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CHRISTOPHER MEYERS: Is all of this moral outrage in the Glenwood Gardens case warranted?

"This woman's not breathing enough. She's gonna die if we don't get this started. ... Is there anybody there that's willing to help this lady and not let her die?"

Talk about a kick in the gut. One would have to be inhuman not to react with horror upon hearing the 911 dispatcher's increasingly desperate pleas for someone to assist Lorraine Bayless, following her collapse in the dining hall at Glenwood Gardens.RELATED STORIE

Add to this that the Glenwood Gardens' staff member on the other end of the call was a licensed nurse, with a corresponding professional duty to render aid to someone in distress, and one can certainly see why this case has provoked such national, even international, moral outrage.

Is that outrage warranted? There are certainly morally troubling aspects of what happened, but some of the reaction has been misdirected. Let's focus on some easy conclusions first:

* No one in the story comes across more impressively than Bayless' family. Their grace in the midst of a media onslaught; their obvious love for their mother and grandmother; their refusal to try to profit off her death via litigation; all this and more reveal them to be extraordinarily compassionate role models for the rest of us. They deserve our deepest admiration and respect during this incredibly difficult time.

* By all accounts, Glenwood Gardens is a first-rate retirement community, among the very best in Kern County. Residents and families overwhelmingly rave about the quality of the facilities and the staff. Furthermore, all the residents of the independent living section of the community know about, and explicitly sign off on, the "no medical intervention" policy. But, by the same token, if Glenwood Gardens does in fact preclude *any* such intervention, that policy clearly needs reconsideration. As many have already pointed out, surely the staff should not have been prevented from, for example, providing the Heimlich maneuver had Bayless merely been choking on a sandwich.

* As counterintuitive as this will seem to many, CPR is not always of benefit to a dying person. Despite what we see on dramatic television, CPR is frequently a very ugly procedure, with often considerable trauma to the patient's body. And as Dr. Jennifer Black discusses in the accompanying column, there are a wide array of cases in which it will provide no medical benefit. Yet, in the last few days, a number of people have suggested that someone should not go into nursing, or, implied, other health care professions, if they are not willing to treat someone in terminal distress. This could not be more wrong, as thousands of critical or palliative care physicians and nurses will

attest. Their job is to provide the highest quality medical treatment appropriate to the patient's condition, which sometimes means not treating them at all (except for comfort measures, a moral imperative in all medical circumstances).

What about some of the harder aspects of this case? I have communicated with health care professionals across the country and all agree that the staff nurse had a professional duty to provide some kind of medical aid (and I would stress that we do not in fact know whether she did). At the same time, however, she had made an explicit commitment -- in moral terms, a *promise* -- to her employers not to violate their policy (regardless of whether Glenwood Gardens may have misinterpreted the directive from their corporate owners, Brookdale Senior Living). She was, in short, in an untenable bind: She had conflicting duties with no clear way out. She was in what ethicists call "ethical distress."

While, by definition, such distress cannot be eliminated, it can be mitigated, usually through choices that step outside the immediate conflict. For example, and in the luxury of reflective hindsight, one can hope the staff member did what she could to give Bayless loving comfort, or urged others to do so. Often that is the very best gift we can provide for someone in the dying process.

That lesson will be, I hope, one of many to come from this painful story. Facilities across the country are undoubtedly reviewing their policies for medical intervention, including CPR, and I hope they will reinforce the importance of the range of care that should be provided in such circumstances. One of the mantras of the hospice movement is that a decision to forgo life-sustaining treatment often means *more* aggressively caring for the patient by, for example, vigilantly attending to her comfort needs.

Another lesson: Had Bayless completed an unambiguous advance health care directive, with a corresponding bracelet, that explicitly precluded life-sustaining measures in the event of a catastrophic medical event, we would've never heard of her passing. Advance care planning conversations can be very difficult, but as our population ages and our capacity for life-sustaining -- or death-prolonging -- interventions increases, it is incumbent on all of us to relieve our loved ones, or worse, health care professionals, of the burden of having to guess our wishes.

Christopher Meyers, Ph.D., *is director of the Kegley Institute of Ethics at CSU Bakersfield. The views expressed are his own.*