

Review of Moral Theories

Mill's Utilitarianism

Greatest Happiness Principle (GHP): the right action among the alternatives open to us is that action that will result in the greatest happiness for the greatest number of people.

Kant's Deontology

There is one **Categorical Imperative**, with three formulations:

- (1) **Universal Law:** Act only on that maxim that you can consistently will to become a universal law.
- (2) **End-in-Itself:** Treat persons always as ends, never merely as means.
- (3) **Autonomy:** Act so that the will may regard itself as laying down its own universal laws.

Veatch's Five- Step Model

Evaluating Case Studies

(1) Brief statement of the ethical problem

Your intuitions identify an ethical problem.

(2) Gather information

List the relevant facts (clinical and situational).

(3) Identify the ethical questions/problems

What values and principles are relevant here?

(4) Seek a resolution to the problem

What are the available options? Evaluate them using one or more principles.

(5) Arrive at a common course of action

Identify the stake-holders; defend a course of action.

Evaluating Case Studies

(1) Brief statement of the ethical problem

A patient was deceived by an earlier physician and is now refusing treatment of a life-threatening but easily treated disorder.

The patient underwent emergency surgery while vacationing away from his home, and was informed by the attending surgeon that he had gastric cancer, but that it was readily treatable. His oncologist in his hometown — Dr. Sashi Jajoura — was surprised by this report; her diagnosis was quite grim, with a very poor prognosis. Meanwhile, the patient suffered renal failure, requiring immediate attention. After learning of his actual diagnosis, the patient was angry at the first surgeon for lying, and in the end chose to forego all treatment of both the cancer and the renal problem.

Evaluating Case Studies

(2) Gather information

Clinical: The gastric cancer is advanced and inoperable; metastases have caused renal failure, which is correctable with minor surgery but otherwise will cause death within the week. Dr. Jajoura has asked to perform a diagnostic CT scan to determine the extent of the cancer, in order to better treat the renal failure. Radiation and chemotherapy might win some time (5% survival at five years) from the cancer.

Situational: Dossey is a 68 year old professional, married and with a grown son. He is mentally competent. The initial physician offered a misleading prognosis of the illness which greatly surprised and angered the patient.

Evaluating Case Studies

(3) Identify the ethical questions/problems

Principles at play are beneficence, autonomy, nonmaleficence, and veracity.

The original surgeon was not **honest** with the patient (violating **veracity**), although this was likely motivated by a desire not to unduly pain him with bad news (**nonmaleficence**). Treating the renal failure is easy and would clearly **benefit** the patient.

Patient **autonomy** urges that his current wish to discontinue all treatment be respected, although his capacity for “effective deliberation” could be questioned.

Evaluating Case Studies

(4) Seek a resolution to the problem: options

Dr. Jajoura could ...

- (a) continue to deceive the patient and treat the renal failure.
[favoring beneficence over veracity and autonomy]
- (b) offer a proper diagnosis/prognosis, then declare the patient incompetent and treat the renal failure against the patient's wishes. [favoring beneficence over autonomy]
- (c) pursue further conversations with the patient and his family, outline the different scenarios (death by renal failure vs death by untreated cancer vs slight extension by radiation and chemo followed by death from cancer), discuss the likely levels of pain and discomfort, and the various palliative options with hospice care, and allow the patient to decide the course of treatment.

Evaluating Case Studies

(5) Arrive at a common course of action

Stakeholders: Mr. Dossey, his wife, and son; the first surgeon; the local oncologist (Dr. Jajoura); the nursing staff attending to him; perhaps his pastor (the case study noted that he was going to consult with his pastor).

It will be important that the patient, his wife, and his son are fully informed of the various prognoses given the options present.

Beneficence strongly supports treating the renal failure, unless it is thought this (earlier) death would be less painful than dying from the cancer.

Respect for autonomy, and the patient's apparent competence, strongly supports abiding by his wishes. The primary concern should be with making certain that the patient and his family are fully informed of the different likely outcomes.

Small Groups

Hippocrates

Kwaku Archer

Maranda

Birmingham

Katherine Blystone

Hailey Cassel

Lucas Fontanez

Vesalius

Sydney Miller

Alexis Pivovarnik

Ally Schumacher

Shayee Sneed

Chase Southerland

Ann Stahl

Avicenna

Lalita Ford

Lauren Gandhi

Tabatha Lanning

Riley McCafferty

Kasia Melham

Mercedes Miller

Semmelweis

Samantha Starcher

Johnny Thang

Karina Vazquez

Joshua Vecchi

Isabella Zoog

Small Group Roles

Facilitators: start and stop the discussion, keep things on track.

Monitors: make sure everyone participates and all ideas are heard and considered.

Recorders: keep minutes; write down your group answer.

Everyone: listen closely to each other and ask questions when something isn't clear to you.

Case Study: Huntington's Chorea

John, a 32 year-old lawyer, had worried for several years about developing Huntington's chorea, a neurological disorder that appears in a person's 30s or 40s, bringing rapid uncontrollable twitching and contractions and progressive, irreversible dementia. It leads to death in about 10 years.

John's mother died from this disease. Huntington's is autosomal dominant and afflicts 50% of an affected parent's offspring. John had indicated to many people that he would prefer to die rather than to live and die as his mother had. He was anxious, drank heavily, and had intermittent depression, for which he saw a psychiatrist. Nevertheless, he was a productive lawyer.

John first noticed facial twitching three months ago, and two neurologists independently confirmed a diagnosis of Huntington's. He explained his situation to his psychiatrist and requested help committing suicide. When the psychiatrist refused, John reassured him that he did not plan to attempt suicide any time soon. But when he went home, he ingested all his antidepressant medicine after pinning a note to his shirt to explain his actions and to refuse any medical assistance that might be offered. His wife, who did not yet know about his diagnosis, found him unconscious and rushed him to the emergency room without removing the note.

What should the medical team in the emergency room do?

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