

Ethical dilemma



With an increase in patient centered treatment and the upper hand the law grants them as the best judges of their own fate, medical practitioners and nurses in particular continue to face an unending sea of ethical dilemmas. An ethical dilemma is a problem that lacks a conclusively sufficient solution. In nursing, such dilemmas are a common encounter that calls upon a nurse to take a stand which cannot be described as wrong or right. In such cases there are two sets of choices selection of which offers no ethically acceptable resolution.

The dilemma under discussion in this paper involves case of a baby born at FairfaxHospital having been diagnosed prenatally with anencephaly; an untreatable condition that results from lack of fusion of the neural tube consequently leading to lack of skull bones and little development of brain tissue. Normally, new borns with this condition survive for a few weeks after birth. This dilemma discussion will center upon a case of futile care by medics against a mother's insistence to let nature but not individuals seal the fate of her child. It involves moral and legal aspects in determining the survival of a young Baby K (Fant, 2011, p. 3).

This paper will focus on a number of topics including a detailed review of the Baby K case and why it still stands to be one of the most exigent cases of ethical dilemmas; needs development and application of an ethical decision making model related to the case and the conclusions based on the selected model.

Cases of ethical dilemmas concerning the medical profession are numerous, however the particular case of Baby K is one of the cases widely acclaimed

as undermining the ability of the medical professionals to make sound judgments. Stephanie Keene, popular as Baby K was born at Fairfax Hospital in Virginia lacking development of a large part of her brain. Against the advice of the doctors her mother insisted on carrying the pregnancy to term and based her argument against advices to terminate the pregnancy on Christian principles. Though prenatally diagnosed through an ultra sound and advised on the condition, the mother contended that Christianity demands protection of life and its sanctity. The baby was kept alive at the hospital for seven weeks owing to her mother's stand that all life is precious (GeorgetownUniversity, nd, p. 1).

Later she was transferred to a nursing home since no other hospital would accept her, but she would be rushed back to Fairfax Hospital every time she experienced a respiratory failure. Meanwhile, a team of doctors had passed a do not resuscitate order; which the mother challenged. The hospital moved to court seeking approval to appoint a guardian for the child and impose an order that limits their obligation to Baby K to the provision of palliative care alone. The mother argued firmly that the hospital must provide ventilator support for Baby K every time she was in an emergency situation, legally binding the hospital to do so under the Emergency Medical Treatment and Active Labor Act (EMTALA). That stirred controversy, the court decided that the hospital was obligated to provide the baby with a mechanical ventilator every time she experienced respiratory trouble (Citizen compedium, 2012, p. 1).

Positive Aspects of the case

A number of amendments have been made in the United States law to guarantee equal protection of all people and especially of the handicapped, but Baby K case remains an outstanding confidence booster as the patients challenged by life threatening conditions can still call upon the court for assurance of retaining their places in our society. The interpretation by the court of the EMTALA Act was an indicator that individual beliefs and convictions tailored with good motives still have their place in law and despite many opposing views they will still be afforded space if circumstances so demand. Without going into the merits of whether the ruling was fair to one party or not, the positivity of it lies in the confidence of protection and the wisdom employed (GeorgetownUniversity, nd, p. 1).

Anencephalic cases have previously been treated as futile. This reverberates beyond the tenets of this particular instance and is indeed a call to rethink other assumptions geared towards ethical dilemmas and bioethics. It is an indicator that some thoughts need to be reshaped in the interest off the patient.

The Negative aspects

Courts are the final interpreters of law expected not to waver or create uncertainty but rather to conclusively offer justice in a socially acceptable manner. However, the courts refused to take a position of moral or ethical standing but chose to state that their mandate was limited to interpreting the law as it is but not ignoring it. This was a letdown that left the medical fraternity with a bitter taste. To start with the legal ramifications of futile treatment were not articulated with precision and the legal precedence set

from this ruling is dangerous. This ruling cast aspersion on the ability of doctors to make a judgment on behalf of the patients, yet it is not every medical situation that will afford the parties the pleasure, comfort and time to move to court (GeorgetownUniversity, nd, p. 1).

Anencephaly is a disease which affects the brain as it is lacking the cerebellum with only a developed brain stem. According to the statistics, approximately 1000 babies are born anencephalic each year in the United States, yet this condition can be diagnosed before birth and 95% of mothers choose an abort. The hospitals sought the courts to interpret EMTALA Act which included exemption from treatment on cases deemed futile by qualified physicians. Remembering that anencephalic babies cannot see, feel or touch, the doctors understand generally that such infants can never become personalities. The courts, even in the appeal stage refused to admit anencephaly as the medical condition prompting re-admission of Baby K. They termed it as respiratory distress thereby faulting the doctors professional assessment capabilities which is indeed their area of expertise. It still remains an act of cowardice and miss-judgment to many on the parts of the courts (Medscape, 2003, p. 1).

One more aspect which bothers hospitals is high expenditure on such children as it was spent over \$500, 000 on the Baby K until her death at two and a half years. Debate still remains inconclusive whether this was a tag between cost and ethics or opinions versus professional judgment. Conclusions on medical futility were made vaguely and ramifications of acting on them were quite dire.

The Rationale of Selecting the dilemma

This dilemma was selected purely on the merit of a number of issues the situation raised such as its broadness, relevance to the society, importance and the wisdom of the various points of view. Notable was the legal aspect it presented, especially concerning the consequences of futile care. The decision on the case questioned this very concept. The aspect and definition of personhood was also put across remembering that medical fraternity were left with a burden of making ethical decisions without certainty whether they would later be considered illegal or not. It also presented a dilemma to the courts; they were unable to make a decision they could defend, and rather sought to circumvent the issue of medical futility by simply interpreting an act. This dilemma raised other questions such as: should resources continue to be used in treatment of individuals when certainly knowing that it will not work? In interpreting the law, should the courts not admit the professionalism of the parties interested (the doctors) and lay trust on the wisdom of their judgment against opinion pursuits? On what grounds is the concept of medical futility challengeable in a court? These among other questions qualified this case as a suitable ethical dilemma worth discussing (GeorgetownUniversity, nd, p. 1).