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Health Care Ethics Committee

LEARNING OBJECTIVES

The reader upon completion of this chapter will be able to:

- Understand the importance, development, structure, and goals of ethics committees.
- Describe the functions of the ethics committee:
 - Policy and procedure development
 - Educational role
 - Consultation and conflict resolution
- Describe the expanding role of the ethics committee.
- Describe the concept of reasoning and decision making.

INTRODUCTION

Health care ethics committees address legal–ethical issues that arise during the course of a patient’s care and treatment. They serve as a resource for patients, families, and staff. They offer objective counsel when dealing with difficult health care issues. Ethics committees provide both educational and consultative services to patients, families, and caregivers. They enhance but do not replace important patient/family–physician relationships; nevertheless, they afford support for decisions made within those relationships.

The numerous ethical questions facing health professionals involve the entire life span, from the right to be born to the right to die. Ethics committees concern themselves with issues of morality, patient autonomy, legislation, and states’ interests.

Although ethics committees first emerged in the 1960s in the United States, attention was focused on them in the 1976 landmark *Quinlan* case,¹ where parents of Karen Ann Quinlan were granted permission by the New Jersey Supreme Court to remove Karen from a ventilator after she had been in a coma for a year. She died 10 years later at the age of 31, having been in a persistent vegetative state the entire time. The Quinlan court looked to a prognosis committee to verify Karen’s medical condition. It then factored in the committee’s opinion with all other evidence to reach the decision to allow withdrawing her life-support equipment. To date, ethics committees do not have sole surrogate decision-making authority; however, they play an ever-expanding role in the development of policy and procedural guidelines to assist in resolving ethical dilemmas.

Most organizations describe the functioning of the ethics committee and how to access the committee at the time of admission in patient handbooks and informational brochures.

COMMITTEE STRUCTURE

To be successful, an ethics committee should be structured to include a wide range of community leaders in positions of political stature, respect, and diversity. The ethics committee should be comprised of a multidisciplinary group of people, whose membership should include an ethicist, educators, clinicians, legal advisors, and political leaders as well as members of the clergy, a quality-improvement manager, and corporate leaders from the business community. Ethics committees all too often are comprised mostly of hospital employees and members of the medical staff with a token representation from the community.

GOALS OF THE ETHICS COMMITTEE

The goals of ethics committees often include:

- Support, by providing guidance to patients, families, and decision makers
- Review of cases, as requested, when there are conflicts in basic values

- Provide assistance in clarifying situations that are ethical, legal, or religious in nature that extend beyond the scope of daily practice
- Help in clarifying issues, to discuss alternatives and compromises
- Promote the rights of patients
- Assist the patient and family, as appropriate, in coming to consensus with the options that best meet the patient's care needs
- Promote fair policies and procedures that maximize the likelihood of achieving good, patient-centered outcomes
- Enhance the ethical tenor of both health care organizations and professionals

COMMITTEE FUNCTIONS

The functions of ethics committees are multifaceted and include development of policy and procedure guidelines to assist in resolving ethical dilemmas; staff and community education; conflict resolution; case reviews, support, and consultation; and political advocacy. The degree to which an ethics committee serves each of these functions varies in different health care organizations.

Policy and Procedure Development

The ethics committee is a valuable resource for developing hospital policies and procedures to provide guidance to health care professionals when addressing ethical dilemmas.

Educational Role

The ethics committee typically provides education on current ethical concepts and issues to committee members, staff, and the community at large. Some community hospitals provide ethics education to the staff at ambulatory care facilities, home health agencies, long-term care facilities, and physicians' offices. Such education helps reduce the need for emergent end-of-life consultations in acute-care settings.

The ethics committee helps to develop resources for educational purposes to help staff develop the appropriate competencies for addressing ethical, legal, and spiritual issues. Educational programs on ethical issues are developed for ethics committee members, staff, patients, and the community (e.g., how to prepare an advance directive).

Consultation and Conflict Resolution

Ethics consultations are helpful in resolving uncertainty and disagreements over health care dilemmas. Ethics committees often provide consultation services for patients, families, and caregivers struggling with difficult treatment decisions and end-of-life dilemmas. Always mindful of its basic orientation toward the patient's best interests, the committee provides options and

suggestions for resolution of conflict in actual cases. Consultation with an ethics committee is not mandatory, but is conducted at the request of a physician, patient, family member, or other caregiver.

