

# Best Practices for Informed Consent Conversations in the Context of Drug Testing

## PA-PQC QI Collaborative Meeting

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10 November 2021  
Stony Brook University, School of Nursing

# Outline

- My perspective
- The problem
- Upstream vs downstream approaches
- Exploring the stream
- *A Framework of the Moral Energy Reflex*
- Picking a place to jump in

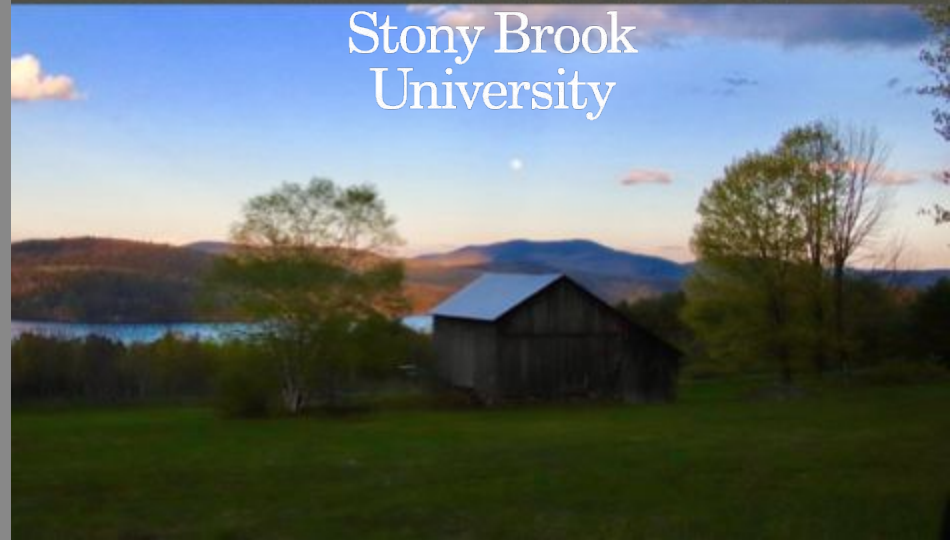
Bioethics, Moral  
Philosophy, &  
Mediation

Nursing Research

Clinical  
Training



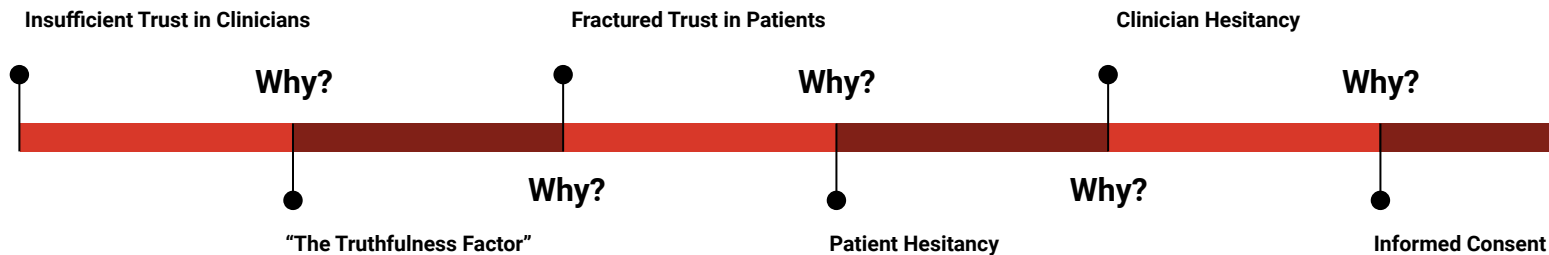
Stony Brook  
University



# The Problem

Conversations with patients regarding informed consent in the context of drug testing are challenging.

# The Problems



# The Problems

## Insufficient Trust in Clinicians

Patients do not trust clinicians, healthcare teams, or institutions based on various medical, legal, and/or social factors

## Fractured Trust in Patients

Clinicians lose trust in patients, as a result of instances of non-truth-telling, leading to moralization and stigmatization

## Clinician Hesitancy

Clinicians are hesitant to engage in informed consent discussions, fearing patient refusal to consent due to non-truth-telling

Why?

Why?

Why?

### "The Truthfulness Factor"

Patients' lack of truth-telling results in a cascade of moral energy, internalized by clinicians

Why?

### Patient Hesitancy

Patients are hesitant or reluctant to consent to drug testing, due to insufficient trust in clinicians (continued and/or amplified)

Why?

### Informed Consent

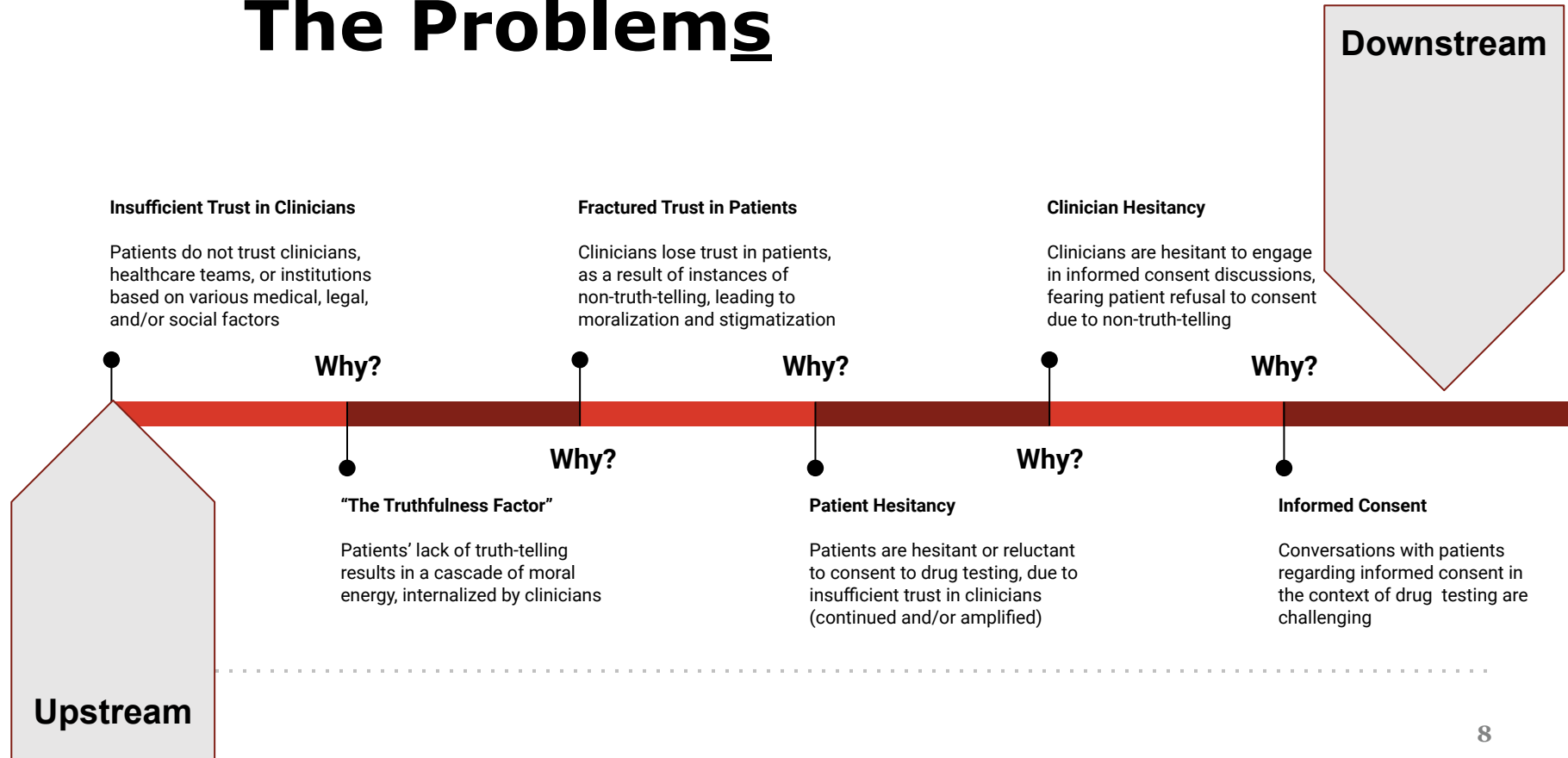
Conversations with patients regarding informed consent in the context of drug testing are challenging

