
Part III

Autonomy and Other Ideals: Balancing Benefits and Burdens

In some end-of-life situations, it is challenging to identify an appropriate decision-maker and equally challenging to develop a process that might best lead to ethically, medically, and legally sound decisions. Religious beliefs, immigration status, addiction, and caregiving are some of the factors that lead to the perplexing cases discussed in this section. Specifically, the cases in this section concern the risks of bloodless surgeries for Jehovah's Witness patients, the obligations hospitals face in caring for indigent patients, appropriate informed consent procedures for patients who are unable to adhere to postsurgical care recommendations, and how caregiving burden in late life can lead to poor outcomes for both spouses. A short summary of the cases in this section is given as follows:

Case 12—Something More Important than Life

A 25-year-old woman, newly engaged to a man who was a lifelong Jehovah's Witness, was a good candidate for heart valve replacement in a hospital's bloodless surgery program. Complications due to the patient's Turner Syndrome caused extreme blood loss, and the patient's fiancé refused to allow a transfusion to take place.

Case 13—Are There Limits on Futile Care for Patients in the U.S. Illegally?

This case examines the complex issues involved in caring for a patient in the U.S. illegally who was involved in a motor vehicle accident. He was diagnosed as being in a persistent vegetative state, and proxy decision-making was complicated by his illegal immigration and marital status, along with his estranged relationship with his mother in Mexico.

Case 14—To Treat ... or Not to Treat?

This case involves an unfunded patient with advanced head and neck cancer, complex medical care needs, and no safe plan for discharge. To what extent

physicians have an obligation to present all possible treatment options is discussed, along with hospitals' responsibilities to insure a safe discharge plan for indigent patients.

Case 15—A Patient's Right to Treatment (and a Physician's Right to Refuse)

A 55-year-old man had altered mental status and was in septic shock after having some dental work done "in a garage." The patient's continued alcohol and illegal drug use made him a poor candidate for surgery for his antibiotic-resistant infection, and the physicians caring for him struggled to develop an appropriate plan of care.

Case 16—A Depressed Caregiver Neglects His Own Health

A man who had been caring for his disabled wife for over 50 years neglected his own health, and his family needed to make a series of medical and other decisions on behalf of him and his wife, often without sufficient documentation or information.