DEPARTMENT OF
FAMILY MEDICINE
University of Wisconsin
School of Medicine and Public Health

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

In the Moment

One night while on call a 50 something gentleman came to the intensive care unit hypotensive and in respiratory distress. This man had severe chronic obstructive pulmonary disease (COPD), and in the past 6 months he had been hospitalized several times for COPD exacerbation, PNA, and other medical problems. When he arrived to the floor he was on a non-rebreather mask and was still having low oxygen saturation numbers. His pressures were very low and the attending on call quickly told the nursing staff begin giving the patient boluses of IV fluids, and start a pressor drip. The patient was told by the attending that he needed to be placed on a ventilator. The patient adamantly stated that he did not want to be placed on a ventilator again. He was told that if he did not he might die. The attending again began explaining the situation to the patient who kept shaking his head and saying no.

I stepped out of the room with the attending and we began to write orders. At this time the attending changed the patient's code status from DNR/DNI to a conditional code status—allowing intubation. The on call attending called the pulmonologist on call in the intensive care unit to come do the intubation and help manage the patient on ventilator. Personally I felt conflicted. The patient seemed to have capacity to make his own decisions, whether they were in agreement with medical advice or not. I passively brought this up to the attending. Passively, because I have learned that some senior physicians do not respond well to questions that seem to challenge their authority/decisions. The attending tried to assuage my concerns by letting me know that before the patient was brought to the intensive care unit they had spoken with the patient's family. The patient's brother, with whom he lives and is the POA, said that if the doctor felt that his brother should be placed on a ventilator then he agreed with whatever would make his brother better.

I was aware that the POA had been activated at an earlier hospitalization a few months ago from having looked through the patient's recent histories and physicals (H&P's) and discharge summaries. But at this particular time was the POA in effect? Certainly it was needed at that earlier hospitalization. But was it needed now. The patient had an advance directive that clearly states "Do Not Resuscitate/Do Not Intubate (DNR/DNI). He had the capacity to make his own decisions, even if those decisions disagreed with medical advice and meant he would die. Wasn't this a decision that was his to make? As a junior physician I got in step, and finished the orders. Watched the pulmonologist intubate the patient and counsel respiratory therapist on ventilator settings. Once the patient was stabilized I finished the H&P, and placed the patient information on the sign-out list.

By morning the patient was much better. The norepinephrine drip was off, IVF were running at a lower rate, we felt we had him on appropriate antibiotics for possible pneumonia, he had gotten steroids, and was stable on the ventilator. Several family members came to see the patient including his aunt, sister, and nieces. By day two in the intensive care unit we felt that we could stop antibiotics, no longer thinking the patient had a pneumonia and rather were going with chronic obstructive pulmonary disease exacerbation as our diagnosis. The IV fluids were way down and his blood pressure was stable. He was taken off the ventilator by day three. Once off the ventilator he expressed that he was so glad to have made it through and that he was glad that we went on and placed him on the ventilator. There was no disagreement now, just pure joy. No talk of his advanced directive. He just wanted to know when he could go home and be with his family. He even expressed interest in quitting cigarettes.

This patient made me think about a lot of things. Like what is the purpose of having an advance directive if it will not be adhered to once you are hospitalized? Did the patient's brother who was his

power of attorney (POA) make decisions based upon what the patient would want or rather what he and the other family members wanted. Did the patient really know what he wanted? Clearly the patient was tired of all the hospitalizations and being so ill all the time. No one wants to suffer. However, there are the decisions we make when everything is going all wrong, and then the decisions we make when things seem more hopeful. It is all about the moment.

I believe that code status should be followed and can be changed in good faith when the patient has the capacity to make decisions and expresses that they want changes made. I think that the POA should make decisions based on what the patient would want. However, I also believe in life. This man had a condition that could be treated and would allow him to live to see another day. Another day to live, love, laugh, and make peace. I didn't want this man to die. He would not have made it without being placed on the ventilator. Upon seeing his family caring for him at the hospital, in particular his teenage nieces, I realized that this man had a lot to live for. These kids adored him. By his bed he also had a picture of two little kids that were also his niece and nephew. He was a great uncle. Who knows what other great things he had accomplished. He was not just a smoker with severe COPD. He had a life.

He had received excellent medical care and was out of the ICU by day 4. I don't know if I would do anything differently as a resident. My role was more of a supportive role for the attendings I worked with. I don't think trying to engage them in a discussion of code status at the time of his admission would have been wise. Also, having talked with the patient after he was extubated I don't feel that we did anything wrong. Rather, I do feel that he and his brother who is the POA need to be on the same page regarding his future medical care. Surely, this man will be in the hospital again. Also, another reason why I would not do anything differently as a resident is because I did not feel that the attendings that I was working with would have appreciated anything more than a passive question regarding our decision to place the patient on ventilator. In the moment when the patient was in a critical state asking for more explanation would have delayed care and produced anger. Furthermore, I would probably do the same thing if I was in their shoes. There is a strong desire to save life. My true response/action I'll find out when I am the decisionmaker in that moment.