# Upstream & Downstream

Approaches to addressing a problem



# The Problems





# Exploring the stream

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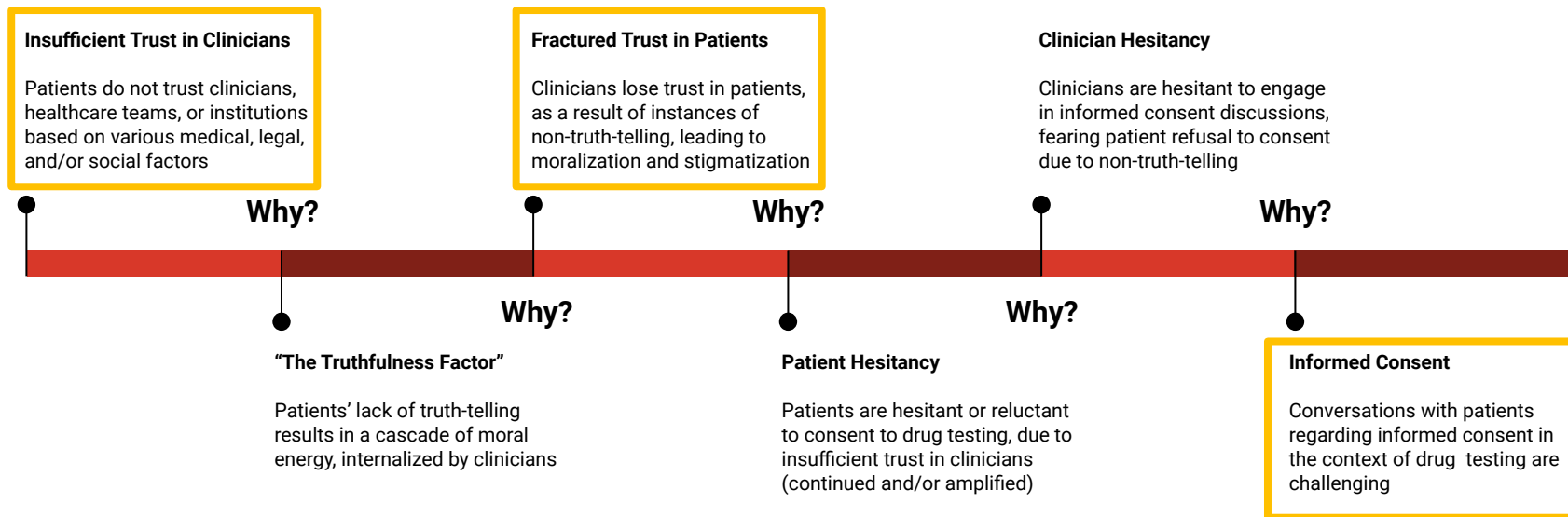
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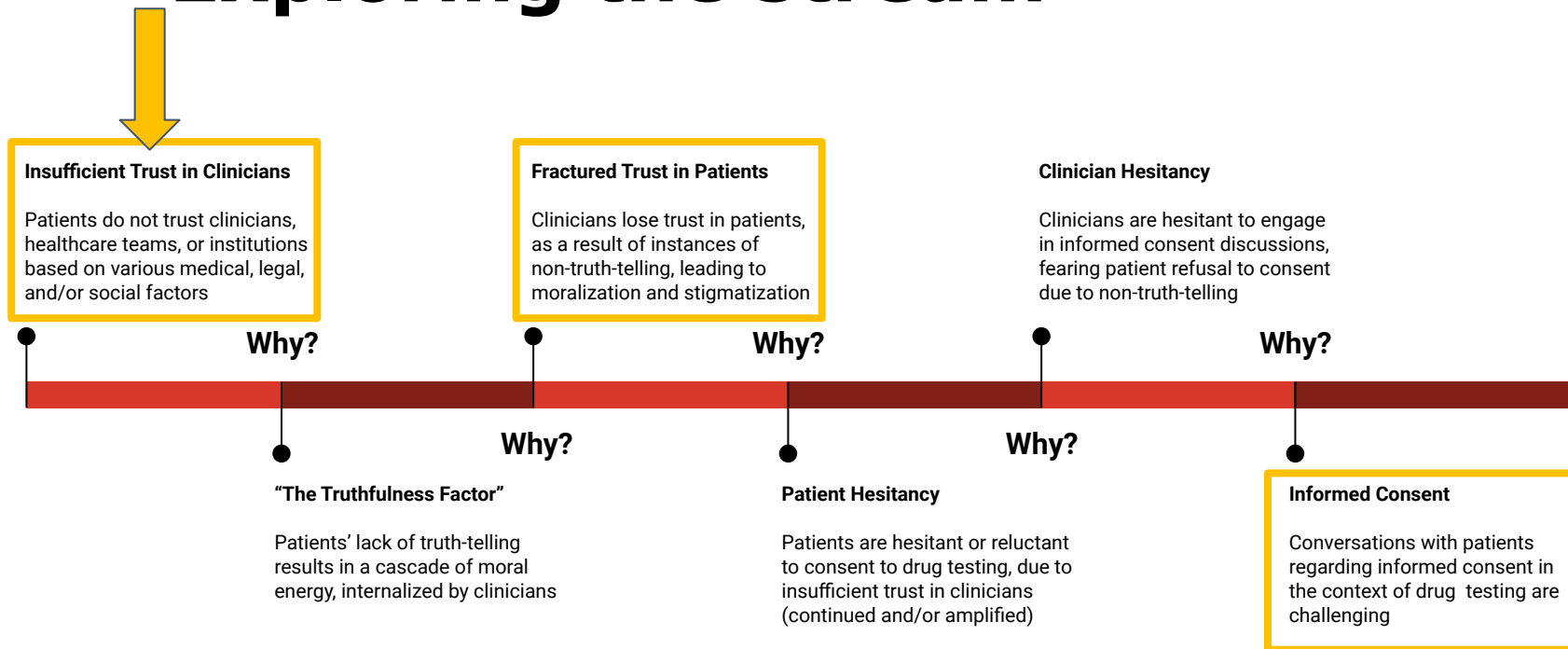
### Informed Consent

