READERS THEATER

WHO’S CALLING THE SHOTS, ANYWAY?

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When rural healthcare providers talked about ethics, many said it seemed like an academic subject, an area of study more suited to college classrooms than to rural hospitals. They were not sure if they ever encountered “ethical” problems in their hospitals. In fact, most thought they didn’t. They did note, however, that personal, professional, and organizational values sometimes collided and created uncomfortable problems. When problems develop, whose values should be honored? Nurses, physicians, hospital administrators, ministers, social workers, and family members said they often disagreed with each other when trying to make decisions. They questioned each other’s vision of “moral superiority” or the “right call.”

I was on duty when old Mrs. Stevens was rushed to the ER. Her heart was beating erratically. The abnormal heart rhythm was certainly not her only health problem. She’s been sick for a long time and getting services through case management. Last week, she said her ticket for this “life on earth” would not last much longer.

Dr. Vick was on call when Mrs. Stevens was admitted. He never follows a patient’s advance directives. He always finds a way to circumvent what the patient really wants - or do what he thinks is really best for the patient. He loves technology. Sure enough, he had her on the table and said he would get her heart stabilized. I wanted to tell him to stop. CPR isn’t appropriate for someone like Mrs. Stevens. Dr. Vick has no idea how angry we were.

The hospital called and said that my Mom had been taken to the ER. When I got there, they were already in a full alert and trying to shock her heart into its normal rhythm. I was surprised they admitted her. She had signed a “do not resuscitate” order a long time ago.

I know there are some upset feelings here. The nurses and the case worker kept saying she has a DNR. But this wasn’t a DNR situation. That’s the point. They don’t understand the difference. Mrs. Stevens had an abnormal heart rhythm. She was still breathing; her heart was still beating. I used a procedure that was medically indicated; it was successful. After we stabilized her heart, we moved her to the clinical ward.

Yeah, and she died six hours later. Nurses are the patient’s advocate. We are trained to look at the needs of the individual. Because of Dr. Vick’s “solid principles and rules” Mrs. Stevens had to die twice.
Dr. Vick: I’m the patient’s advocate. A physician moves from what is wrong with the patient to what can be done. And the doctors are legally and professionally responsible to do just that. We filter information to get what is relevant for the diagnosis. Mrs. Stevens didn’t die twice. The nurses are confused about the meaning of a DNR order. We’ve had confusion before. I didn’t resuscitate Mrs. Stevens, I just stabilized her arrhythmia.

Social Worker: That’s a fine point, an excuse. I have spent hours trying to figure out what is best for her. Doctors come in to the hospital for a few minutes and write orders. Doctors like Vick can do things by the “book” but that doesn’t make it right in all cases. Theory is one thing, practice another.

Nurse Phyllis: The social worker and I really know the family. We understand how much she suffered and know what a struggle this has been for the Stevens family. They have struggled with her health for the past 5 years. You really have to think about quality of life and we are trained to do that.

Daughter: I am not sure anybody listens to us. The doctor didn’t know our whole history and didn’t seem to have time to care. It was like “we don’t want to hear what you have to say. We are the doctors here and this is what will be done.” The nurses and social workers think they know what Mom wanted. We’re just out here in the hall.

Minister: The family has suffered. In part, the family thinks that nurses and doctors take the medical high road. She should never have gone to the ER. I am speaking as the patient’s advocate. When they “saved” this patient, they were not really assisting her or her family with the financial and emotional repercussions. For Mrs. Stevens, dying was not a clinical problem. It was an emotional and spiritual problem. Mrs. Stevens had told me she was ready to die.

Daughter: Doctors and nurses ask you to make decisions too fast and then you don’t always make the right decision. Dr. Vick said we have to do this procedure or she’d die. When I shouted at him and said, I want you to tell me without a shadow of a doubt that this is the right thing to do, he looked kind of shocked.

Social Worker I think the family is blaming me but it’s not my fault. I tried to explain to Mrs. Steven what would happen if she dialed 911. When she did, the whole system started rolling. Once it’s rolling, it doesn’t stop.
Dr. Vick: I could get sued if I make the wrong decision. When someone like Mrs. Stevens arrives at the ER with a treatable condition, I have to respond. I have protocols to follow. The nurses and social workers use situational ethics when they try to resolve problems. They flit from case to case. They are too influenced by the particulars of an individual situation and they don’t rely on solid principles and rules.

Administrator: Dr. Vick is right. And it’s not just medical protocols that determine what we do when problems develop. If we want to receive Medicare and Medicaid funds, we are required to implement federal regulations in order to provide appropriate and high quality care. There are protocols that we have to follow and Dr. Vick did exactly that.

Daughter: My mother could have taught the doctors and nurses a great deal about what is best for the patient. But they were so busy looking at problems from their own points of view, that they never heard what she had to say.

Social Worker: Dr. Vick says he had to intervene because it was medically indicated, but I have a gnawing feeling that the hospital is not so quick to respond when someone without reimbursement comes in, like the Nelson baby last week.

