Case conference

‘There’s naught but Care on ev’ry han’*

The case presented and discussed through three short papers concerns that of a forty-five year old widow who had brought up six children largely on her own. The widow had become ill and needed hospital care. The problem of what to tell her about her own illness, what to do with the children still at home and how to plan for the future becomes the concern of her own doctor, the hospital and the social work department. The decisions and actions taken by the professionals involved and those of the family are discussed by Gregory Stone, Barrister-at-Law, Valerie Hayes, lecturer in Applied Social Studies at Croydon College and Dr Roger Higgs, the Case conference editor.

The Cronin Family

As a forty-five year old Mrs Cronin had been a widow for seven years, and had brought up six children largely on her own. Even during the last years of his life, Mr Cronin had suffered from heart disease and had been unable to work or help much in the house. The family lived on a pre-war council estate in one of the poorer parts of town. The flat was really too small for their needs, but it was kept clean and warm, and the family's relationships with their neighbours and the general practitioner were good. They were known locally as a loving and helpful family, if on occasions rather wild. Mr Cronin had been a heavy drinker, but Mrs Cronin worked hard as an office cleaner in the small hours, while the family were largely supervised by her second daughter, Janet, who was fourteen. The elder daughter, Eileen, was seventeen and had married and left home, although she lived near and frequently visited her mother. The rest of the family consisted of two boys of twelve and seven and twin girls of ten years old.

The family was already well known to the general practitioner when Mrs Cronin first visited him with left-sided chest pain. She was tired and rather depressed, but physical examination at first revealed nothing. However, over three weeks the pain increased, and Mrs Cronin was referred to her local hospital for a physician's opinion. At this stage she was beginning to lose weight and in view of a rather unusual chest X-ray the physician asked her to come into hospital. This was clearly a difficult request, as her family would be without support, and Mrs Cronin left the outpatient department saying she would 'think about it'. When three weeks had elapsed without any news the physician approached the general practitioner who persuaded Mrs Cronin to return to outpatients, and there discussed the problem of her possible admission with the hospital social worker. As Mrs Cronin was clearly losing more weight, she was persuaded to come into hospital for investigations for a few days, while Janet remained at home looking after her younger brothers and sisters, visited regularly by the social worker.

The investigations proved unhelpful and protracted but a lung lesion was suspected and eventually a malignant fibrosarcoma of the pleura was diagnosed at open biopsy. Mrs Cronin at all times appeared to want to know what her diagnosis was. In fact it had proved difficult, when tests were negative, to persuade her to stay in hospital as she thought that the truth was being hidden from her. However, because of the sinister prognosis with the type of tumour that had been found the physician decided that she must not know the truth, and explained to her that she had a fungal disease in the chest. A course of cytotoxic therapy was given, and Mrs Cronin was discharged home to rejoin her family.

Janet had been managing well in her absence, but Eileen had been very upset by her mother’s illness and had visited less often. Both now knew that their mother was going to die, but agreed with the plan that she should not be told. Three days after her mother’s discharge Eileen took an overdose of valium given to her by her general practitioner, and was admitted to hospital. In the following two months she overdosed a further three times, and was taken under the care of the psychiatrist at the hospital. Mrs Cronin tried, unsuccessfully, to get back to work, while Janet continued to care for the rest of the family.

The future of the family was a major problem for the hospital social work department. It was clear that Mrs Cronin had less than six months to live, and Janet at the time of her death would be fourteen and a half. One of the boys had begun to truant from

* Green Grow the Rashes—Robert Burns
school, and Eileen, though insisting on being involved in all discussions, seemed unable to consider looking after her brothers and sisters. The psychiatrist was also against her taking on any further responsibility: her young marriage was already less than steady, and she had become pregnant and had applied for, and been granted, in her depresed state, a termination of pregnancy. The social work department at the hospital considered that they would be responsible for the care of the children who were left by Mrs Cronin's death, and felt that they had no alternative but to put the family into institutional care. They were very critical of the physician's refusal to discuss Mrs Cronin's diagnosis with her. Eileen, however, continued to press the hospital staff to keep the truth from her mother.

After two weeks Mrs Cronin suddenly became very breathless and was admitted to hospital. The social worker arranged for places to be reserved at a local children's home for the younger five children, but Janet continued to soldier on at home. When her general practitioner visited her in hospital Mrs Cronin confronted him with the statement that she knew the hospital was keeping something from her and that she was going to die. A difficult few days ended with a long discussion between Mrs Cronin and her social worker, when the social worker promised that the social work department would care for her children after her death. Mrs Cronin insisted that they should not be taken into institutional care. The social worker felt that this remained the only alternative, but felt unable to face Mrs Cronin with this, and Eileen once again pressed the social worker to keep the plans for the family from her mother.

