When the Doctor Gives a Deadly Dose

At age seventy, Mrs. R had become severely disabled by cardiac failure due to a damaged mitral valve. With her full and appropriate consent, she underwent a risky valve replacement, which initially went fairly well. However, within twelve hours after surgery, her cardiac output was clearly inadequate. Despite intensive care in the ICU, an adequate blood flow could not be sustained and an experimental cardiac assist device was implanted in her chest. Again, initially she seemed to improve as she was finally "waking up," though she remained moderately unresponsive. A few hours later, however, even with the assist device, her cardiac output again began to fail. No treatment arrested this downward spiral; everyone involved agreed that she would not survive. In addition to the cardiac assist device, Mrs. R was on a respirator and had seven different tubes going into her body for fluids, medications, and monitoring.

Her surgeon, Dr. L, had remained in the hospital throughout the twenty-four hours since surgery. He talked with the family frequently and encouraged them to discuss their concerns, to visit the patient and to call in other family members and their pastor.

Since Mrs. R was vaguely aware and seemed quite uncomfortable, with her family's knowledge she was given morphine. Dr. L turned off the cardiac assist device and stopped the medications regulating her blood pressure. Since she still seemed uncomfortable, jerking at intervals and furrowing her brow, Dr. L gave her another dose of morphine. When that had no discernable effect, he asked a nurse to draw up 10cc of potassium chloride. Then, within sight of most of the ICU staff, he injected it into Mrs. R's intravenous line.

Within minutes, she lay still and the cardiac monitor showed no heartbeat. Dr. L turned off the respirator and went to tell the family that Mrs. R was dead. The ICU nurses and house staff were very concerned. Had Dr. L behaved appropriately? What should happen now?