

Advocacy Issues

Maureen Eisner

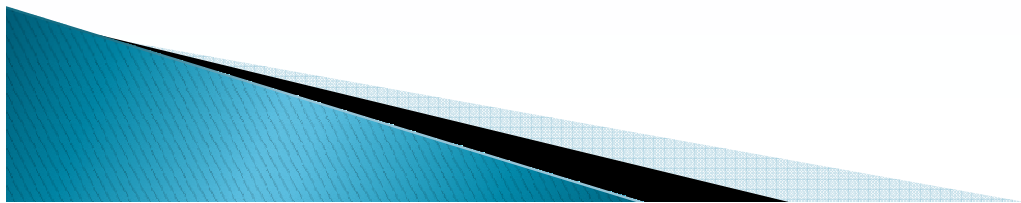
*Director of Patient Advocacy and Medical Ethics
Westchester Medical Center*

Instructor of Medicine - NY Medical College

Professor - William Paterson University

Defining a Health Advocate

- ▶ According to Sarah Lawrence College, “Advocates support and promote the rights of the patient in the health care arena, help build capacity to improve community health and enhance health policy initiatives focused on available, safe and quality care.”



Activity-Based vs. Dose-Based

- ▶ Protecting the patient from harm while trying to give curative treatment is the primary objective, and if harm has occurred disclosure should be mandated unless it falls under therapeutic exception
- ▶ Dosing needs to be high enough to be curative, but with the least amount of complications
- ▶ Min. activity and max. activity of the seed should be used as part of the consideration of how to handle corrective treatment in the future
- ▶ Definition of a medical event should be a combination of activity and dose-based criteria

Training, Time and Other Requirements

- ▶ Training needs to be a necessary requirement for defining a medical event. Standards need to be analyzed as to defining a medical event by harm-benefit analysis
- ▶ When trying to identify time requirements, time frames should include minimum and maximum definitions from time of dosage
- ▶ Regulations should have a specific section for prostate implant brachytherapy rather than combining it with all other permanent implant therapy, as there are distinct risks and issues involved for prostate implantation

Informed Consent

- ▶ Patients need to have a clear understanding that placement of seeds can move
- ▶ Dosing can be difficult, so lower doses may be given and additional therapy may be needed, as opposed to higher dosing where if there is a medical event, organ damage may not be reversible
- ▶ Transparency should always exist
- ▶ Understand risks of exposure of radiation to self and others
- ▶ Patients should be empowered to make an informed decision based on outcome, quality of life as it relates to the patients' preferences, risks, benefits, lifestyle changes

Questions that the physician should answer

- ▶ What were the clinical findings?
- ▶ What treatment options exist and what happens if the patient doesn't get treatment?
- ▶ Purpose or rationale for recommended treatment
- ▶ What is involved for course of treatment or procedures?
- ▶ How often will the patient need treatment and how many treatments?
- ▶ Benefits, side effects, precautions to be taken

Questions that the physician should answer (cont.)

- ▶ What happens if the treatment does not work?
- ▶ What treatment will be available if this treatment fails?
- ▶ How are the side effects different for different treatments?
- ▶ Surgical vs. radiation therapy?
Outcomes, are they equal in terms of curing or controlling the cancer?
- ▶ How will each impact on quality of life?
Issues of incontinence and impotency

Conflict of Interest & Additional Issues

- ▶ There needs to be stringent guidelines to reporting and transparency, so that there is not any inclination not to report an event that may cause harm to the patient
- ▶ A conflict may exist because the physician needs to report the medical event to the referring physician so that he/she can report to the patient
- ▶ There may be concern that this may impact future referrals
- ▶ Presently there are some insurance co. that will not pay for brachytherapy, which is limiting access of patients that can benefit