The ethics committee strives to provide viable alternatives that will lead to the optimal resolution of dilemmas confronting the continuing care of the patient. It is important to remember that an ethics committee functions in an advisory capacity and should not be considered a substitute proxy for the patient.

REQUESTS FOR CONSULTATIONS

Requests for ethics consultations often involve clarification of issues regarding decision-making capacity, informed consent, advance directives, and withdrawal of treatment. Consultations should be conducted in a timely manner considering the following information:

- Who requested the consultation?
- What are the issues?
- Is there a problem that needs referral to another service?
- What specifically is being requested of the ethics committee (e.g., clarification of the problem or mediation)?

When conducting a consultation, all patient records must be reviewed and discussed with the attending physician, family members, and other caregivers involved in the patient's treatment. If an issue can be resolved easily, a designated member of the ethics committee should be able to consult on the case without the need for a full committee meeting. If the problem is unusual, problematic, delicate, or has important legal ramifications, a full committee meeting should be called. Others who can be invited to an ethics committee case review, as appropriate, include the patient, if competent, relatives, agent, or surrogate decision maker, and caregivers.

Evaluation of a case consultation should take the following into consideration:

- Patient's current medical and mental status, diagnosis, and prognosis
- Patient's mental status and ability to make decisions, understand the information that is necessary to make a decision, and clearly understand the consequences of one's choice
- Benefits and burdens of recommended treatment, or alternative treatments
- Life expectancy, treated and untreated
- Views of caregivers and consultants
- Pain and suffering
- Quality-of-life issues
- Financial burden on family (e.g., if the patient is in a comatose state with no hope of recovery, should the spouse deplete his or her finances to maintain the spouse on a respirator?)

Decisions concerning patient care must take into consideration the patient's:

- Personal assessment of the quality of life
- Current expressed choices
- Advance directives
- Competency to make decisions
- Ability to process information rationally to compare risks, benefits, and alternatives to treatment
- Ability to articulate major factors in decisions and reasons for them and ability to communicate

The patient must have all the information necessary to allow a reasonable person to make a prudent decision on his or her own behalf. The patient's choice must be voluntary and free from coercion by family, physicians, or others.

Family members must be identified and the following questions considered when making decisions:

- Do family members understand the patient's wishes?
- Is the family in agreement with the patient's wishes?
- Does the patient have an advance directive?
- Has the patient appointed an agent?
- Are there any religious proscriptions?
- Are there any financial concerns?
- Are there any legal factors (applicable state statutes and case law)?

When an ethics committee is engaged in the consulting process, its recommendations should be offered as suggestions, imposing no obligation for acceptance on the part of the patient, organization, its governing body, medical staff, attending physicians, or other persons. The Ethics Consultation form on page 146 presents a suggested form for documenting an ethics committee consultation.

When conducting a formal consultation, ethics committees should:

1. Identify the ethical dilemma (i.e., reasons why the consult was requested).
 - a. Be sure that the appropriate "Consultation Request" form has been completed.
2. Identify relevant facts.
 - a. Diagnosis and prognosis.
 - b. Patient goals and wishes.
 - c. Regulatory and legal issues.
 - d. Professional standards and codes of ethics.
 - e. Institutional policies and values.
3. Identify stakeholders.

ETHICS CONSULTATION

Date: _____ Time: _____ Caller: _____

Reason for call: _____

Action taken: _____

Patient: _____ Age: _____ Record #: _____

Consultation requested by: _____ Relationship (e.g., caregiver, spouse) _____

Attending physician: _____ Other physicians: _____

Will the patient participate in the consultation? Yes No

Does the patient have decision-making capacity? Yes No Explain _____

Surrogate decision maker? Yes No If yes, name: _____

Phone #: _____ Advance directives (e.g., living will)? _____

Availability of advance directive _____

Consultation participants:

Family/relationship _____

Physicians _____

Nurses _____

Ethics committee members _____

Medical Treatment/Care Information

Diagnoses _____ Prognosis _____

Course of illness _____

Treatment options appropriate _____

Treatment options medically beneficial: _____

Treatment options available: _____

Would the patient have wanted the treatment? _____

Ethical issues: _____

Legal issues: _____

Alternatives, risks, & benefits: _____

Other persons to contact for input, if any? _____

Consultative guidance: _____

Guidance communicated? Yes No If yes, to whom? _____

Consultation noted on the medical record: Yes No

Disposition: _____

Form completed by: _____ Date/Time: _____

4. Identify moral issues.
 - a. Human dignity.
 - b. Common good.
 - c. Justice.
 - d. Beneficence.
 - e. Respect for autonomy.
 - f. Informed consent.
 - g. Medical futility and so on.
5. Identify legal issues.
6. Consider alternative options.
7. Conduct consultation.
 - a. Review, discuss, and provide reasoning for recommendations made.
8. Review and follow up.
9. Committee discussion should include family members.
10. Family members should be asked what their hopes and expectations are.
11. Consultations should be documented.



