THE PLACE OF HUMAN DIGNITY IN NON-VOLUNTARY EUTHANASIA

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INTRODUCTION

The purpose of this paper is to do an ethical case analysis of a 38 year old man who found himself in *hypoclycopenia* coma. This is a real clinical case that happened in a hospital in Nigeria. The paper shall adopt the Padova method of ethical deliberation.[1]This was a method I learned doing the Erasmus Mundus Masters in Bioethics I took part in Italy. The advantage of this method for clinical case analysis is that it covers a wide range of areas. It does not only see the medical and cultural aspect as important in any clinical case deliberation but also see the personal and relational aspect of the patient as an area to be considered. This gives the opportunity to assess the case with a critical mind without leaving out any relevant aspect. It also gives human dignity utmost consideration.

For the purpose of clarity, this paper shall start the analysis by collecting the clinical data, assess responsibilities, identifies ethical problems and alternative course of actions after which the decision on the clinical case shall be decided following the line of arguments which the case presents.

THE CASE

A 38 year old man, known diabetic was admitted into the hospital in hypoglycemic coma after an overdose of his anti-diabetic drugs. He remained unconscious and developed decubitus ulcers. The neurologist reviewed and noted that the patient had suffered severe neuroglycopenia and that chance of recovery is almost nil. Based on this finding, the family is requesting that feeding and other medical support be withdrawn.

II

COLLECTING CLINICAL DATA

The essential starting point in the ethical analysis of a clinical case consists in collecting clinical data, adopting a model of clinical analysis that considers not only strictly medical\aspects, but also the personal, relational and cultural ones.

a) Medical Aspects (diagnosis, prognosis, potential treatments)

This young man is 38 year' old. The patient was admitted into the clinic in hypoglycaemic coma. He is a diabetic patient. His present condition was due to the overdose of the anti-diabetic drugs he took. Additionally, he has been taken to a hospital before where he was given additional insulin just because they heard he was diabetic. This further reduced his blood sugar level below normal. The physician diagnosis of him reveals he has *neuroglycopenia*.The effect of *neuroglycopenia* is that it alters the brain functions, neuron functions and behavioural functions.[2] This young man was unconscious for some time and this made him to remain on the bed for a very long time. Of course, he develops sore because he was not moving around and this resulted in *debicutus* ulcer.

For clarity purpose, it will be of vital importance to give the explanations of some of the medical terms .*Neuroglycopenia* is the deficiency of glucose supply to the central nervous system.[3] The deficiency of glucose in the brain results in deterioration of the cognitive capacity. This makes it difficult to take a corrective measure on the cognitive capacity of the patient.[4] In the case of this patient, the late awareness of his *neuroglycepenia* condition after the overdose of anti-diabetic drugs landed him in hypoglycaemic coma. Hypoglycaemia coma occurs when the blood level of glucose drop too low for the brain to function normally. The last important term to be explained is *decubitus* ulcer.*Decubitus* ulcer is often used interchangeably with pressure ulcer in the medical community. *Decubitus* ulcer is a sore that result from prolonged sitting.[5]

b) Personal and Relational Aspects

The patient is a young married man with kids and wife. He is being cared for by wife and family. In this regard, we can say that he has a good relational support. His wife and family are not only supporting him but also want to participate in the decision making of his health and life. This is often peculiar to Africans because a decision of life is taken as a decision that should involve not

only the wife but close relatives e.g. parents or siblings. This we shall further establish when discussing the cultural aspect.

c) Cultural Aspects

This young man is from a cultural context where recognition is given to the family and a religious context where faith occupies the mind of people. Therefore, life is seen as sacred. Specifically,in Nigeria, even when the official decision maker for a married person is the wife or husband and unmarried anyone who the person uses as next of kin, the family still want to take part in the decision making of any health issue related to their son or daughter.This is because African society is communnalistic as against the individualistic nature of the Western society. The cultural issues often times brings about conflict of interest when decision is to be made because of the possibility of conflicting values.Often times when values conflicts,agreement becomes difficult to come by.For instance, what is valuable to one may appear as valueless to the other.In other word the values of the relatives may conflict with each other and that of the care giver may also conflict with the relative.This is another challenges faced by health care givers in situation such as this.This is why it is very vital to be skilled at gathering knowledge about the patient's culture and assessing its influence on health beliefs nd behaviors.[6] Health care providers are therefore urged to be able to interprete the patient's explanatory model of their illness and how it is informed by their cultural background.[7]

III

ASSESSING RESPONSIBILITIES

Having collected the clinical details of the patient; we become very open to the medicial details in the given case.It is at this point very pertinent to assess the responsibilities of health care professionals,patient/family invlovement and responsibilities of the social bodies.This section shall therefore capture the following questions:what are the specific responsibilities of health care

professionals in the given case? has the patient been adequately informed? has the family been adequately invloved? what are the responsibilities of social bodies?

