Ethics in Mercy Killings in Aftermath of Hurricane Katrina

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K.J. stayed at Memorial Hospital during Hurricane Katrina with her mother W.W., was hospitalized for a staph infection. W.W. was in a good mood as her daughter fed her and fixed her hair. As the conditions of the hospital worsened during the storm; the staff’s attitudes did as well. Nurses began to argue with each other as things began to fall apart. There wasn’t any electricity in the hospital and food was running very low. The temperature inside the hospital was over 100 degrees the day after the electricity went out. When the storm passed; the levees began to fail b/c of the punishment rendered by the storm. When they failed completely, water was able to fill the city. As a result, water began to fill the lower levels of Memorial Hospital and the local police ordered everyone to evacuate by gunpoint! W.W. wasn’t one of the patients evacuated and had to say goodbye to K.J. W.W. wanted K.J. to sing a gospel song to her before she left. She did and left her contact information wrapped around her wrist and left. Four days later, K.J. was told that W.W. had died the same day she left! K.J. stated, “Oh hell no!” There was nothing wrong with my mother that would have killed her that day. It was hot, it was terrible but she was not dying. I hear these people talking about euthanasia, mercy killings, and its murder. It’s all murder” (Meadows, 2006).

Sadly, this isn’t the only story of mysterious deaths that occurred at Memorial Hospital in New Orleans Louisiana. Many people lost loved ones during the aftermath of Hurricane Katrina and because of alleged information brought forth; how some of them died are being questioned. Specifically, the issue in question is the meaning of the killing of four patients with disabilities on the Life Care Ward of Tenet’s Memorial Medical Center in anticipation of Hurricane Katrina (Lugosi, 2007). Some questions must be answered. Who or if anyone should be able to make the
decision of euthanasia? Should the doctor and two nurses be excused in the four deaths because of the natural disaster that created conditions that collapsed Memorial’s health care system? Was this euthanasia or homicide? Did the four patients being Do Not Resuscitate (DNR) patients play a role in their deaths? This paper will take an in depth look to answer these questions by reviewing pertinent literature on this ethical issue, the proper actions for nurses to take, and outcomes of those actions.

The Ethical Issue

The first question to the ethical issue involving the doctor and two nurses is who; should be able to make the decision on the use of euthanasia on a patient? Caring is a moral imperative (Potter & Perry, 2009). Through caring for other human beings, ultimately human dignity is protected, enhanced and preserved (Potter & Perry, 2009). Caring, as a moral ideal, provides the stance from which one intervenes as a nurse (Potter & Perry, 2009). This stance is critical for ensuring nurses practice ethical standards for good conduct, character, and motives (Potter & Perry, 2009).

Should the doctor and 2 nurses be excused in the 4 deaths because of the natural disaster that created conditions that collapsed Memorial’s health care system? In a disaster, there may not be enough health care providers to go around (Kipnis, 2007). The number of patients who present at a hospital can significantly exceed its carrying capacity and moreover, it may not be possible to transfer them to other regional medical centers (Kipnis, 2007). A catastrophic collapse of a health care system can require doctors and nurses to work without proper equipment in uncontrolled environments; without adequate food, water, or sleep; and amid hazards that threaten their own lives and health (Kipnis, 2007).
Memorial Medical Center in the aftermath of Hurricane Katrina. Is this justification in taking the lives of four human beings? Disaster triage consists of using colored tags and rapid assessment techniques to set aside patients without life-threatening injuries and those who will likely die despite treatment (Kipnis, 2007). Patients in the last group are identified with a black tag is sometimes termed “expectant” aren’t abandoned (Kipnis, 2007). They receive ongoing comfort care (pain medications) and medical reassessments, especially if they unexpectedly survive the period of scarcity (Kipnis, 2007).

Was it euthanasia or homicide? On July 18, 2006, Louisiana Attorney General Charles Foti announced the arrest’s of three white females, Dr. Anna Pou and Nurses Lori Budo and Cheri Landry, who are accused of murdering four black patients on the life care ward on the seventh floor of Tenet’s Memorial Medical Center in New Orleans by injecting them with lethal doses of morphine and midazolam (Lugosi, 2007). All of these victims were expected to live, as none were in danger of imminent death from natural causes (Lugosi, 2007). There was no air conditioning and windows were broken by nurses to seek relief from temperatures that peaked at 110 degrees (Lugosi, 2007). There was no water, telephones or food and during the night it was pitch black (Lugosi, 2007). The problem is that in hospitals all over the city were faced with the same problems but only Memorial Hospital had any suspicious deaths. No other hospital in the New Orleans area had apparently authorized the unnatural killings of its patients as a response to a natural disaster (Lugosi, 2007).

Did the four patients being on Do Not Resuscitate (DNR) status have an impact on their fate? This meant in case of a catastrophic change in health, such as a heart attack or stroke, there was a standing order to medical staff to abstain from heroic measures, like a code blue; which is a special team response that is designed to save life in exigent measures (Lugosi, 2007). No one
had warned these victims that in case of a natural disaster, hospital administrators would interpret DNR to mean “Do Not Rescue” (Lugosi, 2007). Just before the killings, an unnamed physician told Dr. Bryant King that a hospital administrator had decided that some patients would be “put out of their misery” (Lugosi, 2007). After this conversation, Dr. King, a contract physician employed by Memorial noticed a marked change: “there were no more fanners, no more nurses checking blood sugars or blood pressures (Lugosi, 2007). The autopsy results showed that none of these four victims were terminally ill (Lugosi, 2007). The forensic pathologist concluded that all four had lethal doses of morphine in their bodies that far exceeded any dose consistent with “comfort care” for the dying (Lugosi, 2007).

Nurses Actions

The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum client care (Potter & Perry, 2009). This means that each nurse is responsible for their actions. At the end of the day, each nurse must be able to explain what and why each nursing action was performed.

Secondly, if the nurses didn’t give the lethal injection to the patients; they are still at fault because they didn’t follow the American Nurses Association code of ethics. The nurse’s primary commitment is to the client, whether and individual, family or community (Potter & Perry, 2009). The nurse promotes, advocates for, and strives to protect the health, safety and rights of the client (Potter & Perry, 2009).
Outcomes

Nurses who were accused of murdering seriously ill patients in the aftermath of Hurricane Katrina in the United States have still not returned to work, two years after the disaster (Nursing Standard, 2007). The charges against the nurses were dropped after they were compelled to testify at the grand jury hearing of medical colleague Anna Pou (Nursing Standard, 2007). All three denied giving four older patients a ‘lethal cocktail’ of morphine and another drug (Nursing Standard, 2007). The American Nurses Association (ANA) said it was ‘very concerned about criminalizing decisions about patient care’ in the aftermath of any disaster and the charges against the nurses will chill future responses of health practitioners during a major disaster for fear of having their best judgments second-guessed (Nursing Standard, 2007).

In Conclusion, this is a story that has touched me to the core! The thought of taking a life shouldn’t be a thought that crosses the mind of anyone in the health care profession. This story has made me a better student nurse because I want to make sure that I’m ready to assist my patient the best way possible. If the proper nursing actions were taken, the two nurses wouldn’t be in the situation that they are in now!
Reference


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