The Ethical Predicament Paper

Deanna Jerauld and Luz Nunez

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CHHS 350: Ethics
The Ethical Predicament

Peter and Lillian Pike came to the health and human services counseling department expressing concern about their twenty-five year old sister, Ana. Ana has been in a vegetative mental state on life support for the past two years. In addition, she currently has a feeding tube as a result of a car accident in which her friend Christina, was drunk driving after a late night of partying. The patient’s next of kin are her parents, John and Amy who are devout Catholics and have expressed their wish to have Ana stay on life support indefinitely despite multiple physician’s stating that she would need to have a feeding tube to provide her nutrients for the rest of her life. Peter and Lillian have said that before the accident, Ana had verbally expressed that if she were ever in this type of situation, she would not want to be kept alive for such a long period of time.

The social worker professional assigned to this case and the consultant that the professional discusses the case with need to frame the dilemma into a predicament so that the Pike family can better see their options concerning Ana’s medical care. Furthermore the professional needs to speak with the consultant with the intent of having the consultant inform the professional about legal cases, review the ethical code of their profession as well as give advice about how to support the Pike family. Finally the consultant and professional must come up with a contingency plan on how to deal with possible negative outcomes that result from the professional’s involvement in Ana’s case.

The Ethical Dilemma

The ethical dilemma present in Ana’s case is, should her feeding tube be taken out or should she continue to be fed through a feeding tube for the rest of her life? The two main conflicting ethical values that the professional and indeed everyone in the Pike family need to consider is
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Ana’s autonomy and freedom as opposed to her protection of life rights. (Raines & Dibble 2011b)

Ana’s two older siblings, Peter, twenty-nine and Lillian, twenty-seven believe that Ana should have a say in when and how she dies. Although she cannot communicate at present, Peter and Lillian wish to honor their sister’s decision to end her life based upon her statement about being on life support before the car accident. Peter and Lillian’s belief about euthanasia coincide greatly with the ideals of utilitarianism in which people “do not believe in the sanctity or intrinsic worth of life [and that] the worth of a particular life depends only on the degree to which the pleasures of that life outweigh the pain of continued existence” (Boss, 2011 p.294). In their eyes Peter and Lillian believe that Ana’s life “no longer brings [her] any happiness” and have actually brought more harm than good to their family. Furthermore, Ana’s siblings believe that the continuation of Ana’s life would only serve to prolong and increase her suffering as well as the suffering of the Pike family as a whole. (Boss, 2011) In short Peter and Lillian value Ana’s freedom to decide how and when she should die despite her inability to verbalize such a choice.

However John and Amy, Ana’s parents are devout followers of the Catholic faith which forbids, by divine command ending another human being’s life, therefore “the taking of human life… is a sin against God”.(Boss, 2011 p.294) This belief relates to religious morality and specifically the divine command theory, that states “morality is relative to what God commands or wills” because “God’s reasons are ultimately unknowable to humans and therefore, we must accept God’s commands- whatever they are- on faith” (Boss, 2011 p. 150-151). Consequently, John and Amy believe that they would sin against God if they were to allow a procedure to be done that would end in their daughter’s death.
The Ethical Predicament

What can be done to alleviate the pain and suffering of the client?

Removing Ana’s feeding tube is a one possible solution to alleviate her pain and suffering. A benefit of removing Ana’s feeding tube is that any pain that she may be suffering will end because she will no longer be alive. Some of the possible consequences of removing, Ana’s feeding tube is that her parents would suffer because their spiritual beliefs prohibit assisted suicide.

Another possible solution is Keep Ana alive by monitoring and making changes to her medication regimen when necessary to alleviate her pain and suffering. The benefit of this point is that Ana will also have an opportunity to have different types of therapy, musical, physical and spiritual therapy in order to maintain her quality of life. On the other hand, a consequence of this is that Ana’s family will be financially burdened by the cost of the different types of therapy. In this way Anna’s health and quality of life will be monitored and maintained while her parents’ spiritual beliefs would not be tested.

The Primary Client and the Non-client Stakeholders

Power, as defined by Benfari, Wilkinson and Orth (1986) “is the capacity to influence the behaviors of others” and goes on to say that the only way to judge the effectiveness of power is by observing human relationships and the positive and negative outcomes that are produced when different types of power are used. These outcomes are based solely on how the recipient perceives the behavior of the person in power. For this reason the professional and consultant take into serious consideration the types of power and how each person involved in Ana’s case is using their power. If stakeholders and clients are using their power in a negative way, it is the professional’s responsibility to exercise referent power. This type of power is usually associated
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with friendship where “[professionals] can build on common interests, values, viewpoints and preferences to a point that other people can get to know them.” (Benfari, Wilkinson & Orth, 1986)

