

Clinical Ethics Grand Rounds
February 7, 2024, 12:00 PM – 1:00 PM
Virtual

Case 1

You are caring for a 17-year-old female, “Mary,” who has been hospitalized in the PICU for many weeks. Mary has acute lymphoblastic leukemia and severe encephalopathy secondary to a rare type of methotrexate-induced neurotoxicity. She is on ventilator support with an ET tube and feeds via an NG tube. Throughout her hospitalization, there has not been any improvement in Mary’s clinical status, and the only expression her nurses feel she can make is an expression of distress when she is in pain.

Her family describes Mary as strong, cheerful, optimistic, hopeful, and faith-oriented. Her parents identify as Catholic and are very involved in her care – often sitting at the bedside brushing her hair, telling her stories, and praying for her recovery. Mary has an older brother and sister who are regularly present to support Mary’s parents. They have expressed that they find it difficult and overwhelming to see Mary in her present condition. Mary’s parents hope that a medical procedure will help her get better and that God will “perform a miracle” and heal her over time.

Last week, the medical team met with Mary’s family and shared that there are no further treatments that can be offered to reverse her neurological condition. She is in remission from leukemia. The medical team presented the family with two options:

- 1) Discontinue life-sustaining treatments such as mechanical ventilation and allow natural death
- 2) Place a tracheostomy and gastrostomy tube and continue life-sustaining treatment

The parents cannot even imagine discontinuing life support – they feel that removing life support from Mary would be considered an act of sin for taking Mary’s life into their own hands. Mary’s siblings feel that she is suffering and would like to die a natural death.

Discussion Questions

1. Based on your knowledge of this family, how would you initiate a conversation about their spiritual needs?
2. How might your discussion of spiritual needs differ between conversations with Mary’s parents and her siblings?
3. What resources would you utilize to help this family cope with this difficult situation and provide the spiritual support they need?

4. The discrepancy within this family regarding Mary's treatment presents difficult ethical questions. Discuss some of the ethical questions that arise amongst your small group.
 5. Based on your clinical background, what reservations might you have in integrating spiritual care into the patient's overall treatment?
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Case 2

You are caring for Arthur, a 64-year-old male who was admitted a week ago after being hit by a car. He suffered moderate traumatic brain injury, and although he was able to be extubated, he continues to be confused and disoriented. At times, he becomes combative with the medical team. He does not have any family who has been at his bedside, but the team has been communicating with his brother, who lives out of state. When you speak with him, he only can answer questions in short phrases or grunts and groans. Those phrases usually are "Go away" and "Leave me alone". He intermittently declines treatments or medications. Staff have noted that he is usually more receptive to visitors in the late morning and does not like to be woken up early in the morning. He continues to require hospitalization for treatment of his compound pelvic fracture.

Suggested questions for discussion:

1. What does it mean to provide spiritual care for a patient who is unable to participate in the assessment of their spiritual health?
2. Spiritual care takes on all kinds of forms. What are other ways we can nourish the soul other than providing spiritual guidance?
3. In a patient like Arthur, how might your own spiritual practice affect how spiritual care is provided?
4. What kinds of spiritual care do staff need to care for patients like Arthur?