Providing Health Care for Illegal Immigrants

Michael S. Bolick

Medical University of South Carolina College of Nursing
Last December, a seventeen year old Hispanic boy was brought into the E.D. following a motor vehicle collision. Although he was not ejected from the vehicle, he suffered a very traumatic brain injury. After hours in the O.R., the young man was admitted to the Surgical-Trauma ICU and it was soon discovered that he was a farm hand that had been living in the country illegally. Due to the severity of his head injury, the boy was on life support and it was clear to health care providers that the young man would never get out of the bed or be taken off the ventilator; He was all but brain-dead. After a few days, the young man’s family was located in Mexico and notified of the accident and the boy’s current condition. Since the family was so far away and unable to visit, the health care providers were unable to determine the family’s education and level of understanding of the situation. The family’s instructions to the health care providers were to do everything within their power to keep the boy alive.

The ethical decision whether to keep the boy on life support due to his family’s wishes or to D/C his care fell on the hospital administration, and his doctors and nurses. Since the nurses are the ones providing 24 hour care, they ultimately have it within their ability to not perform up to par care. Thus decreasing the amount of time the young man lives in the hospital. The nurse may feel that since the boy is never going to be off life support and barely has brain function, that there is no need for tax payers to pay to keep the boy alive. Dwyer (2004) asked, “Do societies have an ethical responsibility to provide health care for illegal immigrants and to promote their health?” Dwyer (2004) also stated that some believe illegal aliens should be denied public benefits because they are in the country illegally. Since the boy is on life support, he is receiving tens of thousands of dollars a day in care. In a recent study about Emergency Medicaid Expenditures for recent and undocumented immigrants, Dubard and Massing (2007) found that in 2004, “Among non-pregnant immigrants, injuries, other acute emergencies, and
severe complications of chronic disease are major contributors to Emergency Medicaid use.”
And since they have no other source of care, illegal aliens must go to EDs. Here they run up a
tab of approximately $250 million annually in unreimbursed costs (Klutz, 2007)

Those affected by this dilemma are the nurses and doctors, since they are making a very
difficult decision regarding someone else’s life, the patient, and the family of the patient. While
a nurse may disagree with spending tax payer’s dollars on the care of a nearly brain dead illegal
immigrant, the Emergency Nurses Association’s position statement says that nurses are
responsible for protecting the individual when health care and safety are threatened by
incompetent, unethical, or illegal practice (Grimm & Wells, 2009). A doctor may also disagree
with providing care to illegal immigrants, although a physician’s oath means never refusing or
compromising care because of legal status (Adams 2006).

Since the patient is nearly brain dead, he cannot make his wishes known. One would
think that he would not want to live the rest of his life on a ventilator and unable to move, but
that will never be known now. It is also not hard to understand why the family does not want the
boy to be taken off of life support. They obviously love him and do not want to lose him. And
even though they are unable to see him, knowing the fact that he has been taken off of life
support would be devastating to them.

Beneficence, non-malfeasance, and fidelity are all ethical principles that relate to this
dilemma. Beneficence, taking positive actions to help others, and non-malfeasance, the
avoidance of harm or hurt, goes hand in hand with this dilemma. Beneficence can be seen in a
nurses and doctors role. “Doctors are enjoined not to neglect or abandon patients with whom
they have established a professional relationship, and nurses are required to ensure that patients
get the care they deserve, regardless of their social or economic status” (Doron et al 2001). “Non-malfeasance holds that nurses have the ‘duty not to inflict harm or evil” (Grimm & Wells 2009). Non-malfeasance and beneficence apply to all patients seeking health care regardless of whether or not they are citizens (Grimm and Wells 2009). Fidelity is also apparent since in 2006, a new policy was formed that opposed any policies, regulations, or legislation requiring doctors and other health care professionals to collect and report data about patients’ immigration status (Adams 2009). Also Grimm and Wells (2009) stated, “The rule of fidelity confers to nurses the duty of honor commitments. This means that nurses have the obligation to provide needed care to all, again without consideration of citizenship status.”

This ethical decision in this case is both ethical and moral. The patient has nearly no brain function and is an illegal immigrant. Even if the patient was a U.S. citizen and had this head injury, discontinuing life support would be the suggested option for the family. But since he is not a citizen, some might feel that discontinuing care should be the only option. Then one has to ask his or herself, even though the patient is nearly brain dead and will never recover, is it ethical to D/C a person’s care because they are not a U.S. citizen and are costing the tax payers thousands and thousands of dollars?

This presents both personal and professional conflicts. While a nurse or doctor may have personal feelings on the matter of spending money on an illegal immigrant, “Decisions at the bedside are too likely to be idiosyncratic, affected by a particular doctor’s personal values, temperament or mood,” (Doron et al 2001), they also took an oath to care for patients no matter what their personal values are. It is the health care provider’s obligation to provide safe and effective care to all patients while remaining within the confines of the law (Grimm and Wells 2009).
While the patients well being and the family’s wishes are the main factors in making the decision, there are also other factors that could come into play. What if this event took place while the hospital was in financial trouble due to a new state of the art building and a tanking economy? This would just add to the question “Should we keep this person alive that will never again have any quality of life and is not even a citizen of our country when it could be going to an American citizen in the same if not better shape?” The decision to keep the boy alive affects society and sometimes becomes a political issue due to rising health care costs, budget reduction programs and feelings of resentment (Dwyer 2004). The time frame of this dilemma was nearly three weeks.

There were only two options for the health care providers to choose from in this instance. One, the providers could honor the family’s wishes and keep the boy alive for weeks, months, or possibly years until the boy developed an decubitus ulcer and became septic and died, wasting millions of tax dollars. Two, the providers could discontinue the care on the boy knowing they had done everything within their power to save the boy after his initial injury. Unfortunately, in this case, the injury was too severe and nothing more could be done.

In the first option, there is only one advantage and that was honoring the family’s wishes. The chances of the boy recovering were slim to none and his death would just be drawn out longer than it needed to be causing him to suffer. The advantage of the second option is that time and many hours of effort keeping the boy alive would not be wasted. This time and energy could be spent on someone that has a chance of making a recovery, even if that person is an illegal immigrant as well. The option of discontinuing care on the boy is by far the better decision for everyone.
If the care of the boy is discontinued, he would pass away in a very short period of time. Although this is never a happy time for a health care provider, the nurses and doctors would know that they did everything they could to save the boy and they made his last few weeks comfortable. While I am not sure if non-citizens can sue a hospital for discontinuing care on a loved one, I am sure there would be no evidence of malpractice since everything was done to help the boy. Therefore the providers should not worry about lawsuits. In this dilemma, the nurses and doctors took care of the boy and did their best to save him. It did not matter to them that he was not a U.S. citizen. He was a human being and that is all they saw. However, in this instance, no amount of medical treatments would ever help the boy have any quality of life and that is why the decision was eventually made to discontinue his care. The health care providers had a moral responsibility and did not let his status as an illegal immigrant keep them from doing what they swore to do.
References


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