



6th International Conference on Clinical Ethics Consultation

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www.ethics2010.org



Abstract Submission Form – Panels

Please contact John Tuohey at ethics@providence.org with any questions.

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Primary contact: Boris G. Yudin, PhD

Additional panelists, if any (up to three):

Name: Maureen Kelley

Title/Degree: PhD

Institution: Department of Pediatrics, University of Washington School of Medicine and
Treuman Katz Center for Pediatric Bioethics, Seattle

Country: Washington, USA

Name: Susan M. Miller

Title/Degree: MD, MPH

Institution: The Methodist Hospital and Weill College of Medicine, Cornell University

Country: Houston, TX, USA

Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Proposed Session Title: Ethics Consultation at the End of Life: Insights from a Russian-American
Collaboration

Describe topic or case to be discussed up to 300 words:

Abstract:

Modern medical practice reinforces a dichotomy between curing illness and prolonging care, on one hand, and improving the quality of life and relieving suffering, on the other. This deep tension within the practical philosophy of medicine is further complicated by radically different individual, societal and religious views surrounding the meaning of life, dying, and death. It is only in the last two centuries that physicians have been able to prolong life. Historically physician's skills were used to detect the signs of death in order to stop therapy. This was considered the ethical approach to end of life care until the 18th century. Prior to effective therapy, the priest certified death, not the physician. This panel will present three cases drawn from our U.S.-Russian collaboration on cross-cultural ethics, to engage the audience on different conceptions of illness, suffering, spirituality, death, and attitudes toward medical technology in prolonging life. Our multi-disciplinary approach will reveal the inherent moral tensions associated with modern death in the 21st Century.

Case Presentations:

(1) Mrs. B is a 99 year old Hispanic female with CHF, diabetes, anemia, gout, glaucoma, hypothyroidism, depression and heart disease. She is currently hospitalized with a diabetic foot ulcer. Her ten year old pacemaker requires replacement.

(2) DL is a 14 year-old Jehovah's Witness diagnosed with AML. The standard treatment for AML requires blood transfusions; DL refuses treatment on religious grounds. DL's decision is supported by his legal guardians, but was challenged by his biological parents, from whom he is estranged. His refusal of a life-saving transfusion is supported by a Washington State court.

(3) Mr. A is an 81 year old Patriotic War (WWII) veteran with hypertension, diabetes, renal insufficiency and PVD. He is paralyzed on his left side and requires 24 hour care. He now has acute pneumonia requiring intubation.

Describe briefly each proposed panelist's position to be offered (up to 300 words):

The presenters have worked together for several years to build a Russian-American clinical ethics and research ethics training program. We will share our insights about the use of technology at the end of life, the role of suffering, and the role of spirituality in the traditions of American and Russian medicine. Our discussions have resulted in a better appreciation of our own cultural blind-spots and the risk of moral error in clinical consultation. We will use case studies to encourage a structured, yet interactive, dialog with the audience. Our goal is to explore the ethical "differential diagnoses" of the audience when considering these complex cases. The presenters will pose several cross-cutting questions central to improving cross-cultural clinical ethics consultation. Contrasts between American and Russian perspectives will be highlighted to encourage the audience to consider other cultural interpretations of the central ethical issues at stake.

- How do culturally based differences in the meaning of suffering and death influence decisions and practices in the medical environment? We will explore the role that ethics, culture, and religious belief play in the experience of death.

- How is the informed consent process at the end of life shaped by cultural norms? We will explore cultural differences in understandings of informed consent, informed refusal, advanced directives, DNR orders, rationing interventions, and surrogate decision makers.

• When is technology perceived as a barrier to natural death? How do different cultures view human suffering? We will explore cross-cultural views of technology and suffering at the end of life.

• Who signals the onset of death, the patient, the physician or religious figures? What are the ethical obligations of those empowered to certify death? We will explore whether virtues of trust, honesty, courage, and compassion are universal in the care of patients at the end of life.

Are you planning to or will you be willing to submit a poster along with your panel?

Yes No