ETHICAL ISSUES AND BARRIERS TO DISCHARGE

- COMPLEX PATIENT CARE CASE STUDY.
Mr. J. is an 83-year old male admitted to the hospital on 12/13/10 after falling at home. He was assisted back to bed, had an uneventful evening; he ate and then went to bed as usual. Around 4:00am his wife awoke and found him totally unresponsive. EMS noted a GCS of 8 and O2 sats in the 70’s. A King airway was placed, he was brought to the ED where his GCS was a 3T. His PMH includes CVA, CHF, BPH, pacemaker placement x3. VS: 99/58, 44, 14, 98.4, 02 sat 85%. He was intubated, CXR showed pulmonary edema, and head CT showed acute large left-sided SDH. He underwent an emergent craniectomy for evacuation of the hematoma. During the hospital stay he also underwent tracheostomy and PEG placement. He had a stage 4 fist sized sacral decubitus ulcer PTA. He remained comatose throughout the hospital stay and was transferred to LTAC on 12/28/10.
On 1/6/11, he was transferred back to the hospital for concerns for sepsis, ARDS, and multisystem organ failure. On admission, his GCS was still a 3T, he was on full vent settings. No localization or withdrawal, does not open eyes. WBC 15.3, UA showed poss. UTI. He had a new large right heel blood blister, legs edematous.
VS: 84/61, 77, 97.5, 97%.
The foley catheter appeared not to have been changed since discharge. He also demonstrated a large firm mass in his lower abdomen, which proved to be 3 L of urine in his bladder. He underwent a burr hole washout on 2/7 for chronic epidural hematoma after his wife insisted on the procedure despite being told that it may not benefit pt.
Current status: Pt is still comatose. He was initially a full code per his wife’s wishes. He was later changed to “no compressions”. He has episodes of hypoxia and hypotension with turning, is returned to the vent when this happens at wife’s insistence. He is +4 pitting edema, +MRSA, skin weeping, odorous, and periods of apnea.

Ethics committee consult in Feb called by SW-- recommended palliative care consult; 2nd ethics consult called by a staff nurse who was experiencing fatigue and distress caring for the pt. Third ethics consult on the 3rd of April.

Wife refused the recommendations of the PC doctor and he has given up. She says there is an advanced medical directive but has failed to produce it. She comes in to visit after work and patient decompensate evidenced by desaturation and hypotension during her visit. 4/11, MD spoke with wife who stated “God will take at his moment” and ran from the room.

The staff are having difficulty continuing to take care of the patient. Pt has used up his Medicare days and as of 3/22 was 10 days into his Lifetime Reserve Days.
ETHICAL ISSUES:

- Prolongation of pt life/Quality of Life/Is this abuse?
  - Unable to assess pain level accurately
- Futile treatment
- No Advance Directive access
- Religious Beliefs
- Financial Considerations
BARRIERS TO DISCHARGE

SNF placement/ Skillable?
Fragile physical state for transfer
Financial considerations
Outcome

- Patient utilized all but 29 days of his Medicare lifetime reserve days.
- On April 21st, acute onset of respiratory distress subsequently patient became bradycardic, hypotensive, and expired.
- Patient’s wife arrived shortly after and was greeted by social worker who informed her of situation providing emotional support stating “God has taken ___”.