Conversations with patients regarding informed consent in the context of drug testing are challenging

# Exploring the stream



# Exploring the stream



# Insufficient Trust in Clinicians

- Point of universal screening
- “What will you do with this information?”
  - Social consequences
    - Support persons
    - Clinical team
  - Legal consequences
    - Parental rights
    - Other legal consequences
  - Medical
    - Lack of knowledge regarding treatment options
    - Lack of interest in treatment options

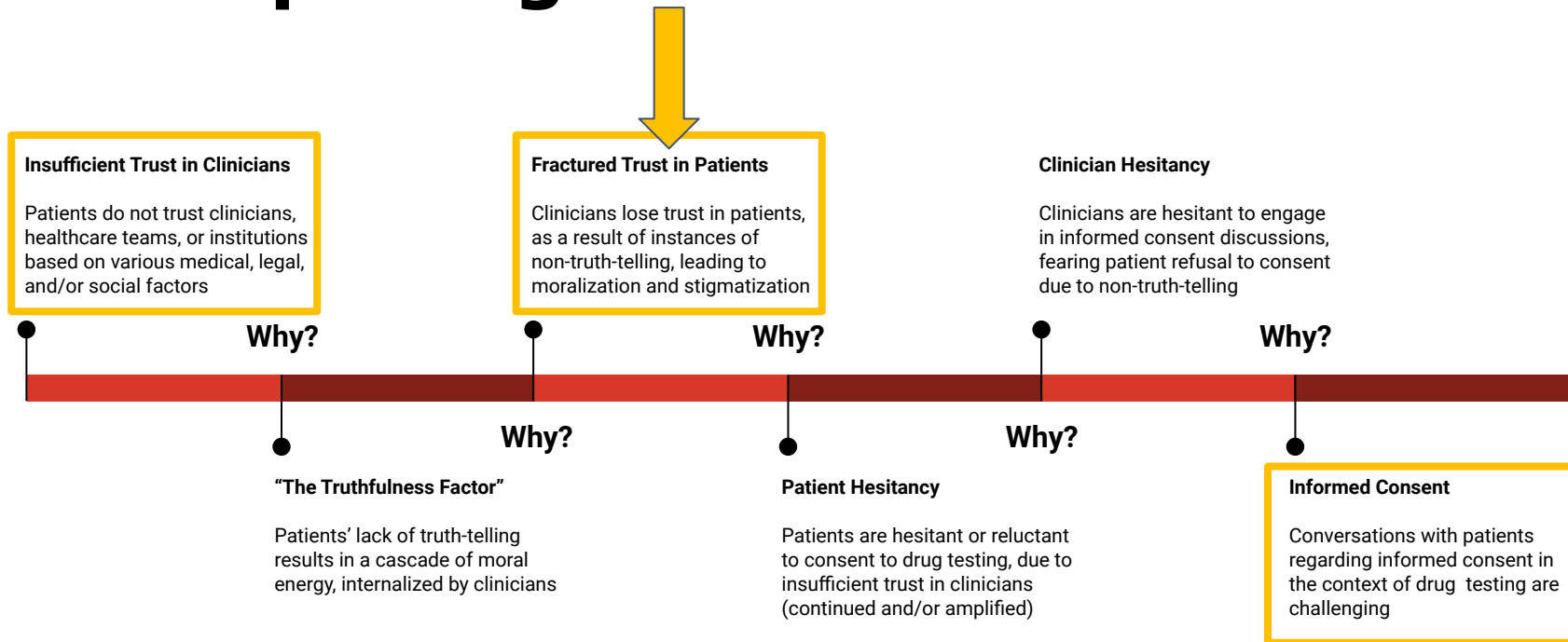
# What can you do?

- Point of universal screening
- “What will you do with this information?” **Make this clear BEFORE screening**
  - Social consequences
    - Support persons
    - Clinical team
  - Legal consequences
    - Parental rights
    - Other legal consequences
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# What can you do?

