

# NETWORK NEWS

The newsletter of the Florida Bioethics Network

a Health Service Group of the Florida Hospital Association - P.O. Box 531107 - Orlando, Florida 32853-1107 - 407-841-6230

---

September 1995

95-4

## PRESIDENT'S MESSAGE

Submitted by **Kathryn Koch, MD, FCCP**, Associate Professor of Medicine, University of Florida, College of Medicine, Director/Critical Care Services, Chief/Division of Critical Care Medicine, Chair/Hospital Ethics Committee, University Medical Center, Jacksonville.

On June 16 the Florida Bioethics Network sponsored a 1-day retreat to discuss the issues of medical futility and allocation of resources. After a few brief presentations to frame the issue, which included a report on a recent survey of current practices in the State of Florida, active brainstorming began. Small groups broke out to discuss specific aspects of the issues, then reconvened to share the results. The proceedings will be presented at the **FBN Fifth Annual Conference, September 20-22, 1995, in Tampa.**

This format was very well received by the participants and was the best educational and intellectual event I personally have participated in for quite some time. The success of the

results of this preliminary discussion will be judged by you in September. Independent of that outcome, the retreat stands on its own merit as a forum for vigorous intellectual exchange. I consider this retreat as the best achievement of the FBN during my term as President, and hope to see future such retreats on different issues offered over the coming years.

Also, copies of a collection of articles offered during last year's pre-conference are available as an orientation for new ethics committee members. These can be obtained at the annual meeting in Tampa or through FHA Headquarters in Orlando. It is the current intention that this handbook of reprints will be updated and revised on a bi-annual basis. This year the pre-conference will contain two tracks, one for new committee members and one for more experienced committee members. I hope to see you there, as I pass my responsibility to your new President, **Hana Osman.**

## END OF LIFE DECISIONS: THE MEDICAL ETHICS DEBATE

Submitted by **Hana Osman, LCSW, DCSW**, Manager/Social Work Department, Tampa General Hospital, Tampa.

The fifth annual conference of the Florida Bioethics Network will be held at the Wyndham Harbour Island Hotel in Tampa.

The three-day conference starting on Wednesday, September 20, 1995, will include one day of a historical overview of the principles and theories of medical ethics and end of life decisions, as well as concurrent sessions on basic and advanced training for institutional ethics committee members.

The Wednesday joint basic and advanced sessions are prepared by **Dr. Francille MacFarland, Dr. Ray Moseley, and Dr. Kenneth Goodman**. New members, as well as experienced individuals, will benefit from this theoretical overview. Practical applications to ethics committees will follow.

The *basic* track is presented by **Dr. Francille MacFarland** and **Dr. Kathryn Koch**. They will lead discussions on ethics committee structure and function, education of ethics committee members, and finally on case discussion and consultation.

The *advanced* track is presented by **Dr. Jim Wagner** and **Dr. Ray Moseley**. These sessions will focus on the ethics committee function of case consultation.

The *End of Life Decisions Conference* on Thursday, September 21, and Friday, September 22, will start with our two distinguished keynote speakers: **Dr. Terry Perlin** of Miami University in Oxford, Ohio, and **Dr. Robert Brody** of the University of California in San Francisco. The economic impact of technological advances on society and the ethical issues and problems that incur when medicine is powerless in the face of disease will be the theme of their presentations. Chapter 765 - the Florida health care advance directives statute, concurrent sessions on ethical issues, and a report and discussion on hospital policies on futility also will highlight the day.

On Friday, September 22, a variety of topics including the use of computers to determine medical futility, ethics committee consultations and problems, patient advocacy, managed care, and ethical issues that arise in the provision of home health care will be presented. End of life decisions and a presentation focusing on the "older" woman will follow lunch.

The final session, presented by **Dr. Robert Potter**, will discuss the Joint Commission requirements for complying with patient rights and organizational ethics. The JCAHO has changed its focus from a department-focused inspection to a patient-focused function survey. **Dr. Potter** will outline the JCAHO's standards and advise the FBN members and conference participants of a means to comply.

The fifth annual conference of the FBN promises to be an excellent educational opportunity for ethics committee members, physicians, social workers, nurses, chaplains, and all others who are interested in the field of medical ethics. During the conference, there will be ample time to socialize with ethics committee members from other health care institutions and exchange ideas on ethics programs.

I hope you and your colleagues can participate in this conference and take advantage of the invaluable experiences and contributions of our distinguished faculty. For copies of the brochure and registration materials, contact **Sherry Greenhalgh** or **Amy Barnhill**, Meeting Coordinators, at FHA ~ 407/841-6230.

### Current References

Emanuel, E.J., et al, Institutional Conflict of Interest. *New England Journal of Medicine* 1995; 332 (4): 262-267.