The primary client is the Pike family as a whole with Ana, a secondary client, as the main focus. Ana is considered a secondary client and not simply a stakeholder in this situation because even though she is unknowingly entering into a fiduciary relationship with a professional, Ana could have made the decision to enter into such an agreement before her car accident. John and Amy are in charge of Ana’s medical decisions because Ana had no clear written and signed instructions for how she wanted to be cared for in a medical emergency. As a result John and Amy have considerable authority power concerning Ana’s medical decisions. Her two older siblings Peter and Lillian, possess affiliation power because they are related to the people that make the final decisions when it comes to Ana’s medical care. However Peter and Lillian are using their personal relationship to John and Amy in a “power negative” way by “acting out of [their own] self-interest[s].” (Benfari, Wilkinson & Orth, 1986)

The non-client stake holders in this case, are Ana’s doctors and nurses who hold informative power because they are experts in their field. Another group of stakeholders involved in Ana’s care are the hospital administrators who work in the facility that Ana resides in. These stakeholders have a certain amount of authority power in that they are ultimately accountable for the results of Ana’s care. (Benfari, Wilkinson & Orth, 1986)

By knowing the differences between primary, secondary and non-client stakeholders, professionals in the human services field can understand and work with the people involved in Ana’s case more effectively. Furthermore being conscious of the various types of power that
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influence the complex relationships present in this situation is invaluable in maintaining a civil and respectful connection concerning everyone involved in caring for Ana whether it be from a medical standpoint or a relational standpoint.

**Code of Ethics**

The National Association of Social Work (NASW) code of ethics “focuses on the human well being and helps meet the human needs of all the people, with particular attention to the needs and empowerment of the people who are vulnerable, oppressed, and living in poverty” (NASW code of ethics, 2008). In the social work profession which is supported by the NASW code of ethics a professional has an obligation to articulate the code’s basic values, ethical principles, and ethical standards. All social workers follow the same guidelines and collaboration with each other in order to be successful. The NASW code of ethics mission is embedded with a set of values, which are service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. (NASW code of ethics, 2008).

The NASW code of ethics would be the best ethical code for Ana’s because the NASW focuses on the well being of all people in order to meet the client’s needs. In this case the Pike family as a whole is the client in need. The professionals show integrity by honoring and validating the relationships between the family members. The consultant advocates for the family in a competent way by using her own skills and knowledge that will help support the client and their needs while taking the dignity and worth of a person into consideration. The consult want the best for the client and the people that surround them. For instance, in this situation the consult would more likely take the Pike family as a whole and validate the depth of the relationships between the family members and help them come up with a solution for Ana’s well being.
Potential Legal Issues

The potential legal issue is death with dignity, the legal term use for assisted-suicide, which is defined as a lethal dose of medication prescribed by a physician so that a terminally ill patient is able to end his or her own life. This is strictly for terminal patients who have six months or less to live. A patient who wishes to die must be deemed mentally competent by a physician or psychiatrist before doctors can request the medication. Assisted-suicide is currently legal in three United States: Oregon, Washington, and Montana (Messerli, 2011).

The WorldNet Daily reported by Lynne (2006) stated that a woman named Terri Schiavo was in a serious health stage seeking death by means of assisted suicide in Florida. This is a significant example of the legal issues that Ana and many other people with similar injuries face. Terri Schiavo a 26 year old suffered brain damage after mysteriously collapsing at home, ended up in a vegetative state in which physicians and doctors stated that Terri was unlikely to recover. Taking into consideration that assisted suicide is illegal in Florida Terri was alive according to the doctors; “doctors emphasized that PVS [persistent vegetative state] is a clinical diagnosis to be made on a leaving patient, not dead.” (Lynne, 2006). Since Terri was in a persistent vegetative state, she was only able to breathe and maintain blood pressure but required a feeding tube after eight years of her being in persistent vegetative state. (Lynne, 2006).

After eight years, Terri’s husband, Michael, petitioned to remove her feeding tube but was unsuccessful because Terri’s family members believed that assisted suicide was a sin according to their spiritual beliefs. There are many parallels drawn from Terri’s case to Ana’s. One of which is that her family had a very difficult time letting go of their daughter and wife. This case was a hot topic for fifteen years which resulted in her husband’s wishes to have Terri’s feeding tube removed. Terri died of dehydration a few days later in March 30th, 2005.
Three Courses of Action

One course of action that could be taken in order to resolve the Pike family’s conflicts is to bring Amy and John to counseling meetings to discuss with Peter and Lillian possible case management plan so that the family can come to an agreement about Ana’s care and well being. An alternative to this course of action is that John ad Amy could be legally mandated to receive counseling with a spiritual counselor or catholic priest to cover issues relating to Ana’s condition and possible decisions while considering Ana’s interests. Yet another option in Ana’s case is to take legal action to transfer the durable power of attorney to Peter and Lillian. In this way Peter and Lillian will be able to take away their parents authority power for Ana’s benefit.

