

Five days at memorial



**ASSIGN
BUSTER**

The book approached the ethical dilemmas faced by those physicians and staff involved in the key roles of the rescue effort at Memorial Medical Center, one of the many medical facilities that were devastated by this category 5 hurricane. The physicians who remained to care for the patients were put in the difficult position of deciding who was most appropriate for rescue, and what to do with those left behind. Staff members, nurses in particular, were put in the position of whether or not to obey seemingly unjustified orders.

The catastrophe was worsened by the backlash from the patients' families, the community, and the nation regarding their decisions, including arrests and wrongful death lawsuits. This paper will focus on just this; was the aftermath of the disaster warranted? Should the physicians and nurses who put their lives at risk to care for these patients have been put through so much consternation? Had they not stayed, it is quite likely that many more deaths would have occurred.

Was there anyone to blame? And most importantly; what could be done to keep this situation from happening again? Sheer Fink's descriptions of the disaster that took place at Memorial Medical Center after Hurricane Strain ravished New Orleans, shed light on some of the ethical dilemmas experienced by the physicians and nurses who stayed at the hospital to care for the patients in the wake of the storm. The unfortunate circumstances were beyond anyone's imagination.

Because natural disasters and their aftermath cannot be predicted, those left in charge had no way of knowing how to respond to the situations that they were faced with. Being forced to care for patients without clean water,

electricity, sanitation, and food, puts healthcare workers in an entirely different environment. Moreover, the pressure that comes with the unfortunate responsibility of deciding which patients should be rescued and which should not, is more than any person should ever have to experience.

Upon the administrative decision to evacuate "critical" patients last, the healthcare providers who were willing to risk their own lives by staying in the hospital were faced with the unfortunate responsibility to decide which patients should receive treatment, and which ones should be left to suffer until more resources became available. Ethically speaking, Dr. Pop and her staff should have divided resources equally to provide the most number of people with the best possible care.

Rationally speaking, however, they had to make the decision to allocate the limited resources to those patients who had the best chance of surviving the disaster to the greatest potential quality of life, rather than distributing them equally and risking the livelihoods of every patient left stranded at MAC. Due to the extreme circumstances of the situation, the decision was made to administer "lethal doses" of morphine to four black patients on the seventh floor, each of whom had chosen to be designated as Do Not Resuscitate (DNR) patients.

The controversial events that took place on the seventh floor of Memorial Medical Center (MAC) in the midst of such chaos serves to illustrate the inconsistencies inherent within the context of rational and ethical decision-making during disaster situations. Some argue that Dr. Pop chose to play the role of "God" in that moment of confusion and chaos, using

involuntary euthanasia to preemptively end the lives of four patients who were not necessarily going to die.

Viewed in this way, her actions can be seen as murder; however, when viewed as an act of rational compassion, the administration of lethal doses of morphine can be seen as providing palliative care and "comfort to the end." Whether or not this was the best possible course of action, the decision made by Dr. Pop was one that few people have ever been faced with making.

Aside from illuminating the lack of precedence and procedural guidelines for action during times of disaster and mass-casualty, the controversy also sheds light on the failures of all levels of government to provide assistance, shelter, and care for people living in poverty who are unable to evacuate from their homes in the midst of impending destruction and chaos. Review of Literature To understand the ethical principles at odds, a review of the literature included on this situation is necessary for the reader to more fully comprehend the competing interpretations of Dr. Pop.

Dr. Pop's decision to bring an ND to those four lives comfortably, rather than respecting their autonomy and leaving them to slowly deteriorate and presumably die on their own terms. Paternalism According to Dr. Gerald E. Fricker, DO, professor of moral, political, and legal philosophy at the University of California, Davis, paternalism is defined as, "the interference of a state or individual with another person, against their will, and defended or motivated by a claim that the person interfered with will be better off or protected from harm. We can see how the decision of Dr. Pop fits within this conceptual

framework by interpreting her actions as a way to provide those four patients with a comfortable end to their lives, with the assumption that they were better off drifting peacefully into eternal sleep than being left and subjected to a slow and potentially painful death. Understanding her actions as an example of paternalism does not necessarily justify her assumption of the role of "God," but it does explain why she believed she was acting in accordance with ethical principles.

