

Case Study #1: David

NHPCO Medical Aid in Dying Resource Series



10/11/2021

David is a 17-year-old young man who was diagnosed six months ago with late stage desmoplastic small-round-cell tumors in his abdomen. Despite aggressive chemotherapy the cancer has now metastasized from the abdomen to the bone and brain. David's medical team convey to him and his parents, that he has six months or less to live.

David lives in Oregon with his parents. David had been, up to the time of his diagnosis, a very independent and responsible individual. David has been consistently on the honor roll throughout high school. He is president of his high school class. Prior to his illness, he excelled as a member of the cross-country team. David also worked after school to earn extra money to save for college. David now sees his whole future gone.

Everything he has worked to achieve up to this point is no longer possible. David had a girlfriend since eighth grade but cut off the relationship shortly after his diagnoses. David knows that none of his hopes and dreams will come true and he wants to end his life as soon as possible since it has no meaning. David wants to locate a doctor who will prescribe life-ending medication under Oregon's Death With Dignity Act.

David's parents are vehemently opposed to his plans. David will turn 18 years old in two months and he has told his parents he will choose to end his life at that time if they will not help him now. He tells his parents he can no longer tolerate the hopelessness and the pain, and he's fearful of losing control given the metastasis to his brain. David begs his parents to support his decision however they are deeply religious and are hoping and praying for a miracle. David's parents also want to have every minute they can with him before he dies. David tells them there is no point to living and his life is already over.

David's parents call hospice to have David admitted for care and they ask the hospice staff to help talk David out of making this choice. David's parents selected this hospice because it is Catholic-affiliated and therefore opposed to medical aid in dying. For now, because David is still a minor, he cannot act on his choice. David's parents feel that in two months, with the help of the hospice David will change his mind and not want to hasten his death.

As the hospice staff conduct the admission assessment David clearly expresses he does not want or need hospice care. He shares with the hospice staff his plan to utilize medical aid in dying once he turns 18. David tells the hospice staff to leave and he refuses to cooperate.

Possible Ethical Concerns:

Should the hospice admit David?

If not, on what ethical basis can the hospice justify going against the parents' wishes as they have the legal right to make decisions for David and consent for hospice care?

If so, should the hospice work with the parents to convince David to not seek out medical aid in dying?

What will David's plan of care include if he is admitted to hospice care?

The Ethical and Religious Directives governing the Catholic hospice's policies will not permit them to participate in medical aid in dying. How should this stance otherwise impact how the staff will care for David?

How would your hospice handle this situation, based on existing policies or ethical statements about end-of-life care, quality of life, patient autonomy, and commitments to neither hasten nor delay death?

Autonomy

Do you feel David has the right to refuse to be admitted to hospice even though he is 17 years old?

Once he turns 18, does he have the right to choose medical aid in dying?

Once he turns 18, do David's parents' desires and concerns enter into these decisions? How?

Do you feel David's choice is rational and that he has the ability to understand the issues surrounding his decision and the implications for his family?

Beneficence

How do David's parents define what is best for David? How does David define what is best for himself? Are those definitions at odds? How can the staff of the hospice reconcile or work around the conflict?

David's parents and the hospice both have David's well-being at heart and want what is best for David. Do you agree? Why or why not?

Nonmaleficence

How do David's parents define "do no harm" with respect to David?

How does David define it with respect to himself? With respect to his parents?

How might the hospice define it?

How would your hospice define it?

Justice

Is it fair to David to begin hospice care for David with the expectation that the hospice will help his parents change his mind?

Is it fair to the hospice care team to begin care for a patient who does not want their services nor agree with their views on end-of-life care?

Is it fair for David to insist so strongly on his own preference knowing that it will likely cause great pain to his parents?