

"I've never understood—what is the difference between morals and ethics?"

The Right Stuff: Morals and Ethics in the ICU

Weighing in With Morals Versus Ethics

Imagine that two colleagues are arguing about the care of a patient. The patient needs to be intubated for hospital-acquired pneumonia one week following a Whipple procedure for pancreatic adenocarcinoma. The patient has capacity but is short of breath. She does not want to be intubated. She states that she has "had enough" and wants to die. The intensivist argues vehemently that the patient's request should be honored since she clearly has capacity. The surgeon argues equally vehemently that the patient is making this decision under duress and should be persuaded to change her mind.

Who is correct?

- The Intensivist
- The Surgeon

Shared Decision Making: Whose Decision Is It Anyway?

An 82-year-old man presents with a ruptured abdominal aortic aneurysm. He is conscious but in severe pain and has changed his mind about surgery several times. His son arrives in the Emergency Department and you approach him to help. Should you tell him that his father needs to decide about surgery? Should you tell him that his father does not have capacity because of his pain and that he (the son) has to decide about surgery?

Who Should Decide?

- The father
- The son

Futility: When is Enough Enough?

A 48-year-old man with alcoholic cirrhosis is in the ICU with septic shock, acute kidney injury, and acute respiratory distress syndrome. He is on high-dose vasopressor support and requires 100% oxygen and a positive end-expiratory pressure of 20 cm H₂O to keep his PaO₂ at 60 mmHg. His mother is his healthcare agent and wants everything done, including the institution of renal replacement therapy. You think life support should be withdrawn.

What do you do?

- Continue all organ support
- Tell his mother treatment is futile and life support must be withdrawn
- Continue current organ support but do not start renal replacement therapy

Brain Death: When "She's Not Just Merely Dead, She's Really Most Sincerely Dead"

A 25-year-old woman is in the ICU after being hit by a car while crossing the street. She meets criteria for brain death, but her family refuses to allow mechanical ventilation to be stopped.

What do you do?

- Give them a limited time (perhaps 24 hours) and then discontinue mechanical ventilation
- Explain that she is dead and immediately discontinue mechanical ventilation
- Continue organ support until they accept the diagnosis of brain death

Withholding and Withdrawing: The Yin and the Yang of the ICU

A 72-year-old woman has stage 4 lung cancer and is admitted to the ICU with pneumonia and respiratory distress. She is delirious, and most members of her family understand her poor prognosis but want a trial of intubation. One of her daughters does not want her mother intubated for fear that she will get "stuck" on the ventilator.

What do you do?

- You explain to the daughter the ethical equivalence between withdrawing and withholding life support
- You concur with the daughter and recommend not proceeding with a trial of intubation

The Truth of Ethics Consultations: Philosophy or Dispute Mediation

You are on call for the Ethics Consultation Service at your hospital and receive a consultation request from one of the hospitalists because a 78-year-old man with severe chronic obstructive pulmonary disease and pneumonia refuses a chest tube he needs for a pneumothorax he developed while receiving a central line for antibiotics.

What should happen?

- He should be persuaded to undergo placement of a chest tube
- His wishes should be accepted after determining that he has capacity for the decision

Pandemics: Ends and Means

You are an intensivist, and an outbreak of avian flu has led to a shortage of ventilators in your hospital for treatment of acute respiratory distress syndrome.

How do you decide who will get ventilated?

- A system based on need
- A system based on optimizing outcome

Rationing Care at the Bedside: What Would King Solomon Do?

A 64-year-old man is two weeks status post esophagectomy complicated by pneumonia. He was extubated yesterday and has marginal respiratory function. He is your most stable patient, you have no other beds, and the operating room requests a bed for a patient who needs respiratory monitoring following a craniotomy for a meningioma resection.

Who gets the bed?

- The patient who had the esophagectomy
- The patient who had the meningioma resection

Double Effect: Two Sides of the Same Coin

A 35-year-old woman with metastatic breast cancer is dying in your ICU and appears short of breath. Her mother asks you to make her daughter comfortable.

How much morphine do you give this patient?

- Just enough to make her comfortable
- Enough to make her appear comfortable to her mother

Patients Versus Subjects: Therapeutic Misconceptions

A colleague tells you she has two new patients in her acute respiratory distress syndrome trial. You are bothered by this simple sentence, but you are not sure why.

Talking to Patients and Families About Medical Errors: Truth Telling

A severely ill patient with chronic kidney disease is given IV contrast for a computed tomography scan after you explicitly told your resident to order the scan without contrast. The patient now needs renal replacement therapy.

What do you tell the family?

- Only what they ask
- That you are at fault and the cause of the AKI or CKD

Top 10 Reasons to Love all Three Branches of the U.S. Political System

- O. Jahi McMath Jahi McMath
- 1. Karen Ann Quinlan Karen Ann Quinlan
- 2. Terry Schiavo Terry Schiavo
- 3. Nancy Cruzan Nancy Cruzan
- 4. Texas Futile Care Law Texas Futile Care Law
- 5. Baby K Baby K
- 6. Baby Doe Law Baby Doe Law
- 7. Catherine Gilgunn Catherine Gilgunn
- 8. Sammy Linares Sammy Linares
- 9. Helga Wanglie Helga Wanglie
- 10. Sidney Miller Sidney Miller

Sidney Miller

In 1990, a hospital treated a preterm infant over the objections of the family. The family wanted the hospital to take financial responsibility for the child. The courts ultimately sided with the hospital.

Helga Wanglie

In 1991, an elderly woman's family successfully forced a hospital to continue treatment despite the doctor's argument that further care was futile.

Sammy Linares

In 1988, an 8-month-old boy suffocated after aspirating a balloon at a birthday party. He had severe brain damage, and because the hospital would not allow the respiratory to be removed, his father took matters into his own hands. Holding the hospital at bay with a gun, he disconnected his son from the respirator.

Catherine Gilgunn

In 1989, a 73-year-old woman was in a coma after seizures. Her doctors wrote a DNR order against her family's wishes. The jury sided with her doctors.

Baby Doe Law

Following a series of cases in 1984, a law was passed that limited withholding treatment to infants unless there is futility.

Baby K

In 1982, doctors were forced to continue to intermittently place an anencephalic infant, Stephanie Keene, on a respirator.

Texas Futile Care Law

This 1999 law allowed doctors to withdraw life support in cases of medical futility. It was signed into law by then-Governor George W. Bush.

Nancy Cruzan

In 1983, a 25-year-old woman was in a car accident and ended up in a persistent vegetative state. The Supreme Court allowed the family to stop nutrition and hydration.

Terry Schiavo

In 2005, a 26-year-old woman had been a persistent vegetative state for 15 years from anoxic brain injury. This long battle between her husband and parents about whether she would have wanted her feeding tube removed was covered by the national media and included an attempt by then-President George W. Bush to prevent withdrawal.

Karen Ann Quinlan

In 1976, a 21-year-old woman in a persistent vegetative state had the ventilator removed at her family's request over the objections of the hospital. She continued to receive nutrition and hydration and lived for nine years after she was disconnected.

Jahi McMath

A 12-year-old girl was declared brain dead in California, but is alive in New Jersey.