The care giver is ordinarily meant to give care and support the patient and family. The responsibilities of the care giver in this case can be stated as follows:

(1) The care giver is suppose to give necessary care to the patient and also provide the family with information on the patient that will help them in comprehending the situation of patient in question
(2) To relieve the suffering of this patient.
(3) To provide feeding and life supporting treatment.

If the above is rightly taken as the responsibility of the care giver then we may need to know if the patient (or his/her legal guardian) has been adequately informed because the patient should always be at the centre of discussion.It may be interesting to know that the question of whether the patient is well informed may not arise here because he was brought to the hospital in an unconscious state. The guardian i.e. the wife and family have been informed of the medical situation which include the prognosis and diagnoses.

The family members were informed of the state of his health and they are equally involved. Their strong involvement in the case and understanding of the situation made his relative to feel that there is no point in prolonging his life since treatment is almost nil .This brought about the disagreement between the wife of the patient and family. The wife is religious and seriously hoping that he may eventually be healed.

The patient’s illness requires social support. As it is, he cannot do anything on his own because of his unconscious state. The relative i.e. wife and family needs to be supported too in order to properly handle the situation at hand. The wife needs counselling in order to help her understand and accept the situation of her husband as irreversible. Counselling such as this is not anything easy to do. It has to put into consideration the belief of the wife which may help in addressing and getting to the inner part of her.

IV

IDENTIFYING ETHICAL PROBLEMS

In identifying the various ethical problems associated with this given case, we shall look at the analytical approach and the global approach to the case. The analytical approach will help us to delve into the ethical problems in the evolution of the case while the global approach will identify the main ethical problem.

ANALYTICAL APPROACH

The following are the ethical problems involved in the evolution of the given case

a) Should we continue with futile treatments?
b) Should we stop treatment because of the medical facts of irreversible state?
c) Should we discontinue treatment as it is suggested by the family?
d) Should we respect the family's wish and ignore the wish of his wife?

GLOBAL APPROACH

The case presents us with a lot of questions to be answered. His wife does not indicate that she is tired of caring for her sick husband but the family does not see any meaning in living such a life that is being supported by feeding and other medical support. The main ethical problem can be formulated thus: Should we or should we not grant the family request of treatment withdrawal as against the wish of his wife?

V

PROPOSING ALTERNATIVE COURSES OF ACTIONS

This section shall highlight some courses of actions and present very clearly the arguments to either support or reject the request for treatment withdrawal. These arguments shall be put in a tabular form stating the courses of actions and reasons or arguments.

What are the possible courses of action for this case? What are the motivating arguments (from the point of view of the proponent of each course of action)?

COURSES OF ACTIONS	ARGUMENTS
1. Continue treatment and medical support till a natural death occurs.	**The motivating arguments for this is that:** **1. Patient has a right to treatment.** 2. **It is the responsibility of care giver**

	to provide treatment for patients. 3. **It respects the view that human life is sacred and meant to be valued.**[8] 4. **Withdrawing treatment is not legally permitted in the Nigerian context. This also accounts for why euthanasia is not legal in Nigeria**
2. Discontinue treatment	**From the medical point of view, continuation of his treatment means:** **1. Not doing him any good or may not be of any good to the patient since it is not going to have any positive effect on his health.** **2. Prolong his life may amount to prolonging his suffering.** **3. The quality of life of this patient depreciates as long as treatment is prolonged.** **4. Prolongation of his life will also deny him the opportunity of dying naturally.**
3. We can neither continue nor discontinue medical support	**3. This can be done by palliative sedation. Since sedation is of two types i.e. sedation of the imminently dying and sedation to death. He can be sedated to avoid unnecessary suffering. His case falls under sedation of the imminently dying i.e. the patient is close to death.**[9]

VI

JUSTIFYING ETHICAL JUDGEMENT

THE DECISION THAT BETTER PROMOTES HUMAN DIGNITY IN THE GIVEN CASE

In order to give a justifiable ethical judgement of this case; there are two major things involved. One is the principle guiding our decision. The other is the experience as it relates to the patient that is, given the medical, social, cultural and family background which better promotes human dignity. So which decision, *in principle*, better promotes the human dignity of this patient?. It is worth noting that the decision must be evaluated on the basis of the principles regulating the system of clinical bioethics, that is, *beneficence, autonomy, and justice*. Such reference to the principles accounts for the *rightness* of the decision.

