

Ethics Consultation Supports Family with Empathy

Mrs. Garritson's Family Struggles to Let Go



By [Ryan Pferdehirt, DBe, HEC-C](#)

February 2026

Bioethics case study on using empathy in ethics consultations. When a family struggles to let go.

What do we owe to others? And how far does that obligation extend? Medical ethics is often viewed as a direct relationship between patient and provider. What is the professional obligation of the provider? What rights does the patient have? This approach can reduce healthcare to an overly transactional relationship, which risks losing its deeper human purpose.

When we treat and care for patients, we enter into a relationship with them—a relationship that carries responsibilities that may extend beyond the individual patient. These responsibilities can become complicated and challenging, particularly when we try to determine how far they reach. I remember an ethics consult I led that touched on these very questions.

Mrs. Garritson was an 88-year-old patient suffering from end-stage dementia and multisystem organ failure, including end-stage renal disease and lung failure. She was receiving very aggressive medical interventions, including ventilator support and pressors, but these measures were failing. The nephrologist said she would require continuous dialysis; however, the pulmonologist explained that dialysis would require her to sit upright in bed, which would likely cause her lungs to collapse. Compounding this, her weight had dropped to around 70 pounds. Several family members shared that she would not have wanted all of this—that she had often said she did not want to suffer or linger and would prefer to pass away peacefully.

Despite these complexities and her frail condition, the family insisted that she remain Full Code, meaning that if her heart stopped, she would receive full resuscitative efforts. The medical team explained that resuscitation would likely not be successful, would not align with her previously expressed wishes, and would likely cause further harm rather than extend her life meaningfully. Still, the family remained firm. Ethics was consulted.

We met with the family and asked meaningful questions: What did she enjoy about life? Why did they want her resuscitated if she had said she did not? The oldest son, Mr. Garritson, said he understood that she was dying and that she would not want all of this. But Sunday was Mother's Day, and everyone hoped to have just one more Mother's Day with her. We explained that she might not survive until Sunday. We also gently suggested that Mother's Day could be any day. Mr. Garritson immediately embraced that idea and asked whether we could postpone withdrawal of life support for a day or two so the family could designate their own Mother's Day. The team and the ethics service felt this request was reasonable.

The next day, countless family members gathered at her bedside. They held hands, shared stories, expressed gratitude, and celebrated a deeply meaningful Mother's Day together. The following day, life support was withdrawn, and she passed away peacefully.

Modern medicine is astonishing in what it can accomplish. The extraordinary can quickly become routine. We can do so much for patients—but that makes it even more important to uphold the humanistic values of medicine. In my mind, those values include empathy and compassion. It is one thing to know the medically appropriate course for a patient; it is another level of understanding to support a family through the emotional reality of letting go.

This family was hoping for one final moment together—to show their mother how deeply she was loved before she died. This situation demonstrates the importance of keeping empathy at the forefront of patient care. We are not simply treating diseases; we are caring for people.