

# Critiquing a piece of paper



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“ Can doctor’s say enough A Critique The article en d “ Can doctors say enough?” written by Alison DeMaio andNathan Clendenen and published in the Royal College of Surgeons in Ireland Student Medical Journal (RCSIsmj) in 2011 proffered ethical issues relative transitions to palliative care. The authors’ main line of reasoning skewed towards providing substantial arguments to support patients or their authorized representatives and families’ acceptance for the need to transcend to end-of-life (palliative) care. This line of reasoning was apparently made clear from the beginning as the authors indicated the aim of the discourse as “ to discuss the ethical issues highlighted by the case (where a patient had longstanding medical issues which led to her four months’ stay at the ICU and reportedly dependent on ventilator support, haemodialysis and total parenteral nutrition) and to provide a course of action for the patient that suitably addresses these issues” (DeMaio and Clendenen par. 2). In doing so, the authors established evaluating ethical issues, as well as end of life principles of care.

To support the line of argument, it is commendable for the authors to have used simple and concise words and language that could be easily comprehended by readers of diverse educational backgrounds. The structure of the discourse was also effective in enhancing the readers’ understanding of the arguments through subdividing the article in sub-headings, such as the definitions of core principles in medical ethics; current guidelines for the transition to end-of-life care; and the ethical issues facing patients who manifest symptoms and in the situations provided within the guidelines.

To evaluate the authors’ choices of secondary sources of information to support their contentions, one could deduce that from the 29 references, only 10 references were sourced from 1990 to 2000 (which could be

considered outdated) and the rest, 19 was sourced from 2001 to 2010, where 15 or 79% were fairly recent (from 2006 to 2010). Of those sourced from references beyond 10 years ago, majority were guidelines from the American Medical Association which could be deemed applicable until contemporary times, unless otherwise revised.

There is therefore enough credible evidence to support and prove the contentions in the identified case through expounding on patient's autonomy, a patient's quality of life, and medical futility. The discussion on the role of decision-makers in cases of surrogates and any conflicting interests regarding transitions to palliative care were clearly established through exceptions that require intervention. The approach by which explaining the need to allocate limited resources to other patients; as well as the potential ethical and legal ramifications for withdrawing life-sustaining treatment were helpful in validating the need to select the last option which is for the greater benefit of the patient's interest and quality of life; rather than seeing the case as merely prolonging death by vehemently deciding on aggressive but futile treatment. Through enumerating the specific criteria that would refer patients in the surgical ICU on to a palliative care consult, readers are made increasingly aware of the basis for much needed rationale and justified end-of-life care decisions that puts any counter-argument to rest.

#### Reference

DeMaio, Alison and Nathan Clendenen. "Can doctors say enough?" Royal College of Surgeons in Ireland Student Medical Journal 2011: 1. Cited December 5, 2011. Available from: <http://www.rcsismj.com/4th-edition/ethics-winners-2010/>  
<https://assignbuster.com/critiquing-a-piece-of-paper/>