work environments for the health care professionals — hos-
pitals, medical and nursing schools and other schools for the
preparation of health care professionals, there is the direct and
personal support given to those persons. While the individual
pastor, minister or chaplain provides emotional and spiritual
support on a one-to-one basis, on the larger scale various groups
seek to provide some personal support and guidance. One such
group is the Federation of Catholic Physicians Guilds. Another
is the St. Luke’s Society. The Catholic Church, and perhaps
others, often have a special liturgical celebration on the feast of
St. Luke, popularly held to have been a physician himself.
Retreats and the like are also held in order to provide the special
support the care giver needs who has to deal with issues of life
and death on an almost daily level.
Thus, in these various ways the church contributes to the well
being of Aesculapius.

Decisions Aided by Committee

At 12:30 p.m. the phone rang. Father Luke answered and
was informed that there would be a meeting of the Ethics
Committee in the Hospital’s Library Conference Room at 3
p.m. The meeting was requested by a member of a patient’s
treatment team. Mr. George King, the patient in question, was a
30-year old diabetic male who had been in a coma for the past 2
months. There were some questions about his future treatment
and care. If the patient experiences a cardiac arrest, should he
be placed on a mechanical ventilator?

At the appointed time, Father Luke arrived and found most of
the 9 committee members already present. Shortly afterwards,
the attending physician, Dr. Smith, and Miss Jones, the head
nurse, as well as the patient’s parents and younger sister arrived
and took places around the large oval shaped conference table.

Case Summary

“Today's meeting,” she explained, “was called by the nurses
who have the care of the patient, Mr. King. They were
concerned that continued treatment might be, not only useless,
but perhaps inflicting more harm than benefit.”

Noting a nod of assent from the head nurse, Miss Brown
invited the attending physician, Dr. Smith, to describe the
patient’s status.

Clearing his throat and glancing briefly at his notes, Dr.
Smith, proceeded. “The patient, Mr. George King, is a 30 year
old white male diabetic with end-stage renal disease requiring
dialysis three times a week. Due ultimately to the diabetes, Mr.
King is also blind and unable to walk because of peripheral
neuropathy (nervous system damage). He has developed a large
decubitus ulcer on his back which is not responding well to
therapy. About 2 months ago Mr. King had a cardiac arrest
resulting in some anoxic damage to the brain. Showing no
spontaneous respiration, he was placed on a mechanical venti-
lator, but remains in a deep coma. It should be noted that he is
not brain dead. A G-tube was placed recently in his stomach
through a surgical incision in the abdomen allowing specially
prepared formula food to be given since he cannot take food or
water by mouth and intravenous feeding was proving in-
creasingly more difficult.”

One of the nurses raised her hand and was recognized by the
Chair. With some emotion she summarized the concern of the
nursing staff. “Over the weeks we have become quite attached
to Mr. King and we are now troubled about the treatment he is
receiving. It is not a question that he is not being treated; rather
it is a matter of whether the treatment is of any benefit at all. We
have observed that the decubitus is not responding to the

(continued on page 4)
standard procedures, we see that the skin is breaking down on other parts of his back and on the back of his heels. To date there are no signs that he is improving.”

During these brief medical and nursing reports, the parents and sister of Mr. King had been silent, but very attentive to what was being said. The Chair invited them to voice any questions or make any comments.

**Family Concerns**

The father and mother exchanged glances and looked at their daughter who returned their attention with a slight nod of the head in the direction of the mother.

“We are a closely knit family,” the mother said in response, “and people of faith. Our son, George, was — I mean, is — a fighter. For years he has struggled with his diabetes and has followed the doctors’ orders closely. We would take him to the symphony and, weekly, when he was feeling strong enough we would have dinner at a restaurant. His sister would read to him from her college text books so that he could share some of her new knowledge.”

It was soon evident to the members of the Committee that this family was strongly supporting one another and their sick member, George.

The father interjected, “We don’t want to give up. George would not give up if he could now speak. God will hear us and cure our son.”

**The Decision Makers**

Silence, a slightly strained silence fell, over the group. After what seemed to be a long moment, one of the clergy spoke up and looked in the direction of the family.

“It is good you have such faith and no one here would want to challenge it. But be assured that no one is trying to preempt your right to make decisions concerning your son. You, the family, have the final decision. Neither the doctors nor the hospital will act without your being fully informed. It will be your decision to make as to whether, and when, further treatment will be discontinued, once it is evident that to continue would have no other result than to prolong the dying process. But in the meanwhile, as you have heard, every appropriate effort will continue to be made to improve your son’s condition, to make sure he is pain-free and comfortable.”

With that statement there were nods and murmurs of agreement around the table.

Mrs. King, with a slight plea in her voice, “We just don’t want to give up hope. We don’t want to act prematurely and deprive George of the chance of recovery.”

The nurses spoke as if with one voice — “Nor do we.”

The sweep hand on the wall clock had made almost a complete circle, when one of the member physicians said quietly and gently to the family:

“Remember you don’t have to make that decision alone. The medical and nursing staff, the pastoral care persons, social workers and other hospital staff are carrying the burden with you. Each will contribute from their professional and personal skills to help you to make the best possible decision. We all want what’s best for George.

Perceptibly, the group relaxed, and closure was soon reached.

A number of individual concerns and anxieties had been allowed to surface and be expressed. Now each could return to their various tasks, and the family was reassured that they were not alone and that the final decision about George was in their hands — and the Lord’s. With a “thank you” from the Chair and family, the meeting was adjourned.

**Epilogue**

The above scenario is intended to illustrate one way in which an Ethics Committee functions. Its unifying concern is the welfare of the patient who is, as it were, the king. Unspoken fears and anxieties of the family can sometimes interfere with communications between themselves and the medical and nursing staffs. For the family to hear that doctors and nurses have feelings about their patients is important. A properly conducted meeting of the Ethics Committee can be of great help in providing a secure ambience for resolving tensions and conflicts surrounding the care of patient and for arriving at a good decision.

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