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Self-Conflict in Ethical Decisions

Eric Cassell

THE NOTION OF PERSON is fundamental to any consideration of medicine as a moral profession, concerned with the welfare of individuals. It is not sufficient, however, to require physicians to treat the patient as a person without providing a wider understanding of the concept. One important aspect of being a person is that a person is someone who values—who makes decisions based on alternative values. In an earlier discussion of valuational thought,¹ I believed that I could move forward to see how that mode of thinking is used to make value decisions and the relationship of the thought to action. I was stopped by the realization that the same individual could make contradictory moral or value decisions, depending on circumstances, and yet the decisions, even though conflicting, would seem authentic to the person. This essay is an attempt to describe conflicting ethical decisions made by the same person to see how conflict arises and how it is resolved.

Let me begin with the cases that caused me difficulty and that seemed to require an explanation.

In 1971, I took care of a woman, Dora S.,² who was dying of an inoperable cancer of the esophagus. The diagnosis was confirmed by biopsy and, prior to my seeing her, she had received adequate radiation therapy. Cancer chemotherapy available at that time offered no real hope of improvement. The decision to

maintain her comfortably rather than just keep her alive was made in concert with the family and indirectly in conversation with the patient. She developed pneumococcal pneumonia, which was not treated, and died of the infection. House officers connected with the case vigorously opposed the decisions. They felt that every available treatment should have been tried, that no patient should simply be "allowed to die." Their position was common in 1971. In 1977 I took care of Esther R., who was developing generalized paralysis from amyotrophic lateral sclerosis. As the paralysis spread, she experienced difficulty in breathing. Although she knew her life would be short (perhaps months), she wanted a belt-type respirator that would keep her comfortable and allow her to remain at home until she died. Her sons agreed with the decision. Because her respiration was dangerously impaired, she was admitted to the hospital for a few days until her belt respirator arrived. The house officers objected to putting her on a mouth respirator for fear that she could not be weaned off. Despite assurances that the belt respirator would allow her to go home, they were against "just keeping her alive." She died during the first night of hospitalization, apparently because no respirator assistance was provided. Similar cases are now becoming common. Dr. Mark Siegler tells of a ninety-year-old man, otherwise well, who was admitted to his hospital with pneumococcal pneumonia. The house staff did not treat him because they did not believe patients should be merely "kept alive." After all, they said, he *is* ninety years old.

The decision of the house officers in the 1971 case and the 1977 cases were the exact opposite of one another. Further, both examples, especially the woman with terminal cancer of the esophagus, but increasingly, cases like Esther R., are typical of their respective times—1971 and 1977. In both Dora S. and Esther R., the individual nature of the patient did not seem to enter the decision. Dora S. could not be helped to maintain a meaningful life and the family agreed that she should be allowed to die without further cancer treatment—a position with which the patient apparently concurred. Esther R. and her sons knew her situation and wanted the belt respirator.

What accounts for these paradoxical decisions whose only major difference was the period in which they were made? I am

going to suggest that in each instance a *physician self* made the decision. Why suggest an entity such as *physician self*, rather than merely saying the young physicians made the decisions? Using *physician self* rather than young physician suggests that another or at least a different self might have existed in each of the young physicians. It seems possible that if, in each case, the physician had been not only a doctor but also the child of the patient, he or she would have made a different decision—a decision similar to that made by the actual children of the patients. Two alternative possibilities present themselves. The first possibility is that as the patient's child and also as a physician, more information would have been available and, perhaps, have altered the decision. The other possibility is that as the patient's child, despite also being a physician, a different self would have been presented with or have made the decision.

If it is simply the case that as the child who is also a physician, more information would have been available, then it is true that in the actual instances these young physicians could have sought more information. They are trained to know that information about the person of the patient is important to medical decisions. The families were available, the patients were of approximately the same social background as the physicians and there was no language barrier—all factors that might otherwise have prevented their knowledge of the patients. Furthermore, there was so much discussion about the cases that the young physicians knew the wishes of the actual children and even those of the patients. Thus, the information was available to them. But on what basis can I entertain the possibility that if they had been the children as well as physicians, they might have decided differently? In other words, if one is the child of a dying patient, might one decide differently than if one is the physician of a dying patient?

Another case sheds some light on that possibility. A middle-aged female writer was traveling a far distance to get to the bedside of her aged and dying mother who had just been transferred from a nursing home to a hospital. En route, the daughter had firmly resolved that she did not want the doctors to do anything to prolong her mother's process of dying. When the daughter arrived, the doctor suggested that her mother was indeed