Both the social worker involved with the family and the consultant whom the social worker has confided in believe that the first option is the best course of action. By working together, the consultant and the professional see the benefits in bringing the family together in order to discuss and decide upon a possible plan of action. In this way the family can clarify together what Ana would have wanted if she herself could communicate her desires and needs in terms of her medical care.

Clinical and Emotional Factors

It is the professional’s duty to assess the variety of different factors that influence a complex case like Ana Pike’s. The professional’s main focus is on the clinical and emotional concerns that the primary clients are faced with.

Firstly the professional needs to manage the clinical concerns of the Pike family by addressing the polarizing feelings of disloyalty, anger, sorrow and sadness while exploring why these emotions are being brought to the surface. Another way in which a social work professional can assist the Pike family through this crisis is to inform them of the standards of care mandated and
assisted by the hospital to Ana. Most importantly when assessing the clinical needs of a client
or patient the professional must assess the dangerousness of a situation. In other words the
professional must ask: How much danger is my client in, and how immediate and permanent is
this danger? In Ana’s case the level of dangerousness is extremely high because her siblings,
Peter and Lillian are actively attempting to end Ana’s life through the removal of her feeding
tube.

Another important factor that the professional must address is to evaluate how mature the
parents and siblings are in making decision. If emotional factors, like being related to Ana are
preventing John and Amy from thinking rationally about all of Ana’s options, then the
professional needs to be culturally sensitive to John and Amy’s spiritual beliefs that prevent them
from considering assisted suicide as a rational option for their daughter.

Five Tests for Ethical Decision-Making
The practitioner and consultant have reciprocally reflected on the “Golden Rule” principle by
putting themselves in Ana’s situation. (Raines & Dibble, 2011a) By doing this, the social work
professionals have taken into consideration Ana’s state of being; wanting her wishes to be
enacted even though the decision to do so is painful and emotionally agonizing for her family.

The professional and the consultant have worked together to satisfy their fiduciary duties to
the primary clients while taking into account the needs of the stakeholders involved in Ana
Pike’s case. These duties include keeping confidential information private while reflecting on
and encouraging the Pike family to consider Ana’s freedom and autonomy to choose how she is
cared for even though she is a non-communicative client. The professional managing the Pike
family’s case also ensured that the doctors caring for Ana, notified Peter and Lillian about the
importance of protecting Ana’s life while maintaining the quality of her life in relation to her medical condition. Moreover the doctors have made sure that Ana’s pain is managed with medication while assuring the Pike family that Ana is secure and in a safe environment (Boss, 2011). Although the practitioner involved in Ana’s case has maintained a professional distance and attitude when interacting with the Pike family, the practitioner recognizes her biases concerning euthanasia and assisted suicide and has frequently sought out advice from her supervisor on how to deal with these biases.

Even though there is a foreseen negative response to this case from the media, the professional and consultant have focused on positive solutions that would protect Ana from harm. Additionally the professional and consultant focused on the immediate future of the primary clients, especially Ana with regards to her comfort level and her inability to make decision about her medical care. Both the professional and consultant agree that this case could be universalized based on the positive actions taken by the practitioner and clients to collaborate on and establish a compromise relating to Ana’s condition and medical concerns. Therefore the professional and consultant would “recommend a professional colleague handle a similar situation in the same manner” (Raines & Dibble, 2011a).

“Worst-Case” Scenario
The worst case scenario in this situation would be that is if Peter ad Ana take legal action to take away John and Amy’s rights to make decisions about Ana’s medical care, a judge could find that the parents are unsuitable guardians and transfer the durable power of attorney to the siblings. This may result in the siblings will decide for the doctors to take Ana’s feeding tube out this ending her life. The parents could then sue their children and the hospital for allowing this to happening.
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**Contingency Plan**

As a way to prevent the worst case scenario from happening, both the consultant and professional agree that working with the siblings, Peter and Lillian to help accept their parents’ decision concerning Ana’s medical care is an appropriate and meaningful way of honoring Ana’s right to life. Another strategy that the consultant and professional would employ is statistical information on past life support patients who have been in vegetative states. Using this information which is free of emotional biases, the professionals would be able to highlight the pros and cons of keeping Ana alive.

**Conclusion**

The professional and consultant know that there are still many issues that need to be resolved, namely the feelings of resentment on the part of Ana’s siblings for their parents’ decision to keep Ana alive against her will. Despite this, the professionals agree that by assessing the needs of the clients and stakeholders, creating a plan of action for the Pike family that is culturally, spiritually and emotionally sensitive to their needs, there has been significant progress towards the family’s goals.
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Reference