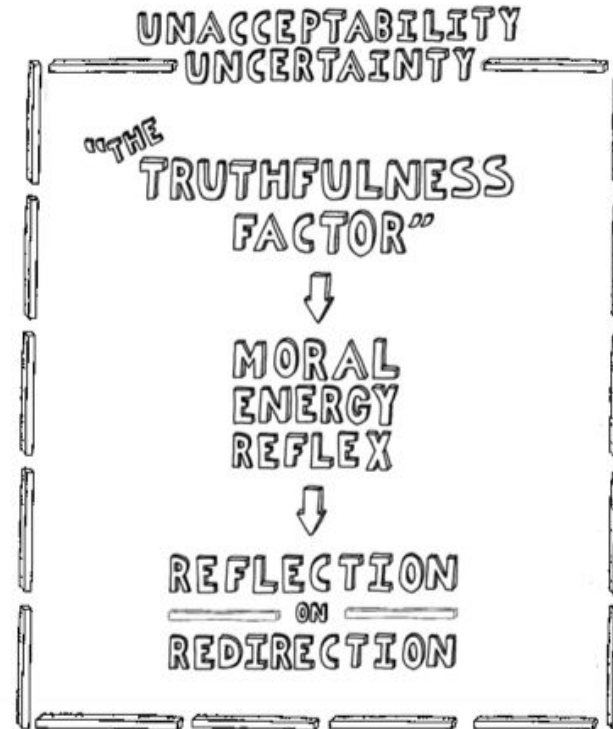
- Point of universal screening
- “What will you do with this information?” **Make this clear BEFORE screening**
  - Social consequences
    - Support persons **Ensure privacy during screening**
    - Clinical team **Establish relationships/rapport before screening**
  - Legal consequences
    - Parental rights **Make clear what will, will not, or could occur**
    - Other legal consequences **Make clear what will, will not, or could occur**
  - Medical
    - Lack of knowledge regarding treatment options **Inform before screening**
    - Lack of interest in treatment options **Use motivational interviewing**

# Exploring the stream



# Fractured Trust in Patients

AM I A  
"GOOD ENOUGH"  
CLINICIAN?







## Perspective

### *Am I a "Good Enough" Clinician?*

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Speaks to clinicians' desires to perceive and identify themselves as good enough at providing care

"You know in your heart you **want to provide good care.**"

– Amanda, CNM

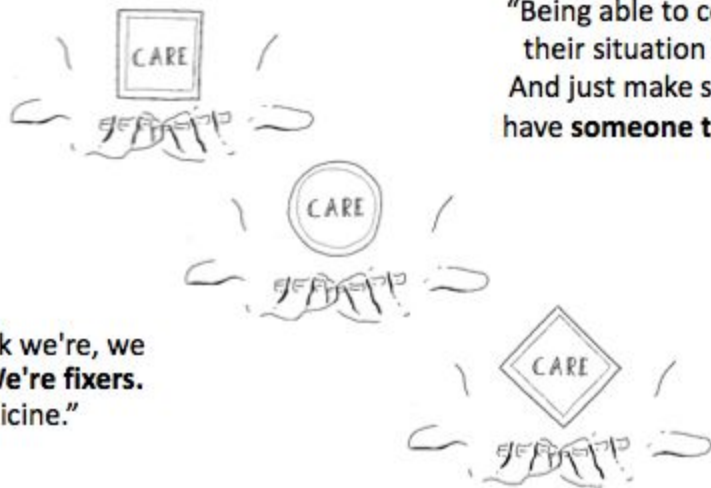
Symbolic Question

Meaning of Care

# Meaning of Care

"I think a lot of us like, like we think we're, we should be able to fix everything. **We're fixers.**  
That's why we went into medicine."

– Robert, MD



"Being able to connect with people no matter what their situation is and support them through that. And just make sure that they know that... that they have **someone to support them, that's not going to judge them.**"

– Allie, DSW

# Meaning of Care

"Like if someone was like, 'Who are you as a person?' Like **'nurse'** describes so much of my personality."

– May, RN



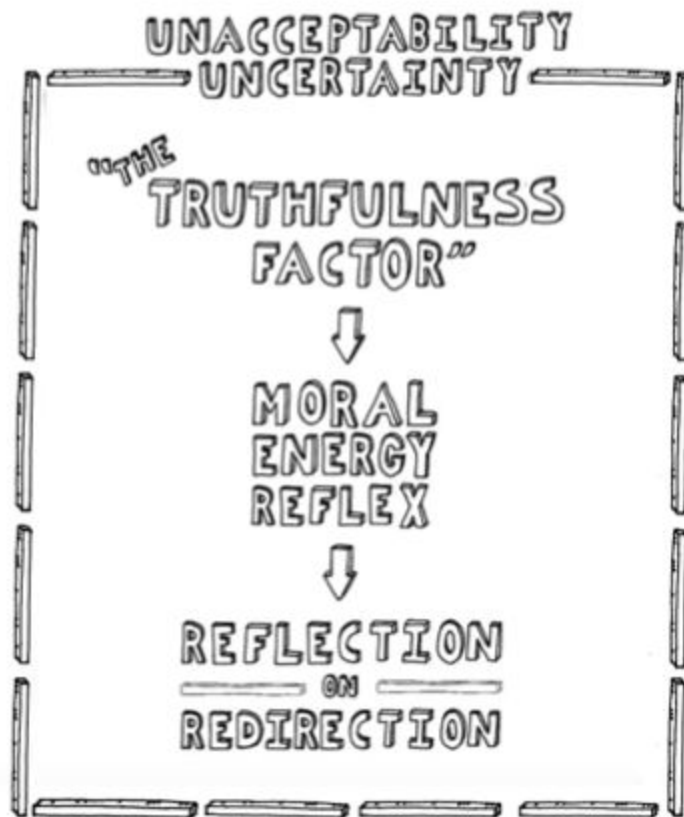
# Meaning of Care

Core self-concepts can comprise **personal**  
**familial, political, social, or religious** roles

"...from one **mother** to another..."

– *Amanda, CNM*





# Context

## *Unacceptability Uncertainty*

When a clinician must plan a person's care using information that they perceive to be uncertain

Determining a *Point of Unacceptability* based on uncertain *Social Maxims*



Point of Unacceptability



Unacceptability Uncertainty



"Where do you draw the line? How much is okay, how much is not enough? You can't, you just, **nobody knows** where that line is. So **you just have to say no.**"

— Pedro, MD





AM I A  
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UNACCEPTABILITY  
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"THE  
TRUTHFULNESS  
FACTOR"



MORAL  
ENERGY  
REFLEX



REFLECTION  
ON  
REDIRECTION

# Condition

## *“The Truthfulness Factor”*

A symbolic interaction of interpreting a parental gesture of non-truth telling that signifies a lack of trust in clinicians' abilities to provide care



## Flow of Parental Truthfulness

"I had actually a recent experience with a patient of mine who, um, was she had some symptoms and I thought she might be anemic. And I said, 'Well, are you taking your prenatal vitamin?' And **she looked me right in the eye** and she said, 'I have to tell you, I'm not taking it.' And I thought, I'm really glad that **she trusts me enough to tell me that**. Like, I feel like that was a real success in some ways because there was communication that was honest."

