

The Situation

Susannah comes to the hospital with shortness of breath and chest pains. She is 41 years old with a long-standing diagnosis of paranoid schizophrenia. She has spent most of her adult life in a group home that helps her with activities of daily living, and she has a court-appointed guardian (an independent third party without any prior relationship to Susannah) for financial and healthcare decisions. Mary has been Susannah's guardian for the last 10 months. Whenever the team needs to have consents signed, they call Mary, who does not visit the hospital but gives verbal consent over the phone. Susannah's past medical history is significant for COPD (chronic obstructive pulmonary disease) and Stage I breast cancer (diagnosed two years ago). Susannah has been compliant with her COPD medications because she finds the symptoms burdensome, but she has never wanted treatment for her cancer. According to documented conversations with her primary care physician, Susannah does not want any surgery, chemo, or radiation because "the tumor is not bothering her." After a cardiology consult on this admission, the medical team learns that Susannah has congestive heart failure that can be medically managed with prescriptions. Although Susannah was initially suspicious of the new medications, her nurses helped her feel comfortable with taking them.

Susannah's treating attending, Dr. Johnson, is a hospitalist. He decides to request a surgical consult to examine Susannah's tumor, although cardiology already indicated that any surgical intervention would carry additional risks due to Susannah's heart condition. The surgeon, Dr. Asher, concludes that a mastectomy can be curative, and he tells Susannah that she should receive a surgery to get rid of her cancer. Her bedside nurse, Michael, is in the room during this conversation. Susannah becomes agitated and tells the surgeon that he is not allowed to touch her. After Dr. Asher leaves, Michael tells Dr. Johnson about the situation. Dr. Johnson pages an oncologist who saw Susannah the previous day. The oncologist expresses ambivalence about the surgery, saying it could be curative, but Susannah would likely need some additional treatments and monitoring even with the surgery.

Michael, feeling some distress after hearing Susannah's refusals of the surgery, asks Dr. Johnson why Susannah cannot make this decision for herself. Dr. Johnson says that the court has declared Susannah to be unable to make any of her decisions, but Michael pushes back and says that Susannah communicates clearly. In response, Dr. Johnson calls for a psychiatry consult that evening. After talking with her at length and reviewing her records, the psychiatrist says that Susannah is relatively high functioning and happy at her group home, given the severity of her psychiatric impairment, and the surgery would likely cause a massive breakdown in the trust of her caregivers and profound body image issues. Michael reads the psychiatrist's note in the chart and becomes even more convinced that Susannah is making the best decision for herself. Dr. Johnson is unsure how to proceed, so he calls for a multidisciplinary team meeting with the guardian for the following afternoon. Michael plans on attending.

The charge nurse, Tabitha, has had some oversight over Susannah's case ever since Susannah came to the unit. Tabitha thinks that Michael's worries just show how inexperienced he is with patients who have psychiatric conditions. The morning before the meeting is supposed to occur with the guardian, Tabitha overhears Dr. Asher calling Mary. Dr. Asher insists that Mary consent to the surgery, which he says "any other patient would get," as it is the standard of care for a patient with this kind of cancer. Tabitha agrees with Dr. Asher, and she is disgusted that the guardian allowed Susannah to go this long without treatment for early-stage cancer. Tabitha decides to attend the meeting with the guardian.

The Debate

Is the surgery the ethically preferable course for Susannah? What are the patient's moral interests, and what are the moral obligations of the healthcare professionals in this case? This complex case represents a conflict of moral perspectives. Start by building a case for Michael's position, and then build a case for Tabitha's position. You should be able to argue persuasively for either.

You will be divided randomly into small groups in advance. During class, each group will then be divided into the two positions: Team Michael and Team Tabitha. For Round One and Round Two, you should consistently represent either Michael's side or Tabitha's side. At the end of each round, the groups will take turns reporting to the rest of the class what they debated. During Round Three, you should find some room for consensus, given the competing views of each side. You don't have to agree on every aspect of the case, but try to find creative solutions or next steps based on your shared moral commitments. Think like an ethicist!

Round One: Team Michael vs. Team Tabitha (7 minutes within small groups)

- Who is the ethically appropriate decision-maker in this case?
- Ethically, do Susannah's preferences matter?
- What are some of the ethical principles or values at stake?

Choose spokesperson to report back to class on what was debated in Round One.

Round Two: Team Michael vs. Team Tabitha (7 minutes within small groups)

- Is surgery the ethically optimal course for Susannah? Why or why not?

Choose spokesperson to report back to class on what was debated in Round Two.

Round Three: Decide on Ethically Supportable Next Steps (7 minutes within small groups)

- What should the next steps be in this case? Why are those steps ethically supportable?
- What should both sides agree is at stake, ethically speaking?

Choose spokesperson to report back to class on what was decided in Round Three.