Though arguably at odds with the ethical principle of maleficence, her actions must be judged within the context of the disaster at hand. Because resources were limited, and because the primary provider for those patients on the seventh floor had seemingly left them for dead, she was faced with making a decision that would ultimately impact every single patient in the hospital.

When understood from this perspective, her neglect for patient autonomy and informed consent is superseded by the ethical principle of paternalism, in the sense that it was her utilitarian duty to provide the most possible care for the most number of people and to reduce the overall suffering endured by patient population. By eliminating the potential suffering of four patients with relatively low qualities of life, Dr. Pop was able to ensure that the resources available would be used in the most efficient way for the provision of care for those patients who had better chances of survival and higher qualities of life.

Decision-making can be a daunting task in any situation, but the decision that Dr. Pop was forced to make was undoubtedly harder than any of us

have ever been faced with. It is easy to condemn her as a racist murderer, but it is just as easy to praise her as a hero as well. Regardless, we can rightfully assume that the decisions she made in the midst of such chaos and confusion are the farthest things from being easy for her. She was put in a situation that none of us could possibly imagine, and she acted according to her moral and rational instincts with the best interests of the whole in mind.

Paternalism has been subordinated to the principle of self-determination within the medical community over the past century; however, without consistent protocols and enough resources during disaster situations, the principle of paternalism justifies the act of preemptively ending four low-quality lives in the interest of allocating limited resources to the rest of the tenets that had more life left to live and were more likely to survive the ordeal.

Leadership in this situation carries with it the burden of choosing who will live and who will die, which is not an easy thing for anyone to do. Dr. Pop, in the absence of outside support and guidance, took it upon herself to make that decision so that nobody else had to. Informed Consent This section is dedicated to defining the ethical principle of informed consent, and discussing why Dr. Pop failed to adhere to this principle when she administered morphine to those four DNA patients on the seventh floor of MAC.

The right to informed consent was included in the right to bodily integrity and patient consent by the federal court system in 1972, with the reasoning that without informed consent, no meaningful and intelligent consent can be given. By only telling those patients that she was treating their pain, she

actively disregarded the law. Limiting the scope to just those four people, Dry. Pop was most certainly in the wrong. She knew she was breaking the law, as evidenced by her vocal assumption of total responsibility.

Though she was aware of the implications of such actions, her disregard was fueled by her ethical responsibility to ensure the care of the remaining patients in need of treatment. When one expands the scope to include every person present that day, it becomes apparent that her failure to adhere to the law of informed consent was an act of civil disobedience. Due to the context of the situation, she was forced to break the law in order to provide the most care for the most number of people.

Disasters happen, people die, and tough decisions must be made; this is precisely what happened with Dry. Pop and the patients Of MAC in the wake of Hurricane Strain. Discussion In discussing the situation that Dry. Pop and the patients at MAC were facing in the aftermath of Hurricane Strain, various issues are brought to light. First off, the situation was an unprecedented one, and as such, left those in leadership positions with the task of forming the best possible course of action under disastrous circumstances.

This in itself points to the need for consistent protocols and better training for disaster preparedness. Another issue illuminated by Dry. Pop's decision is the failure of all levels of government to ensure the livelihoods of people in poverty with no way to evacuate during incidents of natural disasters.

Finally, by analyzing the various ethical principles at odds with each other, we can understand that certain situations force actors to promote certain ethical principles above the rest.

Further, we can see how people view the concept of death and end-of-life care in a variety of ways, which allows us to understand how the administration of lethal doses of morphine to four unwitting patients, for the good of the whole, was interpreted by some as murderous, yet by others as heroic. Upon reading the provided literature, I have come to the conclusion that Dry. Pop's actions are justified by the context in which they were made. In cases of disaster and mass-casualty, reality becomes temporarily altered and survival of the group takes precedence over the survival of individuals.

Surely Dry. Pop would not have decided to end those four lives if she did not believe that it would benefit the rest of the patients, as well as reduce the amount of suffering that the DNA patients would ultimately endure. Had their provider risked his life like Pop to care for the seventh floor, or had better training and protocols been in place, or had the government been more prepared and readily available to provide shelter and care for the poverty-stricken population of New Orleans, those four patients may have survived the disaster.

