

The Five Box Method: Adapted (with permission) from “The 4 Box Method,” a Practical Method for Clinical Ethics

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From *Clinical Ethics*, 4th ed., By Jonsen, Siegler and Winslade (1998):

“Medicine, even at its most technical and scientific, is an encounter between human beings, and the physician's work of diagnosing disease, offering advice, and providing treatment is embedded in a moral context. Usually, moral values such as mutual respect, honesty, trustworthiness, compassion, and a commitment to pursue shared goals, make a clinical encounter between physician and patient morally unproblematic. Occasionally, physicians and patients may disagree about values or face choices that challenge their values. It is then that ethical problems arise.

Clinical ethics is both about the ethical features that are present in every clinical encounter and about the ethical problems that occasionally arise in those encounters. Clinical ethics relies upon the conviction that, even when perplexity is great and emotions run high, physicians and nurses, patients and families can work constructively to identify, analyze and resolve many of the ethical problems that arise in clinical medicine...

...While we appreciate the importance of principles, we believe that the practitioner approaching a case needs a method that better fits the realities of the clinical setting and the reasoning of the clinician. Clinical situations are complex since they often involve a wide range of medical facts, a multitude of circumstances and a variety of values. Often decisions must be reached quickly...

We suggest that every clinical case, when seen as an ethical problem, should be analyzed by means of four topics. These four topics are:

- 1. Medical Indications**
- 2. Patient Preferences**
- 3. Quality of Life**
- 4. Contextual Features**

...Every case can be viewed in terms of these four topics; no case can be adequately discussed without reference to them. Although the facts of each case differ, these four topics are always relevant. The topics organize the varying facts of the particular case and, at the same time, the topics call attention to the moral principles appropriate to the case. It is our intent to show readers how the topics provide a systematic way to identify, analyze and resolve the ethical problems arising in clinical medicine.

Clinicians will recall the method of case presentation that they learned at the beginning of their professional training. They were taught to "present" a patient by stating in order **the patient's history, including the chief complaint, the history of the present illness, past medical history, family and social history, followed by physical findings and laboratory data**. These are the topics that an experienced clinician uses to reach a diagnosis and to formulate a case management plan. While the particular details under each of these topics differ from patient to patient; the topics themselves are

constant and always relevant to the task of arriving at a case management plan. Sometimes one topic, for example, the patient's family history or the physical examination, may be particularly important or, conversely, may not be relevant to the problem at hand. Still, clinicians are expected to review all topics in every case. Our four topics -- (1) Medical Indications, (2) Patient Preferences, (3) Quality of Life, and (4) Contextual Features--are the ethical equivalents of these familiar clinical topics"

The 5-Box Method, a new and much-needed update:

Building off of the work of Jonsen, Siegler, and Winslade, the Bioethics TBL research team at Nationwide Children's Hospital has modified the "Four Box Method" to include another category by which to measure bioethical dilemmas by. Titled "Empathy and Integrity," it asks the clinician two questions:

1. How will the decision make the family feel?
2. How will the decision make me feel?

We recognize that a successful approach to addressing bioethical dilemmas in clinical encounters requires not only some grounding in moral philosophy but also a genuine concern for the other; we chose the humanistic values of "empathy" and "integrity" as foremost of importance to consider alongside the existing four categories outlined above.

"Empathy" extends beyond prior categories of "Patient Preference" and "Contextual Features" by addressing the patient in their context of relationships while addressing how clinical decision-making affects the patient-clinician relationship. Thus, it takes into account the emotional interplay that will influence the patient/family's reaction to the clinical decision and their future interactions with the healthcare team.

The latter aspect, "integrity," deals with issues of conscience. This is critical in a pluralistic society in which medical and legal standards do not always align with ethical ones. This can hold true even for our professional obligations. When these duties come into conflict with deeply held moral convictions of the clinician, the resulting moral distress of decision-making can result in a sense of loss of integrity for the clinician. Recognizing this aspect of identity when approaching bioethical dilemmas promotes greater self-awareness for the clinician and, hopefully, a better-informed decision. When personal moral convictions about a dilemma come into conflict with the perspectives of others (i.e. patient, family, colleagues, supervisor, etc.), or even the obligations of professional or legal bodies, the clinical decision-maker must conscientiously weigh the consequences of their options and make a decision with this in mind.

Below is an example case from "*Clinical Ethics*" by Jonsen, Siegler, and Winslade, with the relevant aspects of the Four Box Method discussed. Thinking through how the fifth box—questions of empathy and integrity—applies to this case may be a useful exercise. A chart outlining the Five Box Method is included on the following page for your reference.

"In a given case, a patient comes to a physician, complaining of feeling ill. Medical Indications include a clinical picture of polydipsia and polyuria, nausea, fatigue and some mental confusion, with

laboratory studies showing hyperglycemia, acidosis and elevated plasma ketone concentrations. A diagnosis of diabetic ketoacidosis is made. Fluids and insulin are indicated in specific doses and volumes. These particulars are the occasion for implementing the moral principle of beneficence, that is, the duty of performing actions that benefit the patient. However, in the same case, the patient may be confused and, after hearing the physician's recommendations, rejects further medical attention: these circumstances, noted under Patient Preferences, raise questions about the principle of autonomy, that is, the duty to respect the patient's wishes. As the case is described, circumstances accumulate under all four of the topics and affect the meaning and relevance of the moral principles. It is advisable to review the entire four topics in order to see how the principles and the circumstances together define the ethical problem in the case and suggest a resolution. It is rare that an ethical problem involves only one ethical principle. Every actual ethical problem is a complex collection of many circumstances. Good ethical judgment consists in appreciating how several ethical principles should be evaluated in the actual situation under consideration. We hope our method helps practitioners to do just that."

"The Five Box Method" for Analyzing Bioethical Issues

