Navigating the Unique Ethical Challenges of Street Medicine

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"For those of us that work in it [healthcare], we are the unwitting agents for a system that too often does not serve."

- BJ Miller, MD

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Learning Objectives

- Review the modern pillars of medical ethics
- Explore how within the unique environment of street medicine that ethical pillars can occasionally come into conflict
- Review cases highlighting a decision making continuum deprioritizing ethical extremes
- Understand the basic tenants of grave disability
- A tool for your efforts

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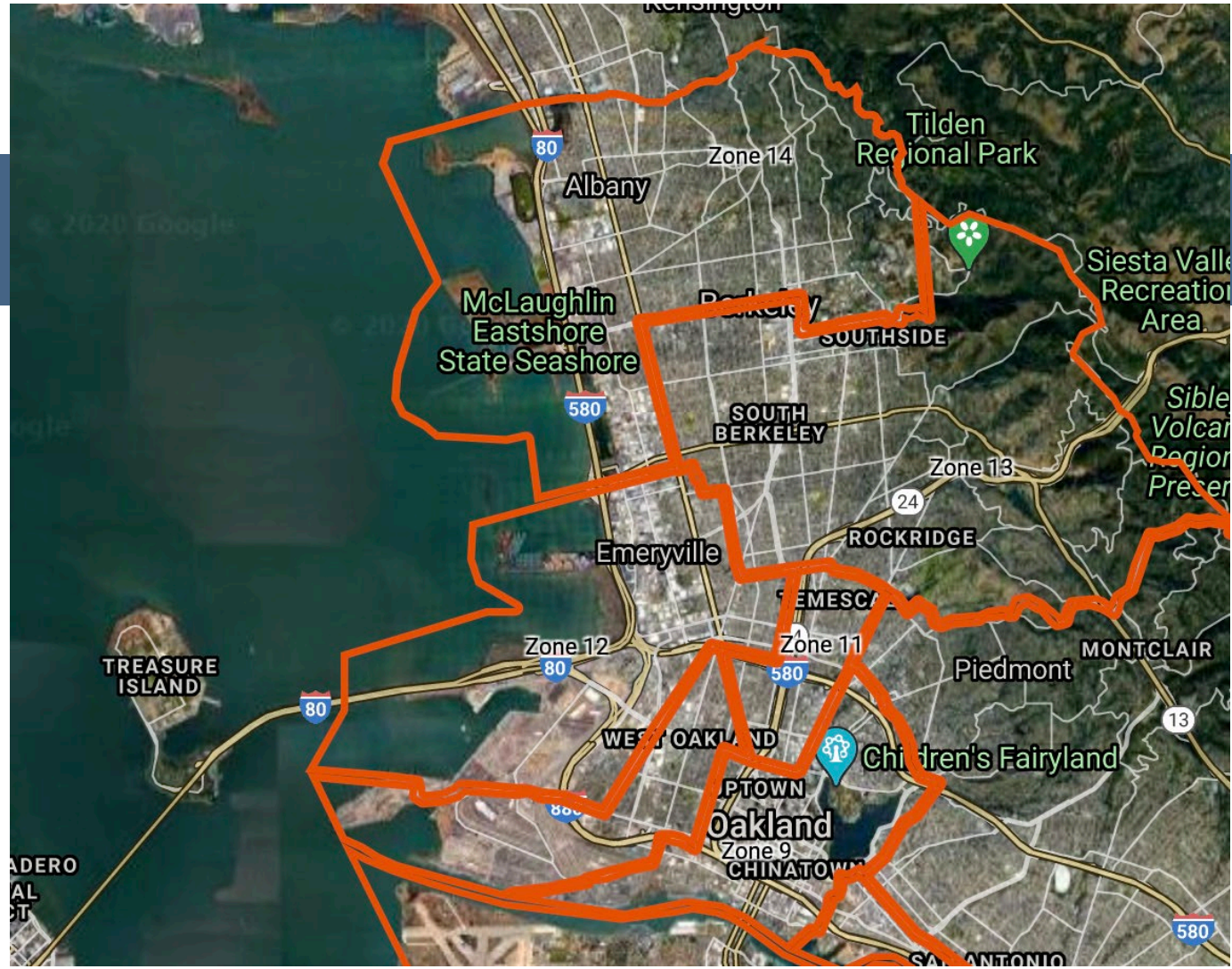
Who and where are we?

