When Can I Say No: Ethical Appoaches to Inappropriate Care

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Please Use Your Phones!

- To participate in this session, please do one of the following:
  - ~Text “GRACEOEI766” to 22333 once to join
  - ~Go to “pollev.com/graceoei766” to join in the polling when it opens

Objectives

- Learn how to approach cases of potentially inappropriate care
- Understand the steps of the conversation depending on the patient's condition
- Recognize empathic statements that can be helpful

Case 1 – Mrs. Swan

- Reason for consult: “Limitations of treatment/goals of care in vegetative patient with grim prognosis with family refusing to see patient and make decisions for care”
- What do we know so far?

Case 1 – Mrs. Swan

- Mrs. Swan is a 69 y/o woman w/ HTN, A fib, vent-dep d/t polyneuropathy for 6 mos
- Follows commands and understands at baseline
- Multiple wounds that are oozing resulting in anemia requiring transfusions
- Admitted for sepsis

Case 1 – Mrs. Swan

- Multi-organ failure:
  - ~Respiratory on vent
  - ~Renal on HD
  - ~Cardiac on pressors
  - ~Hematologic getting transfusions
  - ~GI on TPN
  - ~Liver causing encephalopathy

Case 1 – Mrs. Swan

- Team would like DNAR order
- Have recommended to family to withdraw all interventions
- What do we think of this?

Can healthcare teams place unilateral DNAR orders?

- Yes
- No
- I don't know
- Depends

When poll is active, respond at **pollev.com/graceoei766**

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Yes

No

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Depends

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Does DNAR mean other treatments must stop?

What is CPR?

- Specific intervention with burdens, benefits, indications, contraindications
- Bundle of treatments to attempt to restore blood circulation
- Effective if the underlying cause of cardiac arrest is reversible

What is CPR?

- Default status is to attempt resuscitation
- Saves the lives of patients with reversible causes of cardiac arrest
- Buys time to determine if the cause of cardiac arrest is reversible

What is CPR?

- CPR does NOT treat underlying causes of cardiac arrest such as severe infection, stroke, cancer, heart failure, etc.
- CPR will worsen neurologic outcomes in patients with underlying disease states that can result in cardiac arrest

Does Inpatient CPR Work?

- Survival to discharge vs intact neurological survival
- Cerebral performance score
  - CPC 1 – no or mild neurological disability
  - CPC 2 – moderate neurological disability
  - CPC 3 – severe neurological disability
  - CPC 4 – coma or vegetative state
  - CPC 5 – brain death

Is CPR Right for your Patient?

Original Investigation

Development and Validation of the Good Outcome Following Attempted Resuscitation (GO-FAR) Score to Predict Neurologically Intact Survival After In-Hospital Cardiopulmonary Resuscitation

Mark H. Ebell, MD, MS; Woncheol Jang, PhD; Ye Shen, PhD; Romergryko G. Geocadin, MD; for the Get With the Guidelines–Resuscitation Investigators

Ebell, *JAMA Intern Med*, 2013

Is CPR Right for your Patient?

- Good Outcome Following Attempted Resuscitation (GO-FAR) score
- Uses patient characteristics to calculate the risk of survival to discharge with CPC 1
- Patient variables include a range of co-morbid conditions on admission

Ebell, *JAMA Intern Med*, 2013

Is CPR Right for your Patient?

Interpretation:

GO-FAR Score	Risk group	Survival to discharge with minimal neurologic disability*
≥24	Very low survival	<1%
14 to 23	Low survival	1-3%
-5 to 13	Average survival	3-15%
-15 to -6	Above average survival	>15%

*Defined as cerebral performance category of 1 or good cerebral performance (patient is conscious, alert, and able to work but might have mild neurologic or psychological deficits, such as mild dysphagia or minor cranial nerve abnormalities).

https://www.mdcalc.com/go-far-good-outcome-following-attempted-resuscitation-score

Outpatient or Early Hospital Visit

- "It's hard to predict how sick you might get in the future"
- "If you got very sick and had to be in the hospital, have you thought about the type of care you would want?"
- "What are you willing to go through if you had only a small chance of getting better?"

Outpatient or Early Hospital Visit

- "Who would you want making healthcare decisions for you if you couldn't speak for yourself?"
- "Have you talked to your family about how you feel?"

Grand Canyon

In the ICU

- Use “ask-tell-ask” to start the meeting
- Family understands patient is very sick but hopeful she will improve
- There are people praying all over the world for her recovery

In the ICU – make a recommendation

- "I also hope Mrs. Swan gets better. I'm very worried that most of her organs have failed and aren't getting better. We will continue to do everything that is helpful for her. If she worsens, we worry that CPR would be more harmful than helpful and would not recommend it."

In the ICU

- "If she is not getting better, we will have another meeting to update you."

In the ICU

- Mrs. Swan has been intubated for three weeks and continues to worsen
- She is on three pressors and her FiO2 is at 100%
- The team feels she will not benefit from CPR if she dies and calls for another family meeting

In the ICU

- You update the family on patient's worsening condition
- "Unfortunately, your wife/mother continues to worsen despite everything we've been doing for her. If her body continues to fail and she dies, CPR will not benefit her so it will not be done. We'll continue everything that is helping."

In the ICU

- Family says “but she said she wanted everything done – she’s a fighter!”
- “Yes, and we’ve done everything we can to try to help her get better, but unfortunately, her body is not cooperating.”

In the ICU

- "So you're just going to let her die??!"
- "No, we'll continue everything that is currently supporting her. But if she dies despite all this support, it means her body is too sick to survive."
- "We wish we had better news for you and we wish our treatments were working. We're so sorry your family is having to go through this."

Responding to Emotion

- "I wish things were different. This is an incredibly difficult time we all find ourselves in."
- "I can't imagine how difficult this is for you and everyone else who loves (pt name)."
- "You have been an incredible advocate for your loved one. I can see how deeply you care."

Responding to Anger

- "It is understandable that you would be angry. I wish I had treatments that would help him/her get better."
- "It is understandable that you would be angry. I can see that you care about him/her a great deal."

Responding to Grief

- "I know it's hard to have a loved one in the ICU."
- "I want you to know that all of us here care deeply about your experience and your loved one's experience right now."

Case 2 – Mr. Roberts

- Reason for consult: “64 y/o man w/ ESRD, trach and peg, end stage ALS, here for OM of scalp and pelvis. Poor prognosis with surgery basically saying surgery will kill him and it is futile. Pt deteriorating but family delaying making a decision and not coming to see the patient.”

Case 2 – Mr. Roberts

- Pt was transferred from a SNF one month ago for sepsis due to osteomyelitis of scalp and sacrum
- Was in ICU on vent but has weaned off
- Has been on HD for the past year and is tolerating it adequately

Are surgeons allowed to decline to perform surgery?

- Yes
- No
- I am not sure

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If surgeons are allowed to decline to offer surgery, when are they allowed to do so?

Case 2 – Mr. Roberts

- Mr. Roberts can intermittently communicate with eye blinks
- Has not been able to do so lately due to infection
- Wife and dgtr would like to focus on comfort care and pt is now DNAR
- Son wants all other interventions to continue

Most helpful phrases

- I wish…
- I worry…
- I wonder…

Resources

- CAPC.org
- VitalTalk.org
- Ariadne Labs

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