Hamel, R. The Reign of Autonomy: Is the End in Sight? *Second Opinion* 1995; 20(3): 75-79.

Veatch, R.M. Abandoning Informed Consent. *Hastings Center Report* 1995; 25(2): 5-12.

Morgan Capron, A. Baby Ryan and Virtual Futility. *Hastings Center Report* 1995; 25(2): 20-21.

Goldworth, Amnon, Conflict in the Pediatric Setting: Clinical Judgment vs. Parental Autonomy. *Cambridge Quarterly of Healthcare Ethics* 1995; 4(1): 36-41.

## ESSENTIAL READINGS #3

Submitted by **Francille MacFarland, MD**, Winter Park.

### Ethics Committees:

1. Teel, K. The Physician's Dilemma. A Doctor's View: What the Law Should Be. *Baylor Law Review* 1975; 27:6.
2. Quinlan, In the Matter of Karen Ann. Supreme Court of New Jersey 1976, 355A. 2d 647.
3. President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. *Deciding to Forego Life-Sustaining Treatment: A Report on the Ethical, Medical, and Legal Issues in Treatment Decisions*. Washington, D.C.: U.S. Government Printing Office 1983, pp. 160-9.
4. Ross, J.W. et al. *Handbook for Hospital Ethics Committees*. Chicago: American Hospital Publishing, Inc. 1986.
5. Ross, J.W. The Future of Ethics Committees: Part 1: Do We Need Universal Standards? *Ethical Currents* 38: 1-5.
6. Slomka, J. The Ethics Committee: Providing Education for Itself and Others. *HEC Forum* 6 1994; 1:31-38.
7. La Puma, J. et al. Ethics Consultants and Ethics Committees. *Arch Intern Med* 1989; 149: 1109-1112.
8. Special Supplement. The Birth of Bioethics. *Hastings Center Report* 23 1993; 6:s1-s15.
9. Thomasma, D.C. Point and Counterpoint: Are Ethics Committees of an Enduring Nature? *HEC Forum* 3 1991; 6: 349-350.
10. Thomasma, D.C. Models of the Doctor Patient Relationship and the Ethics Committee: Part One. *Cambridge Quarterly of Healthcare Ethics* 1 1992; 1: 11-31.
11. Thomasma, D.C. Models of the Doctor Patient Relationship and the Ethics Committee: Part Two. *Cambridge Quarterly of Healthcare Ethics* 3 1993; 1: 10-26.
12. Fletcher, J.C. et al. Ethics Committees: Time to Experiment with Standards. *Ann Intern Med* 1994; 120: 335-338.
13. Hayes, G.J. Ethics Committees: Group Process Concerns and the Need for Research. *Cambridge Quarterly of Healthcare Ethics* 4 1995; 1: 83-91.
14. Nelson, R.M. et al. The Role of An Ethics Committee in the Neonatal Intensive Care Unit. *Journal of Law, Medicine and Ethics* 1995; 23: 27-32.

## CALL FOR PAPERS

Taken from *Resources, Rationing, and Responsibility: Ethical Issues in Managed Care*, April 12-13, 1996, Jacksonville University, Jacksonville, Florida. Presented by Indiana University School of Medicine's Division of Continuing Education and University of Florida, Health Science Center, Jacksonville; in joint sponsorship with the Association for Practical and Professional Ethics; the University Medical Center; Jacksonville University; and the Florida Bioethics Network.

Submissions are invited on issues in the following areas:

- Ethical issues raised by managed care arrangements
- Impact of managed care on the health caregiver's role
- Scope of patient autonomy in a managed care system
- Relation of providers to managed care organizations
- Health care purchaser's role in allocating health care resources and obligations to promote quality care
- Moral mission of managed care

Send 3 copies to: Brian Schrag, Executive Secretary  
Association for Practical and Professional Ethics  
410 North Park Avenue  
Bloomington, IN 47405  
Phone (812) 855-6450  
Fax (812) 855-3315  
E-mail: [appe@indiana.edu](mailto:appe@indiana.edu)

\*Submissions should be suitable for 20-minute presentations and must be postmarked no later than October 20, 1995.

## CASE PRESENTATION

Review of a case presentation done by members of the Bioethics Committee of West Florida Regional Medical Center. January 1995.

K.M. was a 31 year old white male who had been admitted to West Florida Regional Medical Center in June of 1994 in a vegetative state. This patient had been admitted to the University of South Alabama Medical Center for complications of chicken pox infection involving the left eye which led to Beta-strep sepsis, osteomyelitis of the orbit. He had encephalitis and brain abscess leading to extensive encephalomalacia. He demonstrated

little cortical activity per EEG, but did show brain stem function.

