



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

### Just Keep Her Comfortable

She was a transfer to the ICU with a host of medical issues. She was definitely a sick lady: COPD, CHF, end stage lung cancer. She became my patient in the ICU, though she wasn't hemodynamically unstable. I got to know her and her family that morning - her three adult children and her husband were there the whole time. She had recently developed a raging colitis that was being treated with oral antibiotics. She had difficulty swallowing and it became more and more difficult to take her medicines. According to the chart, she was listed as "DNR", and wanted no heroic measures keeping her alive. She came to the ICU for closer monitoring, but it was apparent on arrival that family was frustrated and confused - her husband kept repeating - "I just want her to be comfortable". Her amount of pathology meant that she would never fully recover, she would always be sick or in some state of recovering. We monitored her throughout the first night, treating the infection in her bowels, working up her anemia, and replacing her electrolytes.

It was apparent that she had widespread organ dysfunction, with irreparable damage. They weren't going to pursue aggressive measures like intubation or CPR - that was clear. The question that remained was whether or not to treat her bowel infection. Was this something that could really be cured? Was this something that even if cured would allow her some recovery? Unclear about the prognosis, she was monitored that first night in the ICU. The nurse counted the number of times her husband said it - "just keep her comfortable" - he said it six times. She was having progressive difficulty swallowing, an unfortunate sequelae of her radiation therapy. The team determined that she would likely need a more reliable way to get her oral antibiotics into her GI tract. Her husband couldn't stand the thought of her having to have a tube down her nose or throat to get the antibiotics in, "just keep her comfortable" he kept saying.

We were getting ready to round as the team in the unit, when the nurse asked me if I could give them an update about her condition. This turned into a full out family meeting where, after assessing her, we ended up revisiting code status. Before the family meeting, I had thought about the issues surrounding comfort care and palliative treatment, but thought to myself that it would unlikely be relevant, since we'd still keep treating the c dif infection. During the meeting, her husband stated that if she was awake enough to comprehend her treatment, "she would say 'what the hell are you doing all this for' ". Her son chimed in, "Dad it's time to just let things be. Doctor, is it inhumane to just stop treating the infection?" her son said. A long discussion about code status and comfort care ensued. We discussed connecting with Hospice and the services they provide. That morning they withdrew active treatment of her condition and made her "comfort care".

I can't help but think that overall her condition may have improved if, in the short term, she had a nasogastric tube and was able to tolerate the oral antibiotics. She may have improved some, but would she really have "gotten better"? It was hard to think through her situation since oral antibiotics seems like such a simple form of treatment. What was most important was that her husband and children really had a sense of appreciating what wishes she would have voiced if she were able to do so. That perspective is invaluable.