

## ASK AN ETHICIST

## The classic “B.O.S.S.”

by Blair Henry

## CASE SITUATION:

*I am a cancer nurse working in the community with patients who have advanced disease. Recently I had a situation I really did not expect and it really threw me for a loop. I did not know how to respond!*

*Ms. K. (fictional name) had had lung cancer for three years. She was 64 years old and in a second marriage to G. He was 10 years younger than her and very sociable and loved to be out in the community volunteering. Ms. K. was an accountant all her career. G. was her primary caregiver and there were no children in their families.*

*On a Monday morning recently I went to see Ms. K. and found her to be very short of breath and in pain. She had been like this all weekend and had not been able to eat hardly anything at all. And she was not able to take her medications.*

*She said to me that she was “getting so tired of all this” and she thought it “was time to take a different path”. She asked me to go and talk to G. and keep him busy while she would swallow all her pain meds that she had been saving. She said, “I can do this, but I need to make sure G. does not come in and find me. He needs to get on with his life and not be tied down with me. He needs to be free to carry on with his life.”*

*I really wondered how I should respond to her and what I should do. I was so surprised by what she said, I just stood there. I did not know what to say or what to do! I was caught so off guard!*

*What should I say in a situation like this the next time?*

## RESPONSE FROM BLAIR:

**T**hanks for sharing your story. I have been teaching hospice volunteers on ethics at the end of life (EOL) for the past 15 years and I use the acronym B.O.S.S in my sessions to refer to what I call the “Bag of S--- Scenario”—those horrible types of events that can happen to us in the context of doing our work that causes us to question: What should I say? What should I do? But leaves us little time to think clearly about what the right thing to do is.

If you have not read Daniel Kahneman’s book entitled, *Thinking, Fast and Slow*, I’d recommend it. In it, he talks about two systems of thinking: fast and slow. Fast thinking happens to us and we rely on intuition to act. Slow thinking is something you do, it’s effortful and requires self-control.

In a B.O.S.S., fast thinking is usually what’s going to shape our response and action.

A reason why I think this question is important to consider is the recent change in the law in Canada. The criminal code prohibits any assistance in this type of situation until February 2016. But what happens then? What will our response need to be to these types of statements in the future?

To help answer your question, I want to pose a couple of hypothetical ones to serve as the basis for a deeper reflection into this scenario.

First, why did she ask you to help? And why in this way? People say the strangest things at times, but in the context of EOL care, this type of statement

is at the very least a profound acknowledgement of the trust she must have in you. Trust that you will act in a way she feels you need to act. And what way of acting is she entrusting to you? Does she believe (based on your prior therapeutic relationship) that you would be willing to actually honour her request? Or is she asking for another kind of assistance here?

We carry many selves based on the role and context in which we find ourselves. In this case I want to consider the professional self and the personal self. If she is appealing to the professional in you, she can’t reasonably expect you to act on this in the way she is stating. If she is appealing to the personal you (that kind, caring, sympathetic you), then we are dealing with a boundary violation that needs to be addressed.

Regardless of which camp you personally find yourself—in terms of the issue of physician-assisted dying—what your client is asking you isn’t going to be something that you can professionally honour. What she is proposing hasn’t been thought out very well. Does she have the type and quantity of meds to accomplish her task, how long will it take for the medications to take effect? This isn’t going to be an instantaneous death. We also know that suicide is a death that complicates the grieving process. What will the husband think this act means to him, their relationship?

My favourite expression is: Saying no is never the end of a conversation, but simply the beginning of another. This “ask” by your client is an opportunity for that other conversation to occur. But first, the symptoms you’ve identified (SOB and pain) are medical emergencies in the world of hospice and palliative care. They need to be managed first. Then the space for her ability to possibly hear what you have to say, in terms of how you might be able to help, will potentially be created. Remember: You are the medicine!

## ABOUT THE AUTHOR



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