

‘4-Box Method’ for Clinical Decision-making

MEDICAL INDICATIONS	PATIENT PREFERENCES
<p>Principles of beneficence and nonmaleficence</p> <ol style="list-style-type: none"> 1. What is the patient’s medical problem? History? Diagnosis? Prognosis? 2. Is the problem acute? Chronic? Critical? Reversible? 3. What are the goals of treatment? 4. What are the probabilities of success? 5. What are the plans in case of therapeutic failure? 6. In sum, how can this patient be benefited by medical and nursing care, and how can harm be avoided? 	<p>Principle of respect for autonomy</p> <ol style="list-style-type: none"> 1. Is the patient mentally capable and legally competent? Is there evidence of incapacity? 2. If competent, what is the patient stating about preferences for treatment? 3. Has the patient been informed of benefits and risks, understood this information, and given consent? 4. If incapacitated, who is the appropriate surrogate? Is the surrogate using appropriate standards for decision making? 5. Has the patient expressed prior preferences, e.g., Advance Directives? 6. Is the patient unwilling or unable to cooperate with medical treatment? If so, why? 7. In sum, is the patient’s right to choose being respected to the extent possible in ethics and law?
QUALITY OF LIFE	CONTEXTUAL FEATURES
<p>Principles of beneficence, nonmaleficence and respect for autonomy</p> <ol style="list-style-type: none"> 1. What are the prospects, with or without treatment, for a return to normal life? 2. What physical, mental, and social deficits is the patient likely to experience if treatment succeeds? 3. Are there biases that might prejudice the provider’s evaluation of the patient’s quality of life? 4. Is the patient’s present or future condition such that his or her continued life might be judged undesirable? 5. Is there any plan and rationale to forgo treatment? 6. Are there plans for comfort and palliative care? 	<p>Principles of loyalty (fidelity) and fairness Justice)</p> <ol style="list-style-type: none"> 1. Are there family issues that might influence treatment decisions? 2. Are there provider (physicians and nurses) issues that might influence treatment decisions? 3. Are there financial and economic factors? 4. Are there religious or cultural factors? 5. Are there limits on confidentiality? 6. Are there problems of allocation of resources? 7. How does the law affect treatment decisions? 8. Is clinical research or teaching involved? 9. Is there any conflict of interest on the part of the providers or the institution?

Developed by Jonsen AR, Siegler M, Winslade WJ. Clinical Ethics: A Practical Approach to Ethical Decision in Clinical Medicine. 5th ed. New York, NY: McGraw-Hill: 2002

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The Jonsen model (widely referred to as the “four box method”) is a form of casuistry.

It is useful for cases that involve **treatment decisions**.

Simplistically, casuistry embraces the particulars of a case suggesting that how we determine whether something is right or wrong is how we weigh those particulars along a continuum of like cases.

Sorting these particulars allows us to see what “type” of case the one at hand is – that is, what continuum it lies on. Is it a case of an individual’s right to choose to forgo a beneficial therapy? If so, then we can consider it along a continuum of similar cases with one end where most of us would agree people “ought” to be allowed to forgo a therapy, and the other end where most would agree that the individual’s rights are overwhelmed by another factor such as risk: to others or the individual’s mental incapacity.

The purpose of the four boxes is simply to sort our data so that we can determine what is central to the discussion and what is merely interesting.

The boxes do not give us an answer – they point us to areas of confusion or areas of contention. When you finish sorting the data, ask, “In which quadrant does the problem seem to lie?” That will guide you for where to get more information. (Or, for physicians and nurses, where to intervene.)

Goal: A respectful discussion that goes beyond swirling about in the issues to identify the tension points around the topic.

A. MEDICAL INDICATIONS:

- Good ethics starts with good facts.
- Make sure you have the facts available for your students to chew on.
- Sometimes the actual facts will turn the case on its head for the students.
- This can be the most powerful part of an ethics discussion in science.

B. PATIENT PREFERENCES:

- Biases regarding sex, age, race, culture, class, sexual orientation, etc. affect our views of a person’s wishes.
- The U.S. is more “autonomy” and “individual” focused than any other country. Most cultures and countries value the family, the community and the overall population in concert with the individual.
- Helping students explore the tension between allowing anything versus setting some boundaries as a society on behaviors.

C. QUALITY OF LIFE:

- Helping students recognize that our beliefs about mental capacities, physical capacities, and social capacities shape our views of quality of life.

D. CONTEXTUAL FEATURES:

- Issues around the “innocence” of disease etiology affects views about a person’s worth, the efficacy of treatment, etc.

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