

Ethics Case 2 Rebuttal
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Ms G. and her mother are undoubtedly in a difficult situation and her mother seems that she is trying keep control. I agree that her mother needs much teaching to get through this time, but what more we can do for her extends more than just teaching. There are more details can be added to the MORAL framework that you have provided.

Massage the Situation

The situation for the mother is a lady is going through the stages of grief, which has been brought on by her daughter's rapid deterioration. She's not ready to make end-of-life decisions yet, but has recently missed a day of coming to the hospital. Her inability to cope at this time has made the ethics of this case difficult. Meanwhile, we have Ms. G., whose diagnosis was glioblastoma, which is known to be malignant. The tumor has grown quickly in her brain and has caused her to deteriorate quickly. Now, she is intubated and on life support. When that diagnosis was made six months ago, conversation about G's care once she became incapacitated should have started.

Outline the Options

The options now are whether or not aggressive care should continue or care should turn to palliative care. If aggressive care continues, it may continue with a DNR. Continuing care will buy time for the mother to cope. However it is resource intensive, and it is unlikely that the daughter can return to her original baseline. If palliative care is chosen, then G can be made comfortable until end-of-life. However, G's mother will be forced to make decisions quickly, and she will face losing her daughter sooner.

Resolve the Dilemma

It is difficult to say whether the mother is "right." As a mother who loves and wishes to keep her child, then she is "right" that she wants to maintain the life of her loved one. But while

the mother is an important figure, she is not the patient. The situation is still open for health providers to consider what G had wanted. Glioblastoma is a malignant disease, so it is possible that health care providers had discussed with her the possibility that she would become incapacitated. If so, then providers can maintain G's autonomy and act according to her living will. Care should be followed according to the wishes of the patient herself, despite the wishes of the parents, spouses, or other loved ones (Burt, 2005). If G had wanted to continue aggressive care, then providers shall; if she had preferred palliative care then providers will treat so despite her mother's wishes; if she left the decision to her mother, then providers will move according to her mother's wishes.

Act on the Best Option

I agree that G's mother must be taught and told the truth about her daughter's condition. That upholds the ethic principle of veracity for the mother. Whether or not aggressive care continues per G's wishes or her mother's wishes, health care professionals will have to assist the mother through the grieving process. I would like to add that health care providers would need to provide the mother with social support, which is the most important factor in proceeding through maternal grief (Raitio, Kaunonen, & Aho, 2015). Meanwhile, G's current state is not comfortable. She is on a ventilator, has a peg tube, and is connected to myriad life-support machines. Since it is unlikely that G can recover, it may be best for her to move to palliative care. The main barrier to that is G's mother, who should be going through counseling.

Look Back and Evaluate

At this point, evaluation for the interventions would be difficult. The mother's progress is who the care team should be evaluating because G's condition cannot improve. In a sense, the team is treating the mother more than G. The ethics of the situation is difficult, but if the

principles of autonomy for G and veracity to the mother are upheld, then the care decisions may be easier.

References

- Burt, R. A. (2005). Family conflict and family privacy: The constitutional violation in Terri Schiavo's death. *Constitutional Commentary*, 22(3), 427-455.
- Raitio, K., Kaunonen, M., & Aho, A. L. (2015). Evaluating a bereavement follow-up intervention for grieving mothers after the death of a child. *Scandinavian Journal of Caring Sciences*, 29(3), 510-520. doi:10.1111/scs.12183

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