To submit a case that has been reviewed by an ethics committee or to submit papers on related topics in clinical ethics, readers are invited to contact Ruchika Mishra, editor of "Ethics Committees and Consultants at Work," at: ruchika.mishra@gmail.com.

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The Case: Starving for Perfection

RUCHIKA MISHRA

Eighteen-year-old Angela has been an inpatient at a German university-affiliated hospital for more than two months. Initially she was referred from a psychiatric clinic for long-term patients, where she had stayed eight months without showing any improvement. She suffers from severe anorexia, with a BMI around 10 kg/m^2 (weight fluctuating between 21 and 24 kg), depression, and obsessive compulsive disorder. Although her body has adapted to the low weight, such that her life is not acutely threatened, her condition, nevertheless, is serious. Angela's history of anorexia began when she was 11 years old. Since then she has spent most of her time in clinics in various countries, where different therapeutic programs, including forced-feeding, have been tried. Despite her high intelligence, she had to leave school at the eleventh grade because of her illness. She lacks friends and any hobbies. Her father is an influential lawyer, and her mother left work in order to take care of her daughter. They are very caring parents and are actively involved in seeking her recovery.

Angela has a manipulative character and is clever at saying different things to different people. However, she has repeatedly stated that she does not want to continue treatment, that she wishes for a palliative approach in which people would leave her alone, even if that means she might die. She says she has no plans or aspirations for her life. She has been aggressively resisting treatment, has failed to comply with agreed-on procedures, and has been duplicitous with the team.

The clinical team discussed a new attempt of forced-feeding, but the physicians at the intensive care unit are reluctant on the grounds that sedation and forced immobilization might severely harm her in her weakened condition. Two psychiatrists attest to her ability to consent. But other members of the team, especially the nurses and a nutritionist, who are very much involved with the patient, doubt her ability to consent, because of psychiatric illness, the side effects of drugs, and the disturbing effect of the eating disorder on her freedom of choice. Her parents are vehemently against a palliative approach. They are persuaded that

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Angela's compliance will increase only if she gains weight, even if that requires forced-feeding.

In a round table meeting (which included an ethicist and a hospital lawyer), the proposed further attempt at forced-feeding was discussed. All the members of the ward, including the treating team and other patients, are extremely stressed by Angela's impact on them. What are the best treatment options in this situation? Is a palliative approach viable, or would a more aggressive plan be beneficial?

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Commentary: Staying the Swinging Pendulum

Erica T. Goode

In the case of Angela, whose anorexia nervosa developed during preadolescence and continued throughout seven years of treatment, her background makes it difficult to predict the likelihood of successful treatment. Without more details as to Angela's neuropsychiatric, social, and medical status, an ethics committee would find it difficult to determine whether the duty to treat should take precedence or whether the patient's seemingly irrational choice of palliative care would be considered a viable option. Her youth and the wishes of her parents and family to do all that is possible are added features in this complex case. If it could be determined that her years of treatment were suboptimal in terms of the current standard of practice regarding effective eating disorder treatments, the duty would fall toward providing all possible care. A confounding issue is that suffering from anorexia nervosa (AN) since age 11 places Angela in the category of a chronically afflicted individual. This is important because the duration of illness, with presumably no periods of remission, is central to whether Angela is more or less likely to respond to treatment, no matter how well rendered.[1]

Because there are multiple unknowns in this case, it is important to determine whether Angela's care has been provided by professionals trained in the management of complex, entrenched eating-disordered patients, with a high degree of continuity of care. A review of her case would almost certainly require speaking to a number of involved parties, to determine the level and appropriateness of Angela's care. What this consists of is still being debated in the literature.[2]

Ideally, two or more ethics committee members would need to meet individually with Angela, and her parents, as well as perhaps other family members, to gain their observations of Angela's behavior, including resistance to interventions over time. Perhaps, through these interviews, a better understanding could be reached based on some level of information about Angela as a preadolescent. We are not told of any precedent triggers, such as sexual trauma, that may have led Angela to begin restricting. Often these issues take years to tease out. If this is relevant to Angela's situation, providing more time for recovery would be an important factor in the decision to provide ongoing team care. Because we are first hearing of her plight at age 18, and knowing that early intervention is closely linked with long-term survival (the overall premature death rate is stated to be at least 6 percent per decade in patients suffering from AN), we can conclude that her situation is already a problem, because of chronicity and the associated altered

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