End of Life Issues Paper

Sarah Jean

Old Dominion University

End of Life Issues Paper

In this paper, I will discuss the ethical dilemma behind the question, *Should Brain Dead Women Have Access to Euthanasia when Pregnancy is Involved?* It is a question that is not often asked because it is not often discussed or shown in media. This does not mean the situation does not occur. In Texas, a pregnant woman brain-dead woman was on life support for two months until taken off, due to the Texas Advanced Directive Act saying a pregnant woman could not be taken off life support (Fernandez, 2014). The law specified that it only applied for when a woman is still alive and removing her from life support would end her life. Legally, the woman was already dead when taken to the hospital, meaning the law would have no effect. Also, the patient was 14 weeks pregnant with her second child when she first arrived at the hospital; the fetus was not viable (Fernandez, 2014). It also suffered from hydrocephalus, a possible heart problem, and the lower extremities were deformed (Fernandez, 2014). The woman had stated numerous times to her spouse and family that she never wanted to be on life support, and if the scenario were to arrive, then to have her removed from any life sustaining machinery. The hospital, being unfamiliar with such a case instead decided to abide by the law to their strictest interpretation and refused to remove the patient off life support until the fetus was viable or died. The family upset with the hospital chose to take them to court to contest their decision.

**Viewpoints**

**Personal**

When reflecting on this ethical dilemma, I was surprised to find that even though every state has a different law on this topic, the decision still can vary depending on the hospital and their policies regardless of what the state precedents are. This ethical dilemmaquestions if a woman can plan and have their advanced directive carried out while she is pregnant. Or should they be held until the woman is no longer pregnant? From my personal viewpoint, I feel that it is a decision best left to the woman and her family, and it should be carried out regardless the situation. In the case of the woman in Texas, it was a rare one. The woman in Texas was one of the few who has had the conversation with her husband and family, about advanced directives and her wishes. She was able to have this conversation because she felt adamant in her decisions and knew what she wanted. Yet the precedents set before by the state and the hospital system denied her the right to choose what happens to her at the end of her life. The mother is one of the individuals most impacted by this ethical dilemma. It is her body and her child who are most affected by the situation. If the mother clearly stated that she did not want to be sustained on life support, is it ethical to hold her wishes, and prioritize a fetus over her? The same can be said for the father and caretakers. They supported the mother. It was unethical for the hospital to ignore these wishes because of fear of a lawsuit.

**Healthcare Providers**

As for the healthcare team and the hospital, they felt this situation was a moral grey area that they would not challenge. Instead the healthcare team chose to follow the law to the strictest interpretation. They believed that this choice protected them from any legal consequences that would be coming their way. Instead their chose had a negative impact.

**Ethics Committee Involvement**

It is not stated whether an ethics committee was involved, but it can be assumed that they were not, and if they were involved, then the ethical decision made by the hospital was to choose to follow and abide by the law. Due to the Texas Advanced Directive Act the patient mentioned would stay on the ventilator until her 14-week-old fetus was delivered or died, additionally the law protected the hospital from all liability as long as they kept the pregnant patient on life support, they would lose their legal immunity if they took her off, and this was the path the hospital chose to take (Goodwyn, 2014). The best solution would have been for the hospital to turn to the Association of Hospice and Palliative Care Nurses standards. They would have seen that their standards of practice state that a plan of care should be developed with the patient and family and members of the interprofessional team (Matzo & Sherman, 2015, p.7). Also, that the purpose of palliative care should include relief of suffering and increased quality of life for individuals and families (Matzo & Sherman, 2015, p.7). Some of the practices that the hospital should have done but failed to do so in their decision was, addressing psychosocial and spiritual needs of patient and family, incorporating cultural values and attitudes in developing a plan of care, creating a healing environment to promote a peaceful death, supporting those who are experiencing loss, grief, and bereavement, promoting ethical and legal decision making, advocating for personal wishes and preferences, utilizing therapeutic communication skills in all interactions, contributing to improved quality and cost-effective services (Matzo & Sherman, 2015, p.7). Instead the hospital sustained a corpse against the wishes of their patients and caused them to wrack up a bill for medical services they were against. They only considered legal ramifications and did not apply any ethical decision making.

