

Persuasive Commentary Health Care Ethics – Medical Futility & Tinslee Case

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Background: Tinslee Case

Tinslee was a premature ten-month-old child having severe heart disease named Ebstein anomaly. In addition, she also had compulsive conditions of pulmonary hypertension along with acute chronic lung disorder. For treatment, she has undergone various complex surgical operations at such a tender age. Due to an acute health condition, she was on a ventilator with little consciousness. Considering her critical condition, the Cook Children's Medical Center decided to transfer her out of the unit but her family so massively resisted that the matter was taken to court (Johnson, 2019). The hospital had the stance that such a condition may increase her suffering and she should be transferred out. The ruling of the case accredited that the Texas laws allow physicians to make decisions in such cases to transfer the patient if they consider it not appropriate. 'Texas Health & Safety Code 166.046' has the provisions to rule such medical care futile if the respective physicians declare it so.

The Problem – Medical Futility & Respective Case Decision

Any type of intervention that has a non-beneficial impact on the condition of the patient can be termed as medical futility (Jecker, 2017). These are the conditions where family members and medical experts know that continuation of treatment will suffer the patient or have no significant benefits, and the lifesaving measures are ceased. Even in conflict with the parent's opinion, the physician may declare medical treatment futile based on his knowledge and experience. In such cases, the physicians are not legally or ethically bound to proceed with the treatment, so the patients and their families should act upon the advice of doctors and believe in their credibility. The physicians or hospitals have nothing to do with the personal enmity of the patient or family. Their decision concerning medical futility is based on expertise and moral ethics accompanied by legal powers.

However, if the patient or family does not deem fit with the decision, they have several options. First, they can request to transfer the patient to another hospital or request the hospital to provide home care with a certified home nurse facility. They also have the right to take the matter to the court. According to American Medical Association (2001), "VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount." This principle best supports the mutual understanding of physicians and family members for the advantage of the patient.

An Analysis: Texas Laws Vs Florida Laws Concerning Medical Futility

In any state of the country, the litigation process concerning healthcare issues primarily depends upon the enacted and implemented laws of that particular state. Hence, the consequences regarding the pursuance of the law vary greatly from state to state. For example, the matter under discussion revolves around the medical futility and healthcare legislation in Texas in comparison to Florida. Texas laws allow the respective physicians to withdraw the treatment process if no progress is observed. In this context, the hospital, along with the medical expert, has the full authority to make a final decision (Drabiak).

Contrary to such practice, Florida laws need parents to make a final decision regarding treatment withdrawal instead of physicians or hospital administration. In addition, the physicians in Florida are bound to transfer the patient after seven days according to the choice of the patient or family, even if the family disagrees. This is the main reason that Florida Physicians rarely seek any litigated judgment from the judicial department in such cases. As the decision-making authority lies with parents so physicians have to provide concrete shreds of evidence to prove the immorality of parents' wishes (Drabiak). The judge may remove the decision maker in such cases if it can be proved that the parents' wish is not in the best interest of the patient or the health system.

Moreover, the case under consideration, i.e., the Tinslee case, has the inherent legal power on the part of parents to decide about the treatment fate of the patient. According to implemented laws in the state, Tinslee's guardians have the right to decide either to continue or withdraw the treatment process (Johnson, 2019). However, according to my analysis and viewpoint, Florida law is the best option for both parties. Along with the physician and hospital, the parents' wish also includes the transfer of the patient. In other words, the ultimate decision by the medical expert does not mean that the parental desire might be neglected at all. Parents have the option to challenge the decision taken by the physicians in the court. Similarly, the physician can also seek court help if parents and medical opinion strongly disagree with each other.

Undoubtedly, parental care does not follow any legal application or ethical boundaries, but societal norms can only be maintained by ensuring equal rights of the parties. So, legislation may ease or complex the matter according to the nature of healthcare issues. In such cases or healthcare issues, Florida laws are appropriate, balanced, and transparent. While the laws implemented in Texas are tricky and need revision according to the need of the hour in the best interest of fairness and transparency.

Conclusion

It is imperative that the best interest of patients must be secured by the health care professionals. Due to medical futility, if the parents do not agree with physicians, they should have the final decision authority, considering the court as the final authority. In this context, Florida laws are the best concerning medical futility issues. At the time of the Tinslee Lewis Case, if Texas had enacted such a law, the court might not need to interfere in this case.

References

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