WHEN DOCTORS AND DAUGHTERS DISAGREE: TWENTY TWO DAYS AND TWO BLINKS OF AN EYE

MORAL DISTRESS: CONSCIENTIOUS OBJECTION

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I have no conflict of interests for this presentation.

INTRODUCTION: AUTONOMY AND NOT AUTONOMOUS

Keep Your Hands off of me.

Autonomy: Freedom from control or influence

Expressed Wishes: Advanced Directives (DNR/DNI)(A legal model)

THE PATIENT

- Mrs. GF
  - 83 Year Old Female
  - IDDM
  - BKA
  - Hypertension
  - Renal Insufficiency
  - Coronary artery disease
  - Chronic Bronchitis
  - CHF
  - Stroke
  - Chloecyestecomy
  - Billiary drain

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BAYVIEW ADULT DAY HEALTHCARE CENTER

Mrs. GF was enrolled in the PACE program (Program of All-inclusive Care for the Elderly) for several years at John Hopkins Bayview Medical Center.

Expressed Wishes multiple times

Completed Advanced directives (DNR/DNI)

PCP conversations very well documented

Reconfirmed those wishes just prior to the hospital admission

Designated her ELDER daughter as her surrogate decision maker, BUT DID NOT WANT HER TO KNOW.

CLINICAL COURSE SUMMARY

- Presents to Emergency room with ADVANCED DIRECTIVE in tow.
- Diagnosed with Severe Sepsis with source of suspected septicemia from biliary drain and Acute Hypoxic Respiratory Failure.
- ED Physician is aware of DNR and DNI, but requests permission from Elder Daughter to intubate. Request granted. Patient was wagging her finger no-no when she overheard this conversation. Despite an obvious show of autonomy she was intubated
- Patient admitted to ICU.
- Day two patient is off sedation, but poorly responsive.
- Hemodialysis required. Consent acquired for line placement.
- The primary care physicians (PCPs), ICU staff, and hospital ethics committee met repeatedly with the family, who insisted on continued ventilatory support and, if cardiac arrest occurred, an attempt at resuscitation.

Discussion

DAY 22 AND TWO BLINKS OF AN EYE

On Day 22, the daughters asked the patient to blink twice if she wanted to be taken off the ventilator. Mrs. GF blinked her eyes dramatically, clearly reiterating her desire not to continue these burdensome treatments, and in this, her last clear communication to her daughters, she mouthed clearly to them, still intubated and after 22 days of potentially unwanted, burdensome treatment, that she loved them.

Discussion

EMERGENCY ROOM PHYSICIAN

Does the Emergency Room Physician have some accountability?

Surely he has some skin in the game, right?

At some point, this will be looked at intensely, not to cast blame, but to answer the questions...

What could we have done different? How can we do better?

Cue Video

Geripal

As Camus said, we are all “duped by our blind human faith in the near future.”

Discussion?

ICU COURSE

ICU Course

4:00-6:26

Discussion

Regret versus Thankfullness

6:26-End

Discussion?

MORAL DISTRESS

"the stress that "occurs when one [believes one] knows the right thing to do, but institutional or other constraints make it difficult to pursue the desired course of action."

CONSCIENTIOUS OBJECTION

Conscientious objection is the refusal to perform a legal role or responsibility because of personal beliefs. In health care, conscientious objection can involve practitioners not providing certain treatments to their patients and parents not consenting to certain treatments for their children.

PATIENT

- 25 year old male
- Polysubstance Abuse
- Multiple drug overdoses
- Prior intubation for Respiratory Failure related to unintentional overdosing

Presents to Emergency Room with Sepsis Syndrome and Hypoxic Respiratory Failure.

SUMMARY OF CLINICAL COURSE

- Presents to Emergency Room by POV with flu-like symptoms (Influenza B+) of three day duration. (He had previously refused EMS transport after a welfare check by his landlord).
- Refractory Hypoxemia (room air SpO2 63%), Febrile, FIVE lobe infiltrates, hypotensive, Lactate 5.4, respiratory distress with rate of 35 and retractions.
- He is alert and orientated to time and place.
- Refuses BiPAP and HHFNC.
- Physician approaches him regarding his refusal and the possibility of intubation and he refuses. Expresses his wish that he is not be intubated or resuscitated.
- Physician spoke with family and confirmed his DNR/DNI wishes.
- When patient becomes poorly responsive with AMS, the physician intubates the patient.

