



6th International Conference on Clinical Ethics Consultation

May 11-14, 2010 ♦ Portland Art Museum ♦ Portland, Oregon, USA
www.ethics2010.org



Abstract Submission Form – Panels

Please contact John Tuohey at ethics@providence.org with any questions.

Name: Dr Eleanor Milligan

Title/Degree: Clinical Ethicist/Senior Lecturer in Ethics and Professional Practice, PhD,
GradDipEd,BA(hons),BSc

Institution: Princess Alexandra Hospital/Griffith University School of Medicine

Country: Australia

Email: eleanor_milligan@health.qld.gov.au; e.milligan@griffith.edu.au

Phone including country code (<http://www.countrycallingcodes.com>): 61 7 5499 7930

Primary contact: e.milligan@griffith.edu.au

Additional panelists, if any (up to three):

Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Proposed Session Title: "Get me home so I can kill myself"

Describe topic or case to be discussed up to 300 words:

A "Get me home so I can kill myself"

This discussion will centre on the (confidential) story of a young Indigenous male. During an operation to remove an abscess on his cervical spine, this young, 24year old man sustained a surgical injury that made him a ventilator dependant quadriplegic, reliant on nursing staff and (warring) family for every bodily function, and every minute aspect of his life. His anger and frustration at his situation boiled underneath, and he was often verbally abusive, making care incredibly stressful and difficult for (predominantly nursing) staff to manage. Having full mental capacity, he often refused basic cares like the cleaning of his tracheotomy tube, showering or eating. On one occasion, following several refusals to have his ventilator tube cleaned, nurses were distressed to finally discover maggots in the tube. This situation had arisen because they were respecting his right, as a competent adult, to refuse care, which he often did in a verbally abusive way. At the same time however, they felt repulsed at having to deal with the practical consequence of his choice, which to them felt like neglect. But how can you impose care on a patient who doesn't want to be cared for? On several occasions, he had (deliberately?) driven his mouth operated wheelchair away from his ventilator, disconnecting the tube and sounding the alarm. This situation was further complicated by his sporadic mood changes, in which he would talk of suicide one day, and then of going home, of disconnecting himself from is ventilator, then asking for modifications to his chair, planning for the long term. Staff were confused and distraught. The patient was distressed and disengaged. One day he said, "Just get me home so I can kill myself". It was at this point that the Clinical Ethicist was called.

Panel can discuss from here.

Describe briefly each proposed panelist's position to be offered (up to 300 words):

I cannot provide any suggested panel members for this, but would be happy to work with any panellist the conference organisers felt were suitable - this was a very complex situation - with much more detail than i have given above - As one of the very few ethicists practicing in Australia, I would be very interested to know how my international peers would work through this situation?

I would also like to note that I would not want details of this case to be published as the patient (a Queenslander with a surgical spinal cord injury) could be indentifiable - I would appreciate the opportunity to discuss in the professional environment of the conference, with peers for the purpose of stimulating mutual learning and understanding, but would not want the details of this case publicly (electronically) released.

Are you planning to or will you be willing to submit a poster along with your panel?

Yes No