

Challenging Case Studies At The End of Life

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The Case of T.D.

- *“Medical Indications”*
- Mr. T.D. was a 77 year old male
- Presented to the ED with severe abdominal pain and hypotension - ruptured AAA
- Background history of COPD from prior smoking history, diabetes, hypertension, CAD and renal insufficiency
- Intra-operative MI
- Survived surgery, but never awoke from it
- Ventilated; dialysis; continuous pressor support
- Open abdomen; healing by second intention

The Case of T.D. continued

- *“Patient Preferences”*
- No advance directive
- Surrogate is eldest son, reputedly a pastor in a small charismatic (1 church?) sect
- Other children (3), grandchildren and multiple members of extended family all follow in lock-step with directives of the eldest son
- Claim is patient would want all forms of life-sustaining and aggressive treatment pursued, waiting for the “miracle” that was going to occur

The Case of T.D. continued

- *“Quality of Life”*
- To best of ability to discern, patient is in deep coma, with severe brain injury, but not fully brain dead
- APACHE Score for 2 weeks has been 99 - worst possible. Chance of recovery essentially zero.
- The ends of his abdominal wounds necrosing because of poor perfusion
- *Bottom Line: Patient has no realistic chance of recovery of consciousness, let alone achieving physical independence from intensive life-support and everything being done is simply holding him in physiological limbo*

The Case of T.D. continued

- *“Contextual Features”*
- Patient covered by Medicare only
- Son and family are ‘challenging’
 - He and family demand grouping into the ICU room and signing at the top of their lungs several times a day to call down God’s healing, disturbing flow of care, other patients, etc.
 - He and family have moved into the waiting rooms, are loud and aggressive there, and have driven away all other families. Refuse to leave
 - Several times has appeared during morning rounds with his attorney declaring that if anything short of maximal treatment is employed they would be suing hospital and all health care workers for “millions”
 - Refuse to even consider making father DNR if should go into fatal cardiac rhythm, for he will “call down God’s power and produce the miracle!!!”

The Case of T.D. continued

- *“Contextual Features” continued*
- Nurses and physicians extremely stressed
 - Many calling in sick or taking PTO rather than “batter that poor man anymore”
 - Hostage Crisis
- Despite efforts of other “charismatic” chaplains to try to speak with the son, he casts them all away as not possessing the spiritual faith or purity to speak to him

The Case of T.D. continued

- What should the team and facility do?
- How should this family be managed?
- Is this a situation of “medical futility”?
- What should the facility do for its workers?

The Case of T.D. continued

- *The Rest of the Story...*
- On post-op day 23, patient goes into ventricular tachycardia then asystole
- Son and several children are in the room refusing to allow the code to be stopped
- Singing, praying and wailing at high volume
- After 3 hours team simply stops
- Son and family then proceed to call forth cries for resurrection and only desist when security is called