CASE: ETHICS COMMITTEE SERVES AS GUARDIAN

The Kentucky Supreme Court ruled in *Woods v. Commonwealth*, 1999-SSC-0773 (August 24, 2004), that Kentucky's Living Will Directive, allowing a court-appointed guardian or other designated surrogate to remove a patient's life support systems, is constitutional. The patient in this case, Woods, had been placed on a ventilator after having a heart attack. It was generally agreed that he would never regain consciousness and would die in 2 to 10 years. After a recommendation of the hospital ethics committee, Woods' guardian at the time asked for approval to remove Woods' life support. The Kentucky Supreme Court affirmed an appeals court decision, holding that:

- "If there is no guardian," but the family, physicians, and ethics committee all agree with the surrogate, there is no need to appoint a guardian.
- "If there is a guardian" and all parties agree, there is no need for judicial approval.
- "If there is disagreement," the parties may petition the courts.

Life support will be prohibited, absent clear and convincing evidence that the patient is permanently unconscious or is in a persistent vegetative state and removal of life support is in the patient's best interest.

Ethical and Legal Issues

1. Discuss the ethical issues of this case.
 2. Discuss under what circumstances an ethics committee should serve as a legal guardian.
 3. Discuss the pros and cons of an ethics committee serving as a patient's guardian.
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EXPANDING ROLE OF ETHICS COMMITTEE

Typically, hospital ethics committees concern themselves with biomedical issues as they relate to end-of-life issues; unfortunately, they often fail to address external decisions that affect internal operations. The role of an organization's ethics committee is evolving into more than a group of individuals who periodically gather together to meet regulatory requirements and review and address advance directives and end-of-life issues. The function of an organizational ethics committee has an ever-expanding role. This expanded role involves addressing external issues that affect internal operations (e.g., managed care, malpractice insurance, and complicated Health Insurance Portability and Accountability Act regulations that increase legal and other financial costs, thus burdening hospitals and slowing the progress of medicine). Ethics committees need to review their functions periodically and redefine themselves.

The ethics committee is health care's sleeping giant. Because of its potential to bring about change, its mission must not be limited to end-of-life issues. Its vision must not be restricted to issues internal to the organization but must include external matters that affect internal operations.

Failure to increase the good of others when one is knowingly in a position to do so is morally wrong. Preventative medicine and active public health interventions exemplify this conviction. After methods of treating yellow fever and smallpox were discovered, for example, it was universally agreed that positive steps ought to be taken to establish programs to protect public health.

The wide variety of ethical issues that an ethics committee can be involved in is somewhat formidable. Although an ethics committee cannot address every issue that one could conceivably imagine, the ethics committee should periodically re-evaluate its scope of activities and effectiveness in addressing ethical issues. Some of the internal and external issues facing an organization's ethics committee are presented later here.

Internal Ethical Issues

1. Dilemma of blind trials: Who gets the placebo when the investigational drug looks very promising?
2. Informed consent: Are patients adequately informed as to the risks, benefits, and alternative procedures that may be equally effective, knowing that one procedure may be more risky or damaging than another (e.g., lumpectomy versus a radical mastectomy)?
3. What is the physician's responsibility for informing the patient of his or her education, training, qualifications, and skill in treating a medical condition or performing an invasive procedure?

4. What is the role of the ethics committee when the medical staff is reluctant or fails to take timely action, knowing that one of its members practices questionable medicine?
5. Should a hospital's medical staff practice evidence-based medicine or follow its own best judgment?
6. To what extent should the organization participate in and/or support genetic research?
7. How should the ethics committee address confidentiality issues?
8. To what extent should medical information be shared with the patient's family?
9. To what extent should the scope of issues that the ethics committee addresses be controlled by the organization's leadership?
10. What are the demarcation lines as to what information should or should not be provided to the patient when mistakes are made relative to his or her care?

