

CASE 3: Now what? The case of Ms. Lewis

“Ms. Lewis, an 80-year-old woman, underwent aortic valve replacement and three-vessel coronary artery bypass surgery. Her postoperative course was complicated by acute pancreatitis, renal failure that required continuous renal replacement therapy (CRRT), acute respiratory failure, atrial fibrillation, and damage to her liver. Maximum therapy was being provided to treat the patient’s multiple medical issues when she developed encephalitis, an infection in her brain. Specialists from neurology and neurosurgery responded with additional treatments, but no surgical intervention helped.

The patient’s health continued to deteriorate, with neurological damage and the failure of multiple organs. The healthcare team recommended that Ms. Lewis should be transitioned from life support to end-of-life comfort care. Despite the involvement of multiple supportive services, the family persisted in requesting that all aggressive treatments be continued, including interventions that her physicians considered to be medically nonbeneficial, such as the insertion of breathing and feeding tubes. The entire medical team agreed that these types of treatments would only increase and prolong Ms. Lewis’s suffering.

The conflict between the medical team and Ms. Lewis’s family persisted for an extended period. Her healthcare providers, particularly the nurses, became increasingly frustrated and upset because they felt powerless to care for their patient in what they believed to be the most medically and ethically appropriate manner. The Ethics Service was consulted to help resolve the conflict with the family and to support the staff in dealing with the turmoil of negative emotions”.

Taken from “Shilpa Shashidhara and Shaylona Kirk, “Moral Distress: A Framework for Offering Relief through Debrief,” *The Journal of Clinical Ethics* 31, no. 4 (Winter 2020): 364-71.”

Ethical Reflection Questions based on the IDEA: Ethical Decision-Making Framework

Identify the facts

- What is the patient’s diagnosis and prognosis?
- What are the harms of the treatments/interventions?
- What are the preferences of the team and patient/family?
- What is standard practice of care?
- What contextual factors are relevant in this case?
- Who are the affected parties?
- What are the information gaps (i.e. clinical or contextual information)?
- What resources (e.g., people, professional standards/codes of ethics, policies, laws, frameworks, etc.) might be helpful?

Determine the relevant ethical principles

- What are the relevant ethical principles in this case study and how might they be applied (e.g., weight, scope, etc.)?
- Which principles/criteria do the stakeholders agree are most important?
- Are there any other factors that should be considered?

Explore the options

- What are the options to move this case forward, and what are the benefits and harms of each option?
- Do some options seem stronger than others? Do some options have important limitations?
- What is the most ethically justifiable option?

Act:

- Are you comfortable/able implementing the most ethically justifiable option?
- If your colleague asked you for help as an ethics champion, what you do, and where would you start?