

Read the vignettes on the right side of this page. Then refer to the list of moral red flags on the left. Underneath each vignette, write the letter of as many moral red flags as apply. **Note:** Some red flags may overlap. For instance, unnecessary pain is contrary to a patient's interests, so a family's decision could be contrary to a patient's interests because it puts the patient at risk for unnecessary pain. In that case, it would be appropriate to include both q and u under the case.

Moral Red Flags	Case A
<p>Autonomy Concerns</p> <ul style="list-style-type: none"> a) A clinician is overbearing/aggressive b) A family member/surrogate is overbearing/aggressive c) Patient's capacitated wishes are being ignored d) Patients' request/refusal seems deeply irrational e) Patient might be coerced/manipulated by a family member/friend f) Patient might be coerced/manipulated by a clinician g) Patient might be mistakenly treated as capacitated, despite cognitive deficits h) Patient's religious explanations or reasons are being ignored i) Surrogate may be incapacitated <p>Communication & Professionalism Concerns</p> <ul style="list-style-type: none"> j) Miscommunication about pt's medical status and/or treatment plan to family k) Conflicting communication among clinicians l) Inadequate provider continuity threatens the quality of patient care m) Some members of the medical team excluded from discussions and/or decisions n) Patient's dying process or poor prognosis is being neglected or avoided o) Abusiveness of patient and/or family not being adequately controlled or communicated p) Patient and/or family disagrees with the clinical team <p>Patient Well-Being Concerns</p> <ul style="list-style-type: none"> q) Family's/surrogate's decision seems contrary to patient's interests or values r) Clinicians' decision seems contrary to patient's interests or values s) Patient's comfort/well-being is not being adequately addressed t) Patient is experiencing unnecessary pain u) Patient is <i>at risk</i> of experiencing unnecessary pain 	<p>Claire Conroy, an 84 year-old woman who had long suffered from organic brain syndrome, is admitted for left foot gangrene. She was declared incompetent by a judge three years previously, and her nephew, Thomas, is her guardian. Before this admission, Ms. Conroy lived in a nursing home. When Thomas arrives at the hospital, he refuses to consent to the recommended amputation of the patient's left foot on the ground that Ms. Conroy has always resisted medical involvement. While she is hospitalized, the staff notices that Ms. Conroy is not receiving adequate nourishment, so they place a naso-gastric tube. She becomes completely dependent on the NG tube.</p> <p>Ms. Conroy has many other health problems, including necrotic decubitus ulcers on her leg and hip, a urinary tract infection, hypertension, arteriosclerotic heart disease, and diabetes mellitus. For some time now, she has been unable to move except for minor movements of her head, neck, and arms. She does not speak. She lies in a fetal position, only sometimes following people with her eyes, and her general physical appears is very withered. She moans when moved or touched, though it is unclear whether she is capable of experiencing pain. She shows no sign of cognitive or volitional functioning.</p> <p>Thomas returns to the hospital a week later, and after seeing the NG tube for himself, he asks the staff to remove it. He justifies this decision on the same basis with which he refused the amputation. Dr. Smith is reluctant to comply, and the nurses are adamant that Thomas not be allowed to do this. Although they accepted the legitimacy of refusing ventilators or amputations, they believe that the provision of food and fluids is basic and necessary medical care for anyone.</p>
applicable moral red flags:	

Moral Red Flags	Case B
<p><u>Autonomy Concerns</u></p> <p>a) A clinician is overbearing/aggressive b) A family member/surrogate is overbearing/aggressive c) Patient's capacitated wishes are being ignored d) Patients' request/refusal seems deeply irrational e) Patient might be coerced/manipulated by a family member/friend f) Patient might be coerced/manipulated by a clinician g) Patient might be mistakenly treated as capacitated, despite cognitive deficits h) Patient's religious explanations or reasons are being ignored i) Surrogate may be incapacitated</p> <p><u>Communication & Professionalism Concerns</u></p> <p>j) Miscommunication about pt's medical status and/or treatment plan to family k) Conflicting communication among clinicians l) Inadequate provider continuity threatens the quality of patient care m) Some members of the medical team excluded from discussions and/or decisions n) Patient's dying process or poor prognosis is being neglected or avoided o) Abusiveness of patient and/or family not being adequately controlled or communicated p) Patient and/or family disagrees with the clinical team</p> <p><u>Patient Well-Being Concerns</u></p> <p>q) Family's/surrogate's decision seems contrary to patient's interests or values r) Clinicians' decision seems contrary to patient's interests or values s) Patient's comfort/well-being is not being adequately addressed t) Patient is experiencing unnecessary pain u) Patient is <i>at risk</i> of experiencing unnecessary pain</p>	<p>Wilber Williams, 56, arrives at a Veterans Hospital because of memory problems. His wife, Nellie, accompanies him. For two years Mr. Williams has experienced increasing trouble with the technical aspects of his work as a farmer. Nellie tells the physicians that lately her husband has been talking about his deceased brother as if he were still alive. On exam, Mr. Williams has difficulty stating his age and the present year accurately. The doctors also notice that Mr. Williams walks with a wide-based gait, a standard sign of brain pathology. They find that he has decreased cerebral function but is otherwise normal. Mr. Williams has no difficulty with simple coin problems and can repeat six digits. The physicians recommend that Mr. Williams be admitted for further examination and observation, but the patient refuses, stating he has business he must return to.</p> <p>Mr. Williams and Nellie return six months later after his condition has clearly deteriorated. The patient has lost most of his farmland and is now out of work. His wide-based gait is more pronounced, and he urinates on himself about once a week and seems not to care. A medical examination shows an apparently alert man without speech difficulty but considerable mental deterioration. He cannot recite the months of the year, but he can quote long passages of the Bible with prompting from Nellie. The physicians suspect that Mr. Williams has occult hydrocephalus. In Mr. Williams' case, the physicians think that they can at least partially reverse his condition if treated promptly. The treatment would involve placing a tube through the skull to drain the cerebrospinal fluid from the brain to the vascular system. Mr. Williams immediately refuses, saying, "Ain't nobody gonna cut on my head."</p> <p>Nellie begs her husband to allow the physicians to hospitalize him and talk about the treatment further. When the physicians suggest that she take on the decision-maker role, she refuses and says that in their community, the husband makes these kinds of decisions.</p>
applicable moral red flags:	