Since this is a case of an unconscious patient, respecting autonomy is not of relevance here because his cognitive capacity has been affected and was in coma. In this condition, he can not be said to be autonomous. The only principle that supports his dignity as a person is the principle of beneficence. Beneficence has to do with doing good and acting in line with the best interest of the patient put in another way, it refers to the character trait or virtue of being disposed to act for the benefit of others.[5] This decision can be argues out in the following ways:

1. It is important to assist in the retention of dignity. Suffering is not dignifying and can not promote human dignity. The implication of continuous treatment is that it makes the patient to remain in a single position without any justifiable reason for that.

2. It is even unprofessional to make or extend the suffering of a patient in the face of medical futility.

3. Acting in the best interest of a patient makes the patient to be at the centre of the decision making

It may be important to know that it is difficult to give a concise definition or meaning of futility.

What do we mean when we say a treatment is futile? No consensus has been achieved on the concept of futility and because of this, underlying problem of making decisions about treatment continues to exist.[10]According to Schneiderman, any treatment that merely preserves permanent unconsciousness or that fails to need total dependence on intensive medical care should be regarded as non-beneficial and therefore, futile.[11].In order to justify point two as we have above, Ten Have and Rein Janssens argues that if a treatment is highly unlikely to work, it is immoral to prescribe it to patients. This patient case has shown very clearly the futility of further treatment.[12]

Which decision *actually* better promotes the human dignity of *this* patient in *this* particular case?

The decision taken above which has been earlier justified on the basis of the given principles must be further evaluated with reference to the experience that is to the particular circumstances of the given case. Only then, the decision becomes also right in *practice.*

The earlier arguments establishes that promotes the dignity of this patient can also be argued to promotes his personal dignity. Furthermore, the under listed are the motivating arguments for withdrawal of treatments in the given case.

(1) Medically, chances of survival is not feasible

(2) Feeding and other medical support can not improve his health situation neither can it cure. Continuation of treatment in the case can therefore be said to undermine his dignity

(3) The family and wife are both aware of (2) but additional effort may be necessary to provide further explanation for his wife of the need to see and admit the futile situation. This may require inviting people who share her beliefs and who can comprehend the situation to counsel her.

CONCLUSION

Based on the above reasons, it may be morally justified to stop futile treatment and give necessary care to the patient until death naturally occur. This is important because it is clear from the case we addressed that the prognosis of the patient in question is almost nil if not nil. His neuron function has already been altered and his cognitive capacity has deteriorated.

It may be important at this end to point out that there can be futile treatment but it is inappropriate to talk about futile care. Care is never futile.[13] Treatment may be withdrawn from this young man while necessary care continues.

Though, there is a contention as to what should be done to him because the wife does not want her husband dead. This is why it becomes necessary that additional effort be made to ensure she understands the further damage that may likely occur if futile treatment continues. To put an end to this treatment that has been analysed and consider futile will not only help in the actualization of dying a dignified death but also a way of respecting human dignity. In this situation, pain is not dignifying, prolonging life in face of futility is not reasonable, instead effort should be made to help a patient die with intact dignity.

ENDNOTES

[1]Padova method of ethical deliberation was a method I learnt during the Erasmus Mundus Masters programme in Bioethics which I took part in Italy at the University of Padova.

[2]Gerich J.E,Langlois M,Naocco C,Karam,J.H,Forsham P.H, "Lack of glucose response to hypoglycaemia in diabetes: evidence for an intrinsic pancreatic alpha cell defect",*Science* 182(108).1973.

[3]Cryer, P.E, "Hypoglycemia risk reduction in type 1 diabetes", *Exp Clin Endocrinol Diabetes 109 Suppl* 2.2001.

[4]Don R.Revis, Debicutus Ulcers, *WebMD*, June 30, 2009.

[5] T.L. Beauchamp and J.F. Childress, *Principles of Biomedical Ethics*, New York: Oxford University Press, 2009.

[6]India J.Ornelas,"Cultural Competency at the Community Level:Strategy for Reducing Racial and Ethnic Disparities",*Cambridge Quarterly of Health Care Ethics*.2008.17,185-194.

7 Ibid.

8 Pope John Paul II, *Evangellium Vitae*, Chapter 3, No. 54.

[9]Lynn Janssens et al., "Sedation,Alientation,Hydration, and Equivocation:Careful Conversation about care at the end of life",*American College of Physicians-American Society of internal medicine*,2002.136:845-849.

[10]P.R.Helft,Siegler,M. And Lantos,J., "The rise of the futility movement",*New England journal of Medicine*,343:293-296.

[11]Schneiderman et al., Medical Futility: its meaning and ethical implications, *Annals of Internal Medicine*,112: 949-954.

[12]Ten Have,H.A.M.J and M. Janssens,Bioethics in a European Perspective.Dordrecht:Kluwer.2001.

[13]A. Halevy and B.A,Brody,"Medical futility and end of life care",*Journal of the American Medical Association*,1999.282(14):1331.

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