

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

The Decision to Die

This spring I was involved in a case I will never forget. I was caring for an elderly gentleman who was admitted with florid heart failure. His failure was a result of extensive coronary artery disease. There were many consultants involved in his care, and as he continued to deteriorate, we came to the decision that his medical management was optimized. As his level of consciousness declined, his pacemaker began to pace each beat of his heart and he began to require vasopressor support. The patient was noted to be a full code on admission and his wife was adamant that he stay so, despite his worsening condition.

Given that the patient was increasingly more somnolent, we had been using her guidance to make our treatment decisions. One afternoon, I went in the room with the patient’s nurse (who happened to have a hospice background) and talked to the patient while his family was gone. Our conversation happened during one of his more alert periods. He relayed that he felt it was his time to die. He stated that he understood how ill he was, he knew that we were using medications that were helping him stay alive, and that he felt ready and prepared for his death. He also acknowledged that this was very hard for his wife and later became irritated when anyone from the medical team tried to relay his wishes to her.

I was very frustrated by this case. This was the first patient encounter in which I found it hard to suppress my personal beliefs. On one hand, I felt as though we were practicing futile medicine based on wishes that our patient clearly did not share with his wife. We continued to escalate care in a patient who clearly stated he felt prepared to die and that he did not want additional support added. I do feel as though I let the patient down by not acknowledging his wishes earlier in his hospital stay and by defaulting to his family for answers when he began to decline.

On the other hand, it was very moving to see him settle into his hospital bed and accept staying there on full support until his wife was able to process the gravity of the situation on her own time. Their relationship was obviously much deeper than we could see on the surface. Observing their interactions made me realize that making a decision to accept your own death is very complex. For some people, it may not be not simply a personal decision, but one that includes the emotional needs of those around you. It was very moving to realize that these types of decisions are likely made by many of my critically ill patients – I am just not close enough to see it.

When I left the service, his family had decided to provide no escalating cares to the patient. Unfortunately, I do not know the outcome of the case.