

Question:

Does this patient have decision making capacity?

Ms. Smith is a 61-year-old female without any significant past medical history who was admitted to the ICU for treatment of septic shock secondary to a urinary tract infection. After admission Ms. Smith required intubation but was successfully extubated a few days later. She improved and was transferred out of the ICU two days after extubation. On the day prior to her expected discharge Ms. Smith began having increased respiratory distress and it seemed that this was likely due to a hospital acquired pneumonia. Her team transferred her back to the MICU where she told the physician that she wanted to be full code but absolutely did not want to be intubated. Her daughter, who had been by her mother's side throughout her hospitalization, privately told the MICU physician to proceed with intubation when her mother became more obtunded as she felt that her mother was not making a rational decision. The physician has requested an ethics consult to help in determining the extent of the patient's decision making capacity. The physician agreed with Ms. Smith's daughter that the patient did not have decision making capacity to refuse intubation however felt uncomfortable with going ahead with the procedure because of her vociferous and coherent protestations. Ms. Smith's respiratory status is declining and the physician's recommendation is to intubate within the next few hours.

I spoke with Ms. Smith as well as Ms. Smith's daughter. Ms. Smith clearly stated her opposition to intubation because it was so painful the last time she was intubated. She wanted medical treatment and wanted to live but was very afraid of the procedure itself. She said that the pain of having the endotracheal tube in place was tolerable, as was the process of extubation. However, during the last intubation process Ms. Smith said that she was conscious of what was being done. Ms. Smith was hopeful that she would not need intubation and requested that the team do everything possible help her get better without intubation. She requested that her daughter make medical decisions for her if she did not have DMC.

Assessment:

This is a 61 year old female with impending respiratory failure who is declining intubation because of procedural associated pain. Her team has requested that the patient be evaluated for decision making capacity.

Discussion:

In my evaluation of her decision making capacity Ms. Smith could articulate her current medical condition, the treatment options, her choice and the reasoning for her choice. Initially it seemed that Ms. Smith's request to avoid intubation was inconsistent with her desire to live. However, it seemed that her opposition was specifically because of the pain she experienced during the procedure, not the procedure itself. When the medical team discussed possible sedative and anesthetic strategies for intubation with the goal of unconsciousness should she need intubation, Ms. Smith became amenable to being intubated. She still requested that intubation be done as a last resort.

Recommendations:

1. It is ethically permissible to intubate Ms. Smith, if needed, if the appropriate pain relief and sedation is provided.
2. It is ethically permissible for Ms. Smith's daughter to be her surrogate decision maker should Ms. Smith lose DMC. Ms. Smith's daughter should make decisions consistent with the patient's stated goals and values.