End of Life Ethics: Decision-Making in a Terminal Patient
Case Study by Dennis Sullivan, MD

Joanne Weldon is a 79-year-old woman in failing health. In the past three years, she has had multiple heart attacks, and now is in chronic congestive heart failure. She has just returned from two weeks in the hospital, and is taking digitalis, Lasix, and other medications to help with her heart function. However, she knows that she will die soon. Joanne is not upset at this prospect, since she is a Christian and has made her peace with the Lord.

Yet Joanne is worried about the dying process. She has seen many of her elderly friends suffer unnecessarily in the hospital, surrounded by tubes and technology that they would not have wanted. She has been talking with her daughter Linda, and wants her to have power of attorney for her health care decisions, should she be unable to make decisions for herself.

Linda has come to you, one of her best friends, because these conversations frighten her. Linda is an elementary school teacher, and has little experience with clinical healthcare matters. The two of you have gone to Starbucks for coffee, and she pours out her heart to you.

Questions for Discussion:

1. Linda begins with some general questions. She knows that her mother is suffering from a terminal condition, and even the best of medical care may not extend her life. Yet she wonders how much control we have over the time of our death. Where does our decision-making responsibility end and God's sovereignty begin? What would you tell her?

2. Joanne would like to sign a do-not-resuscitate (DNR) order, and she wishes to refuse invasive procedures or a ventilator if she enters a comatose state. Linda wonders if these requests are compatible with Christian morality. How will you respond?

3. There has been much discussion in the public about a “living will,” but Joanne would like to have a “durable power of attorney for health care.” What is the difference?

Extending the Discussion:

1. Just one month after this first conversation, Joanne has a sudden heart attack and is transported urgently to the emergency room. Unfortunately, emergency room personnel could not contact Linda, and were unaware of Joanne’s wishes. The emergency room resident intubated Joanne, and she is now on a ventilator. Joanne is unresponsive and in congestive failure; her blood pressure is very low. The doctors say that she has no chance of survival, and they would like to discontinue the ventilator. Should Linda agree to this?

2. In the practice of medicine, medical futility is a contentious issue. On the one hand, some treatments are indeed futile, and it seems reasonable to discontinue them, especially when death is imminent. Under these circumstances, it may dishonor the patient’s personhood and human dignity to prolong the dying process. On the other hand, personal care and comfort are never futile, and are never optional. What do you think of physicians who ignore dying patients when they make their morning rounds, or who talk to others at the bedside as though the patient isn’t there?
3. Some well-meaning Christians claim that withdrawing medical treatments is equivalent to euthanasia, or physician-assisted suicide. Is this true? Define these terms, and consider how this case may or may not fit those categories.

4. Suppose that Joanne survives this episode after all. Her heart failure improves, her blood pressure returns to normal, and the physicians are able to wean her from dependence on the ventilator. She is now off the ventilator, but the period of low blood pressure has led to severe brain damage. She is now unresponsive, and a neurologist claims she is in a persistent vegetative state (PVS). Is PVS the same thing as brain death? What decisions should Linda make now?

5. Is a feeding tube indicated to keep Joanne alive, even though she has no hope of recovery? How does the presence or absence of a clear statement of the patient’s prior wishes affect the outcome of this case?

Links and References for Further Research:
