

An ethics professor considers the Sawatzky dilemma

Who sets the limits on our health care?

By Arthur Schafer
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THIS IS the end of Round One of Sawatzky v. Riverview Health Centre Inc.

Helene Sawatzky won her demand to have a do-not-resuscitate order temporarily removed from her husband's chart.

The hospital won, too, because at numerous places in her judgement Justice Holly Beard sees the issue as a dispute about the medical facts of the case. If an independent physician confirms the medical judgement of the hospital, then the DNR order may be reinstated, even if Andrew Sawatzky's wife persists in her opposition.

There are some important ethical issues in this case, issues of national significance. But a great deal seems to hinge upon the facts. Consider the two competing versions of reality, Helene Sawatzky's version and the physicians' version. Both sides claim to be acting in the patient's best interests.

Helene Sawatzky believes that her husband, with proper medical care, can be rehabilitated and enabled to return home. She also believes that he is communicating to her his wish to be resuscitated (by cardio-pulmonary resuscitation or CPR) in the event that he should suffer a cardiac arrest or a pulmonary failure.

The centre's doctors have a very different set of beliefs. They do not question her love of and devotion to her husband, but they believe that she is in an acute state of denial; that she has a totally unrealistic set of expectations about what medicine can achieve for a person in her husband's condition.

The centre's doctors believe that Andrew Sawatzky's Parkinson's disease is so far advanced that he cannot possibly be rehabilitated. They contend that he is dying from a chronic progressive disease that will, if his dying is prolonged, cause him acute pain and intense suffering. The dementing process associated with Parkinson's will continue to rob him of his rationality and personality.



Andrew Sawatzky

They claim that he is incompetent to express his own wishes, and that his wife is requesting a course of treatment for him which would be at best useless and at worst harmful.

Finally, the doctors say that CPR for a 79-year-old patient with advanced Parkinson's disease who has suffered multiple strokes and

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has difficulty swallowing simply won't work. It probably won't bring him back to life if his heart stops. And it certainly won't permit him to be rehabilitated and discharged.

Justice Beard, in granting her temporary injunction, recognizes that she is compelling a doctor to act in a way that the doctor believes will harm the patient. The fundamental principle of medical ethics, since the time of Hippocrates, has been: first of all, do no harm. Doctors are not mere technicians. Physician ethics forbids the doctor knowingly to harm patients.

But Justice Beard believes that

CPR is not an invasive treatment and that it would, therefore, not be onerous for the doctor. In this belief she is, alas, mistaken. His chest will be crushed, his ribs in all likelihood be cracked, his arteries and lungs perforated, his body electrically shocked.

With all respect to Justice Beard, for a frail elderly patient, this is a highly invasive procedure. And for what? To prolong his suffering? To prolong his dying?

One of the major philosophical issues posed by this case involves the question of limits. If medical technology can keep us all alive, in a twilight zone between life and death, without personality but perhaps with great pain, can we or our family legitimately demand that doctors obey our wishes? Keep in mind that one person's provision is another person's deprivation. The resources that are spent in a vain effort to deny our mortality are then not available to help those who can be genuinely helped: the sick, the vulnerable, the disabled, whose care ought to be our highest priority.

As one doctor eloquently puts the point: "When a heart stops beating, it usually means that a life has ended. We don't compel surgeons to perform operations they know to be useless."

Justice Beard wants a second medical opinion to confirm or to challenge the opinion of Sawatzky's current doctors. That is a reasonable precaution to take. If an independent opinion agrees that Sawatzky will be harmed rather than helped by this invasive procedure then, perhaps, everyone can agree that it is best to allow nature to take its course.

We should all be clear at least about this: This is not a case of euthanasia. It is disease that will kill Andrew Sawatzky, not his doctors. And when the disease is incurable and terminal, it is the duty of the doctors and his loving wife to do everything in their power to keep him comfortable and free of pain.

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