



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

### Patient Choice

The Medical Intensive Care Unit (MICU) notoriously presents us with conflicts in care. Whether it be between family and physicians or physician to physician, it seems that not a day goes by without differences in opinion. When multiple specialties become involved, there is even more room for conflict.

This case involves my first patient in MICU during my first rotation there. This patient was a pleasant elderly woman who had initially been admitted for difficulty with extubation after exploratory laparotomy for small bowel obstruction. She was transferred with an open abdominal wound. When I started in the MICU, she had already been diagnosed with myasthenia gravis, thought to be contributing to her difficulty weaning. It would be important to mention here that I do not recall what her code status was; however, she very frequently made it known with gestures that she wanted the tube OUT.

Specialists involved in her case at this point included renal, neurology, surgery, and the intensivist. The plan was to use plasmaphoresis to improve her strength so that she could be extubated. However, renal warned that with the open wound, plasmaphoresis would deplete her of any ability to fight off infection, and even inferred that death would be imminent in days after starting. Surgery argued that wasn't true.

I found myself in the middle of a specialist battle, trying to pass on information and arguments throughout the morning. I really felt like I confused the picture even more, and that each of them should all talk directly to each other. I relayed my feelings to the intensivist involved with her care, who of course thought I was being naïve. Regardless, plasmaphoresis was eventually initiated, and within a few days she had improved so much so that she could be extubated.

She was extubated the day before Thanksgiving, which was great timing, as many of her family came to visit her and she was able to communicate with them. I was post-call Thanksgiving day, and left late in the morning. To my dismay, when I arrived the following morning, she was in obvious respiratory distress. She had waited until her family left, made herself no-code/no-intubation and declined future plasmaphoresis. She was already struggling to breathe, and plans were underway to transfer her to hospice as soon as possible. She died before any more arrangements could be made. I was shocked. Everything seemed to be going so well...

For me, there isn't any conflict with her decision, I just wish that I knew why. What influenced her decision? Did she really know more than us that what we were doing was futile? Did we cause her to suffer by keeping her intubated for so long? Did she agree to plasmaphoresis, just so that she could get strong enough to tell us to leave her alone? It is very frustrating to not know, to not have the opportunity to ask.