

Navigating Difficult Discharges: Ethical and Operational Challenges in Hospital Care

Joseph E. Thornton, MD
William Allen, PhD

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Objectives



EXPLORE ETHICAL DILEMMAS AND
OPERATIONAL CHALLENGES IN
COMPLEX HOSPITAL DISCHARGES



REVIEW EVIDENCE-BASED
TRANSITIONAL CARE
INTERVENTIONS



EXAMINE TWO ILLUSTRATIVE CASE
STUDIES



PROPOSE STRATEGIES FOR
EQUITABLE AND ETHICAL
DISCHARGE PLANNING



I. Introduction & Scope
(5 minutes)



II. Ethical Framework (7
minutes)



IV. Case Study 1: Mr.
Rand (8 minutes)

Why Discharge Matters

Vulnerability at care
transitions

Impact on readmissions,
patient safety, and
satisfaction

Defining “Difficult Discharge”

Clinical readiness vs.
placement barriers

Patient-family-provider
conflicts

Ethical gray zones

Ethical Principles in Discharge Planning

Autonomy

Beneficence & Nonmaleficence

Justice

Stewardship

Common Ethical Tensions

Patient Situation	Clinician/Admin Concern	Core Ethical Issue
Desires discharge, lacks capacity	Safety concerns	Protecting the vulnerable
Refuses discharge, has capacity	Overprotection risk	Autonomy
Medically ready, no placement	Social constraints	Justice
Conflicting family demands	Emotional burden	Balancing interests
Delayed discharge pressure	Cost containment	Stewardship vs. care quality

- **Slide 5: Common Ethical Tensions**

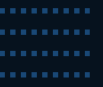
Structured Discharge Models




PROJECT BOOST



IHI TRANSITIONS GUIDE



Components of Effective Discharge Planning



Early risk screening

Multidisciplinary teams

Medication reconciliation

Caregiver education

Post-discharge follow-up



Summary Table

Intervention	Benefit	Limitation
Project BOOST	↓ Readmissions	Training burden
Post-discharge follow-up	↑ Continuity	↑ Utilization
Medication reconciliation	↓ Errors	Time-intensive
Transition coaches	Effective in complex cases	Resource-intensive

Clinical Summary MrRand

Slide 9: 78 y.o. ventilator- and dialysis-dependent

Original long-term care home
refuses return

No alternative placement
found after 2+ months

ICU admission is medically
unnecessary but unavoidable

Ethical and Operational Challenges



STAFF FATIGUE AND
WORKFLOW
DISRUPTION



POOR COMMUNICATION
ACROSS CARE SETTINGS

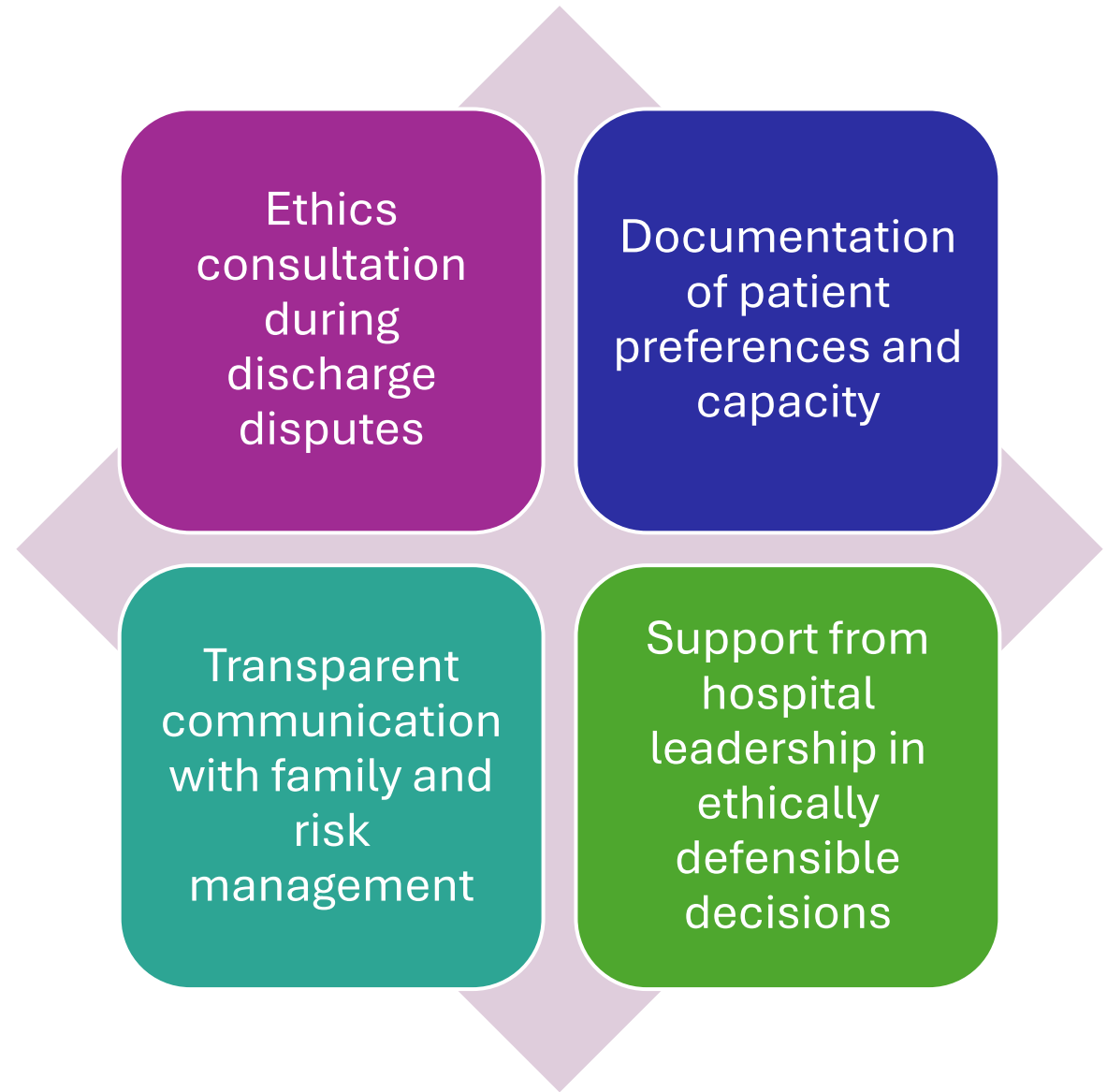


GAPS IN HOME CARE OR
FACILITY AVAILABILITY



INSTITUTIONAL LIABILITY
FEARS VS. PATIENT
RIGHTS

Integrating Ethics into Operations



Recommendations

1

Start discharge planning on day 1 of admission

2

Invest in transitional care teams (social work, case managers)

3

Document and support patient preferences

4

Collaborate with community partners and long-term care networks

5

Protect clinicians making ethically sound decisions under pressure

Discussion Questions

What additional supports might have helped in Mr. Rand's case?

How should RQ's team respond to legal threats from family?

Where is the boundary between hospital liability and patient self-determination?

How do we advocate for system-wide improvements?

Closing Reflections

Difficult discharges are ethically and operationally complex

Real-world cases demand flexible, human-centered responses

Balance between legal, ethical, and logistical considerations is key

A robust ethical framework enhances discharge quality and equity

References & Further Reading

