

# ETHICS AT THE END OF LIFE

When the request is to “Do  
everything!”

# SCENARIO

June is a 75 year old woman with severe COPD. She is brought to the Emergency Department by ambulance with confusion, severe shortness of breath, cough and fever. Chest x-ray shows pneumonia as well as some shadows on her lungs and ribs that are likely indicative of metastatic lung cancer.



# SCENARIO

She has passed only a few drops of urine in the past 24 hours, and blood tests show her kidneys are not functioning well.

The team has explained to June's husband that she is very sick. Her chances of recovery are small, even with intensive care.

Her husband is distraught and demands that she be admitted to ICU and ventilated like the last time she had pneumonia.



# SCENARIO

“She survived that time,” he says tearfully. “She will survive this time too.” June has no advance directive, and her husband continues to insist that the team “do everything”. He refuses to agree to change her **Advance Care Planning - Goals of Care** from Resuscitate to Medical or Comfort.

The team is concerned that when June codes, they will have to do CPR, which would be painful and likely ineffective.



# END OF LIFE CARE

The team may feel conflicted about their obligations in this case. They are worried that CPR

- will not achieve its physiologic aim (e.g. survival)
- has a very low likelihood of being successful
- will not result in an acceptable quality of life
- is likely to cause a disproportionate amount of suffering for the expected benefit



# END OF LIFE CARE

This kind of situation creates conflicts between the principles of **respect for autonomy** and **non-maleficence**. On one hand, the team may feel pressured or obligated to respect the patient's or family's wishes regarding treatment. On the other hand, it can be very difficult when the team knows that treatment is likely to cause pain and suffering without the benefit of being effective.



# QUESTIONS FOR REFLECTION AND DISCUSSION

- ▶ How would you handle this situation? Why?
- ▶ What are the team's obligations to June?
- ▶ What are their obligations to her family?
- ▶ Are there other ethical considerations?



# QUESTIONS FOR REFLECTION AND DISCUSSION

- ▶ What are the main conflicts in this situation?
- ▶ How can obligations be satisfied here?
- ▶ Does your facility have a policy on providing care at the end of life?





# RESOURCES

Please go to the MB-PHEN website for additional resources and discussion points.

[www.MB-PHEN.ca](http://www.MB-PHEN.ca)

# REFERENCES

- ▶ Beauchamp, T. & Childress, J. (2012). *Principles of Biomedical Ethics*. 7th ed. Oxford University Press: Oxford.
- ▶ Jonsen, A., Seigler, M, & Winslade, W. (2010). *Clinical Ethics*. McGraw Hill: New York.
- ▶ Schneiderman, L. J. (2011) *Defining Medical Futility and Improving Medical Care*. *Bioethical Inquiry* (8), 123-131.
- ▶ WRHA Policy: *Advance Care Planning – Goals of Care*  
<http://home.wrha.mb.ca/corp/policy/files/110.000.200.pdf>

