

Abbey Derrickson

Class Preparation 3/15

Case Study 1

1. In this situation, I think the patient should be able to make the decision. If the patient's delirium cleared within 24 hours and she was of sound mind to decide she should be able to. Ultimately it is her life and no one else's. If the patient was stable enough to consider extubation, there is nothing wrong with them honoring the patient's wishes.
2. I think the patient should be able to change her mind. No one truly knows what it will be like to be in a situation where they must make these choices, until they are in the situation.
3. The change in the patient's decision does not at all mean she lacked capacity to make the decision in the first place. It is easy to think about the things someone might want when faced with a hypothetical situation, but it is just as easy to change your mind when faced with the situation that is no longer hypothetical. Until a patient is truly in a situation where they will be treated based on the choice, they made prior, they might not really know what they want.
4. An ideal time to have a conversation about goals of care would have been shortly following admission, or prior to her surgery. Goals of care should always be established prior to a surgery in case there are complications that follow where the patient will not be able to make their own decisions. Having these goals established prior to surgery would have somewhat eliminated the issue that came up with the ICU team, Mrs. Ruth, and Mrs. Ruth's daughter.