The patient's parents firmly believed that there was hope for his recovery and they would never give up treatment. In direct contrast to the parent's conviction was the wife's insistence that she and her husband had discussed this situation and he felt that dependence on life support should not be continued if he were to be in a persistent vegetative state. The wife had not been able to confront the parents with this issue in Mobile and when crises arose, both parties would request full support. They eventually did agree

to no further resuscitation efforts including ventilator. While on the Skilled Nursing Facility at West Florida Regional Medical Center, the wife asked for comfort measures without treatment of complications. The parent's resented this, but the patient remained reasonably "well." His sustained existence took a toll on the parent's physical and mental health, as well as their relations with the wife which became more and more strained.

The patient's wife decided to delay her request to withdraw tube feeding until after her father-in-law recovered from surgery performed on January 12, 1995. The hospital attorney had informed the wife of her legal right to make decisions on behalf of the patient.

The help of the Bioethics Committee was requested. A meeting with the patient's wife, the attending physician of the Skilled Nursing Facility, and the Utilization Management nurse was held. The ethical issue of withdrawing nutrition, the legal implications of this decision, the emotional burden to the family, and a plan of action were discussed. The patient's wife was clear about K.M.'s wishes, but she did not want to hurt his parents and she feared their possible reprisal.

A second meeting was held with the patient's wife, three other family members, the attending physician, the neurologist (who was the Chairman of the Bioethics Committee), the head nurse, the Utilization Management nurse, and the chaplain. The decision to stop tube feeding was made and a date was set. Several family members went to talk to the parents who had not attended the meeting.

K.M.'s parents had held out hope for his recovery. They refused to accept the evidence of their son's condition or prognosis. To the surprise of everyone involved in this case, when the parents were told of the decision to stop tube feeding, they accepted it. K.M.'s siblings and other relatives helped to emotionally support his parents and his wife. The tube feeding was stopped and K.M. subsequently died.

Members of the Bioethics Committee educated family and health care providers about the ethical, moral, religious, and legal issues pertaining to this case. Although no ethical dilemma was involved, the issue of withdrawing nutrition was openly discussed and the patient's wishes were honored.

## CASE REVIEW/RESPONSE

Submitted by **Catherine Emmett**, Manager/  
Gerontology, Sarasota Memorial Hospital,  
Sarasota.

Although the above case did not specifically address an Ethical Dilemma, it does illustrate a common use of bioethics committees around the country. Many bioethics committees are used almost exclusively to address issues of communications: Communications between family members (as in this case), between family and healthcare providers, and/or between healthcare providers themselves. Some argue whether this is an appropriate utilization of a hospital ethics committee. Would it not be better to address these types of communications issues through other mechanisms available in hospitals? Perhaps

the social service department, hospital chaplain, or patient representative would be the more appropriate route for enhancing communication. Should case conferences involving nursing, physicians, family, and others be called instead of **The Bioethics Committee**? I believe these are reasonable questions to ask and ones that I have asked on many occasions in similar cases where our hospital Ethics Committee has been asked to intervene in a case where there was no true ethical dilemma, but rather an issue of communication. After many years of participating in these types of consults, and after much thought on this issue, I believe it is very appropriate for bioethics committees to be involved in these cases. In issues revolving around end of life decisions, there is a great

need for education of not only the patient and family, but of the nurses, physicians, and other healthcare professionals involved as well. End of life decisions are, by definition, some of the most emotionally charged decisions in which individuals participate. Having the "third party" participation of the bioethics committee can often help all involved in clarifying the true issues.

Specifically looking at the case presented, my only question is whether or not the parents were invited to participate in the bioethics

meeting. We have found that bringing all the family members into the same room can often clarify misunderstandings and enhance communications. Also, we frequently find that the family may not be as opposed to each other as was originally thought (and as may have been the situation in this case, given that the parents did agree with withdrawal of the feeding tube).

In summation, I believe that this case does illustrate an important consultative role of Hospital Bioethics Committees.

## GREENWALL FELLOWS IN BIOETHICS AND HEALTH POLICY ARE NAMED

**Lauren B. Randel, M.D.**, a resident in Psychiatry at Georgetown University Hospital, and **David P. McCarthy, Ph.D.**, a recent graduate from the School of Philosophy at the University of Southern California, are initial Fellows who will participate in a year-long seminar in bioethics and health policy as an overview of the field; a bimonthly colloquium series in ethics and health policy with presentations by policy makers and academics; a summer internship at a federal health agency, Congressional health committee or private institution involved in health policy; and a supervised research project of a quality and scope to produce at least one publishable manuscript.

For further information on fellow opportunities, contact: **Ruth Faden** at 410/955-3018; or **William Stubing** at 212/679-7266.