The hospital should have referred to the ANA Code of Ethics for nurses. The ANA code of ethics provisions that apply most to this situation are that the nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population; and the nurse promotes, advocates for, and protects the rights, health, and safety of the patient (American Nurses Association, 2015). As for the principles, those involved are justice- fairness, beneficence- doing good, nonmaleficence- doing no harm, and autonomy- right of the patient to retain control over his or her body (American Nurses Association, 2015). The ANA ethical provisions relate because they outline that the patient is the priority. This means that in this decision, the nurse is not allowed to allow personal bias or opinions to seep into the information and advice they provide the patient. They should also inform patients what those rights are and how they may impact their health and safety. Most likely in this ethical dilemma, the patient would be the family. The nurse must also realize that the priorities and needs may be conflicting within a family and so they should be ready to address that situation as well. With the ethical principles, justice is relevant, because there is currently no set standard for patients dealing with this ethical dilemma. Whatever the decision ends up being, it must apply to all patients in that situation to be fair. With beneficence and nonmaleficence, they apply but they also contradict one another. In this ethical dilemma, if the mother would agree to be taken off life support and she was pregnant with a viable child, then harm would be done to the child, also if her decision conflicts with the family, then harm is brought to them as well, and they are also considered the patient. Finally, with autonomy, this is an obvious one, because it relates to the right of the patient to decide over their body. If the mother of a child stated that they did not want any form of life support regardless of pregnancy, from the perspective of autonomy, she has that right.

From this ethical dilemma, an improved outcome would have been for the hospital to follow their patient and family’s wishes. It is rare for an individual to have an advanced directive early in life and to have family members agree on it. Not agreeing to adhere to their wishes was a misstep for the hospital. Additionally, if the hospital was uncomfortable, they should have facilitated a discussion with the family utilizing the 4-box method, which is used to address ethical dilemmas in such situations (Schroeder, Miller, Shaw & Hutton, 2018). The boxes are *Medical Indications* which include the principles of beneficence and nonmaleficence, and has questions such as “What is the patient’s medical problem?”; next is *Patient Preferences* which includes the principle of respect for autonomy, and has questions such as, “Has the patient been informed, understood this information, and given consent?” (University of Washington School of Medicine, 2014). Next is *Quality of Life*, and the principles of beneficence, nonmaleficence, and autonomy, this box has questions such as “What are the prospects, with or without treatment, for a return to normal life?” and finally is, *Contextual Features* and the principles of justice and fairness, has the question, “Are there interests that might create conflicts of interest in the clinical treatment of patients?” (University of Washington School of Medicine, 2014). In using the 4-box method, there is clear communication, and it standardizes the process to lessen moral distress in these complex cases (Schroeder, Miller, Shaw & Hutton, 2018). It would also clarify exactly what the patient and family expected from the hospital, and by following through with those wishes, the hospital would have had nothing to fear.

**Conclusion**

*Should Brain Dead Women have Access to Euthanasia when Pregnancy is Involved?* From a personal viewpoint the answer is yes, women should. In the dilemma presented, where a Texas woman remained on life support against her wishes to preserve the life of her fetus, the situation was not handled approperiately. The hospital failed to address the situation ethically and instead felt it was best to hide behind the laws of the state while disrearding the wishes and needs of their patient and and her family. A better outcome would have been to approach the case ethically and to include the family in the decision making process, and while adhereing to open and clear communication. The hospital and healthcare professionals must remember their primary commitment is to the patient, and they must advocate for their rights, health, and safety; and to remember the ethical principles of justice, beneficence, nonmaleficence, and autonomy (American Nurses Association, 2015).

**References**

American Nurses Association. (2015). Code of Ethics for Nurses. Retrieved from https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/

Fernandez, M. (2014). Texas Woman Is Taken Off Life Support After Order. Retrieved from <https://www.nytimes.com/2014/01/27/us/texas-hospital-to-end-life-support-for-pregnant-brain-dead-woman.html>

Goodwyn, W. (2014). The Strange Case Of Marlise Munoz And John Peter Smith Hospital. Retrieved from https://www.npr.org/sections/health-shots/2014/01/28/267759687/the-strange-case-of-marlise-munoz-and-john-peter-smith-hospital

Matzo, M. & Sherman, D. (2015).  *Palliative care nursing: Quality care to the end of life,* (4th ed).  New York: Springer.

Schroeder, K., Miller, C., Shaw, H. & Hutton, L. (2018). Pregnancy in Serious Illness. *Journal of Hospice & Palliative Nursing*, 20(3), 212–216. doi: 10.1097/NJH.0000000000000422.

University of Washington School of Medicine. (2014). A case-based approach to ethical decision-making. Retrieved from <https://depts.washington.edu/bioethx/tools/4boxes.html>

**Nursing Honor Code**

"I pledge to support the Honor System of Old Dominion University. I will refrain from any form of academic dishonesty or deception, such as cheating or plagiarism. I am aware that as a member of the academic community, it is my responsibility to turn in all suspected violators of the Honor Code. I will report to a hearing if summoned.”

Name: \_\_\_\_\_\_\_Sarah Jean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

Signature: \_\_\_\_\_\_\_\_\_Sarah Jean\_\_\_\_\_\_\_\_\_\_

Date: 4.13.19