- 6 street medicine teams in 6 geographical zones
  - ~500 PEH per zone
  - Team Members:
    - RN
    - Social Worker
    - CHW
    - Provider (APP or MD/DO)
- 1 Brick and Mortar Clinic (TRUST Clinic)
  - 2200 active patients



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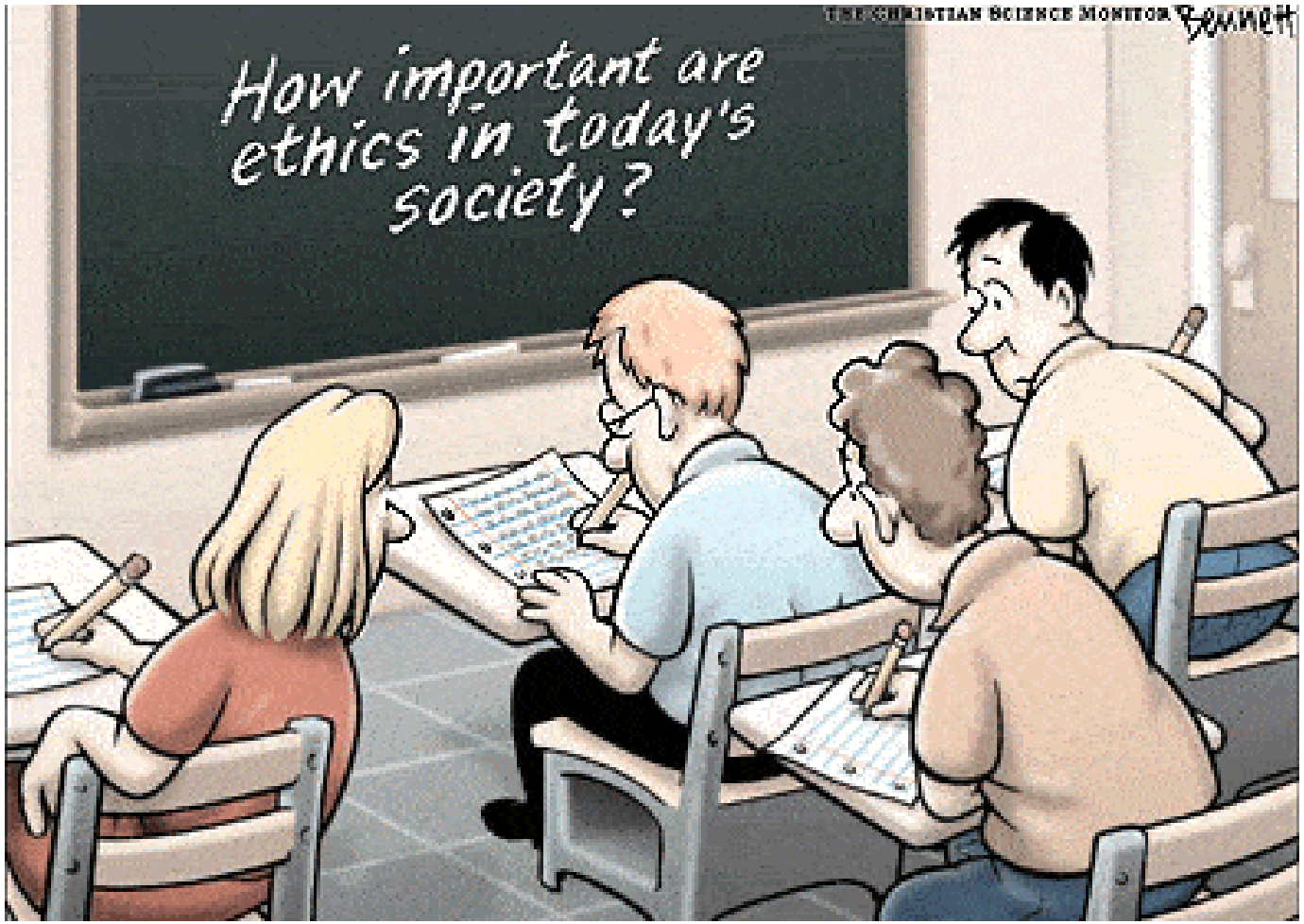

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4 Pillars of Medical Ethics

- Beneficence
- Non-maleficence
- Autonomy
- Justice

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Beneficence Non-maleficence Autonomy Justice

Providing care to community members in conflict

Level of care

Privacy in public

Emergency Responders

Mandatory reporting

Right to refuse care

Grave disability

Consent

Control over the passing of information

Law enforcement relationship

Harm reduction

Team Responsibilities for f/u

Minors experiencing homelessness

Encampment abatement

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Ethical Principles in Tension

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"When faced with a tricky ethical issue, I always ask the question, 'What's in it for me?'"

