



# ETHICAL DIMENSIONS

Issue #25

## Complying with Patients' Wishes

Spring 1998

When Mrs. S, a 41-year-old mother of two young children, was diagnosed with **ovarian cancer** two years ago, she and her husband discussed treatment options with her oncologist and **decided** to pursue aggressive treatment. It was unsuccessful. When she and her husband were told that her **condition** was terminal, Mrs. S expressed her wishes that she not receive aggressive treatment, but be kept as **pain-free** as possible; that she remain at home and receive hospice care; and that CPR not be performed **because she** wanted to die peacefully. She executed an advance directive (AD) that stated, "I want to be cared for **per my wishes** as expressed to my husband and physician," appointing her husband her "durable **power of attorney** for health care." Two days ago, Mrs. S experienced difficulty breathing, was transported to the hospital, and was admitted to the ICU for respiratory support. Mr. S made clear to the staff that **he wanted** all possible life-sustaining treatments provided for his wife, including CPR and other resuscitative measures. Neither her oncologist (who was aware of her wishes) nor any other treating physician (all of **whom** knew of the AD) wrote, or even offered to write, a DNR order for Mrs. S. On the second day of her hospitalization Mrs. S suffered a full arrest and was given CPR. She is now unconscious and on a ventilator.

This case can be considered from the perspectives of individual ethics, institutional ethics, and societal ethics. Respond to the statements below using the following scale:

Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

### Individual Issues

- Individuals should include detailed treatment preferences in their ADs.  
 1  2  3  4  5
- This situation could have been avoided if Mr. and Mrs. S had talked more about end-of-life issues.  
 1  2  3  4  5
- Treatment plans should always be based on the patient's preferences; never on those of family and loved ones.  
 1  2  3  4  5
- Mrs. S should have chosen a surrogate decision-maker that would have complied with her wishes.  
 1  2  3  4  5
- The only possible reason the oncologist didn't write the DNR order was fear of being sued by Mr. S.  
 1  2  3  4  5

### Institutional Issues

- This hospital's policy on ADs should be revised to resolve the problems raised by this case.  
 1  2  3  4  5
- Complying with patients' wishes regarding CPR is a quality issue that should be monitored by quality management.  
 1  2  3  4  5
- The fact that CPR was performed on Mrs. S should be communicated to risk management in an incident report.  
 1  2  3  4  5
- It is the physician's professional responsibility to ensure that a patient's wishes are carried out once he/she is aware of those wishes.  
 1  2  3  4  5
- The oncologist's failure to write a DNR order should be reported to the medical staff for possible disciplinary action.  
 1  2  3  4  5

### Institutional Issues

- ADs have greatly improved end-of-life decision making in American healthcare.  
 1  2  3  4  5
- The Patient Self Determination Act (PSDA) has resulted in improved end-of-life decision making.  
 1  2  3  4  5
- More money and effort should be spent on promoting the use of ADs among the population at large.  
 1  2  3  4  5
- Physicians should have a legal duty to promote the use of ADs by patients under their care.  
 1  2  3  4  5
- Patients and families who insist on aggressive life-sustaining treatment when death is no longer unexpected should be personally responsible for the cost of that treatment.  
 1  2  3  4  5



**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.**