Caring for the Indecisive Patient: No Longer Secret but Still a Problem

Narrative from: (Kuczewski and Pinkus, An Ethics Casebook for Hospitals, 1999, p.14)

Mrs. K is a 64 year-old woman who was admitted to the hospital with a nine-day history of a painful and discolored left middle toe. At the time of admission she also reported a 50-pound weight loss, nausea, decreased appetite and vomiting. Her past medical history was significant for a spinal fusion about 18 months before. Since that time, the patient had had chronic pain and been functionally dependent on her husband for daily care. Mr. K was her only immediate family member. The patient's family history showed that both her father and paternal grandfather died of pancreatic cancer. One had a “quiet death” and the other did not.

Evaluation of Mrs. K's weight loss revealed metastatic adenocarcinoma of the pancreas. She initially underwent a CT scan of the abdomen that showed metastatic lesions to the liver and a mass in the pancreas. These findings were confirmed by a CT-guided biopsy. The consulting oncologist noted in the chart that the patient said her main concern was “quality” in her final days of life. He indicated the most pressing issue to decide was whether or not to proceed with amputation of the leg. The oncologist did not want to consider any further therapeutic intervention to treat the cancer until after this surgical procedure which was necessitated by her ischemic foot.

During the hospitalization the limited necrotic area of the left foot progressed to involve the entire left foot and resulted in increased pain. Mrs. K was asked to consider an amputation of her left leg above the knee. The physician brought up this issue on the same day that the oncologist informed her of her diagnosis of pancreatic cancer. At that point in time, she could not make any decisions, and it wasn't until five days later that she agreed to the amputation.

Mrs. K's hospital course was complicated by pneumonia, malnutrition, intermittent delirium, hypothyroidism, and congestive heart failure. She was refusing blood work, declining to eat, and would not take her medications for her hypothyroidism and congestive heart failure. She also pulled her central line.

During her hospitalization she indicated several times that she wished to die quietly. Mrs. K also had an advance directive. On this directive, she indicated that when she was permanently unconscious or terminal ill, cardiopulmonary resuscitation, respirators, dialysis, feeding tube, radiation, or chemotherapy should be withheld or withdrawn. When asked about decisions such as treating pneumonia, IV hydration, and antibiotics, she stated, “I can't decide. My mind is blank.” After talking with her attending physician, Mrs. K often agreed to treatments she had previously refused.

The code status form was completed for “comfort measures only.” Social service was consulted to assist in discharge planning to a long-term care facility. The transfer to the long-term care facility was complicated by the fact Mrs. K had pneumonia for which she was intermittently refusing treatment.