Case Report Open Access

8IFO 1BUJFOUT $IPPTF 6OXJTFMZ BU UIF &OE 0CMJHBUJPOT PG 1IZTJDJBOT

Wayne Shelton

As a clinical ethics consultant for the past 20 years or so, I have seen many situations where dying patients or their surrogates make decisions that cause considerable concern and moral stress to physicians and particularly to nurses who are continually at the patient's bedside. In an

***Corresponding author:** Wayne Shelton, Professor of Medicine and Bioethics, Alden March Bioethics Institute, Albany Medical College, Albany, NY, USA, Tel: 518-262-6423; Fax: 518-262-6856; E-mail: SheltoW@mail.amc.edu

Received June 24, 2013; **Accepted** July 26, 2013; **Published** July 31, 2013

Citation: Shelton W (2013) When Patients Choose Unwisely at the End of Life: What are the Obligations of Physicians? J Palliative Care Med 3: 154. doi:10.4172/2165-7386.1000154

physician is just that: advice. When the actual moment comes, when the patients stops breathing and heart stops, the physicians decide what to do.

In cases like this one, physicians want to do what is right. But they want to be sure they are within the guidelines of the law. How the physician eventually acted in this case is not as relevant as the fact that physicians across the country, across the state, in the same hospital or even on the same service often differ on how they manage such cases. Clearly this type of case goes to the heart of the intersection between clinical ethics and palliative care.

There is a serious need for more discussion of what ethical and legal standards to employ in such cases. We need to consider point at which the obligation to provide palliative care overrides the prima facie obligation to respect the patient's or surrogate's directives. But most importantly, these cases cry out for greater involvement of palliative care and ethics consultation, at a much earlier stage in the course of treatment for seriously ill patients. It is much easier to obviate the possibility of conflict and discord if patient and family concerns and needs are addressed at an earlier point in the case. Too often, ethics consultations occur at the final stages of a patient's life, where a dramatic and excruciatingly difficult decision has to be made. Physicians need to be better prepared to utilize the services of palliative care and ethics consultation at a point where there is more time for discussion and planning so as to avert end of life crises. Such a change will require more education and a move toward more definitive practice standards in the management of seriously ill patients.

References

1. Winkler EC, Hiddemann W, Marckmann G (2012) Evaluating a patient's request for life-prolonging treatment: an ethical framework. J Med Ethics 38: 647-651.
2. Johnson LS, Lesandrini J, Rozycki GS (2012) Use of the medical ethics consultation service in a busy Level I trauma center: impact on decision-making and patient care. Am Surg 78: 735-740.
3. Brody BA, Halevy A (1995) Is futility a futile concept? J Med Philos 20: 123-144.
4. 6FKQHLGHU 'H¿QLQJ PHGLFDO IXWLOLW\ DQG L J Bioeth Inq 8: 123-131.