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Case 3: Returning Hero

Two Ethics consultants [played by students]

Mrs. Crystal Abrams [played by standardized patient]

Jeremy [played by faculty]

Chaplain [played by chaplains as themselves]

Dr. Murphy [Attending physician who does not appear in the simulation. Ethicist says that Dr. Murphy was called away on an emergency and will likely not make it to this meeting. Ethicist decides to continue discussion anyway.]

Background

The patient, Mr. Abrams, is a 62-year-old man with Alzheimer's disease. He was transferred from a nursing home to this acute care facility due to multi-system organ failure including congestive heart failure and impaired renal function. The patient has a long medical history and is well known at this hospital.

Mr. Abram's history is significant for ongoing hypertension and a pulmonary embolism (PE) 10 years prior. Post PE, the patient has had a number of cardiac and pulmonary complications that have contributed to a rapid progression of the Alzheimer's. Two years prior to the current admission, Mr. Abrams suffered a brain stem stroke with "locked in" syndrome. He was intubated and a gastrostomy tube was inserted. Mr. Abrams was sometimes able to understand spoken and written words. He was hospitalized for an extended period (several months) and eventually transferred to a nursing home. Physical therapists saw little, if any, rehabilitation potential in the patient.

Mr. Abrams had lived with his 2nd wife until the stroke two years ago. (The first Mrs. Abrams died.) Mrs. Abrams is significantly younger than Mr. Abrams (approximately 20 years younger) but has her own health problems, in particular, she has suffered from painful Rheumatoid arthritis for about 5 years. Because of her physical challenges, Mrs. Abrams realized that she could not take care of her husband and consented to the nursing home placement. She was quite upset by this state of affairs but seemed rational in discussing the treatment issues and the appropriate course of action. At that time, a son from San Francisco, Jeremy, also arrived at the hospital and told the attending physician and staff that all decisions should come through him since he was the one "most capable of handling these things." Fortunately, Jeremy concurred that nursing home placement was appropriate and should be initiated.

The current hospital admission is approximately one year after that placement episode. Mr. Abrams is still ventilator dependent and his mental status deteriorated over the course of the year to the point where the patient was thought to be permanently unconscious. The wife was

grief-stricken and agreed with the attending physician that limitations of aggressive treatment seemed appropriate. Nevertheless, Mrs. Abrams wanted to speak with her minister regarding what her religion had to say on the matter. After two conferences with her minister *and the hospital chaplain*, Mrs. Abrams agreed that a do-not-resuscitate (DNR) order should be entered on the chart. She also began to favor withdrawal of the respirator although a final decision had not been reached when the attending physician received a call from Jeremy's attorney. The attorney stated that treatment should not be limited in any way until Jeremy arrived in town and reviewed the situation.

When Jeremy arrived, he was accompanied by his wife who was seven months pregnant. Jeremy wished his father to be kept alive until his wife delivered the baby so that his father could "see his grandchild." Mrs. Abrams believed that Jeremy had "wasn't making sense" since Mr. Abrams could not "see" anything and that to prolong his indignities for two additional months would serve no purpose. Nevertheless, the fear of Jeremy bringing a law suit temporarily froze the decision-making process.

Ethics consultants [played by students]

- You mention at start of conference that Dr. Murphy was scheduled to attend but that he just paged you and said he had to be at an emergency situation and is unlikely to make it to the conference. Because this is a dispute among family members, you decide to probe the matter anyway. It will be a challenge in the discussion not to go beyond what's established as medical facts but not to back off what's known.
- You believe that both the ethics and law of this situation on pretty straightforward; that is, the patient's spouse has the right to make the treatment decisions.
- You also understand that things will be much better if the patient's son can be brought on board. That is, Mrs. Abrams may hesitate to ask for withdrawal to be implemented if her son objects strongly and it is unpleasant for the health care team to have to proceed over the objections of threatening family members.