

INTRODUCTION TO ETHICAL ISSUES IN DEATH & DYING

Ethics: Bioethics (Fall 2014)

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MEANINGS OF 'FUTILITY'

- ✗ Consider some different possible uses:
 - + Providing antibiotics to “treat” a virus
 - + Continuing long-term care to someone in permanent vegetative state
 - + Providing medicine and mechanical supports for a terminal newborn
 - + Providing expensive equipment and resources for an elderly patient with significant disabilities

- ✗ What do you see as **ethically worrisome** about different uses of ‘futility’ to describe medical care?

MEANINGS OF 'FUTILITY'

- ✗ **Biomedical vs. normative futility** (Veatch)
- ✗ **Futility:** “any effort to achieve a result that is possible but that reasoning or experience suggests is highly improbable and that cannot be systematically produced” (Schneiderman et al. 951)
 - + Not same as impossible, implausible, rarely effective, or hopeless
- ✗ Not professionally *required* to provide futile care
 - + Should it be considered professionally and ethically *permissible* to provide care deemed futile? What are some tough cases?

EUTHANASIA: DISTINCTIONS

× **Passive vs. active**

- + PE: Withdrawing/withholding life-sustaining medical care with the foreseeable, known result of hastening death
 - × whether securing death needs to be *intended* by the physician is controversial
- + AE: Physician directly hastens the patient's death through lethal drugs or other means
- + NOT the same as physician-assisted suicide

× **Voluntary vs. involuntary vs. non-voluntary**

EUTHANASIA: DISTINCTIONS



- ✗ When AE will result in less suffering for a patient, does that make it morally preferable to PE?
- ✗ In the Smith/Jones examples, is there a moral difference in killing the child and letting him die?
 - + Does your assessment here translate easily to AE/PE cases?
 - + Are you convinced by Rachels that there is no *moral distinction* between PE and AE?

GUEST SPEAKER:

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QUESTIONS? COMMENTS?