
Competition in medical ethics

Would it have been better had he died? A case conference

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Author's note

This case conference is based on separate interviews with three different subjects. Their responses have been edited and integrated into this exchange of ideas.

Discussion

Chairman: The facts of this case are not clear and there are many variables which we are not aware of which could affect our perceptions. Basing your judgement strictly on the facts as stated, what are your initial reactions to Mrs Green's statement: 'It is like being married to a stranger; it would have been better had he died'.

What kind of responsibility does Mrs Green now have to her husband? Is she responsible to care for him and serve this man who she seems not to know anymore? Is she justified in putting him in the care of an elderly-care facility?

Doctor: Certainly his quality of life is not great, but I do not think that this is because of the limitations of the stroke as much as his response to it. I think that there is plenty of potential for recovery and I would not consider him a lost cause. I do not know what issues have been addressed with him but I wonder about the quality of the husband-wife relationship before the stroke. Clearly stroke victims are hard to live with, especially those who are depressed and have lost interest in things important to them and going on around them, but regardless of this her comment is quite severe.

Social worker: Mrs Green may even be depressed herself because living with him would certainly be stressful. She could be grieving the loss of their relationship and his loss of physical mobility. She might not be seeing her family and friends often because her husband makes them feel so uncomfortable. Because of this lack of support her attitude towards him could easily change from loving to spiteful. The case report says that he was considerate

but that does not mean that they had a loving relationship. They may just be able to live together. Because of his early retirement he may just have got on her nerves because of her loss of some of her freedom and privacy. All of these factors could justify her comment. To wish him dead, however, seems to show that her mental state is less than normal.

Philosopher: Certainly he has changed. If we are trying to determine her responsibility to him the question from a philosophical standpoint is whether or not he is the 'same' man. John Locke has addressed this question of identity and continuity of person. He says that one is the same person only where one has the same consciousness. By this he means that so long as the same consciousness exists then the person is the same. As this pertains to this case I am inclined to think that Mr Green is the same person. Much depends on the medical facts both physical and psychological.

Doctor: Medically his condition could be the result of a reactive depression or an organic disorder caused by the stroke. An organic disorder occurs when the part of the brain that affects personality has been altered or damaged. Mr Green, however, is probably suffering from a reactive depression as a result of his loss of mobility. I think this theory is backed up by observing his focus on the past. If his condition is only a mild left-sided hemiplegia he should not be so physically limited. In this type of condition aggressive physical therapy could help him to gain much of his former physical mobility.

Chairman: About how much mobility could be regained? 90 per cent, 100 per cent?

Doctor: That is hard to answer. Usually the period in which people have the greatest chance for recovery is the immediate post-stroke period. This is the time when intervention from the rehabilitation standpoint is the most crucial. It is like a 'golden period'. His loss of interest is a big part of his chances for full or nearly full recovery, he needs to be motivated.

Social worker: I think it is a grief reaction to the stroke and the subsequent loss of mobility. If it is an organic

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problem then anti-depressants might be the answer. However, since I think the depression is reactive, drugs will not help. Reactive depression takes work to get through because drugs do not take away the causes.

Philosopher: It seems that both the doctor and the social worker believe that the depression is reactive and not organic. I tend to believe that Mr Green is the same man. His consciousness, though slightly altered, is still continuous. He remembers events that happened before the stroke as clearly as he did before, the only difference is that his personality is changed. I would say that his wife is responsible to her husband and that they should seek counselling individually and together.

Chairman: I think that you are right. It seems as though Mr Green is the same person even though he seems like a completely different man from the loving husband and father that he was described as before the stroke. I think his wife is justified in being upset and depressed because she cannot deal with this 'new' man but her comment about wishing him dead is unjustified if there was ever any relationship between them. I believe she is responsible to her husband. Are we all agreed that she is responsible to him? If so, what are her alternatives?

Social Worker: My own bias says that her responsibility is of a wife to a husband. If they had any kind of relationship before the stroke, which it sounds like they did, there should be some love left. If they were on the verge of separation or not very close then maybe her responsibility would be that of a woman to a stranger. The best way to find out is to ask her. She needs to talk about what it is like to live with a person who is so changed. The best way to deal with this would be counselling. She needs to talk about dealing with the loss of the relationship and how to handle his drastic personality change. Depending on the kind of care she is giving him she could check into the possibility of having a visiting nurse. This person could come in a few hours a week and do cleaning and spend time with Mr Green so that Mrs Green could have some time to herself. It is important for her to get away from the situation on a regular basis. The rest of the family should also try to help her. Her friends would also be a good outlet for support.

Doctor: She definitely needs to do some work with a counsellor. It is very important that the family play a large role in her support network. I would encourage a family meeting where this situation could be discussed. Her options include separation, merely living with the situation and hoping for better, or trying to advocate some change. The last one would be the most difficult but I think also the most beneficial for all. Whatever

she chooses should be done with the help of a doctor and a social worker.

Chairman: We have devoted most of our time to a discussion of how to help Mrs Green but what can be done on behalf of Mr Green. Certainly his condition is not hopeless and it seems that if he had some counselling he could come out of his depression. Since we agree that she is responsible to him, how can she and the family help him through this trauma?

Philosopher: I would try to get him to realise what he is like and what he is putting the family through. The only way he will be able to understand is if he himself realises the problem. One way could be to tape the way he acts on one of his 'bad' days and then play it back to him on a good day when he is calmer.

Doctor: Try to get him into counselling both alone and with the family. If he rejects this at first, his friends or the church pastor might be able to persuade him to go. Physical therapy is also an option. It would help him to overcome his physical inabilities which might reverse the reactive depression. If either one or both of these options are chosen, his wife should be there with him so he knows she is supportive.

Social worker: The first thing to do is to talk to him about how he feels. He cannot be forced to do anything, because he is competent. Just because he is depressed does not mean that he is incompetent. Many times depression is used unjustly as an argument against one's competency. I would try to determine to what degree he is depressed. Is he just angry or possibly suicidal? If he is suicidal I would get him into crisis intervention counselling right away for a complete psychiatric assessment. He should be allowed to grieve his losses but not for an unnatural period of time. A good method of therapy both physically and mentally would be to try to get him to resume some of his former hobbies, especially gardening. This might motivate him to overcome his reactive depression or at least to see someone who could help him. As the doctor said, whatever route is chosen, they must face the problem together.

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