— Robert, MD



## The “Truthfulness Factor”

“We have a lot of anemic patients who do not take their iron. And for me I was just like, I can understand that iron will upset your stomach sometimes it can make you really constipated. So again, **it comes down to truthfulness.** Like someone will say, ‘Oh yeah, I’m taking my iron every day.’ And then I check their hemoglobin and it’s very clear that they are not. Um, and so it’s the truthfulness factor... **Just tell me the truth!**”

– Anna, CNM



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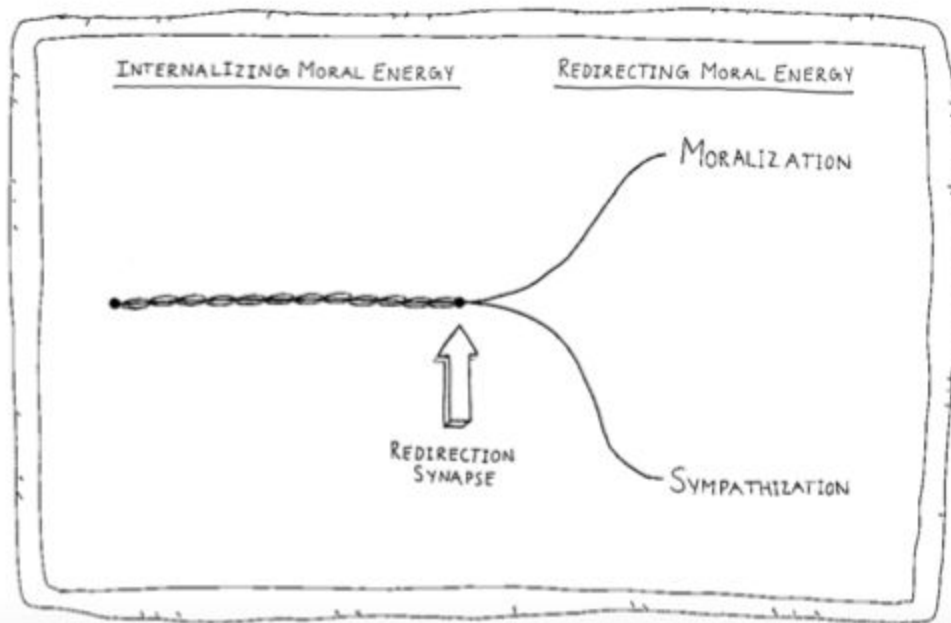
# Process

## *Moral Energy Reflex*

An instinctual, often subconscious process where clinicians respond to the symbolic cascade of moral energy generated by ***“The Truthfulness Factor”***



# Moral Energy Reflex

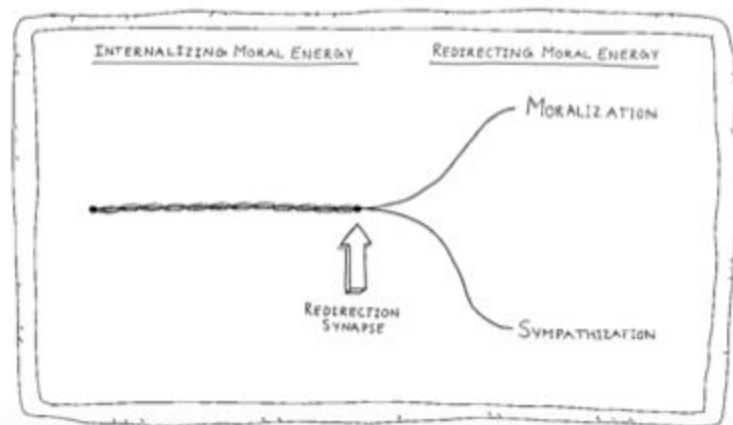


# Internalizing Moral Energy

"Most of us I think **internalize that as a failure on our part**. Like...I didn't do the right thing. I didn't push the right button. I didn't turn the right key. I didn't provide the right path. And if I had only given her five more minutes of my time. If I... It's hard to be dispassionate about what we're doing because we're involved and um, and like, yeah, we try not to take it personally, but it is personal."

– Robert, MD

## MORAL ENERGY REFLEX





# Redirection Synapse

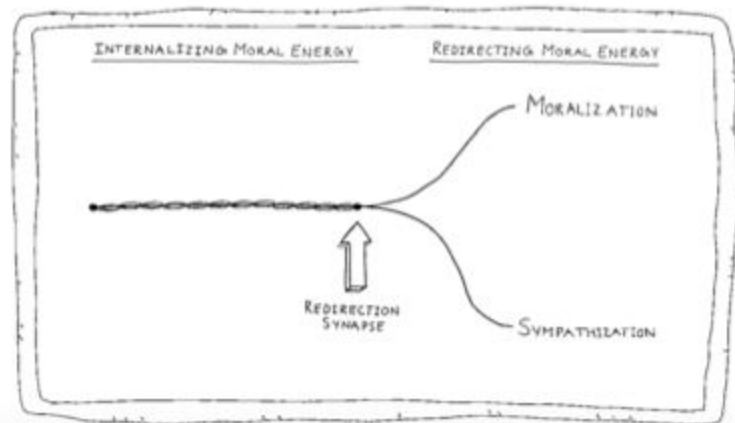
"I think you're so focused on the **correctness of what you're doing** and not yet mature enough to, to sort of grasp the totality of being a physician... And we can see this even in like, small degrees within residency training where interns and second year residents are really focused on 'What do the guidelines say?'

— Paul, MD

"After you do this for a long time, you can get... You know, just like you can get 'bell [in]sensitive,' sometimes **you get a little bit numb** to some of the issues that go along with [substance use disorders]."

— Janet, DNP

## MORAL ENERGY REFLEX

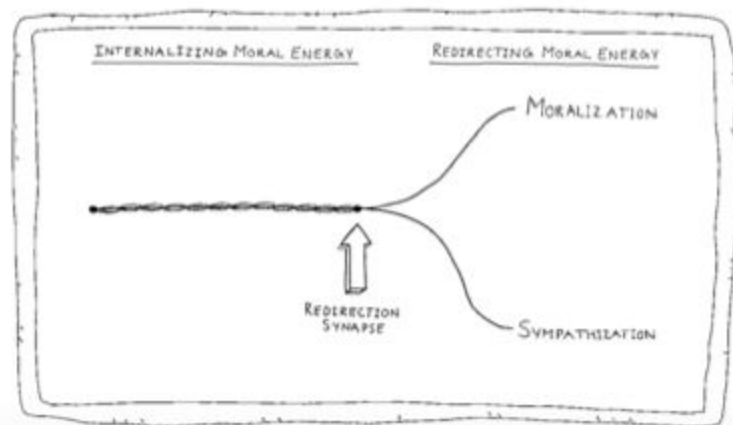


# Redirecting Moral Energy – Sympathization

“You can't figure out how to get those meds. And so then you self-medicate with something that's less appropriate. And so like, **I'm not gonna judge her** for that. I understand. She is just trying to make herself feel okay.”

