

Ethical Dilemmas

Case study one

WP was a 91 year old widower recently admitted to an old people's home. Although normally pleasant, he showed unpredictable aggression. Some days he was unusually bombastic but returned to normal the next day after a long sleep. He was cognitively intact and physically strong, although arthritis meant that he needed a Zimmer frame to walk. He was near to being expelled from the home when he was persuaded to attend a day hospital for elderly people. He spent the first two weeks making model houses to collect money for charity. On 14 August he arrived at the day hospital in buoyant mood. During the day his mood varied from determined volubility and grandiosity to irritability and impatience. At 3 pm he was invited into the ward round, when he firmly declined the offer of admission or a tranquilliser. The team felt he was hypomanic and unsafe to return to his home without treatment, and his general practitioner and social services were asked to complete a section 2 for compulsory admission. The nurses in the day hospital were asked to try to persuade him to accept admission or drugs while the team completed the hospital rounds. At 5 pm the consultant returned. The sister and an occupational therapist had remained behind over an hour after their shift had ended to look after WP, who was angry that he had missed the returning ambulance and demanding to be discharged. The consultant made a further attempt to persuade him to stay, or at least take drugs but retreated when WP threatened him with his frame. He considered that he had three options: Firstly, he could allow the patient home untreated, putting at risk not only the residents of the home but his residential place. Secondly, he could call on several nurses to be on hand while he attempted to inject haloperidol. He had little doubt that WP would have put up a determined resistance leading to risk of physical injury to WP and the staff, loss of rapport, and an insult to WP's self respect. Thirdly, he could give him 10 mg of liquid haloperidol disguised in a cup of tea. The sister was now the only member of staff the patient trusted, and when he asked for a cup of tea the consultant decided to add haloperidol to the tea which the nurse gave to him. This had the calming influence necessary and he came to the ward. The next day he was back to his usual self. He agreed to electroencephalography, which confirmed a temporal lobe focus, and accepted anticonvulsant drugs, which prevented further attacks.

Case study two

Mr. Parker is an 88-year-old resident of your LTC home with end-stage Alzheimer's. He is wheelchair bound and spends most of his days sleeping in his wheelchair near a window facing the garden. He needs to be spoon fed but has recently started to refuse to eat. Mr. Parker has three children, one of whom is very involved in the care of her father. The team approaches the daughter about her father refusing to eat, and feels that his refusal is legitimate. Thus, they propose changing the plan of care to palliation. The daughter absolutely refuses, claiming that "you cannot kill my father, I want everything done to keep him living!"

Case study three

After 7 years of caring for his wife with severe Alzheimer's disease at home, Mrs. Dowd is admitted to a LTC home. Upon returning to visit his wife, Mr. Dowd finds her walking hand-in-hand with a male resident. Staff report Mrs. Dowd has been observed following this male resident into his room which is right next to her room. Mr. Dowd becomes angry and states, "Look, it is your job to protect

my wife. Get that man out of here right now. I don't want her involved with any other man. That's why I admitted her here."