Mrs Cronin's pleural effusions were tapped and she was discharged home to the care of her doctor and the district nurse. Eileen took a further overdose but was resuscitated. Janet looked after her mother and the other children with occasional visits from the social worker, but did not attend school. The other children were beginning to show signs of stress and truanting continued. The places at the children's home were kept open after a battle but Mrs Cronin made the social worker agree not to take the children into an institution. The social worker discussed her plans with the family but kept them from Mrs Cronin.

When Mrs Cronin died, in hospital, her family were at her bedside with the social worker. They were taken straight from the hospital to the Children's Home, after collecting the family dog and the goldfish, and were settled in there with regular visits from the social worker. The children went through a period of intense grief, but settled down in the Home. Eileen took another overdose. The family flat was disposed of.

Janet refused, however, to return to her school. When, six months after their mother's death, the Home was ordered by the management committee to dispose of the family's dog, the elder boy absconded. Although he was returned to the Home, it seemed that the boys might need to be found separate accommodation. At this stage Janet revealed that she had missed two periods and was pregnant. She wanted to keep the baby. She would thus have to be transferred to a Mother and Baby Home. She would still be under sixteen at the time of delivery. Eileen accused the social worker of completely mismanaging the family. The social worker felt that she had been the victim of forces beyond her control; but at this stage was involved in a strike, and lost touch with the family.

GREGORY STONE WRITES:
The majority of care cases which come to public notice arise out of section 1 of the Children and Young Persons Act 1969, where the local authority's social services department secure a court order compulsorily committing a child into their care. These cases are frequently concerned with child abuse, and the orders are generally sought against the wishes of the parents.

But in the Cronin case, the statutory framework is quite different. Here, the relevant provisions are sections 1 and 2 of the Children's Act 1948: these are concerned with the position of orphans, deserted children, or children whose parents or guardians are in some way incapacitated. They only apply when there is no objection from the parents or guardians and are so different from the provision of the 1969 Act that it can be confusing to use the word 'care' to cover both.

In this case, the social worker realised at an early stage that the children would have to be taken into care after Mrs Cronin's death. At first Mrs Cronin was kept in ignorance that she was dying: but when the social worker eventually acknowledged this fact to her she promised that the local authority would care for the children but did not tell her that the children would be taken into care.

These promises contrast rather starkly with the reality of the legal position. For under section 1 of the 1948 Act where it appears to a local authority that a child under the age of seventeen has neither a parent or guardian and intervention by the local authority is necessary in the interests of the child's welfare, the local authority is under a duty to receive the child into their care. The provision is mandatory and may be enforced by an order of the High Court directing the local authority to carry out its statutory duty. Thus, there could be no doubt that these children would be taken into care.

Once in care under these provisions, the local authority's social services department would normally then assume parental rights and duties under section 2 of the Act. The local authority
would have power to place the children with foster parents, relatives or friends or even allow them to live alone, rather than in a children's home. Perhaps the social worker was hinting at this in her discussions with Mrs Cronin. But as far as one can tell a children's home was the only practical possibility available.

Although children cannot be taken into care under the 1948 Act if they are over 16, nonetheless, once in care they normally remain in care until they are 18. There are provisions to release children from care earlier in some circumstances, and it is possible that these would apply if Janet got married. Failing that, once she was 16, she would be eligible for social security benefit, and this may be when the social workers would permit her to go and live alone with her baby.

**Valerie Heyes writes:**
From the social worker's point of view, ethical questions are involved in at least four of the decisions taken concerning the Cronin family. These centre round the withholding of both medical information and the information concerning the future of the family from Mrs Cronin herself, the admission of the children into care, and the strike action of the social worker.

**The withholding of medical information from Mrs Cronin**
The basic value underlying social work practice is that of 'respect for persons'. The social worker operates from an assumption that he can best help people if he can share their problems with them in a relationship of trust based on a belief that people have the right to make their own decisions. This assumption however is not absolute, and there may be grounds for withholding information if the client appears to be less than capable of making his own decisions. In this case it would seem that a decision had to be made as to whether Mrs Cronin could cope with the knowledge about the sinister nature of her illness. The evidence given suggests that she might well have been more capable of coping with the information than either of her eldest daughters, one being unstable and the other very young. While the information may have been withheld to protect Mrs Cronin it may have placed an intolerable burden on the shoulders of the family and prevented Mrs Cronin from being fully involved in important decisions about the future which required a considerable time to sort out.