– Paul, MD

## MORAL ENERGY REFLEX

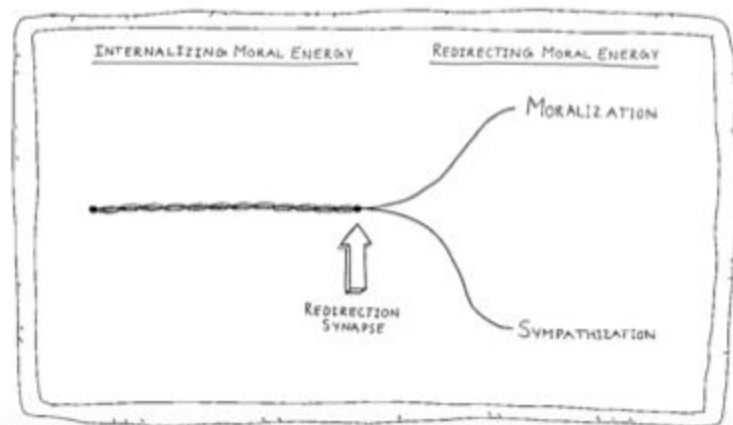


# Redirecting Moral Energy – Moralization

“She was a **bad diabetic** and she ate poorly and she wouldn't... Like she was doing what she wanted to do, even though we kept telling her ‘This is a problem, this is a problem.’”

– Paul, MD

## MORAL ENERGY REFLEX



AM I A  
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MORAL  
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REFLEX



REFLECTION  
ON  
REDIRECTION

# Consequence

## *Reflection on Redirection*

Involves clinicians reinforcing their respective pathways of ***Redirecting Moral Energy*** for the future by gathering evidence to support their distinct moral positions established at the ***Redirection Synapse***



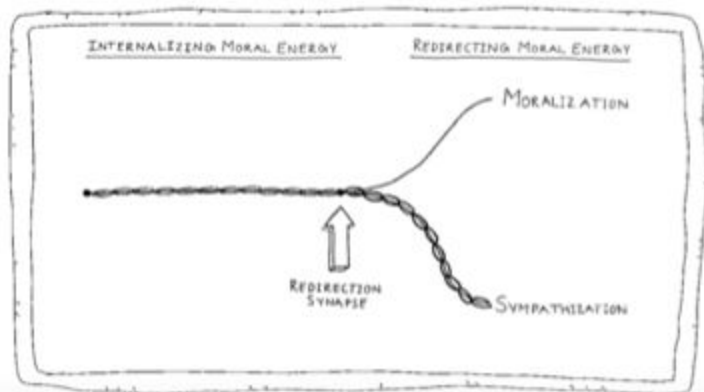
REFLECTION  
OF  
REDIRECTION

# Reflection on Redirection – Sympathization

“I'm super aware of the history of healthcare with, especially in this city, like the majority of my patients are black, mostly on Medicaid. Some of them don't speak English. Um, there's, there's always a friction between healthcare and patients and like, rightfully so... Um, and so I think that that can cause a lot of friction and I think if you're aware of that, you take it less personally.”

– May, RN

## REFLECTION ON REDIRECTION



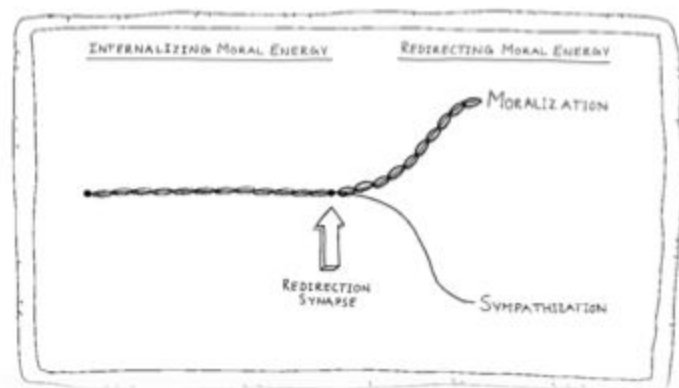


# Reflection on Redirection – Moralization

“If that patient had been a middle-class white woman... I don't think they would've said that she's... uh... trying to spread her STD. They probably would've been like, ‘Oh, I wonder why she left. Something must have come up. Why didn't she tell us?’ They wouldn't have, just, you know, gone to that other, you know, more malicious place.”

– Anna, CNM

## REFLECTION ON REDIRECTION



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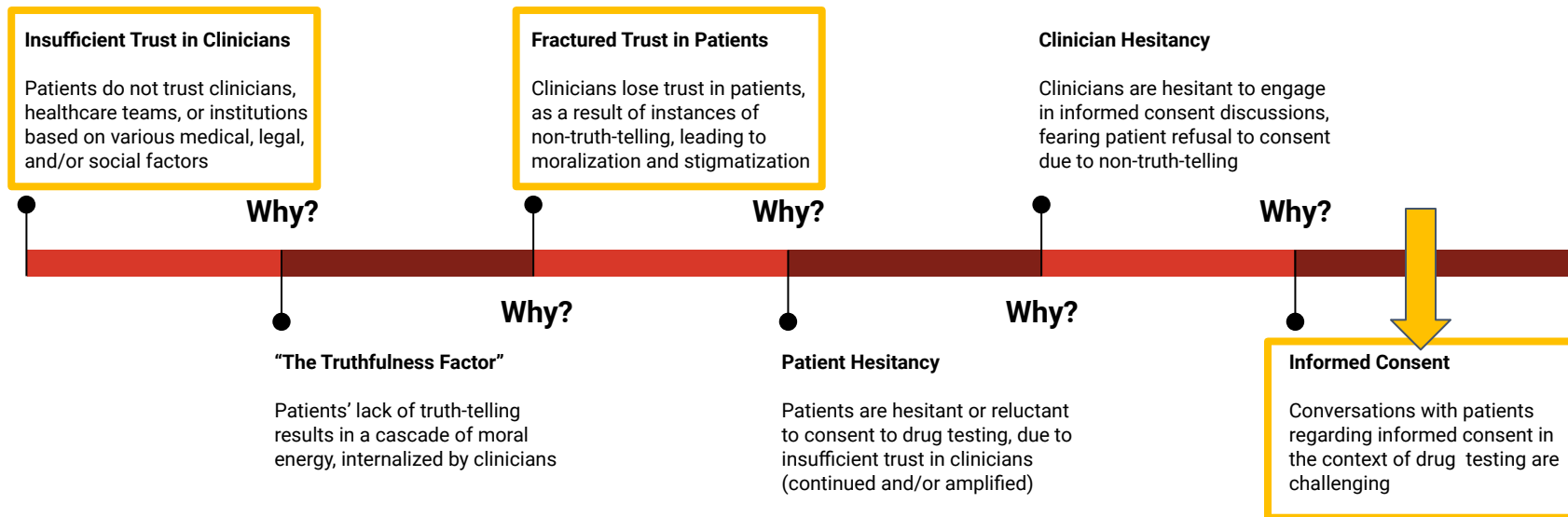
# What can you do?

