

## Case 10H

Josephine Stewart, a 78-year-old Caucasian woman with no family support, has lived for more than ten years with diabetes and, what she has called, “pretty painful” arthritis. In addition to these medical problems, Josephine had a pacemaker inserted nearly six years ago because of her severe arrhythmia. Yet despite all this, she remained very active: she was a regular volunteer at her parish, attended bingo with friends religiously, and even worked more than thirty hours a week at the Walmart near her home. About a year ago, Josephine noticed significant swelling in her face and neck as well as a “tightness in her chest” that had never been there before. Initially, she brushed these off as possible side effects from the new medication she was taking for her arthritis. Soon after, though, she began coughing up blood, which prompted her to visit her primary care physician. After extensive testing, it was determined that Josephine had non-small cell lung cancer (NSCLC) with lymph node metastases (N3), which made her ineligible for surgical resection. The consulting oncologist suggested, nonetheless, that she undergo chemotherapy to combat the spread of the disease and possibly induce a remission. After considerable reflection and talking with her pastor, Josephine consented to the chemotherapy.

Nine months of on-again, off-again chemotherapy did little to deter the NSCLC and after talking with her physicians, Josephine decided hospice was the best option for her. She told her oncologist “her time had come” and it “made no sense to keep fighting when God was calling.” The hospice nurse was notified and the next day came to visit Josephine to discuss plans for leaving the hospital and being enrolled in hospice. During the visit the hospice nurse made it clear that all curative treatments would be forgone and that this included artificial nutrition and hydration. Josephine informed the nurse that she understood and made it clear she did not want a feeding tube if and when the time came. To the astonishment of the hospice nurse, though, Josephine asked if she could also have her pacemaker turned off. Her reason was she did not want to have her life prolonged “any more than it needed to be.” The hospice nurse consulted with Josephine’s primary care physician, who did not like the idea of turning off the pacemaker. She thought this was “tantamount to euthanasia” and called for an ethics consult to help her work through the conflict.