

Instructions: Choose one of the 2 case studies below to read and answer the corresponding reflection questions for that scenario. Submit to my dropbox and be prepared to discuss your responses in class.

Case 1 – Is it Okay to Change Your Mind?

A 90-year-old female, Mrs. Ruth, is admitted to hospital from home after sustaining a hip fracture. She has a history of chronic obstructive pulmonary disease on home oxygen and moderate to severe aortic stenosis. She undergoes urgent hemiarthroplasty (hip surgery) with an uneventful operative course.

Unfortunately, on postoperative day 4, the patient develops delirium with respiratory failure secondary to hospital acquired pneumonia and pulmonary edema. Her goals of care were not assessed pre-operatively. She is admitted to the ICU for non-invasive positive pressure ventilation for 48 hours, and then deteriorates and is intubated. After 48 hours of ventilation, it was determined that due to the severity of her underlying cardio-pulmonary status (COPD and aortic stenosis), ventilator weaning would be difficult and further ventilation would be futile.

The patient's daughter is insistent on continuing all forms of life support, including mechanical ventilation and even extracorporeal membranous oxygenation (ECMO) if indicated. However, Mrs. Ruth's delirium clears within the next 24 hours of intubation, and she is now competent, although still mechanically ventilated. She communicated to the ICU team that she preferred 1-way extubation (removal of the ventilator) and comfort care. This was communicated in writing to the ICU team and was consistent over time with other care providers. The patient went as far to demand the extubation over the next hour, which was felt to be reasonable by the ICU team.

The patient's daughter was informed of this decision and stated that she could not come to the hospital for 2 hours, and in the meantime, that the patient must remain intubated. At this point, the ICU team concurred with the patient's wishes, and extubated her before her daughter was able to come to the hospital.

The daughter was angry at the team's decision and requested that the patient be re-intubated if she deteriorated. When the daughter arrived at the hospital, the patient and daughter were able to converse, and the patient then agreed to re-intubation if she deteriorated.

1. Who do you think should make decisions in this situation? Should the ICU team have extubated the patient?
 - o I think the patient should make the decisions if she is able to regarding her care. If the patient communicated that herself and it was consistent with multiple providers then I feel as if the team should listen to her wishes. I believe the ICU team did the right thing by extubating her because it was what she wanted.
2. Do you think the patient should be allowed to change her mind?
 - o I think it can be tricky when they change their mind because it can be hard to tell if their decisions are truly what they want or if they are influenced by their family

members especially if they change their mind to what the family wanted in the first place but ultimately I feel like if the patient is of right mind then they are able to change their mind because it's their wishes about their life.

3. Does the change in the patient's decision mean that she lacked the capacity to make the decision in the first place, or that she was not well informed?
 - o I personally believe that the change in the decision was influenced by her family but also in the moment she was uncomfortable and knew she didn't want to be like that for an extended period of time, but once she got better and improved was okay with being intubated because she got better after being on it and figured that if it helped her get better than she would want it again if something went wrong.
4. The patient's goals of care were not assessed preoperatively. When do you think would have been the ideal time to have that conversation with the patient?
 - o I believe the ideal time for that conversation would have been before the surgery when she wasn't in the hospital and had more time to think about it rather than making her decisions while being in the hospital regarding her end-of-life care.

Case 2 – Nutrition at the End of Life

Mrs. Green is a 75-year-old patient with renal failure, currently on dialysis, who also has COPD, moderate dementia, diabetes and a new diagnosis of stage one breast cancer. There is also a history of depression according to the family. She has been admitted to your ICU after falling down her stairs at home and is in critical condition with multiple fractures to her hip, ribs, wrists and neck. Mrs. Green does not have the capacity to make her own medical decisions and has recently started to refuse eating. Upon discussion with GI Specialists, the team agrees that the patient is not an appropriate candidate for a PEG (feeding) tube. The patient's daughter, who is her POA, insists that the you proceed with the placement of the PEG, stating that if the tube is not placed, she will contact her lawyer and proceed with legal action against the physician and hospital.

1. What documentation would help you to determine what the patient's wishes are?
2. If the medical team does not feel that a PEG tube is medically appropriate, do you think the daughter can demand that it be placed and expect the team will provide it?
3. What do you think some complications of PEG tube feeding may be at end of life?
4. Families often struggle with the concept of stopping nutrition/hydration at the end of life. Why do you think that may be?