The Case of Mrs. B

Part 1:

Mrs. B has always believed that she would get Alzheimer’s disease. The disease runs in her family and she witnessed her grandmother and mother slowly succumb to the disease and the toll it took on the rest of her family, particularly in the last stage of the disease. After her mother died of the disease, Mrs. B became determined that her life would not end in the same way. She filled out an advance directive stating that she did not want to receive life sustaining treatment, including food and fluids, if she became unable to recognize her children. Ten years later, Mrs. B is now in a long-term care facility and in the condition she once dreaded. She does not need life sustaining treatment, like a respirator or a feeding tube, and though she is not able to feed herself, she willingly takes food and water when it is offered by nursing. Her children are upset that she is being fed by mouth, as they believe this is in direct contradiction to her previously expressed wishes not to be given life sustaining treatment. They ask the healthcare providers caring for their mother to stop feeding her and to let her die a “natural death.”1

Part 2

The healthcare providers are morally distressed by the request to stop feeding Mrs. B. They all agree that it is proper to honor a patient’s advance directive. However, they believe that as long as Mrs. B. consents to being fed orally, than they are not violating her wishes. In fact, one member of the care team reported that they are always conscientious about getting Mrs. B’s consent for feeding by saying to her, “blink if you want us to feed you.”

Part 3:

The healthcare providers assert that not feeding Mrs. B is a violation of their conscience and contrary to their ethical duty of beneficence. The family adamantly disagrees. They arrange to transfer Mrs. B out of the long-term care facility to another facility that has agreed to “respect the family’s wishes”.