



*This is a resident case log of a patient encounter in which an "Aware Medicine topic" was central.*

### End of Life Decisions

This summer I had the honor of being intimately involved in some difficult decisions regarding one of my patients at the end of his life. My patient was a gentleman I initially met during my intern year. A friendly, kind man, he was in his mid-60s and found life catching up with him. He had a history of alcohol and drug abuse but had managed to successfully change his behaviors and had been in recovery for a number of years when I met him. Unfortunately, he had developed a cardiomyopathy that seemed to be related to his history of alcohol use. This was now leading to kidney failure. During that first year of caring for him, I quickly discovered that he had a significant dislike of physicians in general and specialists especially. He was living independently and was adamant that he did not want to give that up. I think he knew he was balancing precariously on the edge of needing assistance and was worried that the more doctors he saw the more that would be apparent. As time went on however, we were able to establish a relationship such that he was willing to accept my recommendations. So after a short while, he found himself seeing nephrology and going to dialysis multiple times a week.

He initially did quite well, but early this year, he became fluid overloaded and was admitted to the hospital for diuresis. His son, who was living in Germany at the time, came to the U.S. to help him transition out of the hospital. It was during this transition time that I got to know his son as well. My patient had multiple follow-up appointments with me and together his son and I worked on coordinating support from the community so he could continue to live independently. We exchanged multiple phone calls and e-mails, and it was only later I would realize how important that was.

In early June my patient was admitted to the hospital again, but this time with a serious infection related to his dialysis catheter. He quickly declined, became quite confused and was transferred to the MICU where he was intubated to protect his airway. After a week he appeared to be improving, was extubated and transferred out of the MICU, but that proved to be only a short course. It soon became apparent that the infection had affected his mental status, and again he was intubated to protect his airway. He was not doing well.

At the time I was rotating on outpatient rotations, and peripherally following his progress. My patient's son was back in Germany and also only able to be involved through phone calls. I was checking in with the family medicine service team frequently to see how he was doing but was not involved in any of the treatment decisions. So it came as a surprise to me when I heard that there was a family meeting and the patient's son was requesting that I be present. My patient was at the point where his prognosis was quite poor and it was unlikely he would ever be able to live on his own again, if even survive the hospitalization.

I participated in the family meeting where we discussed my patient's poor prognosis and discussed options for continuing vs. stopping treatment. At that point, his son was quite overwhelmed and told us that he wanted to continue everything as long as there was a chance that he would improve.

Later that week, the team called me and said that the son wanted to talk to me. When I called him in Germany, he told me that I was the one that he trusted with regards to his father's care, and wanted my help in deciding what to do. It was at that point that I realized how important outpatient relationships can be. Despite the fact that I wasn't involved in the day to day decisions of my patient's hospitalization, his son was requesting my help in the bigger picture decisions. In the end and after



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numerous phone calls to Germany, we decided that my patient would not want us to continue the treatments he was receiving and he was transferred to inpatient hospice where he died shortly thereafter.

I felt both honored and humbled that my patient’s son requested my involvement at the end of his father’s life. I was also amazed by the importance of establishing an outpatient relationship when things were going well and at the impact that can have. In family medicine, we are blessed to often have the opportunity to get to know our patient’s family members, and this experience serves to remind me that this can be quite significant.