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Decision making continuum: finding the middle

Principle  **Principle**

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Cases

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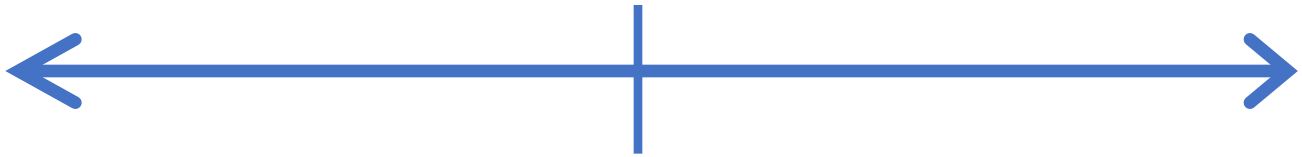
Beneficence  **Justice**

Your team meets a 64 y/o male with uncontrolled diabetes, chronic metatarsal osteomyelitis with chronic open wound, and long history of poor adherence to medical care including glucose lowering medications and antibiotics for this chronic infection.

Patient is in need of 2-3 times weekly wound care changes and has refused placement in nursing home, medical respite, and wound care clinics and persistently requests your street medicine only change the wounds.

After 2-3 months some of your team members are concerned that the team is spending a disproportionate amount of time on this patient. How to proceed?

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Beneficence  **Non-maleficence**

Your team meets a 58 y/o female sleeping on streets with long history of severe cocaine use disorder and subsequent congestive heart failure with several admissions in last year. She states on intake that she does not want to be enrolled in electronic health record because friends and family memories are mistreated whom the hospital finds through the medical records that they are “homeless drug addicts.”

Do you enroll the patient?

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"How am I supposed to think about consequences before they happen?"

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Beneficence  **Justice**

A community member that knows of your street team relays to you that a person in a nearby encampment has suffered a gun shot wound to the foot last night and is hesitant to engage with care due to mandatory reporting requirements in California.

Will you see the patient?

If so, do you submit a mandatory report?

How do you navigate this concept with the patient?

In your work, how do you balance your loyalties to patient care and your duties to report the state?

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Beneficence  **Non-maleficence**

Your team meets a 47 year old male who relates a PMH of valve replacement at 15 years old for a congenital heart murmur. Most recently he states he was in prison until 1 month ago where he was on coumadin. He asks now for a refill of his Coumadin prescription. Pt does not have a PCP, is not established with cardiology and is living in his car in an encampment you frequent.

Will your team provide a coumadin prescription?

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Beneficence  **Justice**

Your team meets a 30 year RV sleeping female G6P4 with loss of custody of current 4 children to CPS. She has severe methamphetamine use disorder as well as gestational hypertension. She has a history of minimal prenatal care engagement. She desires to keep this pregnancy but has not been connecting to prenatal appts or inpatient programs that your team has been setting up and offering. You are worried she is developing pre-eclampsia and the due date is approaching.

How would you proceed with this case?

How would document this case?

