Webinar Housekeeping

- Everyone will be muted except the host and moderator
- Ask questions through the Zoom chat box

- All webinars will be recorded and posted on Regional Ethics Network website
- Evaluation to follow
- Next month's speaker

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We are privileged to provide care on lands that Indigenous peoples have called home for thousands of years.

Examining the Ethical Implications in Treating Adults with Eating Disorders:

A Community Hospital Perspective

Presented by:
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Objectives

- Intro to eating disorders
- Eating disorder treatment
- Ethical Implications
  - barriers to accessing care
  - treatment challenges
  - capacity
  - beneficence
  - moral distress
  - justice
- Q & A

Disclaimer: Our perspective

- RDs in an acute care setting with no onsite access to eating disorder programming
- Work solely with adult population
- Evidence and gold standards of care vs. anecdotal findings and reality

An eating disorder is…

“...characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food that significantly impairs physical health or psychosocial functioning.”

- *Diagnostic & Statistical Manual of Mental Disorders, 5th edition*

Types of eating disorders

- **Anorexia nervosa (AN)**
  - energy restriction, intense fear of weight gain/fatphobia, body dysmorphia
- **Bulimia nervosa (BN)**
  - binge eating, compensatory behaviour to avoid weight gain, body dysmorphia
- **Binge eating disorder (BED)**
  - bingeing without compensatory behaviour

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Types of eating disorders

- **Avoidant/Restrictive Food Intake Disorder (ARFID)**
  - food and energy restriction, often sensory
- **Other Specified Feeding or Eating Disorders (OSFED)**
  - symptoms present but not meeting dx criteria
- **Pica**
  - non-nutritive items
- **Rumination disorder**
  - regurgitation (outside of other medical conditions)

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Eating disorders are…

- The most fatal of all mental illness (AN specifically)
- Biopsychosocial
  - biological (genetic), psychological, societal/cultural influences
- Diagnosed by MD, NP, Psychologist/Psychiatrist
  - guided by criteria in DSM-5
- Can be a continuum: disordered eating -> eating disorder
- Able to transform
- Can occur +/- other mental health or medical conditions
- Serious, life threatening
- Treatable
- Stigmatized, not well understood

Impact of the COVID 19 pandemic

- Pediatric population (ages 9-18)
    - ↑ # new diagnoses of AN
    - ↑ # hospitalizations
    - ↑ disease severity
    - **May 5, 2022** - hospitalizations for girls 10-17yoa with an ED are up nearly 60% since pandemic onset (CIHI)
- All stats have limitations - ?underestimates
    - seeking out care
    - what about those who do not meet dx criteria?

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Eating disorders require specialized treatment

- Interdisciplinary team
  - MD or Psychologist (or both)
  - RD
  - Social work/mental health support
  - Nursing (inpatient)
- FBT, CBT
- Medical management of symptoms and/or comorbidities
- Provincially-funded inpatient and outpatient treatment programs
- Private-pay options
- Treatment is voluntary

Eating disorder programs

- Follow the interdisciplinary model
- Physician/HCP referral process
- Vary by province
- Outpatient basis
  - Day programming, group, 1-1 sessions
  - More medically stable
- “Residential” treatment
  - Too severe for OP but don’t require hospital-based medical management
- Inpatient basis
  - Require medical supervision

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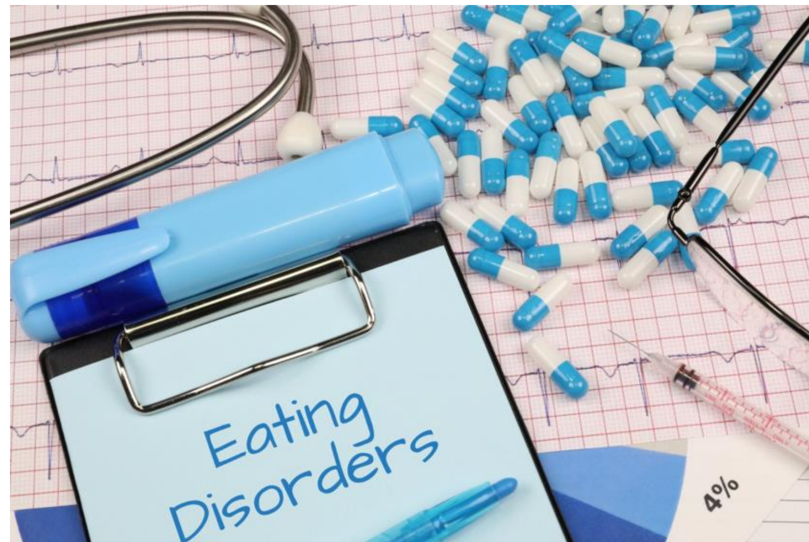
Patients who…

- do not have a diagnosis
- have not been assessed by a care team or MD
- may be unaware of or in denial about the severity of their illness
- have been referred to a program but have not been assessed
- have been assessed but are awaiting acceptance
- do not fit program criteria/have been declined entry
- have completed programming but have recurrent struggles
- refuse/decline program referral/assessment/acceptance
- cannot afford private treatment resources

…present to their local hospital.