**The withholding of information concerning the future of the family from Mrs Cronin**
The social worker would be dependent ultimately on the decision of the medical staff concerning medical information; it would not be his role to give that kind of knowledge to the client. In the case of the knowledge concerning the admission of the children to care, this is essentially the job of the social worker. The same arguments apply as to the previous point. The reasons for Mrs Cronin's resistance to her children being admitted to care are not given, and it is difficult to see how she could consider all the implications of what options were open if she was not given a clear picture of what these options were. Again her ability to cope would need to be weighed against the abilities of her eldest children.

**The admission of the children to care**
Under children's legislation the social worker has a duty to protect the welfare of the child. In this family, all, with the exception of Eileen, could be defined as children for this purpose. Eileen had demonstrated that she could not act as a responsible adult capable of caring for her brothers and sisters and there appears to have been no alternative family support other than Janet, aged 14. The welfare of the child is a phrase open to interpretation and it is tempting to consider Janet as a young person who had taken considerable responsibility for her brothers and sisters. It is doubtful however if society would be willing to sanction the action of a social worker in leaving four younger children totally in the care of a 14 year old. Unless very strong community support could be mustered, it seems that institutional care was the only alternative. It is possible that community support would never have been a practical alternative. On the other hand if plans involving the whole family could have been made over a longer period of time, it is possible that more satisfactory arrangements might have resulted. This would be an argument for involving all the members of the family as early as possible.

**The strike action of the social worker**
Finally and briefly the ethical questions underlying the strike action can be seen as weighing long term goods against short term goods and weighing divided loyalties. The social worker may have to decide whether to sacrifice the needs of immediate clients in the interest of long term improvements and whether to maintain loyalty to colleagues or to current clients.

**Conclusion**
It seems important to bear in mind in this case that the situation itself was tragic and the ultimate family disturbances may have been an inevitable response to this in spite of all the attempts of the helping professions. The social worker's role could be seen as helping the family to come to terms with a desperate situation by involving them as fully as possible in the difficult decisions which had to be made. Coming to terms in this situation involves painful realities and ultimately judgements had to be made as to the capacity of the individuals to face these realities. Since helping the family was a shared task, it seems essential that the different professions should explicitly share their basic
ethical assumptions and the grounds for their individual judgements.

ROGER HIGGS WRITES:
This harrowing case must present exceptional difficulties for any professional worker involved. Nothing seems straightforward, and yet the story unfolds with the inevitable steps of true tragedy. It is hard to be critical of any of the players in this drama; and yet, however unavoidable the final position of this family, there seem to have been glaring errors of management which have at least compounded, and perhaps even caused, some of the troubles that beset the family in the end.

The professionals involved, physician, general practitioner, psychiatrist and social worker, much of the time appear to have worked separately or even in frank opposition to each other. Yet they seem to be united by one major idea: that decisions should originate from them, and not from the patients for whom they care. Throughout the description of the case we see the wishes of the patient, expressed or repressed, ignored in the decisions and actions of the professional workers.

If this sounds too harsh, let us examine two areas: the physician's decision not to tell Mrs Cronin about her disease, and the social worker's decision not to tell Mrs Cronin what was going to happen to the family when Mrs Cronin had died. The physician's decision is in one sense understandable; there is very little hope that he could have offered Mrs Cronin in the face of this disease, and he was as powerless to alter its course as he was to change the social circumstances. He may have felt that Mrs Cronin's mental state was central to her family's welfare, and that if he told her the truth she would be completely broken by it. Discussion with someone, like the general practitioner, who knew the patient better might have helped here. Mrs Cronin had coped with previous crises, and this crisis did not diminish her stature as a small scale heroine. There is nothing in her history to suggest that she would not have coped reasonably with the bad news. The writer of the case seems to have been in no doubt that Mrs Cronin wanted to know her diagnosis; she was looking to the future as much if not more than anyone else, and wanted information to help her make her decisions.

In this she was completely let down. Not only did the physician avoid telling her the harsh truth that she had a cancer, he told her a positive lie—that she had a fungal disease. To wrap up a malignancy in some obscure medical terminology is one thing; to be evasive about the exact prognosis is also understandable; but to give an outright direct lie to the patient seems inexcusable. It is tempting to feel that the atmosphere of management was so polluted by this decision that the course of cytotoxic therapy may have been in reality little more than an expensive and painful placebo to back up this false reassurance of the patient. If a tragedy must have a fatal flaw, the physician's lie seems to contain that flaw; because the physician could not face the truth, no-one else seems to have been able to do so either. Trust must have been broken completely—perhaps this is why the general practitioner was needed when reality began to dawn on Mrs Cronin.