External Ethical Issues

1. Does the ethics committee have a role in addressing questionable reimbursement schemes?
2. Should an ethics committee have its own letterhead? What value would this serve?
3. What role, if any, should an ethics committee play in the following scenario?



CASE: CHOOSING THE RIGHT HOSPITAL

Emergency services ambulance personnel regularly transport suspected stroke patients to Hospital A. This hospital has no neurologists or neurosurgeons on its medical staff but does provide coffee and donuts to transport personnel. Ambulance personnel have an option to take the suspected stroke victim to Hospital B, which is within five blocks of Hospital A. Hospital B has a well-trained stroke team with staff neurologists and neurosurgeons readily available.

Ethical and Legal Issues

1. Describe the ethical issues in this case.
2. Describe the organizational politics that might come into play.

Organizational politics may prevent an ethics committee from becoming involved in many of the issues just described. Although the committee's involvement is strictly advisory, its value to an organization has yet to be fully realized.

CONVENING THE ETHICS COMMITTEE

The ethics committee is not a decision maker but a resource that provides advice to help guide others in making wiser decisions when there is no clear best choice. A unanimous opinion is not always possible when an ethics committee convenes to consider the issues of an ethical dilemma; however, consultative advice as to a course of action to follow in resolving the dilemma is often the role of the ethics committee. Any recommendations for issue resolution reached by the ethics committee need to be communicated to those most closely involved with the patient's care. Sensitivity to each family member's values and assisting them in coping with whatever consensus decision is reached is a must. Unresolved issues often need to be addressed and a course of action followed. Each new consultation presents new opportunities for learning and teaching others how to cope with similar issues. Guidelines for resolving ethical issues will always be in a state of flux. Each new case presents new challenges and learning opportunities.

Making a decision, suggesting a course of action, recommending a path to follow, and making a choice require accepting the fact that there will be elements of right and wrong in the final decision. The idea is to cause the least pain and provide the greatest benefit.



CASE: BIOETHICS COMMITTEE NOT CONVENED

In this medical malpractice suit, the Stollers (appellants) sought damages from physicians and hospitals (appellees) for disregard of their instructions not to use “heroic efforts” or artificial means to prolong the life of their child, Mariel, who was born with brain damage. The Stollers argued that such negligence resulted in further brain damage to Mariel, prolonged her life, and caused them extraordinary costs that will continue as long as the child lives.

The Stollers had executed a written “Directive to Physicians” on behalf of Mariel in which they made known their desire that Mariel's life not be artificially prolonged under the circumstances provided in that directive.

Mariel suffered a medical episode after regurgitating her food. An unnamed, unidentified nurse-clinician administered chest compressions for 30 to 60 seconds, and Mariel survived.

The Stollers sued alleging the following, among other things: Appropriate medical entries were not made in the medical record to reflect the Stollers' wishes that caregivers refrain from “heroic” life-sustaining measures. Life-saving measures were initiated in violation of the physician's orders. The hospital did not follow the physician's orders, which were in Mariel's medical chart, when chest compressions and mechanically administered breathing to artificially prolong Mariel's life were applied, and a bioethics committee meeting was not convened to consider the Stollers' wishes and the necessity of a do-not-resuscitate (DNR) order.

The central issue in this case is whether appellees are immune from liability under the Texas Natural Death Act. Section 672.016(b) of the Texas Natural Death Act provides the following: “A physician, or a health professional acting under the direction of a physician, is not civilly or criminally liable for failing to effectuate a qualified patient’s directive” [Tex. Health & Safety Code Ann. A4 672.016(b) (Vernon 1992)]. A “qualified patient” is a “patient with a terminal condition that has been diagnosed and certified in writing by the attending physician and one other physician who have personally examined the patient.” A “terminal condition” is an “incurable condition caused by injury, disease, or illness that would produce death regardless of the application of life-sustaining procedures, according to reasonable medical judgment, and in which the application of life-sustaining procedures serves only to postpone the moment of the patient’s death.”

Mariel was not in a terminal condition, as appellees alleged. The Stollers failed to cite any authority that would have allowed the withdrawal of life-sustaining procedures in a lawful manner. The Texas Natural Death Act, therefore, provided immunity to the caregivers for their actions in the treatment and care of Mariel.²

Ethical and Legal Issues

1. Describe the ethical principles at conflict in this case.
2. Do you agree with the court’s decision? Explain your answer.

REASONING AND DECISION MAKING



Reason guides our attempt to understand the world about us. Both reason and compassion guide our efforts to apply that knowledge ethically, to understand other people, and have ethical relationships with other people.

