

**Ethical and Legal Issues  
in Clinical Practice:  
End-of-Life Issues**

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**Learning Objectives:**

- ^ Describe the roles of respiratory care practitioners in end-of-life issues.
- ^ Describe the psychosocial dynamics involved in end-of-life care.

**Legal Issues Pertaining  
to Death**

**Determination of death**

- ^ **Uniform Determination of Death Act (accepted by most states)**
  - ◆ cessation of cortical function
  - ◆ cessation of brainstem function

Link to list of states accepting the UDDA (2002)  
[http://www.nccusl.org/nccusl/uniformact\\_factsheets/uniformacts-fs-udda.asp](http://www.nccusl.org/nccusl/uniformact_factsheets/uniformacts-fs-udda.asp)

**Determination of death**

- ^ **Clinical signs of brain death**
  - ◆ Apnea- test done by RCP
  - ◆ Absence of cough, gag reflex
  - ◆ Absence of pupillary response
  - ◆ Absence of corneal reflex
  - ◆ Positive doll's eyes
  - ◆ Absent response to pain

Link to American Academy of Neurology: Brain death determination  
[http://www.aan.com/professionals/practice/guidelines/pda/Brain\\_death\\_adults.pdf](http://www.aan.com/professionals/practice/guidelines/pda/Brain_death_adults.pdf)

**Determination of death**

- ^ **Coma- does not respond to external stimuli**
- ^ **Persistent Vegetative State (PVS)**
  - ◆ Irreversible cessation of higher functions of brain,
  - ◆ Involuntary (autonomic) bodily functions present
  - ◆ No reasonable expectation of reversal

**Autopsies**

- ^ Coroner's cases- varies among states
  - ◆ homicide, suicide
  - ◆ natural deaths
    - f no signed death certificate.
    - f sudden, unexpected deaths
    - f drug-related
    - f potential public health threat
    - f incarcerated individuals

**Court Case**

- ^Q: Do you recall the time that you examined the body?
- ^A: The autopsy started around 8:30 p.m.
- ^Q: And Mr. Dennington was dead at the time?
- ^A: No, he was sitting on the table wondering why I was doing an autopsy.

**Court Case**

- ^Q: Doctor, before you performed the autopsy, did you check for a pulse?
- ^A: No.
- ^Q: Did you check for blood pressure?
- ^A: No.
- ^Q: Did you check for breathing?
- ^A: No.
- ^Q: So, then it is possible that the patient was alive when you began the autopsy?
- ^A: No.

**Court Case**

- ^Q: How can you be so sure, Doctor?
- ^A: Because his brain was sitting on my desk in a jar.
- ^Q: But could the patient have still been alive, nevertheless?
- ^A: It is possible that he could have been alive and practicing law somewhere.

**Right-to-die**

- ^ State laws vary
- ^ Uniform Rights of Terminally Ill Act provides guidelines for states
- ^ Only Oregon allows physician assisted death

Link to Uniform Healthcare Decisions Act  
<http://www.law.upenn.edu/bll/archives/ulc/fnact99/1990s/uhcda93.htm>

**Right-to-die**

- ^ Patient Self Determination Act of 1990 requires healthcare facilities to provide written information to patients about their rights to:
  - ◆ make medical decisions
  - ◆ to advanced directives

**Advanced Directives**

- ^ Detailed instructions regarding a patient's wishes for end-of-life treatment
- ^ Patient must be competent to generate advanced directive

**Advanced Directives**

- ^ May include any or all of the following:
  - ◆ circumstances under which treatment should be discontinued
  - ◆ when heroic measures should or should not be taken
  - ◆ directions for organ donation, autopsy, or alternative treatment

**Advanced Directives**

- ^ Durable Power of Attorney- designates individual(s) to act on another's behalf in all legal matters
  - ◆ takes effect when the grantor loses ability to make decisions
  - ◆ acts as health care proxy
  - ◆ acts as power of attorney for end-of-life situations

Link to U.S. Living Will Registry (includes forms)  
<http://www.uslivingwillregistry.com/forms.shtm>

**Do-Not-Resuscitate order**

- ^ Order issued when a patient specifies that no CPR should be performed
- ^ Patient must be competent
- ^ Different procedure exists in each state

**Do-Not-Resuscitate order**

- ^ Often abrogated by others:
  - ◆ family
  - ◆ physicians

**Do-Not-Resuscitate order**

- ^ Bases for abrogation:
  - ◆ incompetence of patient
  - ◆ reversibility of condition
  - ◆ ignorance of DNR status
  - ◆ panic
  - ◆ emergency call- no choice for EMS, depending on state law
  - ◆ denial of patients' rights to DNR status

**Resuscitation types/levels**

- ^ everything, but chest compression
- ^ everything, but intubation
- ^ medications, only
- ^ comfort measures, only
- ^ 2 from column A, 1 from column B
- ^ token resuscitation (slow codes)

**Euthanasia**

- ^ Active euthanasia - conscious act that results in death
  - ◆ legal?? in The Netherlands
  - ◆ legal in Colombia
  - ◆ physician-assisted suicide- legal in Oregon

**Euthanasia**

- ^ Involuntary euthanasia
  - ◆ ethical concern- euthanasia could be extended
  - ◆ "Welcome to the Monkey House" Kurt Vonnegut (short story)

**Euthanasia vs. DNR**

- ^ Killing, vs. removing obstacles to death
- ^ Heroic measures often only prolong the dying experience for all concerned

