



Bioethics Notes



a newsletter from the Bioethics Review & Advisory Committee

May 2005

"It is an open question whether any behaviour based on fear of eternal punishment can be regarded as ethical or should be regarded as merely cowardly."

Margaret Mead (1901-1978)

Consult Services

We would like to remind you that the Bioethics Review and Advisory Committee in Danville provides ethics consultation services. We have an alphanumeric pager (2229). Anyone can request an ethics consultation. Page directly by phone, or leave a text message using the Infoweb Phone Directory. Enter "2229" in the Directory Search and then click on the "Quick Page" button.

Bioethics Committee

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Case Study

Jim and Ellen Dworkin are celebrating their 35th wedding anniversary and plan on a romantic dinner at their favorite restaurant.

"I'm really in the mood for a nice thick steak tonight," quipped Jim during his daily afternoon phone call to his wife.

"I'll meet you at the restaurant but I may be a trifle late so go ahead and order for me. Salad and baked potato with the steak. Remember, medium rare and sour crême on the potato. I love you."

Later, at the restaurant, Ellen faced a dilemma. Although she knew Jim wanted steak, the special that night was salmon with raspberry sauce, mango chutney and a wild rice Parmigiano risotto. Not only was it Jim's favorite, it was only available twice a year. Furthermore, in their thirty-five years of marriage, Ellen had never known Jim to order steak when fresh fish was on the menu.

What was Ellen to do?

Making "future" decisions is always problematic. Although not having the dinner you wanted might be disappointing, not receiving the health care you desire can have devastating effects not only for yourself, but also for your family and even your health-care providers. That is why many people believe an advance directive is important. An advance directive can help direct your healthcare, according to your wishes, at a time you are unable to do so for yourself. At that time a surrogate decision-maker, hopefully someone of your choosing, will be making decisions for you. They will act according to your specific written instructions, such as specified in a living will. If there are no specific instructions, they will choose, to the best of their ability, according to what they believe you would have wanted. We call the first instance the subjective standard and the second the substituted judgment standard. The moral authority of the subjective standard is greater than substituted judgment because it is based on an individual's stated preferences, not speculation about what he/she might have chosen.

Events

Advance Care Planning

Ethics Lecture and Panel
Discussion

May 3rd, 2005

6:00 - 9:00 PM

Geisinger Medical Center
Hemelright Auditorium
Bush Basement

Open to the Public

e-mail

The Bioethics Review and Advisory
Committee's address is:

bioethics@geisinger.edu

Visit

The Bioethics Review and
Advisory Committee Homepage



Please visit our new web page, which includes frequent updates on ethical topics, links to selected bioethics websites, Geisinger ethics policies (under Bioethics Committee Resources), and past issues of *Bioethics Notes*

What about Ellen's dilemma? One problem with former decisions is that they violate the doctrine of informed consent. This doctrine, based upon the principles of autonomy and respect for persons, is the basis for medical decision-making in our society. One of the most important elements of informed consent is disclosure. Before anyone can be expected to make a reasoned decision, they must be aware of all the relevant information. This becomes a problem when people are making decisions for the future. They can never really know all the facts, just like Jim did not know about the special menu item.

This is one of the major criticisms of advance directives. In the complex and ever-changing world of medical technology, it is impossible to know all the facts ahead of time. Furthermore, we often change our minds and choices once we are faced with a new situation, especially a situation we've never encountered before. That is why many consider the designation of a health-care-proxy to be more important than an instructional advance directive such as a living will. This assumes, however, that the individual you choose to be your surrogate-decision maker is a trusted individual who can communicate your wishes, and has a complete and thorough understanding of your value system. That places a burden on us; a burden we too often neglect. It demands we spend time and effort in discussing, not only what might be our choices for action or inaction, but also sharing, and often revealing, in intimate conversations, our value system. This is the best way we can protect not only ourselves, but also our loved ones, at a time when we are no longer able to communicate with them directly.

Formulating an advance directive is not sitting down for an hour with your lawyer and a checklist. It is a process whereby we open up and share our worldview with those around us, and forever continue the conversation.

So what should Ellen do? Well, I'll tell you what she did. Ellen ordered the special for Jim and the steak for herself...just in case. That's why they've been married for 35 years.

Respectfully submitted,
Robert B. Shabanowitz

For a more detailed review of the challenges of Advance Directives, see: "*Enough - The Failure of the Living Will*" Hastings Center Report 34, no. 2 (2004):30-42. Available on our website at: http://www.thehastingscenter.org/pdf/publications/hcr_mar_apr_2004_enough.pdf

The Bioethics Review and Advisory Committee gratefully acknowledges *The Degenstein Foundation*, whose funding helps support the educational activities of our committee. Feel free to forward *Bioethics Notes* to anyone interested. They can join by using the link below.

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