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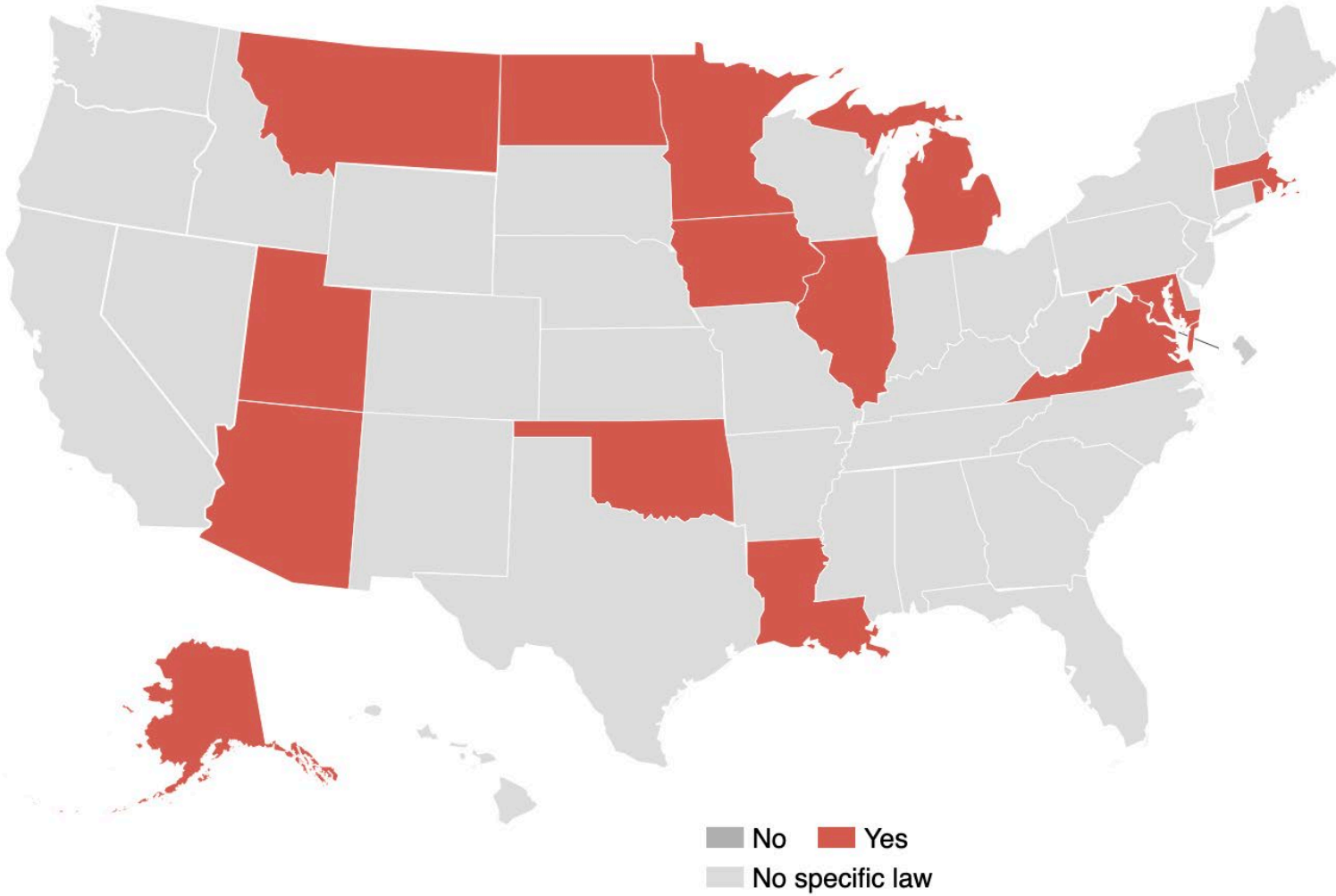
States where health Care workers must report drug abuse during pregnancy



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Beneficence  **Justice**

She registers with a different name in a local hospital and delivers child precipitously amidst pre-eclampsia and has an unremarkable postpartum course. She tells the postpartum social work she is returning to live with her housed father but instead after discharged returns with newborn to her RV in a local encampment.

How would your team approach a newborn/infant within an encampment you serve?

