

## **Case #4**

**(Submitted by Mitchell D. Forman, DO, FACOI, member of the Ethics Committee)**

### **Case Presentation**

The patient is a 29 year old school teacher who sustained a motorcycle accident which resulted a high cervical fracture – dislocation, a compound fracture of the left mid-femur and multiple abrasions. He has no significant past medical history. He remained alert and oriented through the entire ordeal and was transferred to a nearby academic medical center where he received emergency care, including both neurosurgical and orthopedic interventions. Despite excellent medical and nursing care he remains a quadriplegic with a tracheostomy. He receives artificial nutrition and hydration through a PEG tube. He has a suprapubic cystostomy and receives intermittent parenteral antibiotics for persistent wound infections. He remains lucid most of the time, but on several occasions becomes obtunded due to sepsis. He requires extensive wound care and is totally disabled for activities of daily living.

The patient lives alone but has a very large and supportive immediate and extended family. They visit him daily and want to provide care for him once he is discharged. He does not have a living will or a Durable Power of Attorney for Health Care. Once stable, he signed a Do Not Resuscitate (DNR) form stating that he also would not want to be placed back on a respirator if his condition deteriorated.

After three months of hospitalization, punctuated by episodic sepsis requiring parenteral antibiotics, analgesics and more acute and critical care, he tells his attending physician, the consultants treating him, the nursing staff and therapists that he does not want further treatment for the infections or to be placed back on a ventilator because his quality of life is intolerable to him. He understands that the failure to treat the infections or to place him back on a ventilator, if his breathing difficulty increases, would likely be fatal. He has been seen by a consultant psychiatrist on two occasions who believes that although he is depressed, he fully comprehends his situation and is capable of making decisions. His family strongly disagrees with his decision and despite their protests he does not relent. They ask the physicians caring for him and the hospital administration to disregard his decision. Their persistence increases during the several episodes where the patient becomes obtunded when septic.