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In class this week, we discussed ethical issues in nursing and advanced directives and related topics. The provided article deals directly with these subjects; specifically, the author recounts the story of Jahi McMath's diagnosis of brain death and her mother's efforts to keep her biologically alive despite being declared legally brain dead (Truog, 2018). Before sharing my thoughts on the broader topic of continuing life support in cases of legal brain death, the author brings up several facets of the McMath case that I found fascinating. First, it is uncontroversial that Jahi met the criteria for legal brain death when California issued her death certificate (Truog, 2018). Two physicians affiliated with separate institutions reached the same conclusion as the first neurologist (Truog, 2018). I think this is worth mentioning because the lack of ambiguity concerning Jahi's status left little basis to expect any significant functional recovery. Next, the hospital's agreement to release McMath to her mother on continued life support is something I found unusual and ethically troubling (Truog, 2018). The relevant dilemma, I think, is autonomy versus nonmaleficence; through its action, the hospital enabled a distressed family member to undertake a financial and emotional burden with no reason to expect a satisfactory outcome for her. Another item I found striking is McMath's mother's extraordinary effort to continue life support, which included moving from California to New Jersey to reach a more favorable legal environment for her goal (Truog, 2018). Finally, a point Truog (2018) raises that I think is interesting is that our legal system draws arbitrary lines that do not always reflect reality out of practical necessity. Moreover, because laws can vary between states, the potential for legal paradoxes exists. Speaking directly to McMath's case, Jahi was simultaneously considered dead in California but alive in New Jersey (Truog, 2018).

Regarding my thoughts on continuing life support in brain-dead persons, I think it is best to base laws and legal decisions on what is reasonable to expect rather than scarce examples or never-observed but theoretically possible events. In the article, Truog (2018) raises Shewmon's assertion that Jahi may have gained enough function before her biological death to cross the legal line of brain death. If so, she would represent the first known case of this happening (Truog, 2018). Nevertheless, patients who begin from the point McMath possibly reached while being legally alive still require life support and have poor prognoses (Truog, 2018). Essentially, while I think that, if it occurred, McMath's gain of function is fascinating, it does not change my view. I do not want to create the impression that I am callous or do not respect autonomy or the feelings of family members coming to terms with a loved one's prognosis. Contrarily, I believe that respecting autonomy and people is foundational to ethical nursing practice. However, under a utilitarian framework, it does not make sense to expend resources sustaining biological life in clients with essentially no chance of meaningful recovery. That is, I think that pursuing the greatest good sometimes means that pragmatism must outweigh misplaced hope.

## References

Truog, R. D. (2018). Lessons from the case of Jahi McMath. *The Hastings Center Report*, 48(Suppl. 4). S70-S73. <https://doi.org/10.1002/hast.961>