MOLLEEN MATSUMURA

The logical application of reasoning is important in the decision-making process. “Knowing” ethical theories, principles, values, and morals and “understanding” how to apply them must go hand in hand. Reason includes the capacity for logical inference and the ability to conduct inquiry, solve problems, evaluate, criticize, and deliberate about how we should act and to reach an understanding of ourselves, other people, and the world.³ *Partial reasoning* involves bias for or against a person based on one’s relationship with that person. *Circular reasoning* describes a person who has already made up his or her mind on a particular issue and sees no need for deliberation (i.e., “Don’t confuse me with the facts”). For example, consider the following: “Mr. Smith has lived a good life. It’s time to pull the plug. He is over 65 and, therefore, should not have any rights to donated organs. Donated organs should be given to younger people.” The rightness or wrongness of

this statement is a moral issue and should be open for discussion, fact-finding, evaluation, reasoning, and consensus decision making.

Ethical decision making is the process of deciding the right thing to do when facing a moral dilemma. Decision making is not easy when there is more than one road, an alternative route, to take. Health care dilemmas often occur when there are alternative choices, limited resources, and differing values among patients, family members, and caregivers. Coming to an agreement may mean sacrificing one's personal wishes and following the road where there is consensus. Consensus building can happen only when the parties involved can sit and reason together. The process of identifying the various alternatives to an ethical dilemma, determining the pros and cons of each choice, and making informed decisions requires a clear unbiased willingness to listen, learn, and in the end make an informed decision.

Ethical dilemmas arise when ethical principles and values are in conflict. An ethical dilemma arises when, for example, the principles of autonomy and beneficence conflict with one another. The following case illustrates how one's right to make his or her decision can conflict with the principle of doing no harm.



CASE: PATIENT REFUSES BLOOD

Mrs. Jones has gangrene of her left leg. Her hemoglobin slipped to 6.4. She has a major infection and is diabetic. There is no spouse and no living will. The patient has decided that she does not want to be resuscitated if she should go into cardiopulmonary arrest. She may need surgery. She has agreed to surgery but refuses a blood transfusion, even though she is not a Jehovah's Witness. The surgeon will not perform the surgery, which is urgent, without Jones agreeing to a blood transfusion, if it becomes necessary. The attending physician questions the patient's capacity to make decisions. Her children have donated blood. She says she is not afraid to die.

Ethical and Legal Issues

1. Should the physician refuse to treat this patient? Explain your answer.
 2. Should the family have a right to override the patient's decision to refuse blood? Explain your answer.
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CASE: A SON'S GUILT, A FATHER'S WISHES

Following a massive stroke, Mr. Smith was transported from the Rope Nursing Facility to a local hospital by ambulance on July 4, 2004. Smith, 94 years of age, had been a resident at the Rope nursing facility for the past 12 years. Before being placed in Rope, Smith had been living with Mr. Curry, a close

friend, for the previous 8 years. He had an advance directive indicating that he would never want to be placed on a respirator.

Smith's son and only child, Barry, who now lives in Los Angeles and had been estranged from his dad for more than 20 years, was notified by Curry that his dad had been admitted to the hospital in a terminal condition. Smith had mistakenly been placed on a respirator by hospital staff contrary to the directions in his advance directive, which had been placed on the front cover of Smith's medical chart. Curry, who was legally appointed by Smith to act as his health care surrogate decision maker, called Barry and explained that, according to his dad's wishes and advance directives, he was planning to ask hospital staff to have the respirator removed. Barry asked Curry to wait until he flew in from California to see his dad. Curry agreed to wait for Barry's arrival the following day, July 5. After arriving at the hospital, Barry told Curry that he would take responsibility for his dad's care and that Curry's services would no longer be needed. Barry told hospital staff that he objected to the hospital's plan to remove his father from the respirator. He said that he needed time to say goodbye to his dad, which he did by whispering his sorrows in his dad's ears. Smith, however, did not respond. Barry demanded that the hospital do everything that it could to save his dad's life, saying, "I don't know if dad heard me. We have to wait until he wakes up so that I can tell him how sorry I am for not having stayed in touch with him over the years." Smith's physicians explained to Barry that there was no chance Smith would ever awaken out of his coma. Barry threatened legal action if the hospital did not do everything it could to keep his dad alive. Smith's physician again spoke to Barry about the futility of maintaining his dad on a respirator. Barry remained uncooperative. The hospital chaplain was called to speak to Barry, but had little success. Finally, hospital staff requested an ethics consult.