Treating Adult EDs in a Community Hospital:

Ethical Implications



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Barriers to accessing care

- Limited programming available with lengthy wait times
  - long wait lists - longer during pandemic
  - inefficient process - time lost is critical
  - fewer resources for adult ED patients
- Program admission criteria
  - “not sick enough” vs. “too sick”
- Private care - $$$
  - variable insurance coverage, based on provider
- Provincially funded programs
  - limits access/eligibility to programs outside of home province
- Transitioning from pediatric to adult care
- Limited OHIP-covered/affordable support while awaiting program admission

Treatment challenges

- Challenging to treat holistically
  - treat the presenting symptoms (electrolytes, HR disturbances, fluid balance, etc.)
  - underlying psychological, social factors, root cause
  - consistent care plan is paramount
- Lack of understanding/specialized knowledge
  - stigma, preconceived notions
  - lack of specialized training for MDs/HCPs
  - “beyond my scope”
  - lack of clinical support (e.g., specialized psychiatry)
  - can enable disorder-related behaviours
- Management of concurrent disorders/conditions
  - diabetes, other psychiatric conditions (if diagnosed)

Treatment challenges

- Physician care models
  - difficulty with continuity of care
  - abrupt changes in care plan
- Hospital food service challenges
- Pandemic challenges
- Extremely challenging discharge planning
  - safety for discharge?
- Lack of appropriate treatment options available in hospital
  - lengthy stay -> desocialization
- Frequent readmission
  - admission avoidance, stabilization -> discharge
- Challenging to manage at primary care level

Capacity

- Severe, chronic malnutrition will impair cognitive functioning
  - ability to understand consequences of actions, risks vs. benefits discussions
  - consent?
- ?Fluctuating capacity based on status of nutrition restoration
  - challenging to determine
  - physicians often uncomfortable declaring as incapable - appear capable of making other decisions (e.g., oral intake, medications, etc.)
- Grave concern for wellbeing - Form 1
  - to what end?
  - resource intensive - limitations
  - chronically at risk - challenges comfortability lifting Form

Beneficence

- Acting for the benefit of the patient and their best interest
- **Challenge:** treatment refusal
  - denial re: disease severity or probable consequences
  - refusal of one or more care plan components (e.g., intake of food and supplements, medications, etc.)
  - refusal of referral to higher level of care
    - specialized program and/or community support (or lack of follow through)
  - can be viewed as “non-compliance”
- Patient’s right to autonomy
  - balancing where they are at vs. what recommended tx plan is
  - capacity challenges

Moral distress

- Time and practice intensive for all team members
  - challenging for physician models
    - balance lack of continuity with clinical burnout
  - who leads the care team?
  - nursing, allied health providers, unit staff/leaders
- Extremely challenging discharge planning
  - safety for discharge?
- Lack of appropriate treatment options available in hospital
  - ?appropriate unit placement
  - lengthy stay -> desocialization
    - can be detrimental to overall condition, allows ED to thrive
- Significant issue for care teams, front line -> senior leadership

Justice

- Fairness, equal distribution of goods and services
- **Patients**
  - deserve timely, appropriate care that is holistic
    - considers all factors, root cause(s)
  - deserve fair treatment without prejudice or stigma
  - treatment options can be impacted by SES
    - creates two-tiered model - have vs. have not
- **Care team**
  - put ++effort into delivering exemplary care
  - access to more education
- **Other patients on unit**
  - deserve equitable access to MD, nursing staff

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Final thoughts

- Extremely challenging cases from multiple perspectives
- Resources to support ED knowledge, prevention, treatment = significantly underfunded
- Diagnosis #s on the rise
  - gaining attention d/t the pandemic
- Existing ED programs are overburdened
  - they too experience moral distress, ethical dilemmas!
- “Niche” patient population with limited appropriate options for comprehensive care (if programming unavailable/declined)
- Education and knowledge/skill building is key!

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Want to learn more?

- **National Eating Disorder Information Centre (NEDIC)**
  - https://nedic.ca/
  - capacity-building resources for MDs/HCPs
- **National Initiative for Eating Disorders**
  - https://nied.ca/
- **Eating Disorders Association of Canada**
  - https://edac-atac.com/
- **Local info: Hamilton FHT**
  - https://www.hamiltonfht.ca/en/managing-my-health/Eating-Disorders.aspx

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Ethics Education Series for Community Service Providers

- Use “Raise Hand” feature, *or* type question in chat box
- If we didn’t get to your question, please forward to: regionalethics@HHSC.CA

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