialysis (5). Such a patient is typically one with permanent and profound neurologic impairment.

As they become physicians, most medical doctors are obliged to take the Hippocratic Oath or some version of the same. One tenet of the translation of the original Hippocratic Oath reads: “With regard to healing the sick, I will devise and order for them the best diet, according to my judgment and means; and I will take care that they suffer no hurt or damage (6).”

While RDNs have no requirement to take such an oath, the lesson from medicine is clear. In addition, the Academy of Nutrition and
An outpatient registered dietitian nutritionist (RDN) counsels clients with diet-related chronic diseases. The goal is for clients to change their dietary behaviors, manage their chronic diseases, and improve their health status. The RDN’s approach is to explain the rationale for the prescribed medical nutrition therapy and provide clients a written list of foods to include and exclude and tips for menu planning, grocery shopping, and food preparation. After several counseling sessions, one client expresses her dissatisfaction with her progress in making dietary changes. The client asks for help to develop a different plan. However, the RDN does not adjust her approach and continues to provide the same types of information. After several more appointments with the RDN, the client expresses her dissatisfaction with the counseling sessions to the director of nutrition services. What should the RDN and director do in this situation?

Questions for Discussion

Is the situation described an ethical issue? Or, is it a business dispute? This is an ethical issue. This could be a business dispute since the RDN failed to deliver a quality service that met the client’s expectations. It could also be an employee policy dispute related to failure to meet minimum standards of performance when providing counseling services.

• What principle(s) of the Code of Ethics does it relate to and how/why?

• Indicate the Category for the Code of Ethics: Responsibilities to the Profession

• Indicate the Principle(s) of the Code of Ethics:

  Principle #12 - The dietetics practitioner practices dietetics based on evidence-based principles and current information.

  Principle #14 - The dietetics practitioner assumes a lifelong responsibility and accountability for personal competence in practice, consistent with accepted professional standards, continually striving to increase professional knowledge and skills and to apply them in practice.

Explain how/why this relates to the Category and Principle:

These principles relate to the Academy values of integrity and social responsibility and the dietitian’s obligation to maintain personal competence in practice and to provide care based on the best available current evidence. The case reflects lack of self-evaluation and lack of knowledge and application of counseling theories and strategies that are current and evidence-based.

Key Points to Consider:

• The RDN needs to differentiate between nutrition education and nutrition counseling and recognize that providing information and advice alone do not lead to behavior change. Also, the RDN needs to recognize that each client has unique needs and ways of achieving success.

• The RDN should engage in self-reflection and evaluation and recognize when he/she is ineffective as a nutrition practitioner.

• The RDN should seek out opportunities to improve his/her counseling skills through continuing education, academic coursework and/or certification programs.

• If the RDN is not making progress with the client after a period of time, he/she should refer the client to another RDN counselor.

• The director of nutrition services should have departmental policies and procedures that address standards and expectations for counseling services.

• The director of nutrition services should adequately supervise and evaluate the RDN staff to be sure they are using current practices based on evidence-based information and, if not, make suggestions for improvement.
Ethics Application: Renal Nutrition


In clinical practice RDNs have an obligation to administer the highest level of nutritional knowledge and skills to render the best possible medical nutrition therapy for each patient they serve (Figure 1). This responsibility is supported by a code of ethics that demands honesty and integrity on the part of every RDN, every day.

Ethical decisions that seek to resolve life and death issues are generally out of the scope within which RDNs practice. Nonetheless, RDNs and the interdisciplinary team are challenged at times with ethical issues regarding appropriate feeding routes for ESRD patients who deteriorate to the point of inability to sustain a reasonable state of health via oral intake. The issue then becomes one of deciding whether an alternate feeding route is reasonable and appropriate, as well as ethical. When the patient is unable to express a choice, decisions regarding such issues fall on family members and the health care power of attorney. The decision to provide, or not provide, nutritional support may at times come from a court of law if the health care team and the family are unable or unwilling to agree.

Courts weigh the presence of advance directives, the benefit of treatment, the quality of life, and resource implications while making decisions regarding nutritional support (8). The nursing profession has developed a set of standardized principles for the ethical treatment of patients (9,10). These principles likewise serve RDNs well as models for the care of CKD and ESRD patients (Table 1).

