

THREE ETHICAL HYPOTHESIS TO THINK THE WRENCHING PERFUSIONS DURING A DIALYSIS SESSION. IS IT AN AKRASIA ISSUE?

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Abstract

When a patient rips out her intravenous tubes during a dialysis session, it is a medical situation very complex and difficult to analyse. The professionals of care want to understand the sense : is it a liberty act ? Intentional or not? And if it was an akrasia situation? Doubtless, the explication is not sure. In this article, we propose three hypothesis to help to analyse : irrational and unintentional act; irrational and intentional act; and the forced Choice.

Keywords: Akrasia, ethic, dialysis, autonomy, rip out intravenous tubes.

Introduction

In the Nephrology Department's Ethics Consultation Unit (NDECU) of a French hospital, the aim is to analyze the ethical implications of certain complex medical situations. The unit is composed of doctors, nursing staff, social workers, psychiatrists, a chaplain, an attorney and a philosopher. Together, they examine different medical dilemmas, such as the patient who rips out her intravenous (IV) tubes during a dialysis session. This dilemma is deeply troubling for members of the ethics unit, because the act itself is senseless and irrational. It seems out of all proportion when one considers the gap between the patient's intention and the potentially tragic consequences of the patient's act. This act appears to represent akrasia or a failure of will; that is, the situation where a person who is fully aware of what he must do for his own well-being instead does the opposite. This phenomenon represents a real test for ethical thinking. The challenge is to discern the meaning

of the act. Is it irrational and unintentional? Or is it an expression of the patient's desire? This article presents three ethical hypotheses to explicate this act. Each hypothesis entails different solutions, but they all require tools for assessing the value and richness of context. Certainly, it may well be impossible to establish a general rule for analyzing this type of situation, given the need for individualized observations alongside of ethical principles.

1. Irrational and unintentional acts.

In a Nephrology Department, patients can be followed for dialysis during a long time. Sometimes, these patients have got several diseases: a history of diabetes, high blood pressure, arterial disease and sleep apnea and some patients suffered ischemic stroke that resulted in untreatable cognitive impairment. If certain are still able to communicate with their family, they can have lost a substantial amount of weight and, over time, become significantly malnourished. Among these patients, certain have got a behavior puzzles the doctors and nurses: they pounds on their chest and have ripped out their IV tubes during dialysis sessions. These actions can be nearly fatal: a severe hemorrhaging and hemodynamic shock, and to necessitate an emergency transfusion or, the death. Their actions deeply concerned the health care professionals and other patients present in the dialysis ward. The medical team has since furnished those patients with a hand toy to keep them from pulling out their IV tubes. They can also reduce their sessions per week. But, for the health care professionals responsible for treatment, a doubt can arise: what if those patients have had enough of these dialysis sessions? What if they have simply had enough of living?

It must be noted that each patient's cognitive state presents an obstacle to answering these questions definitively. But if patient is no longer in control of his acts, it would seem difficult to treat his actions – either the ripping out of his IV tubes or his communications with his family – as intentional. Indeed, this thought might be taken a step further. If one supposes that a rational person cannot intentionally act against his own interests – that is, that he makes decisions from what could be called her *best judgment* – we might conclude that each patient is simply irrational.

Moreover, questioning his about his motives is not an option as a result of his impaired cognitive state. Each patient unwittingly seems to illustrate Socrates' well known dictum, found in Plato's Gorgias, that: "Those who do harm do it in spite of themselves." [1] If each patient is no longer capable of rational decision-making, then neither his acts nor his communications with his family

are intentional. In that respect, the conclusion that he may be expressing a desire to end it all by ripping out his IV tubes can only be deemed a deeply flawed understanding of his acts.

The health care professionals cannot rule out, however, that each patient's acts might be intentional after all. It seems difficult not only to ascertain what remains of his mental faculties, but also to determine what sort of rationality we are dealing with. The medical reality shows that reason does not disappear abruptly. Even if his faculties are greatly diminished, and even if those close to him have trouble recognizing him in his acts, each patient may be trying to express something. Because it surpasses our classic conception of reason, however, its meaning remains a mystery.

In these complex situations, it can prove very tempting to make decisions in the patient's stead. But the convenience of that solution must not erroneously reduce complex problems to simplistic solutions. Is intentionality impossible in each patient's irrational act?

2. Irrational and intentional acts.

The notion of a failure of will (Akrasia) developed by Aristotle – one might say an advance on Plato's own thoughts – can illuminate patient's actions, but with one notable difference. Aristotle explains that the "incontinent" – that is, one who acts against his better judgment – acts "with full knowledge that he is committing wrongs, because he is driven by affection, while the individual who controls himself knows that his appetites are evil, and thus does not obey them, because he is driven by reason" [2]. Thus, if Plato seems to emphasize the unintentional nature of those who do harm, Aristotle seems to say the opposite; that is, the acts are intentional even if the actor cannot stop himself from doing them.

The notion of Akrasia does not apply solely to extreme situations. We see it on a daily basis when a person succumbs to a temptation that is not his best interest, or when another hesitates excessively, or even when someone shows extraordinary laziness. But ripping out IV tubes is not like mere sluggishness, or, for that matter, like the driver who loses his temper when the car in front of him is slow to move when the light turns green. Nevertheless, those too are examples of a failure of will: each acts contrary to his own better judgment.

