



Do No Harm: Ethical Considerations in Continuing Life-Sustaining Treatment when Treating Outside the Standard of Care

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Learning Objectives

- Conceptualize the care team’s obligations to continue life-sustaining treatment when treating outside practice guidelines
- Recognize the value of a time-limited trial when transitioning goals of care from active treatment to palliation

Ethical Questions

- Does a surrogate’s decision to forego standard of care change the care team’s obligation to continue life-sustaining treatment in a patient with uncertain prognosis?
- What is an appropriate treatment goal when treating outside the standard of care for patients who lack capacity and do not assent?

Case Presentation

- 50-year-old male with history of sickle cell disease and schizophrenia who presented with vaso-occlusive crisis.
- HD1: psychiatrically compensated, elected full code status, and did not name a healthcare agent.
- HD3: Developed lethargy and confusion and was found to have a bowel perforation. Deemed to lack capacity.
- Patient’s mother, who was legal next-of-kin, was appointed surrogate decision-maker.
- Surrogate declined surgery but requested maximal medical therapy.
- Of note, patient had declined surgery for suspected bowel perforation 1 year prior.
- Patient did not assent to medical therapy with IVF, IV antibiotics, and TPN. Patient removed IV access frequently, requested to eat, drink, and go home.

Case Resolution

- HD6: Ethics was consulted regarding treatment over objection.
- Maximal medical treatment was continued with goal of restoring patient’s capacity to make his own decisions.
- HD11: Time-limited trial of therapy was proposed to provide a point at which progress could be re-evaluated.
- Patient clinically worsened, with repeat imaging revealing worsening of free air and pneumatosis of the small intestine. Transitioned to DNR/DNI.
- HD19: Transferred to ICU for trial of BIPAP. Stopped prematurely due to worsening abdominal exam.
- HD22: Transitioned to comfort-measures only in ICU. Transferred to inpatient hospice, where patient passed away.

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Conclusions

- There was an ethical obligation to minimize the patient’s suffering regardless of the success of medical treatment.
- Primary endpoint for the care team was to work towards restoring the patient’s capacity to make his own decisions.
- A time-limited trial of therapy can be a useful tool when clinical outcome is unclear.

References

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