Overview

Caregivers in all health care settings routinely face biomedical ethical issues that span the human lifecycle. These issues are often reported in the press and reflect the cost/benefit of advanced medical technology; the health care needs of aging baby boomers; differing cultural beliefs about life, health and death; and the rational expenditure of finite health care resources. How these matters are resolved may impact significantly patient and family member perceptions of a provider and their level of satisfaction with the services furnished. In today’s stressful health care environment, it is essential to ensure deft handling of difficult ethical issues and appropriate support to patients, their families and caregivers.

Dykema has a long history of providing knowledgeable, compassionate, and practical assistance with clinical ethics issues to health care providers, including health care systems, hospitals, nursing homes, assisted living facilities, hospices and home health agencies. We help health care clients formulate clinical policies and procedures that balance thoughtful consideration of ethics issues with good care and resource management. We serve on ethics consultation teams and provide seasoned counsel, including attorneys with nursing credentials, to help clients work through the complex ethical dilemmas that may arise for sophisticated providers.

Experience Matters

Attorneys comprising our team are involved in the Medical Ethics Resource Network in Michigan and lecture frequently on clinical ethics matters. Our knowledgeable health care professionals also serve on ethics committees in acute and post-acute care settings or participate in such committee deliberations from time to time as experts. As members of ethics committees and case consultation teams, our attorneys have extensive experience with a wide range of ethical issues including:

- Informed consent to care
- Surrogate medical decision-makers
- Determination of patient cognitive capacity to make medical decisions
- Use of advance directives, do-not-resuscitate and do-not-hospitalize orders
- Medical marijuana and a patient’s right to adequate pain and symptom control
- End of life care, including withholding/withdrawal of medical interventions
- Organ donation
- Patient privacy
- Removal of barriers to equitable patient care across all racial, ethnic, religious and socio-economic groups
- Parental objections to care for minor children on religious grounds
• Human embryonic stem cell research
• “I’m Sorry” procedures after a medical mistake
• Ethical conduct of clinical trials and IRB policies
• Brain death criteria and religious objections to determination of death by neurological means
• Ethical responses in pandemic and disaster situations when resources may be scarce
• Genetic counseling and the Genetic Information Nondiscrimination Act of 2008 (GINA)

For critical bioethical matters, knowledge and experience counts. Dykema can help providers with appropriate interpretation of complex laws and advance directives when the outcome truly may be a matter of life or death.

**Speaking Engagements**

*Compassionate and Compliant End of Life Care in Skilled Nursing Facilities*, American Health Lawyers Association, Long-Term Care and the Law, Las Vegas, Nevada
February 19-21, 2014