

Case Studies

Cases and discussion questions by Robert L. Potter and Rosemary Flanigan

Freda's Wishes

Freda is a thirty-two-year old woman in an advanced fixed stage of multiple sclerosis. She is no longer able to move independently or feed herself. She is able to speak with great difficulty. Her decisional capacity is intact.

Freda's inability to swallow has caused her to lose weight to the point that she is clinically malnourished. Three decubitus ulcers have developed and are not responding to treatment. In conversation with long-term care nursing staff, social workers, and her attending physician, she has made it clear that she does not want a gastric feeding tube. In conference with staff, her mother, and an aunt, she has declared that she wants her two young children to be in the care of their father (who is not her husband), and that she ought to be allowed to die as peacefully and gracefully as possible.

Her mother takes her to a neurologist at a nearby teaching hospital where she has been followed in the past. The neurologist is persuaded by the mother and arranges the insertion of a gastric feeding tube.

When the patient returns to the long-term care facility, the nursing staff is in a high state of moral distress. They view the feeding tube as a flagrant violation of the patient's clear statement of preferences. They lash out at the mother and accuse her of manipulating the patient. Freda is frozen in a catatonic state and cannot, or will not, communicate with staff or family. The attending physician shows no willingness to try to reverse the decision to maintain the patient on the feeding tube. The nursing staff morale sinks very low as they see no way to avoid doing to the patient what she very clearly did not want done. They finally confront the attending physician and demand that something be done to relieve the patient's suffering and their moral distress.

QUESTIONS

1. What factors about Freda's case led to moral distress on the part of the long-term care facility staff?
2. Is their attack on the mother an appropriate response? Can it be justified?
3. What explains the attending physician's acquiescence to the existence of a feeding tube in his patient?
4. What arguments can you provide the staff when they confront the physician?
5. What should they do, if the physician remains unwilling to act on their concerns?
6. Has the neurologist acted responsibly?
7. What ethical principles, virtues, or consequences do you think play a role in the patient's suffering, and the staff's moral distress?
8. What information do you have that would lead you to believe that the patient has decisional capacity?
9. Do patients have the right to refuse artificial nutrition and hydration? How would *you* help Freda explain her wishes to her mother and aunt?

Casey's Last Inning

Casey, a forty-seven year old woman, umpired little league baseball games until she apparently suffered a cardiac arrest six months ago. She suffered anoxic brain damage and is now in a persistent vegetative state. Her mother, who lived with Casey until her illness, insists on aggressive treatment despite the poor prognosis. The nursing home staff has reluctantly agreed to CPR.

About midnight, staff discover Casey to be without pulse or respiration. Medics are called (911) and the rescue squad arrives within six minutes. During this time the nursing staff initiate CPR. After twenty minutes of unsuccessful resuscitation, Casey's physician is called for instructions. The doctor orders that the resuscitation efforts be continued, and that Casey be transported to a nearby emergency room. The nursing staff is reluctant to carry out this order. The rescue squad is willing to proceed. The physician is not willing to come to the nursing home to supervise the resuscitation attempt.

QUESTIONS

1. When Casey was transferred from the hospital to the long-term care facility, a window of opportunity to discuss treatment redirection was apparently missed. Create the conversation that could have taken place.
2. As the director of nursing on the night shift, you are the one who calls the physician for instructions. How might you be more assertive in this exchange?

“If You Prick Me, Do I Not Bleed?”

Elizabeth is over 100 years old. She has very little cognitive decline and is proud of having lived in three centuries. However, her physical condition has deteriorated during the past several months. Her only surviving daughter realizes and accepts that death is near.

Elizabeth has been on a variety of cardiac medications including a blood thinning regime, for years. This requires a blood test every month for controlling the pro-time. The patient moans every time she is touched or turned, and cries out in pain whenever blood is drawn. Helen has been Elizabeth’s nurse for more years than she cares to remember, but today she is reluctant to draw this blood. She talks to the Director of Nursing who tells her that the physician is very particular about continuing to monitor the pro-time accurately. Elizabeth’s daughter is passive and does not complain. Helen decides to call the physician who gruffly reminds her that “good medical practice requires the blood be drawn to monitor the pro-time.” The nurse approaches the bedside where Elizabeth is resting quietly and ponders what to do.

QUESTIONS

1. Thinking ethically usually becomes conscious when there is a conflict of values. The physician’s need for the monthly blood test can be justified by best practices criteria. The nurse’s conflict is not with professional standards. What is the basis of the conflict that causes her moral distress?

2. What realistic options lie open to the nurse? Justify each.

Reflecting on Cases involving Moral Distress

Each of the cases presented here involves moral distress.

Each should be analyzed according to its particular merits and context. The following questions, however, will help individuals or ethics committees clarify the nature of the conflict, the impasse, and the sort of moral distress that characterizes each situation.

1. Have the healthcare providers clearly stated what they believe is the right and good and wise action that ought to be taken for the patient?
2. Has the barrier (persons, rules, policies) to taking the right, good and wise action also been named?

The following questions test whether adequate attempts have been made to deal with the moral distress created by the conflicting goods:

1. What strategies for implementing the right, good and wise action, including compromise, have been carefully considered and weighed for their potential?
2. Before you give up in "moral despair" ask if there is someone outside the situation who can break the impasse.

These questions are important elements in all ethical deliberation.

**For Further
Discussion**