the ethical PRACTICE

In this ACOInformation *feature, members of the Ethics Committee present a case study featuring a potential ethical conflict, followed by a discussion of the ethical issues involved. Reader comments are welcome and should be submitted to Brian J. Donadio at bjd@acoi.org. This month's case is submitted by Annette T. Carron, DO, FACOI, Chair of the ACOI Ethics Committee.*

The patient is an eighty-two year old female with metastatic cancer to the lung, liver and brain and recurrent hospitalizations for sepsis. She is currently in the ICU with pneumonia, sepsis, on BIPAP with falling oxygen saturation and blood pressure. She is minimally responsive. The patient is without previous expressed wishes in terms of life-support. There is no MDPOA. Her adult children feel the patient is suffering and wish no resuscitation. The patient's husband (children's step-father) wishes "everything to be done." Palliative care is seeing the patient and the husband states, "I'm just not ready to let her go, I want every moment with her I can, even if on machines." Physicians are expressing futility of care. What are the options at this point?

From an ethical standpoint, almost all ethical principles are involved here. Futility is a consideration as physicians feel the patient is not likely to survive to leave the hospital, even with treatment. One cannot assess patient automony as she is without previous wishes and unable to express wishes currently. However, her husband, through substituted judgment, is stating the patient would want to live, even if on machines, not likely to survive, etc. Benevolence and non-maleficence are at play as the physician feels obligated to help the patient and do no harm. Justice may even be important here when looking at utilization of resources, if the ICU beds are in limited supply.

The next step would be to consult the hospital ethics committee. A family meeting needs to be held with the husband and all adult children to discuss the patient's goals of care. If the hospital has a futility policy, it would be important to follow appropriate steps to document futility as needed. For example, all attending physicians should document futility of care, including specific interventions that are futile. In addition, involving pastoral care and social work to support the husband would be helpful. Finally, attending physicians are not obligated to provide care that may further harm the patient. For example, dialysis in this patient if she develops renal failure could worsen hypotension.

The outcome of this case was that the ethics committee met with the husband and children. They were clearly all grieving and all were able to come to the conclusion that the patient would not want life artificially prolonged. The patient was not intubated and was enrolled in hospice care.