GLOSSARY OF ETHICS TERMS

**Advance Directive:** A written statement that provides direction about a person’s health care choices and/or appoints a *Health Care Agent* is an advance directive. The most common forms are the *Health Care Proxy* (sometimes called a Durable Power of Attorney for Health Care) and the *Living Will*.

**Autonomy:** The principle of ethics that states that one’s actions are independent from the will of others. Adult competent patients have the right to make informed choices, free from coercion, about the medical treatment they wish to receive/refuse. This right extends to those who have lost capacity and those who have never had capacity through surrogate decision-making. Also referred to as self-determination.

**Beneficence:** To do good. To act in the person’s best interest.

**Bioethics:** An exploration of ethical dilemmas arising in the health care field.

**Brain Death:** Death by brain criteria is defined under Massachusetts state law as the total and irreversible cessation of spontaneous brain functions, in which further attempts of resuscitation or continued supportive maintenance would not be successful in restoring such function. Stated more simply, brain death is the irreversible loss of all function of the brain, including the brainstem. A patient determined to be brain dead is legally and clinically dead. MGH Policy on Brain Death (based on Massachusetts State Law)

**Capacity:** *A clinical term.* Can be global (ability to carry out all the rights/responsibilities of an adult) or specific (ability to make treatment decisions). The level of capacity required for treatment decisions can vary depending on the nature of the condition and the risks of the proposed treatment: i.e. less capacity is required for low-risk treatments with high likelihood of a good result; a higher level of capacity is required for treatment that is of high risk and/or an invasive nature, or for refusal of treatment that could result in death. Therefore a patient may have the capacity to make some but not all health care decisions and his/her capacity can fluctuate over time. *If a clinician has any doubt about a patient’s capacity to make a decision a consultation to the Psychiatric Service should be considered.* In order to have capacity for treatment decisions the patient must: 1) be able to attain a factual understanding of the information provided, 2) understand they have a choice and express a preference, 3) appreciate the seriousness of the condition and the consequences of accepting or refusing treatment, 4) manipulate the information in a rational manner in the process of reaching a decision within the context of his/her personal beliefs and experience.
**Competency:** A *legal* term although frequently used interchangeably with the clinical term capacity. All adults are presumed competent and *only a judge* can formally declare a person legally incompetent. Once a person is declared legally incompetent they lose some rights and privileges adults would normally be accorded such as treatment decisions or completing contracts or legal documents.

**Confidentiality:** (HIPPA) Medical information about a patient may only be shared with people involved in their care.

**Distributive Justice:** The principle of ethics that health care resources should be distributed in a fair way.

**Health Care Agent:** *This term refers to the person* who is *legally* appointed by the patient in a Health Care Proxy document to be the sole person to make medical decisions for him/her if illness or injury makes him/her unable. Of note: as per MGLs 201D Section 13 the agent’s authority does not extend to decisions regarding treatments or medication deemed necessary to alleviate pain/suffering.

**Health Care Proxy:** *This term refers to the form-not the person.* The preferred form of advance directive in Massachusetts under Massachusetts General Laws Chapter 201D Health Care Proxies. The form appoints a health care *agent (the person)* to make health care decisions for the patient if he/she loses the capacity to make their own decisions. This legal document does not require an attorney to fill out. It must be signed in front of two adult witnesses who are not the appointed agent. In some states this document is called a Durable Power of Attorney for Health Care.

**Informed Consent:** A formal written consent that patient’s give to health care providers allowing them to conduct medical procedures, tests, with their complete understanding and agreement.

**Living Will:** A written statement in which a person gives specific instructions regarding the medical care or treatments that he/she would or would not want. A living will is not legally binding under Massachusetts law (there is no living will statute under the Massachusetts General Laws), but such a document should be taken into account as evidence of what the person him/herself would chose. This can assist clinicians and the health care agent or family in making a “substituted judgment” for the patient.

**Moral distress:** has been defined as physical and/or emotional suffering that is experienced when internal or external constraints prevent a person from taking the action that one believes is right (Pendry, 2007).” (From OJIN Vol 15 - 2010No3 Sept 2010 Vol 15 No. 3, Sept 2010 "Creating Workplace Environments that Support Moral Courage," by Cynthia Ann LaSala MS, RN and Dana Bjarnason, PhD, RN, NE-BC) **Nonmaleficence:** The principle of ”Do no harm.”
**Paternalism:** Telling people what is best: a style of management, or an approach to personal relationships, in which the desire to help, advise, and protect may neglect individual choice and personal responsibility. In medicine refers to the stance that “the doctor knows best.”

**Prima Facie:** Literally “At face value”. In ethics refers to the primary duty or overriding principle ethically when evaluating a given situation or patient case.

**Proxy Consent:** Voluntary consent given on behalf of another who is unable to give it himself/herself.

**Substituted Judgment:** If the patient is unable to make treatment decisions the agent/family or clinicians should determine what the patient would want if he/she could speak for him/herself. These decisions should be based on the patient’s previously stated values or goals. It is the role of the health care agent to make decisions for the patient based on substituted judgment even if that is in conflict with their own views/beliefs. If the patient’s wishes are not known decisions should be based on best interests.

**Surrogate:** A family member or close friend who knows the patient well and who may be asked to make medical decisions for the patient if he/she is unable, but has *not been legally appointed by the patient in a Health Care Proxy or by the court*. Surrogate decision-makers should base their decisions on substituted judgment (defined below).

**Utilitarianism:** An ethical theory that advocates “The greatest good for the greatest number of people.

**Veracity:** Refers to honesty or truthfulness. The principle of ethics that a competent patient must be provided with the complete truth about his or her medical condition and choices.

**Virtue Ethics:** A moral theory which holds that ethics is concerned with developing a virtuous character.