Administrator: I know people wonder about finances and how money impacts our decisions. It’s hard for all of us if people get turned away or if they don’t get the healthcare that they expect. But care comes at a high cost to the hospital. We have to keep in mind that we are the biggest employer in the county. If this hospital closes, some of the best jobs would be lost, to say nothing of the healthcare and the whole tax basis for our county. I have a moral responsibility to the whole county. I am the advocate for all of our patients.

Nurse Phyllis: But what does advocate really mean? I remember the night the Schwartz boy was brought to the ER. He was in that terrible car accident and we tried to stabilize him until the helicopter arrived. Seems like we were trying to save the patient for our own comfort level. We didn’t want him to die.

Dr. Vick: We gave that young man excellent care and followed the right protocols. I am proud of what we did that night. The team worked really well together.
Nurse Phyllis: We did. But, I still feel guilty about that night. Sure, he lived. But when I go to the ER I still see, in my mind, the tennis shoe that was left after he was loaded on the helicopter. I’m not sure why you’re so proud of what we did. You can’t say he’s recovered.

Social Worker: I agree. The consequences have been horrible for the family. He was in rehab for months. The family had to sell horses and land to pay for his care. Now he’s home and has such serious disabilities. I don’t think he can communicate at all. I keep running into his parents all the time. They go to my Church. The family must despise all of us.

Minister: Despise you? Where did you get that idea? The family is not angry at you. It’s been tough financially, but they view him as a gift. They almost lost him. His mother said he’s taught all of them about life and what really matters. You should go visit them; you may change your mind. It’s your values that are the problem, not the family values.

Daughter: The minister is right. It’s your ideas about what’s right and what’s wrong that puts you in a difficult position. I know doctors and nurses have a lot of responsibility but it comes with obligations to the patient.

Nurse Phyllis: Well that’s my point. I care about obligations and I want to be fair. But I am not sure that we are. Last week, I feel like I let the Petkersons down. Mr. Peterson came in with an MI and thing didn’t go so well. Staff has been cut and the other nurse on duty had never taken care of a person with cardiac arrest.

Dr. Vick: I came to the ER when Carl was admitted. We did what we could and I talked to Mrs. Peterson before I went home.

Social Worker: But she didn’t understand a word he said. She was so confused. She thought that Carl maybe couldn’t ranch anymore, not that he couldn’t be fixed. After Dr. Vick left, she kept asking me questions. She wanted me to call him back and call the air ambulance. The nurses didn’t know what to do. He writes the orders and goes home. We’re in the hospital, on our own and wondering if we’re doing the right thing.

Daughter: The Petkersons are our neighbors. Mrs. P. said this attack was so much worse than his last one. She said she begged them to call the air flight but they didn’t. And even though Carl looked so bad, she said the doctor went home. She thinks he just saw Carl as another old man.
Dr. Vick: It may sound tough, but we have to think about how we use our resources. It wasn’t appropriate to call for the air ambulance, not if someone can’t survive. It’s not great to die in transit.

Minister: Maybe we have to think about these issues in a different framework, what we can do, what we can’t do, how we make allowances. There are lots of times that “best practices” aren’t followed. Even if your clinical judgment says that a blood transfusion is needed, you don’t force it on people who are Jehovah Witnesses. Maybe we have to think about all of these rules and values in a more expanded context. Values like autonomy and privacy, applied at all cost, can seem like abandonment; they even seem cruel.

Administrator: Your flexibility could land me in court. I think you’re saying we have to think a little outside the box and I can understand that. But it’s going to be more and more difficult to do that.

Minister: I guess we all have to step back. Not one of us has the “right answer.” But we have to find some way to get on the same page.

QUESTIONS FOR DISCUSSION

Issues associated with ethical problems, errors, and adverse events
- Communication - problems related to flow and availability of information
- Training - issues related to on the job training and continuing education
- Fatigue and Scheduling - issues related to changes, fatigue, staffing patterns
- Environmental /Equipment - general suitability of the environment
- Rules, policies and procedures - existence and accessibility of directives
- Effectiveness of Barriers that protect people and property from adverse events

Issues about perceptions and perspectives:
- Did the perceptions of healthcare providers stem from variations among the disciplines or deep philosophical differences?
- Was there evidence of differences in clinical judgment styles among healthcare professionals?
- Did the characters have different perspectives on prognosis and goals of medicine?
- Did the characters have different information about the patient and family?
- Were there different perceptions of legal repercussions?
- Characterize the different views on patient autonomy, impartiality and fairness.
• Were the patient’s and family’s perception of care different from that of healthcare providers?
• Discuss the different perceptions regarding who serves as the patient’s advocate.
• What do we do with people who don’t think like we do?

**Moral superiority and decision-making:**
• Did you see examples of “moral superiority?”
• What were the consequences for the different stakeholders?
• What organizational structures perpetuate this "moral" superiority?
• What would a "level playing field" look like?
• How could organizational structures be changed to create a more level playing field