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?
   I think that this situation is hard. Since the patient's goals were not assessed before going into surgery, nobody knew her wishes or what she wanted if a situation like this occurred. I think that this could have been prevented if the OR time and doctor took into consideration her age and medical history. I do think that it was the correct intervention for the ICU team to extubate the patient because the patient was competent enough to make her own decision to be extubated and be placed on comfort care. If the patient is

competent enough and mentally able to make her own medical choices and this is what she wanted, this is the correct thing for the ICU team to do.

2. Do you think the patient should be allowed to change her mind?

   Yes, I do think that the patient should be allowed to change her mind. It is hard to make a choice in this type of situation and know if it is the right or wrong choice to make without having a full conversation with family. The patient made her decision of extubating and comfort care without family present, her decision may have been different or influenced by her family if they were present at that time.

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?

   No, I do not think that she lacked capacity to make the decision in the first place. The ICU team deemed her competent and without delirium for 24+ hours before her decision was made. Being competent, without delirium, and as well as 90 years old, I think that she understood exactly what was going on while being extubated and at 90 years old it is not something that many would want at that age. I believe that most people who are 90+ years old are not worried about surviving 5-6 more years. It is more about the quality of their life rather than living and not being happy or comfortable.

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?

   I think that the ideal time to have the goals conversation was before the surgery with the family present with the patient. Not right before surgery but, at her preop appointment or consultation would have been best since it is likely anxiety or nerves would be present on the day of the surgery. This situation could have been avoided if the proper procedure before the surgery was done.