Fractured Trust in Patients

**Locate yourself within the framework of the Moral Energy Reflex  
and adjust**

**Assess levels of competence and capacity (individual and  
institutional culture)**

# Exploring the stream



# Informed Consent

Conversations with patients regarding informed consent in the context of drug testing are challenging

# What can you do?

Conversations with patients regarding informed consent in the context of drug testing are challenging

**Draw on principles of mediation to facilitate these conversations and achieve mutually acceptable outcomes**

# When to use mediation

- When interpersonal negotiations result in conflict that cannot be resolved independently
  - Communication breakdown
  - Facilitated negotiation
- Can be used formally or informally

# Drawing on principles of mediation

- To prevent interpersonal negotiations from resulting in conflict that cannot be resolved independently
  - Avoiding communication breakdown
  - Supporting negotiation

# What is mediation?

A highly effective approach to ethical case resolution, ethics consultation, and clinical conflict management that is based on principles of negotiation.

# How to use mediation

FINDING THE  
SOLUTION(S)



# How to use mediation

## FINDING THE SOLUTION(S)

“The question 'what shall we do about it' is only asked by those who do not understand the problem. If a problem can be solved at all, to understand it and to know what to do about it are the same thing. On the other hand, doing something about a problem which you do not understand is like trying to clear away darkness by thrusting it aside with your hands. When light is brought, the darkness vanishes at once.”

- Alan Watts

# How to use mediation

**FINDING THE  
SOLUTION(S)**

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**FINDING THE  
SOURCE(S)**

- 
- 
- 
- 

**FINDING THE  
SOLUTION(S)**

# 3 Pillars of Mediation

NEUTRALITY

EMPATHY

CREATIVITY

# 3 Pillars of Mediation

**NEUTRALITY**

EMPATHY

CREATIVITY

# Neutrality

**Neutral to the outcome, loyal to the process**

DO

- Take inventory of your moral and ethical values and personal beliefs, as well as your location within the Moral Energy Reflex

DON'T

- Fall victim to the “decorum bias”

# 3 Pillars of Mediation

NEUTRALITY

**EMPATHY**

CREATIVITY

# Empathy

**Express empathy for distressed parties**  
**Foster empathy among “opposing parties”**

DO

- Listen actively and diagnostically

DON'T

- Be afraid of “sorry”

# The three “sorries”

Acknowledgement

Compassionate

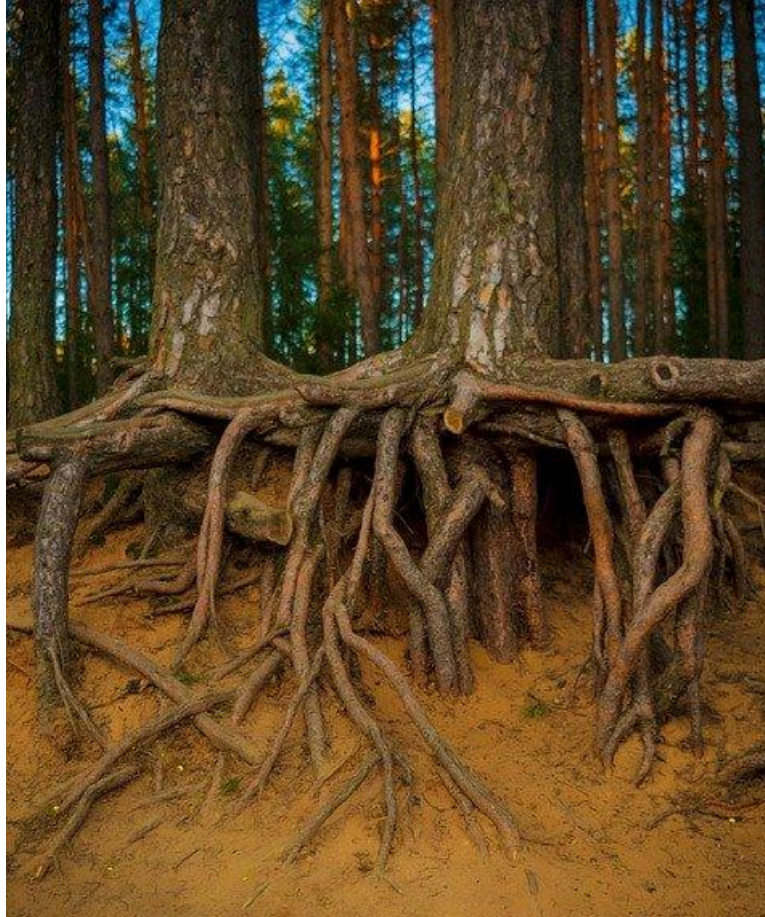
Culpability



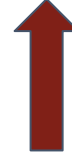
# Diagnostic Listening

- **Content:** Feeling heard
- **Scale:** Acknowledging emotional temperatures
  - recall the decorum bias
- **Interests vs. Positions:** Getting to solutions