Ethical and Legal Issues

1. Discuss the ethical dilemmas in this case.
2. Discuss the issues and the role of the ethics committee in this case.

HELPFUL HINTS

The reason for studying ethical and legal issues is to understand and help guide others through the decision-making process as it relates to ethical dilemmas. The following are some helpful guidelines when faced with ethical dilemmas:

- Be aware of how everyday life is full of ethical decisions and that numerous ethical issues can arise when caring for patients.
- Help guide others to make choices.
- Ask your patient how you might help him or her.

- Be aware of why you think the way you do. Do not impose your beliefs on others.
- Ask yourself whether you agree with the things you do. If the answer is no, ask yourself how you should change.
- When you are not sure what to do, the wise thing to do is to talk it over with another, someone whose opinion you trust.
- Do not sacrifice happiness for devotion to others.
- Do not lie to avoid hurting someone's feelings.

CHAPTER REVIEW

1. An ethics committee serves as a hospital resource to patients, families, and staff, offering an objective counsel when dealing with difficult health care issues and decisions.
2. To be successful, an ethics committee should be structured to include a wide range of community leaders in positions of political stature, respect, and diversity.
3. The goals of the ethics committee are to:
 - Promote the rights of patients.
 - Promote shared decision making between patients and their clinicians.
 - Assist the patient and family, as appropriate, in coming to consensus regarding the options that best meet the patient's goal for care.
 - Promote fair policies and procedures that maximize the likelihood of achieving good, patient-centered outcomes.
4. The functions of ethics committees are multifaceted and include:
 - Policy and procedure development.
 - Staff and community education.
 - Consultation and conflict resolution.
5. Ethics committee should include addressing external issues that affect internal operations.
6. The ethics committee is not a decision maker but a resource that provides advice to help guide others toward making wiser decisions when there is no clear best choice.
7. Decision making is not easy when there are alternative choices, limited resources, and a variety of value beliefs from patients, family members, and caregivers.
8. Patients and family should be encouraged to participate in making processes.
9. One needs to know the reasons for his or her beliefs and be able to state why decisions are made.
 - Partial reasoning involves bias for or against a person based on one's relationship with that person.
 - Circular reasoning describes a person who has already decided the correctness of something.

10. The process of identifying the various alternatives to an ethical dilemma, determining the pros and cons of each choice, and making informed decisions requires a clear, unbiased willingness to listen, learn, and, in the end, make an informed decision.

TEST YOUR UNDERSTANDING

Terminology

circular reasoning

conflict resolution

ethics committee

ethics consultation

partial reasoning

reasoning and decision making

REVIEW QUESTIONS

1. What is the purpose of an ethics committee?
2. How should an ethics committee be structured?
3. Discuss the functions of an ethics committee.
4. Discuss the consultative role of the ethics committee.
5. Discuss the educational role of the ethics committee.
6. Discuss the ever-expanding role of ethics committees, including internal operational issues and external influences that affect internal operations.
7. Discuss reasoning and decision making as reviewed in this chapter.

WEB SITES

Advance Directives

<http://www.mindspring.com/~scottr/will.html>

Bioethics (comprehensive Web site on bioethics)

<http://www.bioethics.net>

Biotech & Health Care Ethics

<http://www.scu.edu/ethics/practicing/focusareas/medical>

Centre for Bio-Ethics and Health Law

<http://www.uu-cbg.nl/research-hce.htm>

Happiness

http://www.cybernation.com/victory/quotations/subjects/quotes_happiness.html

Living Wills/Advance Directives

<http://www.mindspring.com/~scottr/will.html>

Merriam-Webster On-Line Dictionary

<http://www.m-w.com>

National Advisory Board on Health Care Ethics

<http://www.etene.org/e/index.shtml>

National Center for Biotechnology Information

<http://www.ncbi.nlm.nih.gov>

Questia

http://www.questia.com/Index.jsp?CRID=medical_ethics&OFFID=se1

TransWeb

<http://www.transweb.org>

NOTES

1. *In re Quinlan*, 355 A.2d 647 (N.J. 1976).
2. *Stolle v. Baylor College of Medicine*, 981 S.W.2d 709 (1998).
3. George Lakoff & Mark Johnson, *Philosophy in the Flesh*, 3–4 (Basic Books, 1999).