The Ethical Practice

Case #1

(Submitted by Annette Carron, DO, Chairwoman of the Ethics Committee)

The patient is a 75-year-old female who had lived independently prior to presenting in the emergency room with a massive ischemic CVA. She has three children and eight grandchildren. She is nonverbal and hemiparetic with dysphagia. As a result of a swallowing study, it is recommended she be NPO. The patient has a clear advance directive for no artificial life prolongation in the case of an irreversible, terminal illness.

All of the patient's family agree she would not want a PEG tube and artificial feeding in her current medical situation, based on her living will and previous verbal communication. The physician strongly encourages PEG feeding for the purpose of allowing some time for her to improve, citing that the patient does not necessarily have an irreversible, terminal illness at this time.

Is there a potential ethical conflict here? Yes. The conflict involves honoring the patient's wishes (autonomy) as expressed through her living will and her surrogate decision-maker, versus the physician's right to provide care that he or she believes is appropriate (beneficence). In this case, the patient has the right to autonomy and all family members agree to uphold the patient's wishes and not put in a PEG tube. The physician has a duty and an obligation to recommend a therapeutic intervention he or she believes is appropriate and consistent with the standard of medical care.

If the physician and the family disagree, as in this case, the physician should not be coercive and also has the right to transfer the patient to another service. Both ethically and legally, the patient has a right to autonomy and in this case, the family agrees to uphold the patient's wishes by not allowing a PEG tube to be inserted.

It is an acceptable medical standard of care to not provide artificial nutrition/hydration if it is against the patient's or surrogate's wishes, or if it would cause a significant burden to the patient.