

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

Is Doing Everything Always the Right Thing To Do?

We were caring for a man in his 80s with severe dementia and aspiration pneumonia. He was sent to the ICU after he was intubated for respiratory failure. It turns out he had been having swallowing difficulties thought to be due to his dementia for quite some time. He had also had some previous expressed wishes verbally not to not have aggressive care but family gave him a full code status. His family insisted on aggressive care in the hopes that he could recover to a point that he would be even better than what he was prior to admission, which was unrealistic at best because he had such poor quality of life prior to his admission. Some of the family members were ready to decide that we should let him be comfortable but not all family could agree initially and his power of attorney wanted to do everything possible. He improved somewhat and was extubated, but then started to decline again. The family then had a very difficult decision as to whether they should re-intubate him because that is what they initially wanted but not what the physicians were recommending.

This case was challenging because the family initially wanted very aggressive treatment in a situation that was not likely to result in a favorable outcome. Because the patient had such incredible swallowing problems and decline before the hospital admission, the aggressive care was only a very temporary fix, and a fix that was giving the patient a poor quality of life at the end of his life. Those of us caring for him felt that it was not something that he would have wanted, although he was no longer capable of making decisions for himself. Family wanted to continue aggressive treatments that were not likely to result in any long-term benefits to the patient.

Because our opinions as to the care of the patient were somewhat different than the patient's family, we continued to hold family meetings and discuss the ultimate futility of care for this patient. Although I felt that the patient may not have wanted all the treatments and because I felt the aggressive care was unlikely to be of benefit to him, it didn't change the initial treatments because they power of attorney wanted the aggressive care initially and was making decisions on behalf of the patient. However, it did put more of our focus with the family on education regarding the futility of the situation. Although education is always a big part of medical care for both patients and families, this situation required much extra time spent educating.

Ultimately the decision was very difficult for the family, but they eventually came together and agreed that he would not have wanted such aggressive care when his quality of life was so poor and he was likely to continue to be in and out of the hospital with continuing problems and ultimately require nursing home care if he was ever even able to leave the hospital. We did not intubate him again and instead made him feel comfortable for the end of his life.

Reflecting back, because there were differing opinions among family members and physicians regarding what was best for the patient (who could no longer make decisions for himself), we spent a lot of time educating the family and ultimately making them feel comfortable with their eventual decision to withdraw aggressive care and make the patient comfortable. I don't know what we could have done much differently at the point we started to care for the patient, but had we been caring for the patient earlier on as an outpatient or earlier in the hospitalization, we could have done even more education earlier on. This may or may not have changed things as the physician caring for the patient before he went to the ICU did spend a lot of time with the family doing education.

Initially the experience made me feel frustrated because I felt we were doing aggressive treatments, making a patient very uncomfortable when the aggressive treatments were not likely to result

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

in any long term benefit. Ultimately as family came to accept the situation, I felt good about being able to help educate the family and help them feel comfortable with their eventual decision to just focus on patient comfort at the end of his life.