Knowledge and acceptance of ethical principles from medicine, nursing, and the profession of dietetics provides RDNs with adequate preparation to handle most ethical scenarios. Ethical challenges can occur daily. Certain circumstances include the following creeds, which if not followed can jeopardize one’s integrity and ethical judgment:

- **Understand right from wrong, or, do the right thing:** Inherently, the concept of knowing right from wrong develops at a very young age. Therefore, knowing and recognizing the difference between what is right versus what is wrong is often very apparent.

- **There are times when not to follow the leader:** Even if a leader is generally trustworthy, there may be times when the leader may knowingly or unknowingly violate an ethical principle. Thus, following that leader results in a group of people who become guilty of ethics violations. If the group, or individuals in the group, recognize a wrong doing, they have a duty to report it.

- **Don’t do something just because everyone else does:** Similarly, group violations of ethical practice do not make that practice justified or right.

- **Don’t cave in to pressure:** When members of a group follow an unethical pathway, new members may feel pressured to follow the same path, knowing well that the path is wrong. It remains incumbent on each and every member of that group, new or otherwise, to steer away from an unethical path, and onto an ethical course.

- **When in doubt, check it out:** There are times when the ethical path is not entirely clear. In such a case, consultation with someone, often a superior or a colleague, is indicated to point that person in the ethically right direction.

And lastly, some common truisms invite ethical violations:

- **Do what the doctor tells you to do:** As with other leaders, a physician may, at times, violate a policy or principle without knowing it. In such a case, it is incumbent upon a staff member to remind the physician of the right and ethical course of action. Alternatively, the staff member can report the violation to a leader who can address the matter.

- **“This is the way we’ve always done it.”**: As with the credos above, doing something the wrong way does not eventually lead to the wrong way becoming the right way. Ethical wrongs will always remain wrong.

- **“If you don’t tell them, they will never know you did it.”**: The ability to hide a wrongdoing does not make it the right or acceptable thing to do.

In summary, RDNs face ethical situations at the workplace on a daily basis. Some of these situations are of a serious nature, for example, the decision as to whether or not it is ethical to provide nutritional support to a dying patient. Other situations require the judgement of the RDN to follow the appropriate and most ethical path. Fortunately, the dietetics profession includes a code of ethics for professional reference; cross-referencing with medical and nursing professions also prepares RDNs to understand ethical principles and to practice them in both unusual and everyday situations.
Table 1: Principles of Selected Ethical Treatment of Patients

<table>
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<tr>
<th>Principle</th>
<th>Definition</th>
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<tr>
<td>Right to Self-Determination</td>
<td>This principle of autonomy includes the right of individuals to govern their actions according to their own reasons and purposes. Health professionals may or may not agree with such decisions, but are obliged to accept them.</td>
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<tr>
<td>Veracity</td>
<td>Interactions with patients must be conducted with truth and clarity. The natural extension of this principle obligates staff with truth in all work-related situations. This standard includes true and accurate documentation of patient encounters.</td>
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<tr>
<td>Confidentiality</td>
<td>Privacy of patient information is respected and enforced. Sharing information outside the context of speaking to other health care providers about a patient and related health information is prohibited by the principle of confidentiality.</td>
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<td>Beneficence and Non-Maleficence</td>
<td>Any professional actions one takes should be done in an effort to promote good. The concept of non-maleficence, which is associated with beneficence, declares that if one cannot do good, then he/she should at least do not harm. Reporting of misconduct, without fear of retaliation, is essential to these concepts.</td>
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<td>Justice</td>
<td>Each patient must be treated justly and equally with fairness, and without favoritism.</td>
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<td>Fidelity</td>
<td>Healthcare professionals should faithfully fulfill their duties and obligations at all times. Knowingly deviating from company policy and using company time to conduct other business constitutes violations of fidelity.</td>
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<tr>
<td>Respect for Others</td>
<td>This principle includes respect for human dignity and treating patients as people with rights, regardless of an individual’s socioeconomic and relational circumstances.</td>
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<td>Utility</td>
<td>“What is best for the common good outweighs what is best for the individual (9).” Another term for this principle is utilitarianism. Utility permits people to adopt a common position on a specific issue or issues.</td>
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References

Additional Ethics Resources