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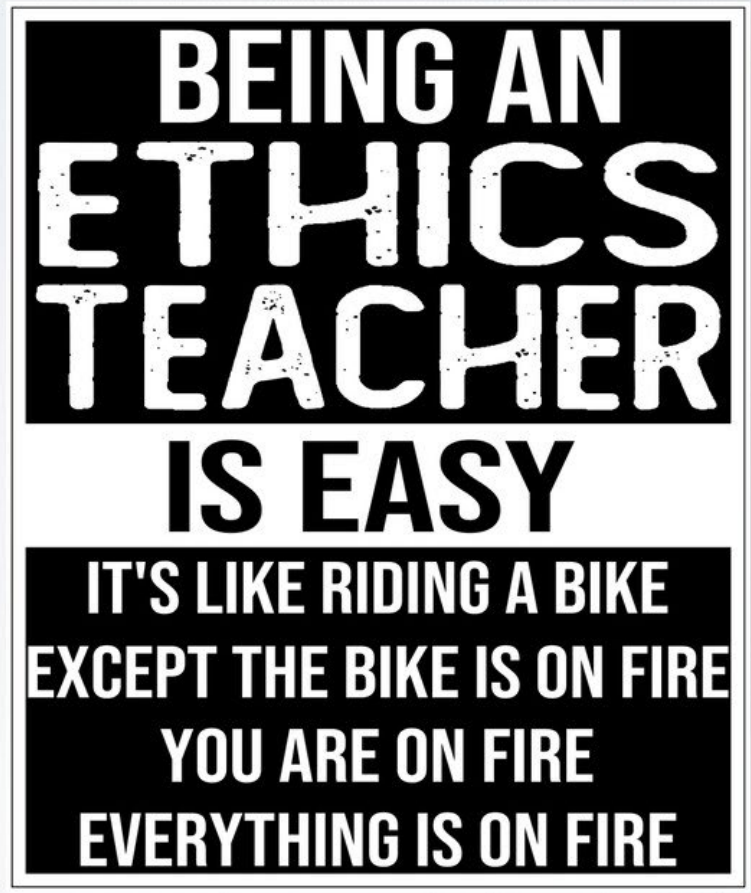
BEING AN
ETHICS
TEACHER
IS EASY
IT'S LIKE RIDING A BIKE
EXCEPT THE BIKE IS ON FIRE
YOU ARE ON FIRE
EVERYTHING IS ON FIRE

Grave disability

Beneficence

Overprotect

- Prioritize beneficence over autonomy
- Arranging things so protection wins
- Overmanaging choices
- Remove dignity of risk

Autonomy

Neglect

- Overvaluing autonomy over beneficence
- Large risk of danger
- “whatever the patient wants”

Grave disability

- **The condition in which a person, as a result of a mental health disorder, is unable to provide for their own basic personal needs (food, clothing, or shelter)**
- **Legal status implying towards involuntary commitment**

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Grave Disability?

- You receive a referral from a local outreach group about an older man living in his van who is in need of assistance.

- On arrival the patient relates he cannot get out of his van. He relates that the referring outreach team fixes his van from time to time so he can continue to drive through local fast food to eat. He tries to urinate in bottles and stool on chucks that he can then throw out the window.

- His current desires are for 1) he thinks he has an infection and needs antibiotics, 2) he has multiple rat bites and needs to be permanently housed in his own apartment given his condition.

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Grave Disability?

•On chart review you see that he is a 61 y/o male with history of obesity (BMI 34), insulin dependent uncontrolled diabetes with history of BKA secondary to osteomyelitis, history of heart failure (EF 45%), history of severe amphetamine use disorder, history of stage IV sacral decubitus ulcer, chronic homelessness, history of multiple admissions in last 2 years for cellulitis, sepsis, and severe hyperglycemia/DKA with typical pattern of leaving AMA (most recently 2 weeks ago)

On examination he is sitting in driver seat of a malodorous van entirely full of trash excepting drivers seat. He appears to be laying in urine and stool. He has extensive visible punctate wounds in various stages of healing on all exposed areas of body resembling rat bites. He leans forward with assistance and you can see a large sacral decubitous stage IV ulcer with visible pus. His entire groin area is macerated and erythematous and swollen. Hypertensive, but afebrile, tachycardic.

•You advise him to go to hospital but he refuses – “they don’t do anything for me over there.” He states he understands he could die in his condition and states “I really don’t care if I die.”

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Grave Disability?

1.What is your approach to this situation? Keep in mind patient autonomy vs team beneficence
2.As a team come to consensus choosing a way forward from below:

- call ambulance
- Call mobile crisis services for 5150 evaluation
- Attempt rapid short term housing (respite, hotel)
- Give basic supplies, Fill medications, provide wound care, and attempt close follow-up. Document refusal
- Give patient your number and wait til he calls

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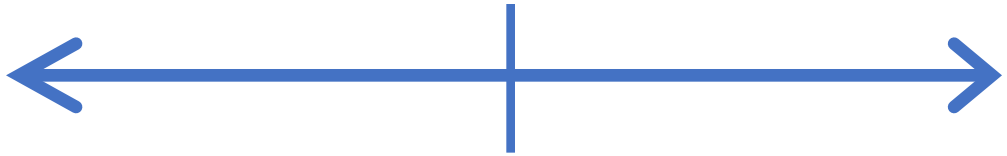
Beneficence  **Autonomy**

