

Case Study¹

A 70-year-old widow who feels alone since the death of her husband two years ago and who has a lifelong history of smoking and chronic obstructive lung disease presents with a complaint of three days of increasing shortness of breath and cough. She is admitted to the intensive care unit in severe respiratory distress.

The patient is informed of her respiratory failure and the probable reversible illness of acute bronchitis and congestive heart failure. She states that she does not want any heroic measures taken and wants to die. In the event of further decompensation, she indicates that she does not want intubation or mechanical ventilation. Later on, she tells the nurse that her health insurance will not cover all the costs of her care and that she is facing financial difficulties because of the high costs of her chronic disease. She says that she would love to see her first grandchild, who will be born in eight months, but does not want her children to pay for her care. Therefore, she states, it would be better to die and meet her husband in paradise. On the other hand, however, she mentions casually to the nurse that she would like to be treated, because of the grandchild. There is no advanced directive.²

She lapses slowly into a non-responsive state, and the physician believes intubation is indicated. Her son arrives at this moment and says he wants his mother to be treated. The clinicians have a heated discussion about the right decision. The policy of the hospital in such situations is to respect the wishes of the person and to follow the patient's wishes, even if this choice conflicts with family wishes. The head nurse and the chief resident are under pressure to reach a decision, because of the woman's status and due to the fact that they need the intensive bed for the next patient.

As you consider whether the care team should intubate or not, please pay special attention to the appeals to virtues, justice, and special obligations informed by virtue ethics and feminist ethics of care.

Put another way, what questions or competing concerns come to light when you look through these lenses of these appeals and normative ethical theories?

¹ Modified from Ulrike Kostka. "The Beginning and the End of Life. Feminist Ethics as a Source for a Multi-Dimensional Ethical Perspective in Bioethics," Accessed online October 1, 2019 at <https://books.fbk.eu/media/pubblicazioni/allegati/Kostka.pdf>

² An advanced directives, also called a living will, is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. In the U.S. it has a legal status in itself, whereas in some countries it is legally persuasive without being a legal document.