Complying with Patients’ Wishes

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:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

### Individual Issues

1. Individuals should include detailed treatment preferences in their ADs.
   - [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

2. This situation could have been avoided if Mr. and Mrs. S had talked more about end-of-life issues.
   - [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

3. Treatment plans should always be based on the patient’s preferences; never on those of family and loved ones.
   - [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

4. Mrs. S should have chosen a surrogate decision-maker that would have complied with her wishes.
   - [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

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

1. This hospital’s policy on ADs should be revised to resolve the problems raised by this case.
   - [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

2. Complying with patients’ wishes regarding CPR is a quality issue that should be monitored by quality management.
   - [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

3. The fact that CPR was performed on Mrs. S should be communicated to risk management in an incident report.
   - [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

4. 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

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

1. ADs have greatly improved end-of-life decision making in American healthcare.
   - [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

2. The Patient Self Determination Act (PSDA) has resulted in improved end-of-life decision making.
   - [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

3. More money and effort should be spent on promoting the use of ADs among the population at large.
   - [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

4. Physicians should have a legal duty to promote the use of ADs by patients under their care.
   - [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

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**