- call ambulance
- Call mobile crisis services for 5150 evaluation
- Attempt rapid short term housing (respite, hotel)
- Give basic supplies, Fill medications, provide wound care, and attempt close follow-up. Document refusal
- Document refusal, give patient your number, and wait til he calls to return

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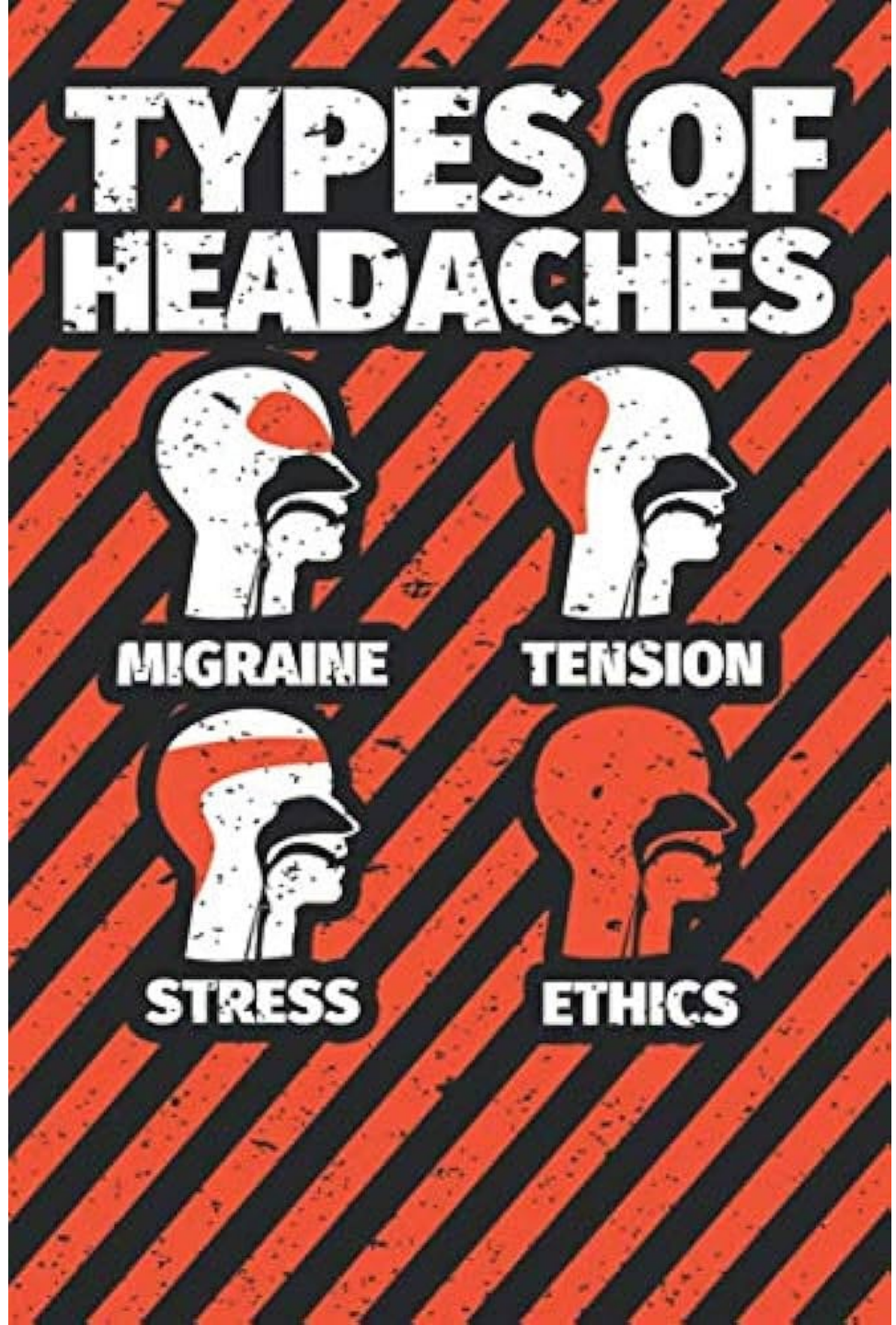
TYPES OF HEADACHES
MIGRAINE
TENSION
STRESS
ETHICS

Caregivers Mantra

Everyone is on their own life journey.

I am not the cause of this person's suffering, nor is it completely within my power to make it go away—even though I wish I could.

Moments like this are difficult to bear, but I will try to help if I can.

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