Book Reviews

The Tracks We Leave: Ethics in Healthcare Management

Frankie Perry

Health Administration Press, Chicago, 2001, 202 pp., $45 (paperback)

FRANKIE PERRY, EXECUTIVE VICE PRESIDENT of the American College of Healthcare Executives and a member of the college’s ethics committee, has composed a concise text that can contribute to the enhancement of the ethical skills of hospital and health care system managers.

The author narrates five case studies (concerning medical errors, conflicts of interest, gender discrimination, physician impairment, and workforce reduction) and provides an ethical analysis of each case. Drawn from the actual experiences of health care executives, the cases are developed in sufficient detail to draw the reader into the complexity and moral ambiguity they must have posed for the men and women who were called on to resolve them. Perry’s cases would provide substantive material for administrative rounds or trustee education.

The text also contains a series of essays by other authors, each of whom provides a perspective on issues raised in individual cases. Of particular interest is the essay by Joan Iver Gibson, “Deciding Values.” Gibson argues for a “contextual” approach to administrative ethical decision making. Her point is that value-driven decision making should occur in relationship to “the full context, history, tradition, current conditions, institutional values, as well as specific people, roles, and relationships that are at work” (p. 22). In other words, values need to be actualized in response to the specific details of the issues they are intended to resolve. Thus ethical decision making is seen as a very concrete activity in which decision makers need to tailor ethical responses that are, first, fitting and congruent with the concrete complex realities and, second, realistically attainable. Administrators who are perhaps befuddled at times by abstract, principled approaches to ethical issues might find this mode of ethical reflection more consistent with their training and experience.

The Tracks We Leave is well worth the attentive review of any health care executive interested in sharpening his or her skills in ethical analysis and in improving the ethical performance of his or her organization.

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Long Goodbye: The Deaths of Nancy Cruzan

William H. Colby

Hay House, Carlsbad, CA, 415 pp., 2002, $27.95

NANCY BETH CRUZAN WAS INJURED seriously in a one-car accident on January 11, 1983, on an isolated country road in southwest Missouri. Arriving early at the accident scene, Dale Lappin and his father George found that Nancy had been thrown from the car. They thought she was dead, but called an ambulance anyway. After working for “a long time,” the emergency crew was able to restore a heartbeat and took the unconscious Nancy Beth first to a hospital clinic and then to Freeman Hospital in nearby Joplin, MO. Nancy’s parents, Joyce and Joe Cruzan, having been notified of Nancy’s accident by their daughter Chris Cruzan White, were quick to arrive at the hospital’s emergency room. Thus did Joyce, Joe, and Chris begin a vigil of care and concern for Nancy Beth that would last almost eight years.

At first, at the urging of doctors and friends, the Cruzans sought rehabilitation for Nancy Beth, hoping that consciousness might be restored. But after two years she was moved to a state hospital for brain-injured patients in Mount Vernon, MO, about 50 miles from Joplin. The injury to her cerebral cortex—the thinking, loving, and relating part of the brain—was so severe that there was little hope of recovery.

This condition is often referred to as “persistent vegetative state.” Though some object to this terminology, it is clear that people can be in such an unresponsive condition for years, with no hope that they will regain meaningful human function. Often, in the initial stages of this cerebral pathology, life support in the form of artificial hydration and nutrition will be administered to the patient in the hope that such sustenance may enable the body to recover at least some of its cerebral function.

This form of life support was given to Nancy Beth in the early stages of her recuperation. But it was not effective, and in August 1988 the Cruzan family sought to have this form of life support removed because it was not helping Nancy Beth to recover. “Most of the time when a young adult such as Nancy Beth Cruzan has an accident, her loved ones talk to doctors and make medical decisions as a group,” writes the author of this book. “When disputes arise, they are worked out at the bedside” (p. 63).

In the Catholic tradition of medical ethics, “hope of benefit” and “excessive burden” are the criteria that guide decision making of physicians and patient proxies (who are usually family members) as they make efforts to confront this difficult decision (see Directives 56 and 57, and the endnotes to them, in the Ethical and Religious Directives for Catholic Health Care Services*). The purpose of withholding life support is not to kill the patient, but rather to avoid doing something that is useless or an excessive burden. Often, the patient dies as a result of removing life support, but this is not the intention of the action. Rather, death is an unintended side effect. But, in the case of Nancy Beth, the administrators of the state rehabilitation hospital in Mount

Vernon declined to remove the life support without a court order. Enter the author of the book, the Cruzans’s lawyer and later friend, William Colby, who guided the Cruzans through the court system of Missouri and then to the Supreme Court of the United States.

Colby describes how Missouri officials, especially Attorney General William Webster and Governor John Ashcroft, saw to it that a Carthage, MO, probate court decision favorable to the Cruzans was tried in the Missouri Supreme Court, which reversed it. Clearly the legal process did not involve direct action on the part of Webster and Ashcroft. But the fact that the state supreme court’s chief justice asked the probate court’s Judge Charles Teel to have his opinion ready for early consideration by the higher court is significant (p. 236).

There is no doubt that the decision by the probate court judge to allow the removal of life support was contrary to the opinion of Webster and Ashcroft. The Missouri Court of Appeals was skipped in this process. Judge Teel asked Nancy Beth’s legal guardian to appeal his decision directly to the state supreme court, which was done (p. 235). That court accepted the petition without delay.

Colby does not attribute political motives to Webster and Ashcroft but readers may suspect that the fact that they did not oppose the case when it came back to the same probate court after having gone to the U.S. Supreme Court indicates that their earlier efforts were inspired by potential political gain rather than ethical or legal arguments.

Colby is also rather benign in discussing the logic involved in the Missouri Supreme Court opinion reversing the lower court’s decision. The latter would have enabled the Cruzan family to withdraw life support in the form of artificial hydration and nutrition because it offered no hope of benefit and imposed an excessive burden upon Nancy Beth and her family. In overturning the lower court’s opinion, the state supreme court offered the ethically erroneous statement that removing life support “seeks to cause the death of the incompetent patient” (p. 41, quoting the state supreme court’s petition for a writ of certiorari to the U.S. Supreme Court) and that the Cruzans were therefore “choosing the death of their daughter” (p. 44). The state supreme court could have been aided by any beginning student in moral theology, who would have explained to the justices the principle of double effect and its role in the removal of life support from permanently incompetent persons.

In the main, the U.S. Supreme Court upheld the decision of the Missouri Supreme Court, stating that Missouri could require “clear and convincing evidence” before allowing life support to be removed. But in the several opinions written by members of the court, it was clearly stated that artificial hydration and nutrition is a life support system, not comfort care. Moreover, the possibility that fresh evidence might justify another trial was stated in Chief Justice William Rehnquist’s opinion. This possibility was later realized when, once again, Judge Teel declared that new witnesses offered “clear and convincing evidence” that Nancy Beth had expressed well before her death the desire to have life support removed if she were ever in a permanent comatose condition.

Life support was removed from Nancy Beth in late December 1990 and she died a few days later of the brain injury sustained in the original accident.

This is a compelling book. In addition to explaining the legal and ethical aspects of the case, Colby steps behind the scenes and depicts both the suffering that self-righteous people inflicted on the Cruzans and the love and courage they manifested throughout the almost eight years of this traumatic experience. Through their suffering, they raised the consciousness of the nation and, as this book’s publishers say, “freed countless American families from the fears attending death.”

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