CASE 6: Mr. Ross is Unrepresented

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

Early Thursday afternoon, Dr. Sylvia Hayes, Medical ICU fellow, calls to request a clinical ethics consultation regarding whether it was unethical to perform a cardiac catheterization on a patient who previously had refused the procedure. The patient, Mr. Albert Ross, is a 75-year-old homeless man, divorced, with adult children from whom he is estranged. He had full decision- making capacity on admission and, at least initially, could communicate with his physicians, but at the time Dr. Hayes is calling with the request for clinical ethics consultation, Mr. Ross is intubated and sedated without a surrogate to represent him.

Dr. Hayes explains that Mr. Ross has a history of coronary artery disease and diabetes mellitus, and he was admitted to the hospital and the ICU on Monday morning, following a likely non-ST elevation myocardial infarction. In the ICU, though his cardiologist, Dr. Evan Gilchrest, and Dr. Hayes recommended cardiac catheterization, Mr. Ross refused. He'd said that he had been worked up for heart problems years ago but he had not wanted any invasive procedures then. He explained that he had managed his cardiac issues by diet and not smoking, on advice from his previous doctors. Mr. Ross was stabilized overnight (without catheterization) and transferred to the floor. Wednesday night, Mr. Ross went into flash pulmonary edema and was transferred
back to the ICU, intubated and sedated and, according to Dr. Hayes, is now at risk for a third cardiac event if he is provided solely with medical management. Without a cardiac catheterization, Mr. Ross faces significant debility or death as the likely outcomes.

Over the phone, speaking with some urgency, Dr. Hayes describes her conversation from this morning with Dr. Gilchrest, which she feels is contributing to the overall confusion about what to do. First, Dr. Gilchrest shared with her that, three months earlier, Mr. Ross had left another hospital against medical advice because he didn't want aggressive treatment for his acute coronary syndrome. For Dr. Hayes, this seems to show a history of consistently refusing interventions. However, Dr. Hayes explains that Dr. Gilchrest reported that he talked with Mr.
Ross about the cardiac catheterization again, when he was on the floor, trying to convince him to accept the intervention. According to Dr. Gilchrest, Mr. Ross said he didn't want any invasive procedures to save his life. He explained, "I live on the streets. I'm divorced and my kids abandoned me years ago. What's the sense of living with all this going on? Besides, I'm not afraid of dying – and I don't want to be a burden to others, not any more than I am already." Dr. Gilchrest explained to Mr. Ross that if left untreated, he was more likely to face greater debilitation and increased dependency than a quick death. As their conversation ended, Mr. Ross told Dr. Gilchrest he would "probably go ahead with it, but he just needed more time to think about it." Unfortunately, because of Mr. Ross's sudden decompensation, intubation, and transfer back to the ICU, he was not able to tell Dr. Gilchrest his final decision.

Dr. Hayes is concerned that although Mr. Ross's refusal was clear on Monday, he may not have understood the possible outcomes and since Dr. Gilchrest spoke to him, he may have changed his mind. Further, Mr. Ross's situation is different today that it was on Monday - the procedure was recommended as helpful or even in his best interest then, but now, after the second coronary event, it may be emergently necessary. Dr. Hayes and Dr. Gilchrest don't know what to do.

Questions:

1. How might the clinical ethics consultant assist Dr. Hayes and Dr. Gilchrest in determining what might be morally acceptable options for Mr. Ross's care, and what would the rationale be for going forward with the procedure?

2. How might the clinical ethics consultant assist Dr. Hayes and Dr. Gilchrest in determining what might be morally acceptable options for Mr. Ross's care, and what would the rationale be for not going through with the procedure?

3. Mr. Ross has made it clear that he has little desire to continue living. What impact, if any, should this consideration have on the doctors' decision?

Case from the National Undergraduate Bioethics Conference Bioethics Bowl. April 5, 2014. Loyola University, Chicago.

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