ICU COURSE

Day 1

- Family arrives and agrees to continue current care.
- Ventilator settings are ARDSnet settings. Vt 6ml/kg IBW, FiO2 1.0 and PEEP 18cmH20.
- High Dose sedation (Propofol 50mcg/kg/min and Fentanyl 200mcg/min)
- Vasoactive drugs x2.
- Patient proned.

Day 2

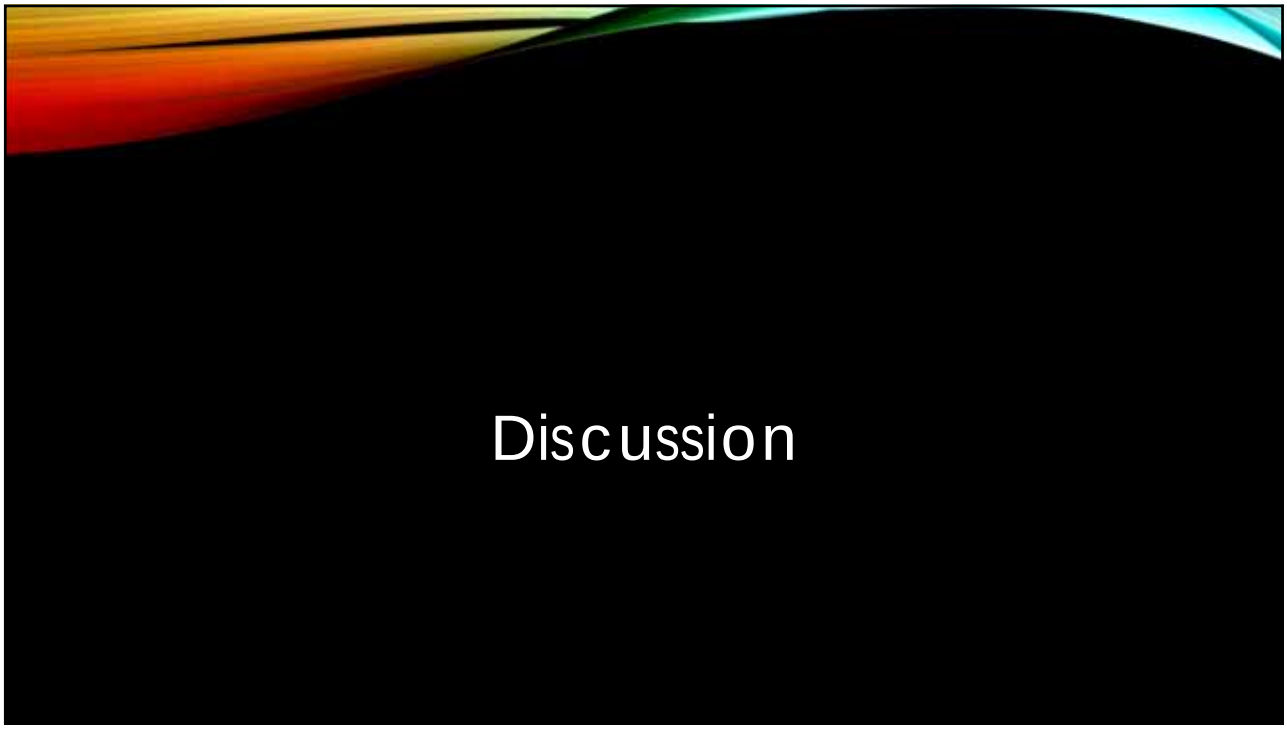
- FiO2 down to 0.6 and PEEP 14.
- Family wants to withdraw care per patients expressed wishes, but are struggling to make a decision.
- A Respiratory Therapist expresses Conscientious Objection to withdrawing life-support.
- Ethics Consult/Conversation called for.

THE ETHICS

- Attending Physician
- Pulmonary Critical Care Physician
- Respiratory Therapist
- Attending Nurse
- ICU Nurse Manager
- Chaplains x2
- Case Management/Social Worker
- Risk Management/Legal

OUTCOME

- Patient was extubated to comfort care by a relief respiratory therapist.
- For the purpose of comfort, continuous sedation with propofol and PRN ativan was required.
- Patient was transitioned to Precedex (dexmedetomidine) and eventually to traditional comfort care medications (Morphine and Lorazepam)
- Patient expired 9 days later.


Discussion