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The Doctrine of the Double Effect and End-of-Life Care: A Means to an End?

APGO Objective # 7: Ethics in Obstetrics and Gynecology

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To wait for a painful inevitable death - not to go on suffering in vain and without recourse represents an intelligent, reasonable decision, if it has been thought out maturely and made with full knowledge of the situation. -Deshaien

Case: A 63 y/o G4P4004 on the Gyn service is admitted in the terminal stage of life after being diagnosed with Stage IV Ovarian cancer 9 months ago. Multiple metastases are present, and over the last several months the pain medications used have become inadequate. The Gyn oncology team has assessed the patient as being terminal with only several weeks most likely left even with aggressive medical intervention. The patient had signed a "DNR" order before admission and had requested that her family relate the message that she "wants the pain to stop."

Doctrine of double effect: In instances where a patient is in a terminal condition, the doctrine of double effect (hereafter DDE) states that a morally good action can be carried out even if a morally bad side-effect is a potential outcome as long as the morally bad side effect is not the intended effect.

Factors associated with the DDE: several different conditions must be met in order for the DDE to be validly applied to end-of-life care: 1) the good result must be achieved independently of the bad one; 2) the action must be proportional to the cause; 3) the action must be appropriate; 4) the patient must be in a terminal condition.

Problems with the DDE: some critics of the DDE have countered that we are responsible for the anticipated consequences of our actions even if under the guise of relieving pain. Others have concluded that the DDE is irrelevant, either because the belief that death is a morally bad action is false, or that the oftenest quoted method of invoking the DDE is for the use of morphine, which some have argued is not a common cause of death in terminally ill patients.

Salmasy test: Daniel P. Sulmasy has put forward a way for a doctor to check what their intention really is. The doctor should ask himself, "If the patient were not to die after my actions, would I feel that I had failed to accomplish what I had set out to do?"

Conclusions: ACOG has stated that the "moral character of medicine is based on three values central to the healing relationship. They are patient benefit, patient self determination, and the ethical integrity of the health care professionals." I personally believe that of paramount importance in addressing end-of-life care issues, such as with the metastatic ovarian cancer case presented above, is not only a respect for patient autonomy but also an assessment and eventual acceptance of the very innocuous nature that the treatment ultimately affords. The DDE is a valid and important set of ethical principles, a sort of moral "compass", that can be applied to these actions when death could be the final outcome; while the moral ambiguities that surround the active process of causing death and allowing someone to die are unsettled in our society, physicians are able to apply the DDE both to reconcile and to maintain the "moral character of medicine."

References:

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