



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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Additional panelists, if any (up to three):

Name: Thomas Cochrane

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Institution: Brigham and Women's Hospital

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Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Proposed Session Title: 'Pulling the Plug' After a Spinal Cord Injury: Pro and Con

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

EM, a 31 year old woman visiting from out of state, was poolside with her family. As she was about to enter the pool, she fell from the top of the pool's slide, hitting the ground head-first. She was unconscious and not breathing, so her husband immediately performed rescue breathing. EMTs intubated her in the field, and by the time she arrived in the ED, she was conscious and answered some

simple yes-no questions. She was unable to move her arms or legs, and didn't appear to have sensation below the neck. She was sedated out of concern for neck pain and discomfort related to the ventilator, and in order to facilitate imaging studies. A CT scan revealed a C1-2 'burst' fracture with severe compression of the upper spinal cord. She was brought to the Neurological ICU as a boarder--her attending was a surgeon from the Trauma service. Ordinarily, her injury would require surgery within 24 hours to stabilize the spine and limit any further spinal cord injury.

Her family included her husband of 11 years, their 15 month old son, and her mother and father. They all appeared caring, attentive, and involved. They were appropriately distraught, and all reported that she had been physically active and vibrant--her favorite activity was hiking. Christopher Reeve's paralysis had been the topic of previous family discussions, and they were unanimous in recounting that EM said she would not want her life supported if she suffered an accident that left her inactive and unable to walk.

On these grounds, the family requested--calmly but insistently--that the ventilator be stopped and that she be allowed to die. When it was suggested that her sedation be lightened so that the situation could be discussed with her, they were aghast and refused, seeing this as an unnecessary additional trauma to her that should be avoided, as they "already knew what she thought and what she would say."

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

MJ will argue that withdrawing life support within hours or days of an acute disabling injury would be a mistake. Further, even if early withdrawal were an option that should be supported, it should not be done without first attempting to discuss the situation with a patient who, in all likelihood, had no cognitive impairment.

TC will defend the decision of EM's family to stop her life support without first waking her to discuss the situation. EM currently lacks decision-making capacity, making her husband the appropriate surrogate. Her family appear unanimous and confident in their belief that EM, if she had been able, would make the decision to stop the ventilator. Their claim that informing EM about her condition would be traumatic is perfectly plausible. To override their judgment regarding the ventilator, therefore, would (1) usurp their role as surrogates--a role they seem to be fulfilling appropriately, and (2) subject EM to preventable harm.

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

Yes No