

The Last Days of Mrs. M. A Real Story of Modern Medical Ethics

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In several states, your elected legislators are currently attempting to pass legislation that will give doctors the permission to terminate a patient's life and/or patients the right to terminate their own life. Oregon was the first in the late 1990's , but now California, Arizona and Vermont are all seeking passage of "death with dignity" or "assisted suicide" laws. In my state, the legislation has not been put up for a vote yet but a more subtle form of physician-assisted death occurs nonetheless. Let me share a story with you.

The Last Days of Mrs. M.

It had been about seven days since Mrs. M at the nursing home stopped eating. She had been refusing medications and meals intermittently before this but now she was no longer swallowing or taking any medications. Her husband kept a vigil at her bedside and asked the physician if there was anything that could be done for her. The physician explained that her Alzheimer's disease was effecting her ability to swallow and that her death was imminent without food or water.

Mr. M requested that "everything possible" be done for her to keep her from dying. The physician explained that he could arrange for a feeding tube to be placed in her stomach at the hospital as a means of supplying food, water and medications, if this is something he thought his wife would have wanted. At the very least, she would not die from dehydration and the ability to provide medications would be afforded. He replied that they had never talked about it, but being her power of attorney, he was adamant that she receive artificial nutrition and hydration. He said he was not ready to lose her and would want food and water for her. Mr. M seemed relieved when the physician arranged for a short hospitalization for the placement of a feeding tube.

Two days after admission to the acute care hospital Mr. M, who resided at the nursing home, was called by the Palliative Care Team at the hospital who attempted to discourage him from allowing the placement of a feeding tube. He adamantly stated what his wishes were and that was to have the tube inserted. The next day the nursing home physician was called by the Palliative Care Team to obtain more information and "clarity" regarding this patient's end-of-life care. The nursing home physician stated that Mr. M. had the legal right and responsibility to make decisions for his wife and he would not attempt to dissuade him. The Palliative Care Team physician argued that she had personally asked Mrs. M if she wanted a feeding tube and she said "no." The nursing home physician reiterated that Mrs. M had not been cognitively intact in the past two years and her lack of competency had already been determined by a psychiatrist at the nursing home. The palliative care team then proceeded to call Mr. M three more times over the ensuing three days to convince him to change his mind regarding the feeding tube. They then attempted to get a competency hearing at the hospital further delaying the procedure and bypassing the power of attorney's decision.

All this time, Mrs. M continued to languish at the acute care hospital without sustenance and developed acute coronary problems. The opportunity to place a feeding tube was now lost at this point as the patient's medical condition worsened. After the 6th day of hospitalization, the hospital physician asked the nursing home physician if he would like a cardiology consultation and transfer to the ICU. Mr. M asked that his wife be brought back to the nursing home so he could spend their last days together. The hospital obliged and sent her back where she died three days later with Mr. M at her side.

In the last nine days of her life, six days were spent in an acute care hospital away from her husband while the hospital palliative care team delayed the tube placement until she was too sick to have it placed.

What does this story tell us about the current state of medical care and ethics?

- 1) If you are cognitively impaired, you no longer are entitled to the basic needs of life: food and water.
- 2) The "ethics" of a "palliative care" committee at a major university-affiliated hospital can override the legal rights of a patient. Particularly if the power of attorney is an "old man in a nursing home", regardless of the fact that he was legally and medically competent to act on his wife's behalf.
- 3) A cardiology consultation and transfer to an ICU are deemed more appropriate than feeding with food and water, despite the huge costs associated with this critical care.
- 4) A palliative care specialist is willing to accept the "yes" or "no" from a demented patient regarding treatment or lack thereof that will end her life, but that same patient can't sign a check at the supermarket for cat food!
- 5) When life is devalued at the beginning, it becomes easier to devalue it at the end.

We are not morally obligated to provide food and water if by doing it is burdensome to the patient. (For example, feeding a patient with bowel obstruction from incurable cancer)

However, as Christians we are to provide food and hydration if the patient is not eminently dying from something else and the provision of artificial hydration is not over burdensome to the patient. This patient had dementia but was not actively dying. A value was placed on her "quality of life" and she was deemed not worthy of receiving basic care. The refusal to provide the basics of life was a passive form of euthanasia and the patient's rights were ignored.

Currently, a family in Texas is fighting for the life of their child as a hospital attempts to terminate life support because they deem the "quality of life" poor and the continued treatment futile.