# Interests & Positions



# Positions



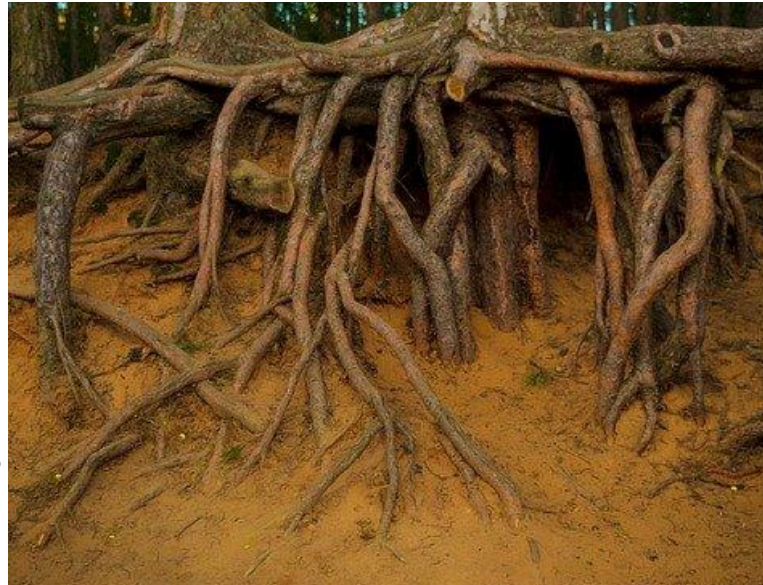
Positions are viewed in opposition to one another

Ex: Drug testing (yes/no)

# Interests

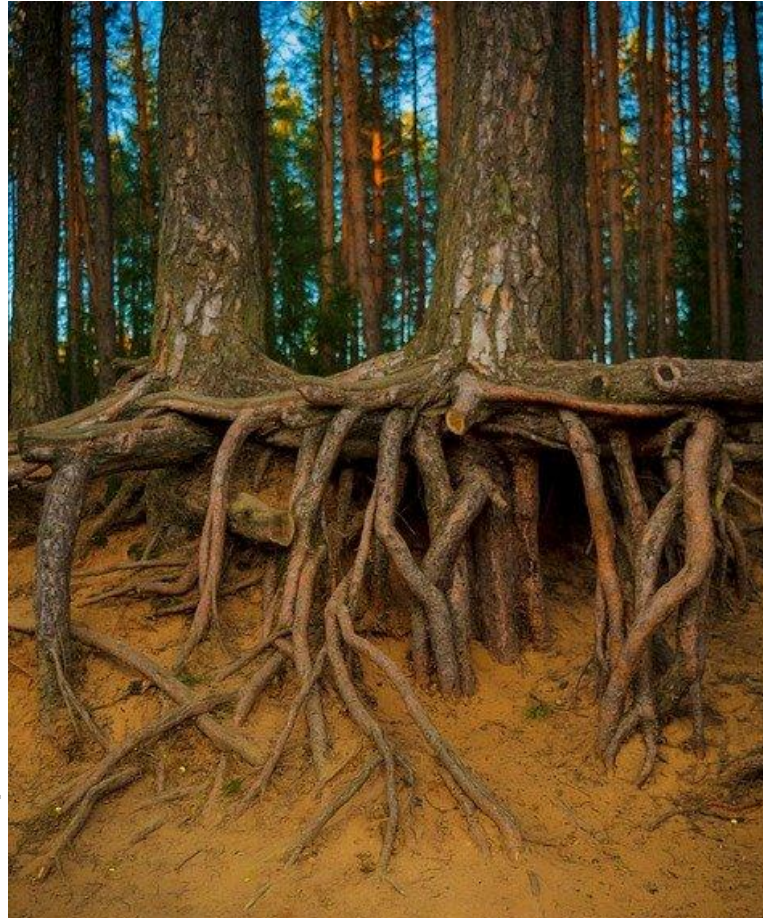
Interests are viewed as potentially overlapping or mutual

Ex: Caring about the well-being of a fetus, infant, or family





# Interests & Positions



What led to  
differing  
positions?

# 3 Pillars of Mediation

NEUTRALITY

EMPATHY

**CREATIVITY**

# Creativity

**Uncover underlying interests to generate a menu of mutually acceptable solutions**

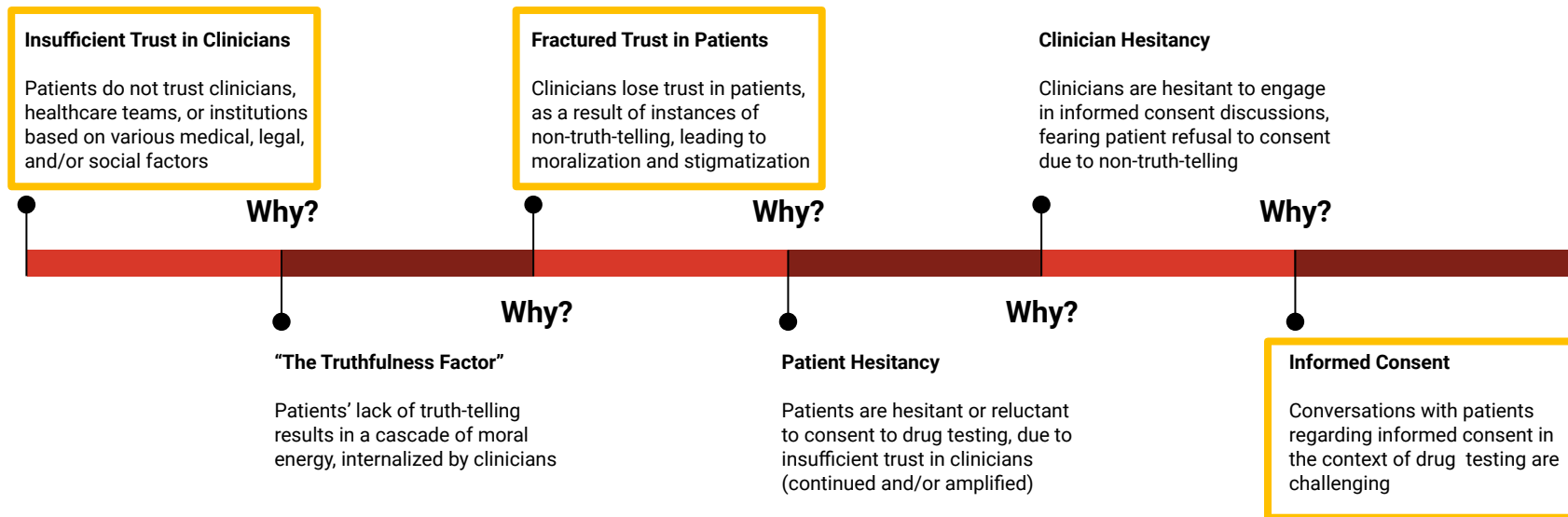
DO

- Focus on common interests, goals, & values

DON'T

- Fall victim to moralizing

# Where to jump in?





# Questions?

Thank you!