However catastrophic the news that the physician had to give Mrs Cronin, in essence it was a simple idea—she was going to die. Intellect, which Mrs Cronin may have had in large measure, was not needed. Each of us understands how we face the world in our own terms, and many do not ask for complicated explanations. But death was inevitable, and that was a message that the physician was too frightened to deliver. In the same way the social worker's message was equally simple. As explained by the legal contributor, there was no mistaking what had to be done by law in the circumstances, and so had the social worker been able to be honest, it seems that the position would have been much more straightforward for the social worker.

Here again, however, Mrs Cronin had very definite views. Whatever her future, she did not want her children taken into an institution. We are never led to doubt her mental competence, and so we must assume that, as a caring mother left on her own for over seven years with her family, she had good reason for thinking that the family would survive in the community. As it happened, it could hardly have done worse than it did in the children's home.

We learn that the Cronins were well known, well liked and had helped others in the past. In the environment described, it is hard to imagine that neighbours and helpers would not have arrived when the crisis was reached. Mrs Cronin appears to think so; perhaps the general practitioner did too.

Why were these wishes ignored? Just like the physician, the social worker was clearly afraid of something else—publicity, perhaps, if all went wrong, or her own lack of ease as a hospital worker, in getting out and being effective in support of a family in the community. So another lie was told.

Both these professional workers seem to have allowed their own professional concerns to come before the expressed wishes of the patient or client. Instead of allowing their professional insights to give them strength to take bold steps, to risk something for the greater good of their patients, they took self-protective measures that made them like caricatured bureaucrats, where the 'system' appears to be more important than the client. They might have looked to colleagues to help them out of this position—but both general practitioner and psychiatrist seem to have been too involved in their own views of what should happen to the family to give insight.

At a recent discussion on patient care some of the more original thinkers were questioning the
paternalism and control which doctors and medical workers have over patients, and were discussing means of giving the patient more control over the decisions which affect their own bodies. The idea was to suggest that patients should not just 'hand over their bodies' like they would a car to a mechanic. However, in this case the professional workers have not acted even as good mechanics: in each instance they have clearly detected flaws in the mechanism that would lead to a crash, have predicted the crash, but felt that it was not in the driver's interest to be informed. Such behaviour in reality would be likely to lead to legal action for damages, if it could be proved. Although the analogy is farfetched, it brings home clearly that professional action must be in the client's best interest: if the client expresses that wish, and the wish is sane, how can the professional avoid acceding to the request?

Because a physician is meeting dying people often, he may erect his own defences and gradually believe that he knows better than his patients what is good for them. The physician starts with what he believes to be right, and applies it to the patient. True ethical decisions can, however, only start from where the patient is, leading from the patient's own decisions, and work out from there to what is right. The end result may not be what the patient has asked for, but the starting point must be. Janet did not need to express what she wanted—at 14 she was already a mother in her actions, and she wanted to continue to be: unlike her own mother, she was able to have her own way and, deprived of her family, set about creating another. No professional could prevent her decisions starting from herself: she has acted out her problems in a way which so often seems to happen, to the despair of those who wish to use words to control the uncontrollable.

Twelve years ago John Berger wrote A Fortunate Man, the story of a country doctor. He ended with a question as to why such an idealised profession as medicine so often seemed to become cynical and disillusioned, and Berger found the answer to this in an uncertainty that society has about the value of human life. He quoted from the writings of Antonio Gramsci. 'Thus the problem of what man is is always posed as a problem of so-called 'human nature', or of 'man in general', the attempt to create a science of man—a philosophy—whose point of departure is primarily based on a 'unitary' idea, on an abstraction designed to contain all that is 'human'. But is 'humanity', as a reality and as an idea, a point of departure—or a point of arrival?' For some reason I have never quite understood what either of these writers was trying to say until I considered this case. Our point of departure should not be any 'unitary' idea, or personal or professional attitude or world view, but the patient himself. Thus and only thus I believe we can avoid the style of mistakes made with the best intentions that we see in this case, even to the point of resolving the issue of industrial action with which the social worker had to wrestle. In the fifty years since Gramsci wrote, I do not find any more suitable point of departure for these decisions has been discovered in spite of the growing literature on these very issues. Is this because such an idea is too truly radical for the caring professions to contain?