Actions and Recriminations

Book Review by Wendy Funk Schrag, LMSW, ACSWB

No Good Deed: A Story of Medicine, Murder Accusations, and the Debate Over How We Die
by Lewis M. Cohen, MD, ISBN-13: 9780061721779; HarperCollins; 272 pages; $14.99

Lewis Cohen, MD, has written an accessible book containing comprehensive interviews and information about a variety of legal and ethical issues surrounding end-of-life medical care and decision making. Cohen takes the title from a well-known quote by Clare Boothe Luce that foreshadows the content: "No good deed goes unpunished." Cohen, a psychiatrist and palliative care specialist, begins by discussing what his book is not. It is not about medical professionals who practice physician-assisted suicide or about catastrophic situations involving medical ethics, such as Hurricane Katrina. Rather, Cohen's book describes accusations over clinical procedures and decisions considered to be both legal and ethical. Cohen examines specific medical cases where well-meaning medical professionals, offering what they perceived to be reasonable end-of-life care, are later accused by others (professionals, family members, etc.) of murdering or euthanizing patients.

The main case study described throughout the book involves two renal nurses caring for a woman in an intensive care unit at Baystate Medical Center in Massachusetts. The patient was near the end of her life, and her family had already made the decision to discontinue dialysis. The two nurses, Amy Gleason and Kim Hoy, were accused by a nurse's aide of murdering the patient. It was some time after the patient died that detectives came knocking on Gleason and Hoy's doors. What followed were several years of investigation, a trial for murder, and an ongoing struggle for resolution by both medical professionals and the patient's family.

Among the many issues Cohen discusses in the book, these specific ones stood out for me:

- Cohen states that there is no "clean, impersonal, and easy way" to shift from providing curative care to palliative care. "There is no computer that a doctor simply turns off, no magic switch that gets thrown, no timer that runs out. It usually falls upon a nurse to go to the bedside and carry out a series of actions, and complicated communications that allow the patient to die in as comfortable a manner as possible." Emphasizing that often physicians are not even present for deaths, much responsibility falls upon nurses (and perhaps other medical professionals as well) to follow policies and procedures, document closely, make decisions, and interact with others in a manner that is medically and ethically defensible.
- Cohen interviews other medical professionals who have been accused of murder or unethical actions that led to premature deaths. The loss of confidence and the self-doubt that follow many medical professionals for years can become disabling. Some leave the medical field, even if they are found to be innocent. Some suffer from stress-induced illnesses and depression. As Cohen states, "…these conflicts can tragically mangle the lives of some of our finest caregivers."
- Cohen interviews accusers and helps bring their perspectives to light. Without professional medical knowledge, family members or other professionals can misunderstand ethical actions by medical professionals.
- Resolution, whether focused on ourselves or healing relationships with others, is important for all to be able to move on with their lives following these very difficult situations.

As nephrology social workers who relate professionally to patients, families, and other nephrology professionals, we have an obligation to others as well as ourselves, to evaluate our interventions in end-of-life care through ongoing education and self-reflection. Someone once said to me that nephrology social workers are the conscience of the dialysis unit. If this is true, much responsibility lies with us to not only ensure that we are acting ethically, but that we are also influencing and supporting others to act ethically as well.

Improving communication between staff and patients is one of our vital functions as well. We have an opportunity to be a key part of the treatment process by clarifying for patients and families the rationale behind certain decisions. Further, we can convey to the treatment staff dissatisfaction or urgent concerns before they reach a potential flash point. Though we may not always have perfect results, our continuing efforts to de-escalate could stop situations like the above before they happen.