



ETHICAL DIMENSIONS

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Mrs. P suffered a severe stroke that left her in a persistent vegetative state (PVS). This is a condition in which the higher brain center—which accounts for human awareness, feeling and expression—is destroyed permanently. But the brain stem—which accounts for some vegetative functions such as breathing and digestion—continues to function. Persons in such a state can survive for years and even decades, but there is no hope of them ever regaining consciousness. It is estimated that there are some ten thousand persons in the United States in this condition, with an annual cost of about \$1.5 billion.

Once the hospital staff determined that Mrs. P was in PVS, they recommended that further curative and life-sustaining care be discontinued and that only comfort care be provided. But her husband and children said that she was a fighter and had expressed the wish to have her life extended as long as possible. After further discussions with the family and the family's continued insistence on full care, the hospital went to court in an effort to stop treatment that they considered unreasonable. When Mrs. P died she had been treated for over a year at a cost of more than one million dollars without her condition changing.

A case such as this needs to be looked at on three different levels of ethical concern. We can consider questions in terms of: 1) what individuals should decide; 2) what institutions should decide; 3) what society should decide. Using the following scale, indicate your position on these questions.

1 strongly agree 2 agree 3 not sure 4 disagree 5 strongly disagree

Individual Ethics

1. Mrs. P has a right to expect that her wishes be respected.

1 2 3 4 5

2. If she develops pneumonia she should receive antibiotics.

1 2 3 4 5

3. A physician has a right to refuse care to Mrs. P that the physician considers useless.

1 2 3 4 5

4. If providing this care to Mrs. P would use resources that would result in care being denied to others who have hope of recovery, Mrs. P should be denied this care.

1 2 3 4 5

5. If this care is paid for with Mrs. P's personal money, it should be provided—no matter what.

1 2 3 4 5

Institutional Ethics

1. Insurance companies would not act unethically if they refused to pay for curative care once a diagnosis of PVS is made.

1 2 3 4 5

2. Hospitals have an ethical duty to treat patients in accord with patient wishes whether the patient is in PVS or not.

1 2 3 4 5

3. The hospital's decision to seek court intervention to stop useless treatment was not ethically acceptable.

1 2 3 4 5

4. Hospitals should lobby their legislators to pass helpful legislation on questions such as these that require community clarity.

1 2 3 4 5

Societal Ethics

1. There should be a federal mandate requiring life-sustaining treatment for all persons who are not clearly brain dead.

1 2 3 4 5

2. We should expand brain death laws to include those in a persistent vegetative state.

1 2 3 4 5

3. Issues such as these are best handled by individual choice and professional judgments, not by making new laws.

1 2 3 4 5

4. Society should conserve its health care resources by refusing to provide more than comfort care to those in PVS.

1 2 3 4 5

An essential first step in dealing with ethical issues is to determine on which level we are working. Then we can decide *who* and *what ethical tools* are needed to address adequately the question on that level. The people and tools suited to one level are not always appropriate for other levels.



**OPINIONS AND FEELINGS ARE FREQUENTLY A PERSONAL TRIUMPH OVER GOOD THINKING
YOU DEFINE REALITY BY WHAT YOU KNOW, WHAT YOU BELIEVE, AND WHAT YOU DO ABOUT IT.**