To place the blame of this unfortunate incident on the shoulders of a single individual is to disregard the failures of government and the medical community at large that rendered the hospital incapable of ensuring everyone's survival in the wake of Hurricane Strain. The controversy that arose should serve as a catalyst for increased preparedness and more consistent ethical and procedural guidelines in cases of natural disaster and mass-casualty. Moreover, it should not be used as a way to seek justice for those four lives by biblically indicting Dry.

Pop and her nurses. They did what they thought was best in an unprecedented situation, and were able to minimize the suffering endured while maximizing the overall benefit for the remaining patients. Summary and Recommendations The administration of lethal doses of morphine by Dry. Pop to those four patients in the aftermath of Hurricane Strain was an unfortunate result of a disastrous situation. With little or no precedence to provide guidance to those in charge of the hospital, Dry. Pop was forced to make a controversial decision.

Ultimately, she was able to reduce suffering and increase overall benefit for those seeking care. Unfortunately, it came at the cost of ending four lives. As appalling as this was for their families, the patients themselves were able to drift peacefully into eternity and escape the imminent suffering and difficulties of end-of-life existence that they would have had to endure. Understanding that they would die soon anyways, we can assume that those four people had come to terms with death.

Instead of allowing them to fight the inevitable while deteriorating and suffering further, the morphine that coursed through their veins in the final moments of life acted as an "Angel of Death," liberating them from the imminent suffering caused by the blatant disregard of their doctor. It is impossible to tell whether or not this peaceful death was preferable to the alternative, but one can at least understand how Pop felt upon deciding to take this course of action.

Given the circumstances, she and her nurses did what was best for everyone, even if it did mean emotional suffering for the families of those

four patients who were involuntarily euthanized. No one person can be blamed for what happened that day. It comes down to a failure of leadership and lack of foresight by the medical community and government alike.

Though I believe Dr. Pop's actions were aligned with the best interests of all involved parties, there are recommendations I would make to ensure controversial situations like this do not happen in the future. For one, Dr.

Pop could have tried to obtain informed consent from the patients and their families before administering palliative care. This could have saved her from legal implications, but it may have also forced her to allow the deteriorating patients to consume the limited resources as they awaited to approach death. The other recommendation I would make is that the leaders should have asked for volunteers to stay behind and allow the DNA patients to be transported elsewhere. Surely there would have been four people willing to give up their spots for the survival of those four DNA patients from the seventh floor.

Introduce the story behind the book and the decision making behind the evacuation process that led to such controversy after the rescue. The patients at Memorial Medical Center (MAC) were not given much choice in their fate, unlike the individuals that make the choice to die with dignity and take their life into their own hands. Of the individuals whose deaths were hastened through lethal injection at MAC, someone in their life, whether it be they or their family members, had made a decision for them to have a do not resuscitate (DNA) order on their chart.

Although a DNA order was in effect, the decision for dying with dignity had not officially been made by these individuals. They did not choose to end their own life and take their fate into their own hands. The decision was made for them. The physicians, who were in charge of the care of each individual that underwent lethal injection, took an oath to do no harm. The decisions they were faced with in the circumstances that followed hurricane Strain were by no means easy ones.

On one hand, harm was caused by lethally injecting the patients; on the other hand leaving these dependent individuals to fend for themselves in the aftermath of a catastrophe would have caused, very potential, pain and suffering. One might say ethical euthanasia took place in these cases; others will disagree. Only those who faced the storm head on will ever truly know the full capacity of the decisions that were made. Review of Literature paternalism Paternalism..... Theories are b Define and discuss the use of paternalism in the decision making process at the end of the evacuation process.

Informed Consent Define and discuss the lack of informed consent as the DNA patients were given morphine to hasten their impending deaths Discussion Detailed discussion surrounding the events leading up to the decision to use morphine and other sedatives to hasten the deaths of the DNA patients that were not going to be evacuated and instead be left behind to die a potentially horrendous death. Summary and Recommendations Summary and Recommendation Should have used informed consent with all cases where the patient and/or Emily members were available to discuss.