**Hospice**

- ^ Facilities to care for dying patients- home or facility
- ^ Focuses of care
  - ◆ pain control
  - ◆ symptom control
  - ◆ emotional support- for all
  - ◆ not curative or rehabilitative
  - ◆ not euthanasia or assisted suicide

Link to on-line videos about end-of-life issues  
<http://ethics.sandiego.edu/video/Catalogue/EndOfLife.asp>

**End-of-Life Decisions**

**Factors that may affect decisions**

- ^ Religion
  - ◆ Most religions do not forbid DNR, life support withdrawal
  - ◆ may refuse sedation, pain medications

Link to information on world religions and end-of-life issues  
[http://www.endoflife.northwestern.edu/religion\\_spirituality/part\\_five.pdf](http://www.endoflife.northwestern.edu/religion_spirituality/part_five.pdf)

**Factors that may affect decisions**

- ^ Religion
  - ◆ Jewish law forbids hastening of death
    - f may influence physicians
    - f discontinuation of life support
    - f autopsy

Link to information on world religions and end-of-life issues  
[http://www.endoflife.northwestern.edu/religion\\_spirituality/part\\_five.pdf](http://www.endoflife.northwestern.edu/religion_spirituality/part_five.pdf)

**Factors that may affect decisions**

- ^ Issues influenced by culture
  - ◆ communication of bad news
    - f some cultures dispute right to informed consent
    - f informing patient may be considered cruel
    - f informing patient may be considered self-fulfilling prophesy

**Factors that may affect decisions**

- ^ Issues influenced by culture
  - ◆ locus of decision-making
    - f patient does not decide
    - f illness is family event
    - f family may be the collective decision-maker

**Factors that may affect decisions**

- ^ Issues influenced by culture
  - ◆ minority attitudes about advanced directives and end-of-life care
    - f mistrust for healthcare system
    - f less likely to have advanced directives, DNR status
    - f less likely to be organ donors

Link to article about cultures and end-of-life decisions  
<http://www.aafp.org/afp/AFPprinter/20050201/515.pdf>

**Factors that may affect decisions**

- ^ Age of patient
  - ◆ Asians revere elderly and want aggressive care
  - ◆ parents- difficult to let children go
- ^ Finances
  - ◆ families may be collecting social security, retirement, etc.

Link to information on cultures and medicine  
<http://ethnomed.org/ethnomed/>

## Grieving

### Grief Story

^ An Illinois man left the snow filled streets of Chicago for a vacation in Florida. His wife was on a business trip and was planning to meet him there the next day. When he reached his hotel, he decided to send his wife a quick e-mail. Unable to find the scrap of paper on which he had written her e mail address, he did his best to type it in from memory.

### Grief Story

He missed one letter and his note was directed instead to an elderly preacher's wife whose husband had passed away only the day before. When the grieving widow checked her e mail, she took one look at the monitor, let out a piercing scream, and fell to the floor in a dead faint.

At the sound, her family rushed into the room and saw this note on the screen:

### Grief Story

My dear: I just checked in. Everything is prepared for your arrival tomorrow. PS. It sure is hot down here.

### Ellen Kubler-Ross' Grief Stages

- ^ denial and isolation
- ^ anger, rage and resentment
- ^ bargaining and guilt
- ^ depression or sadness
- ^ acceptance

Link to Kubler-Ross grief stages  
[http://changingminds.org/disciplines/change\\_management/kubler\\_ross/kubler\\_ross.htm](http://changingminds.org/disciplines/change_management/kubler_ross/kubler_ross.htm)

### Morbid grieving

- ^ Persons may get 'stuck' in a stage
- ^ May never finish grieving

**Signs of morbid grieving**

- ^ Absence of crying
- ^ Hyperactivity
- ^ Somatic symptoms
- ^ Hostility
- ^ Wooden affect

**Grief over child**

- ^ Loss of future
- ^ Finances
- ^ Siblings
- ^ Failure to bond (neonates)
- ^ Guilt- about everything

**Issues Confronting  
Practitioners**

**Pulling the Plug**

- ^ Legality- valid order
- ^ Sources of difficulty
  - ◆ therapist perceptions (religion)
  - ◆ conscious patient
  - ◆ family conflict over discontinuation
  - ◆ procedural- terminal wean or extubation

**Futile Procedures**

- ^ Legality- we are bound by valid order
- ^ Ethical issues
  - ◆ prolongation of suffering
  - ◆ resource misallocation
    - f financial
    - f time
    - f scarce resources; e.g., blood
  - ◆ motivation for procedures

**Denial of Right-to-Die**

- ^ Legality- are the orders legal??
- ^ Ethical issues
  - ◆ our role in denying patients' rights
  - ◆ motivation behind denial of rights

**Resolutions & Defenses**

**RTs have company**

- ▲ nurses
- ▲ physicians
- ▲ social workers
- ▲ chaplains

**Personal Impact of Ethical Conflicts**

- ▲ Frustration
- ▲ Burnout, malingering
- ▲ Depression
- ▲ Anger
- ▲ Negative attitudes about blood, organ donation

**Defense mechanisms**

- ▲ Arcane humor
- ▲ Religious faith
- ▲ Philosophy
- ▲ Talking about issues

**Possible Resolutions**

- ▲ Education about issues and alternative viewpoints
  - ◆ promote comprehension
  - ◆ eliminate anger
- ▲ Regular conferences about issues
- ▲ Rotating assignments to healthier units