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Cases

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Case 1

60-year-old man with diabetes and hypertension develops renal insufficiency to the point of needing dialysis. He is equivocal about spending the rest of his life on dialysis, but he agrees to start. The patient is not depressed and is fully alert. Six months after starting dialysis, he comes to realize very clearly that he absolutely does not wish to continue. You have no doubt that the patient has full capacity to understand the implications of this decision. What should you do?

Case 2

an elderly man with COPD progresses to the point of needing mechanical ventilation on a chronic basis. He tells you, after long consideration, that he just does not want to live on a ventilator. What should you tell him?

Case 3

a 42-year-old man sustains a cervical spine injury at C1 and C2 leaving him paralyzed from the neck down and ventilator dependent. He is very upbeat and cheerful. He says he will get better and wants to be maintained per- manently on the ventilator. You clearly inform him that he is wrong and he will never improve. He says he wants the ventilator forever, or until he is cured. What do you tell him?

Case 4

A woman with aplastic anemia becomes transfusion dependent. After a few months she becomes tired of it and refuses all subsequent transfusions. She has the capacity to understand that she will die without the transfusion, although she is not suicidal. What do you tell her?

Case 5

A 75-year-old man arrives at the emergency department febrile, short of breath, and confused. Many family members accompany the patient,including his wife, his siblings, his children, and his grandchildren. The physicianwants to perform an emergency lumbar puncture, which the patient's wife andsiblings are refusing. His 25-year-old granddaughter walks up with a health-careproxy form signed by the patient designating her as the proxy. She insists that youdo the lumbar puncture stating that was her understanding of the patient's wishes.The rest of the family, including the wife, refuses the lumbar puncture stating thatthey know the patient's wishes better. What do you do?

Case 6

A 78-year-old woman is admitted with metastatic cancer leading to a change in mental status secondary to hypercalcemia. She has a living will in her record that states, "In the event that I become unable to speak for myself for any reason I wish to express my wish that I not be intubated or placed on a ventilator under any circumstances. I also do not wish to receive dialysis. Blood testing and antibiotics are acceptable." What should you do?

Case 7

A 64-year-old man suffers a severe intracranial bleed leaving him comatose and paralyzed. His wife, sister, and four children are in the hospital. They come to see you because they are unanimously asking that you remove the endotracheal tube and leave the patient to die. The patient repeatedly made this wish known to his family. What should you do?

Case 8

A 78-year-old woman has been admitted to a nursing home with advanced dementia. She has difficulty maintaining oral intake sufficient to survive. The nursing home wants to place a nasogastric tube for feeding. The husband and the son expressly state that the patient said she "never wanted to be maintained like a vegetable" and "I don't want to be put on a ventilator or have a feeding tube down my throat." What should you do?

Case 9

a 42-year-old HIV-positive man is admitted for hematuria that is most likely from kidney cancer. He is DNR. Urology is consulted and they think a kidney biopsy is in order as well as a possible nephrectomy, however, they do not want to do either one because the "patient is DNR and therefore preterminal." What should you tell them?

Case 10

A 47-year-old theoretical physicist with amyotrophic lateral sclero- sis has become progressively more disabled to the point of being virtually immo- bile in a wheelchair. He is unable to work in a meaningful way. He has pulled out the gastric feeding tube and refuses to allow its reinsertion. His wife, who is also his nurse, is insisting that you reinsert it. What should you tell her?

Case 11

A 57-year-old woman with cryptogenic cirrhosis is under your care. She is septic and has severe variceal bleeding as well as encephalopathy not responding to lactulose. She is hypotensive and on pressors as well as intubated from respiratory failure and you expect her to die from her liver disease in the next few days. She develops Hepatorenal syndrome and has developed uremia. The family is requesting placement of a fistula for dialysis. What should you tell them?

Case 12

A man is arrested for armed robbery in which he assaults another man. The victim has sustained cerebral herniation and has lost all spontaneous respirations, cognitive function, and brainstem reflexes. You are called as an expert witness to advise the court. The alleged assailant's defense lawyer tells the judge that the charge on his client should only be assault and battery, not murder, because the patient's heart is still beating. The defense lawyer contends that the victim can be alive for many years in this condition. The maximum penalty in some states for murder is life imprisonment or execution. The penalty for assault may be only 10 to 20 years in prison. What should you tell the judge?

Case 13

Tony, a 79-year-old man with a history of hypertension and type 2 diabetes, collapses while playing golf and is taken to the local Accident and Emergency department, still unconscious. A computed tomography (CT) scan reveals a large haemorrhagic stroke and he is transferred to the neurosurgical unit. He fails to regain consciousness, although he does not require ventilatory support. He receives fluids and parenteral nutrition for 11 days and is regularly visited by his wife and two children. Eventually, senior medical staff discuss with Tony's family the extensive nature of damage to his brain and the likelihood that he will never regain consciousness. The family is asked to consider the possibility of **withdrawing nutritional and fluid support** and allowing Tony to die 'naturally'. They are warned that this may take some time, as much as a couple of weeks, but that Tony will not be in any pain. His son approaches you, during visiting hours and tells you that it is becoming increasingly distressing for his mother to watch her husband die and that, if this is to be the inevitable result, why is it not possible to offer a quicker end to the family's suffering, such as an injection which would stop Tony's heart.

Questions

1. What does an 'act' and an 'omission' mean in relation to end-of-life decisions?
2. What are the ethical arguments for and against the distinction between the two?
3. What is the legal position regarding acts and omissions?

Case 14

Nora is 62 years old and has had multiple sclerosis for 25 years. Initially the disease followed a relapsing and remitting course, and Nora would have long periods of good health in between months of various disabling side effects, such as temporary paralysis and visual problems. For the past 10 years, however, her condition has become more disabling and Nora has had to move into a nursing home. The staff are friendly and she is well cared for. As a result of the insidious effect of her illness, most of her bodily functions have ceased to work and she is doubly incontinent. On the days when she is well enough to be aware of her surroundings she finds her condition extremely distressing. She is embarrassed by her lack of bodily control and the fact that she has to have 24-hour nursing care. Her swallowing is unsafe and, following an admission with aspiration pneumonia a year ago, the decision was made to insert a percutaneous endoscopic gastrostomy (PEG) to provide all the nutrition she requires. She now does not even get pleasure from eating or drinking. Some days she is described by staff as being barely conscious, but when she is, they are concerned that she is lonely as she rarely gets visitors.

Questions 1. Does respect for the principle of sanctity of life require that life-prolonging treatment should always be provided, irrespective of the quality of that life? 2. From whose perspective is quality of life to be judged?

Case 15

Bertie is an elderly man receiving inpatient care following deterioration at home. He has advanced dementia and prostate cancer that has spread to his bones. He has been lovingly cared for by his wife and children throughout his illness, but they are all aware that he is now dying. It has been many months since Bertie has been able to speak or leave his bed, and he no longer appears to recognise his family. While Bertie would previously chew and swallow food placed in his mouth, over the last few days he no longer does this and has coughed and choked on several occasions when given water to drink. The clinical team has explained that Bertie is dying and that he is likely to die within days. His family has understood the explanation from the speech and language therapist that Bertie is unable to swallow safely, and even though the clinical team would support the family with risk feeding, the family does not wish to cause any coughing or choking. Risk feeding acknowledges that there is a risk of choking and food or drink going into the lungs of a patient unable to swallow safely. This risk may be seen as acceptable if withholding food or drink is felt to be inappropriate, for instance if the patient is in the last days of life. Instead, Bertie's family has asked the clinical team to place a feeding tube, so that their father 'doesn't starve to death'. They accept that he is likely to die in the next few days from his underlying medical issues.

Questions

1. What is the difference between medical treatment and basic medical care?
2. Can clinically assisted nutrition and hydration legally be withdrawn?

Case 16

Mrs Hauser is a 48-year-old woman with metastatic breast cancer that has spread to her brain, despite numerous treatments over years. She is currently an inpatient at a private hospital, having rapidly deteriorated over the last few weeks. She is now bedbound, requires a feeding tube as she can no longer swallow safely and is finding it difficult to communicate, although she can understand information given to her and clearly indicate her wishes. Mrs Hauser is receiving high-energy nutritional supplements down her feeding tube at her request, even though her body is no longer able to gain energy or nutrition from them due to her advanced disease. She is likely to die within the next few weeks. Mrs Hauser is supported by her husband and three teenage children. The entire family has actively and aggressively pursued all treatment options, switching oncologists to gain access to experimental treatments, some of which are not routinely available in Britain. Mrs Hauser has repeatedly requested all possible interventions and treatments. Driven not just by a desire to keep living, she has expressed a strong need to prove to her children that she will never give up fighting the cancer, equating giving up with abandoning her family. Mrs Hauser has regularly declined offers of psychological support. She has previously given fully informed consent to risky treatments which did not have a strong body of evidence that they would provide a benefit and accepted significant side effects throughout her treatments. Mrs Hauser had been scheduled for her next chemotherapy in one week's time and both she and her husband are insistent it goes ahead, despite the most recent deterioration. The oncologist thinks it unlikely that the chemotherapy will provide any benefit, although he cannot categorically say it will not keep Mrs Hauser alive for extra hours or days. He is aware she had severe nausea the last time she had this chemotherapy and there is a risk it could actually make her more unwell and hasten her death, as it can be damaging to the liver.

Questions

1. Is this 'futile' treatment?
2. Is it legal or ethical to provide or even offer treatment, purely for psychological benefit, rather than physical benefit?
3. Is there a difference between giving the high-energy supplements and the chemotherapy if both are purely for psychological benefit?

Case 17

A palliative care consultant Zayn has been asked by a clinical colleague to speak to a woman in her 60s. Sally has a progressive neurological condition and she now has limited verbal communication, worsening mobility and some elements of dementia. Her life expectancy is around 4 years. Sally is frustrated by her condition and the prospect of her future deteriorating health and reliance on her husband. She says to Zayn that she has been in contact with Dignitas in Switzerland and intends to go there for assisted suicide. Her husband and two adult children oppose this but are prepared to go with her if there is no way of changing her mind. Sally has rejected all other forms of counselling and Zayn feels that he should not abandon Sally but rather provide a sounding board for her thoughts and offer support for her family.

Questions 1. What support can Zayn offer Sally? 2. Are Sally's children at risk of prosecution if they take Sally to Dignitas for assisted suicide? 3. Should assisted suicide be lawful?

Case 18

Petra has multiple sclerosis and has struggled with her condition for 20 years. Two years ago, in her early 50s, she wrote an advance decision. In it she states that she does not want to be resuscitated or receive any invasive treatments in the event that there is a deterioration of her physical health. The advance decision was dated and signed by two of her neighbours. Petra had many discussions with her family, her husband and three adult children about her advance decision and why she was making it, and had clearly articulated her view that she never wanted to be admitted to intensive care or to receive life-sustaining treatment. Petra has now attempted suicide by taking an overdose of co-codamol. She was found unconscious by a carer, who called an ambulance, and she has been admitted to the High Dependency Unit. Petra's husband tells the treating team that his wife had really struggled with her limited physical mobility and that she had told him she had had enough of her life. He says he was not surprised by her suicide attempt and does not think it would be right to treat her and return her to a life she found intolerable. He produces Petra's advance decision which he says was given to the family lawyer and her general practitioner.

Question

1. Should an advance decision be respected following a suicide attempt?