

## PERSISTENT VEGETATIVE STATE: ETHICAL ASPECT OF MANAGEMENT

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Life is a bliss, but is it always?

Death is inevitable and is a universal truth. People working in the medical profession are familiar with the term, 'the matter of life and death.' Contemplation of death evokes different reaction among people. Some find it abhorrent and do not want to know about it. Others regard it as a fact of life.

The variance of such attitude puts stress and generates many views among health care workers looking after patients in persistent vegetative state. This is the condition usually after severe head injury, in which the patient is in a state of wakefulness without the ability to nursing care and tube feeding and they can live for many years. Occasionally patients are reported to have gained conscious level in months and even years after the injury. But they still have permanent physical and mental disability.

Before the advent of mechanical ventilator and effective nasogastric feeding, the patient was treated in the hope of improvement and when treatment was no longer effective, he simply died. This is no longer the case, as with the development of modern ventilators and effective feeding system, patients with severe brains damage are increasingly kept alive and they may lapse into persistent vegetative state.

Should life, which is no longer useful for the patient and the community, be prolonged?

### A. Is it legally right?

Doctors responsible for management of patients in persistent vegetative state face a dilemma. These patients have no quality life and people have to make decisions on their behalf, such as nasogastric feeding. Is nasogastric feeding a treatment or nutritional care? There are conflicting views about this.<sup>2</sup> There are some who believe that it is a form of medical treatment and can be withdrawn just like withdrawing an antibiotic from 85 year old patient with chest infection and suffering from advanced malignancy. Thus legally is it right to withhold a patient's tube feeding which to them is just stopping a treatment? In the United States a consensus has shown, which is supported by many court decisions, that the withdrawal of life sustaining treatment is appropriate.<sup>3,8</sup> It is worth noting that time has come that we should also give some consideration to such a problem in the developing countries both in the light of religion and legal system.

On the other hand there are people who believe that nasogastric feeding is not treating any abnormality and is just providing dietary support to an otherwise healthy body. They believe that to stop feeding some one is just illegal.<sup>2</sup>

The case of Anthony Bland, the tragic saga of a young victim, who sustained an anoxic brain injury during the disaster at Hillsborough foot ball ground, is well known. This young boy aged 18 sustained anoxic brain injury and was in persistent vegetative state for three years. He died when his nasogastric feeding was withdrawn through a court decision.<sup>4</sup> The parents of this young victim and the local health authority asked for the court permission to stop feeding him.

The court verdict was that there was no absolute rule, that a patients life has to be prolonged by artificial methods regardless of circumstances.<sup>2</sup>

### B. Is it morally wrong?

The normal obligation of a doctor is to provide the best of the treatment to his patients in the light of the available knowledge of medicine. This means for benefit of the patients, but the mere prolongation of an unconscious life is not a benefit. The doctors, therefore, is not bound morally to provide feeding if it is not for the benefit of the patient.<sup>5</sup> People might argue that this is a variant of euthanasia, which in itself is an other issue faced by the Health Care Workers.<sup>6</sup>

The preservation of life of any sort is the belief of many people.<sup>2</sup> Obviously this is their belief, which the patient concerned may have agreed with or other wise. In such situation there may be some evidence to support the patient way of thinking about persistent vegetative state. Family members, friends and advanced directive if given by the patient will play a role in deciding the fate of a patient in persistent vegetative state. If such a presumption is known to be against the patient interest, this can always be over ridden by the court.<sup>7</sup>

One may argue that there is a gap in the knowledge about patients in persistent vegetative state and further research is warranted. But it may be right to say that "if the brain was so simple we could understand it, we should be so simple that we could not".

It is understood that there are emotional, cultural, religious and social issues specially in the developing countries which need to be addressed in the best interest of the patients and the family. But one must not forget that there may be biases of our personalities, training and experience. Perhaps human common sense is the most valuable ingredient.

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