For the health care professionals responsible for each patient's care, the act of ripping out his IV tubes is a problem in and of itself, because they deem the act contrary to his best judgment. Assuming that each patient is capable of sound judgment, the act of ripping out the IV tubes has

something in common with the act of overindulging in the pleasure of a rich dessert. Since the reasonable thing to do would be to abstain, we observe a major gap emerging between the assessment of the proper course of action and the actual act undertaken.

Aristotle proposes the following explanation: at first, the incontinent has a generalized notion, e.g., that it is forbidden to taste. But there exists another notion that deals with specific items, such as the concept that everything that is sweet is pleasant. In reality, even though tasting is forbidden, the incontinent heeds the appetite's command when he sees something sweet. Thus, patient could very well know that he is placing his life in danger when he rips out his IV tubes (general notion), but her dialysis sessions have nevertheless become intolerable or profoundly unpleasant as a result of both his extreme dependence upon them and his lost hope of being cured (specific notion).

Maybe for each patient, doing nothing would give the impression that everything is fine, that he is satisfied with the situation. In fact, he typically arrives without complaint. But, in light of his unpleasant situation, he loses his patience during the session and, in spectacular fashion, rejects the very logic of dialysis. He revolts against the medical regime and sacrifices the benefits of dialysis in favor of another value embedded in his specific situation. Patient therefore does not follow the reasonable course of action, but nonetheless remains in control when he rips out his IV tubes; he is saying "no" to a situation that he has endured for too long.

Donald Davidson [3] explains that, in Aristotle's view, an individual may consider different reasons for an action and conclude that it is preferable to do act y ; e.g., to submit to dialysis. However, the performance of that act runs counter to the desire to reject the technical and clinical conditions that are imposed. In that sense, the individual's attention focuses on act x , the forcible removal of the IV tubes. In reality, when the akratic individual acts in furtherance of this desire, he negates all the other possible reasons for taking action. In this sense, we can deem the action irrational.

For Davidson, the action nonetheless remains intentional even where it is motivated by a desire (i.e., to remedy a disagreeable situation) or by a belief (i.e., ripping out the IV tubes will improve the situation). In this context, ripping out the IV tubes is not a mere physical movement. Indeed, it may not represent a total loss of control, as patient's treating professionals suggest when they describe his act as voluntary. Their observation leads one to think that Annie's actions may express a desire to stop everything, or, stated otherwise, a preference.

3. The Forced Choice.

For each patient, going to dialysis can be rational when he deems it desirable and wants to go. What makes his situation difficult, however, is that he wants something altogether different during the dialysis session. The events unfold as though there is a schism, revealing two different sets of values: one set in favor of dialysis, the other in favor of removing the IV tubes. This distinction underscores the importance of context. Since the values of rejecting the IV tubes line up more closely with patient's feeling that he has hit his breaking point, he decides to rip out his IV tubes. But are we still dealing with *akrasia*? Couldn't this be a cognitive reaction to the context, prompting patient to take measures to relieve his discomfort?

If it is, in fact, necessary to assign context a major role in our understanding of patient's act, it would perhaps be appropriate to evoke what Aristotle referred to as a "forced choice" [4]. That is, certain individuals will submit to a choice against their own will, out of fear of an even worse alternative. Aristotle offers the example of sailors engulfed in a storm who throw their cargo overboard to avoid a shipwreck. Aristotle writes: "No one willingly throws one's cargo overboard, but for one's own safety and the safety of the rest of the crew, all sailors will do it if they are intelligent."

From that example and the example of patient who rips his IV tubes, we can say that an external, non-rational causal factor lies at the origin of the respective acts: the storm, for the sailors, and the illness and burdensome treatment for patient. Must-we conclude that the situations reveal their heteronomy? Although Aristotle speaks of forced choices, he nonetheless emphasizes that they are voluntary: even if a choice is constrained, it remains a choice all the same.

No one voluntarily rips out his IV tubes during a dialysis session, yet each patient does it for reasons that, for all intents and purposes, remain a mystery. Indeed, it is precisely because the removal of the IV tubes appears to be a choice that the healthcare professionals suspect that patient could be expressing a desire to stop dialysis. The objective would not be to end his life, but rather to terminate a situation that seems unacceptable to patient. What kind of person rips out his IV tubes during dialysis? A person who says "no", and whose declaration expresses, at the very least, the existence of a limit that must not be overstepped.

Conclusion.

The three interpretations proposed in this article are merely hypotheses that can be modified or enriched by a deeper understanding of context. It is certain, however, that a neurological examination is an indispensable prerequisite to analyzing a situation like each patient's. On a clinical level, it is critical to understand the patient's cognitive faculties.

Ethical analysis only enters the picture after the patient's cognitive abilities are ascertained. The aims of this analysis differ markedly from a prescriptive protocol because the removal of IV tubes will likely remain a secret known only to the patient. Moreover, the role of ethical analysis is not to tell healthcare professionals what to do. The appropriate course of treatment remains fundamentally a medical decision.

Nevertheless, ethical reflection serves to untangle analytical difficulties and to highlight the ethical implications of the situation. The irrational, unintentional action; the irrational, intentional action; and the forced choice are simply three hypotheses among many others that could elucidate the situation. Each hypothesis calls for a different response that cannot be charted out in advance. In other words, a situation like each patient's calls for extreme caution; it calls for intelligence and sensitivity to the important details and particularities of each situation.

In the end, that is the contribution of an Ethics Consultation Unit. It can bring a diversity of views informed by real, practical experience, as well as multiple analytical tools, to free people from their preconceived notions and to help develop a better, more nuanced understanding of personal autonomy.

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