### WELCOME NEW MEMBERS!

The Florida Bioethics Network welcomes **Sonya Albury**, Executive Director, Health Council of South Florida, Miami ~305/263-9020; **Cindy Covert**, Medical Staff Coordinator, Central Florida Regional Hospital, Sanford ~ 407/324-4500 x5721; **Dee LaBaw**, RNC, Cape Canaveral Hospital, Cocoa Beach ~ 407/784-2262; **Dr. Charles Mathews**, Assistant Secretary for Health Services, Florida Department of Corrections, Tallahassee ~ 904/922-6645; **Dr. Linda Scheirton**, Professor, Health Care Education, Nova Southeastern University, Ft. Lauderdale ~ 305/452-1537; and **Dr. Jos Welie**, Director, Cerec Center of Southeast Florida, Ft. Lauderdale ~ 305/424-9304.

## MEETING CALENDAR

### Regional Meetings

- ◆ **November 2-3, 1995:** Health Care Ethics: What's new in a changing world?, presented by the Tampa Bay Ethics Consortium. The meeting location is Sheraton Sand Key Resort, Clearwater Beach. For further information, contact TGH Center for Education at 813/251-7598.
- ◆ **December 15-18, 1995:** Ethical Issues in the Care of Terminally Ill and Dying Patients, Rolling Hills Hotel & Golf Resort, Ft. Lauderdale, FL; contact Dr. Jos V.M. Welie, CEREC Center, P.O. Box 292932, Ft. Lauderdale, FL 33329. Tel./Fax: 305/424-9304. E-mail: jewlie@bcfreenet.seflin.lib.fl.us.
- ◆ **April 26-28, 1996:** Ethical Issues in Renal Dialysis and Kidney Transplantation, Rolling Hills Hotel & Golf Resort, Ft. Lauderdale, FL, contact Dr. Jos V.M. Welie, CEREC Center, P.O. Box 292932, Ft. Lauderdale, FL 33329. Tel./Fax: 305/424-9304. E-mail: jewlie@bcfreenet.seflin.lib.fl.us.

### National Meetings

- ◆ **September 21, 1995:** The Nurse's Role in Effective Pain Management and End-of-Life Decision-making. Dallas, TX. Sponsored by Choice in Dying and the American Cancer Society, Dallas-Fort Worth Chapters. For information, contact: Choice in Dying, 200 Varick Street, New York, NY 10014. Phone: (212) 366-5540; FAX (212) 366-5337.
- ◆ **September 29-30, 1995:** Ethics, Medicine and Health Care: An Appraisal of the Thought of H. Tristram Engelhardt, Youngstown State University, Youngstown, Ohio. The conference is convened in recognition of the Second Edition of Engelhardt's THE FOUNDATIONS OF BIOETHICS. For information, contact: James E. Reagan, Ph.D., Center for Ethics, St. Elizabeth Hospital Medical Center, 1044 Belmont Avenue, Youngstown, OH 44501-1790. Phone: (216) 480-2265; FAX (216) 480-2957.
- ◆ **September 29-30, 1995:** The 1995 Annual Meeting of the American Society of Law, Medicine, and Ethics (ASLME). Theme: Managed Care, Integrated Delivery Systems and Consolidation -- Law, Medicine and Ethics, Boston, MA. For information, contact: Rebecca Loud, ASLME, 765 Commonwealth Avenue, Boston, MA 02215. Phone: (617) 262-4990; FAX (617) 437-7596.
- ◆ **October 12-15, 1995:** Annual Meeting of the Society for Health and Human Values, San Diego, CA. More information to follow. For announcements of SHHV activities and membership information, contact: SHHV, 1311A Dolley Madison Blvd., McLean, VA 22101. Phone: (703) 556-9222.
- ◆ **October 20, 1995:** Walker Percy: Physician, Novelist and Moralist. MacLean Center for Clinical Medical Ethics at the University of Chicago. This one day conference will examine the interplay of ideals about medicine, approaches to story-telling, and the evolution of moral and religious ideas in the works of Walker Percy. Percy, a National Book Award-winning novelist, was one of the twentieth century's leading physician/philosophers and Catholic intellectuals. For information, write: Karen Rainey, McCME, MC-6098, Chicago, IL 60637. Krainey@Medicine.bsd.uchicago.edu
- ◆ **October 29-November 2, 1995:** Decision Making In Public Health: Priorities, Power and Ethics. 123rd Annual Meeting of the American Public Health Association. San Diego Convention Center, San Diego, CA. For information, contact: 1995 Annual Meeting Registrar, American Public Health Association, 1015 Fifteenth Street, NW, Washington, DC 20005. Phone: (202) 789-5680; FAX (202) 789-5661.