

#### **CASE 4: Mr. Blake Refuses the Trache**

By Virginia L. Barlett, PhD, Loyola University Chicago, Department of Philosophy

Mr. Travis Keller, social worker with the lung transplant service, calls late on a Monday afternoon with a request for ethics consultation. He's uncertain as to what he's supposed to ask in the request, as the lung transplant team doesn't often call for ethics consultations. He starts by explaining that the attending on service wanted an ethics consultant to participate in a family meeting they were planning, regarding a transplant patient who was now refusing interventions the team felt would be beneficial, that were necessary, in fact, for her recovery and rehabilitation.

Mr. Keller begins telling you about the patient, Marjorie Blake, a 47-year-old woman with pulmonary fibrosis secondary to lupus, who underwent a bilateral lung transplant 10 days ago. The transplant was successful and her "new" lungs are working well, but Ms. Blake suffered the relatively rare complication of a post-surgery stroke, followed by an upper extremity DVT the next week, and so now, 10 days later, she remains bed-bound, on the ventilator. Ms. Blake was scheduled for a tracheostomy on the previous Friday, but after initially agreeing, she refused to sign the consent, asking that the procedure be rescheduled for Monday, today. The lung transplant team is concerned because, as of this morning, Ms. Blake still refuses to consent for placement of the trache, despite the team's explanations that the procedure is necessary so she can get up and out of bed, can participate in physical therapy and rehabilitation, and exercise her transplanted lungs. In addition to the ongoing efforts of the care team to convince her to accept the trache, Ms. Blake's several siblings have been trying to talk with her, including an older sister, Raquel, who helped care for her before the transplant and who is her surrogate decision-maker.

Through multiple conversations over the weekend and into Monday, Ms. Blake's refusal has been clear, even though the reasons for that refusal are not. Ms. Blake is able to nod and shake her head, and even write (somewhat legibly), but she has not been able, or perhaps willing, to articulate why she's refusing. She appears depressed and angry, and has expressed her fear that something else will go wrong, and emphatically wrote, "I am in control." After a while, when people continue to ask her why she won't accept the trache, she closes her eyes and refuses to communicate. Her sister, Raquel, both wants to respect Ms. Blake's wishes and wants her to undergo the trache, and so Raquel is desperately trying to convince Ms. Blake to "make the smart choice" and "not to let those strong new lungs that some family donated go to waste."

Mr. Keller also tells you that the lung transplant team is really distressed: "This has been so hard – I mean, what awful luck to have the stroke, and then to have Ms. Blake refusing the trache? None of our patients do that – by the time they get the transplant, they've come so far and been through so much, they don't mind about a little incision in the neck. It just doesn't make sense. She says she hasn't given up, doesn't want to die, but she won't consent. What if she's giving up?" Mr. Keller reports that the lung transplant attending, Dr. Adam Heath, is frustrated and concerned that Ms. Blake "is not making a rational decision" and that she doesn't understand that she will likely die without the trache. He requested a psychiatric evaluation to determine if the patient has capacity for medical decision-making. According to Mr. Keller, Dr. Heath also told the team and Raquel that if Ms. Blake doesn't have capacity, he'll be the one to make the decision to do the trache "on the basis of medical necessity," which made both Mr. Keller, and Raquel, as Ms. Blake's surrogate, uncomfortable. Further, Mr. Keller tells you that he's upset

because he overheard Ms. Blake's nurse, Sue Morrow, and the charge nurse, Jenny Scott, talking about how the transplant attending is only pushing the trache because he's worried about the numbers for his transplant program if Ms. Blake dies from a complication in the first 30 days. He complains, "They don't get it. They think it's all about the numbers, because they don't see how long we take care of our transplant patients."

Questions:

1. How would you, as the clinical ethics consultant, identify and address the multiple moral concerns raised in Mr. Keller's request for ethics consultation?
2. Several people in this case, including Ms. Blake herself, might claim to have Ms. Blake's best interest in mind, but do any of them actually have her best interest in mind? What immediate actions would be in her best interest?
3. Does it matter if Dr. Heath only cares about Ms. Blake's survival because he's worried about the numbers for his transplant program? Is it ethically better if he cares about Ms. Blake's survival for her sake or her family's sake? Why?

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<http://nubc2014.files.wordpress.com/2014/01/bb-case-packet-20141.pdf>