INSTITUTE TO ENHANCE PALLIATIVE CARE

PALLIATIVE CARE CASE OF THE MONTH

With News from the Institute

What Is That Guy Thinking?
When the Attending Is the Person Who Needs the Intervention.

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Case: Mr. James Martin is 74-year-old man admitted to an outside hospital with a two-month history of shortness of breath, edema, and recent difficulty ambulating. He has a history of an aortic aneurysm, hypertension, cellulitis of his lower extremities, chronic obstructive pulmonary disease from years of heavy smoking, as well as ischemic cardiomyopathy and congestive heart failure. Mr. Martin had worsening renal functioning upon admission and was found to have two masses, one on each adrenal gland.

He was scheduled for surgery and an ethics consult was called because the patient "didn't seem mentally right." The ethics consultant interviewed the patient and family and discovered that Mr. Martin was "mentally slow" and was illiterate. He never attended school and was raised and cared for by family until his adult years when he rented a small apartment near his sister Debbie with whom he is quite close. The consultant recommended that his sister sign for consent for the surgery for she felt Mr. Martin was neither able to comprehend the severe nature of his current condition nor could he comprehend the risks undertaken with the recommended surgery. The sister consented to bilateral adrenalectomies.

In the weeks following this surgery, the patient seemed to continue to decline, and his sister expressed concern that "James was suffering." Six weeks after surgery the consultant believed that the patient was dying and spoke with the attending physician who responded, "don't throw in the towel yet" and recommended feeding tube placement in the hope that the patient would improve over time.

The ethics consultant requested a palliative care consult for the purposes of gaining perspective on prognosis. Both the palliative care physician and CRNP felt the patient was, in fact, actively dying, and recommendations were made for his comfort. Rather than taking a hard stand, over the next week, the team regularly communicated with the attending service, and eventually the focus of care changed to comfort measures only. Mr. Martin was discharged to an in-patient hospice close to his sister and died four days after discharge.

Discussion: In this case there were two different stories or viewpoints present, which could have been conflictual in nature depending on the approach taken by the Palliative Care and Ethics Team. In Story One, the attending believed strongly that it was possible the patient could "get well" with more time and encouraged the family to consider the placement of a feeding tube. In Story Two, the Palliative Care and Ethics Team was certain that the patient was dying and believed that the placement of a feeding tube would not add to the longevity or quality of the patient's life.

The approach the Palliative Care and Ethics Team chose was to focus their discussion on acknowledging the attending's viewpoint and clearly communicating their understanding of his dedication to his patient, rather than choosing to register their disagreement with his viewpoint. As a result emotions did not get in the way of the communication between the two parties (Fisher, Ury & Patton 1991). The team assumed that the attending had good intentions toward his patient. Their goal was not to convince the attending he was mistaken in his viewpoint but more to suggest a reevaluation from their perspective. It was the ability of the attending to consider both viewpoints, which allowed him to re-evaluate his perspective regarding the patient's ultimate prognosis (Stone, Patton & Heen, 1999).

The approach taken by the Palliative Care and Ethics Team was not one of confrontation, but more one of soft negotiation through which the attending could be free to see and accept a different perspective without any loss of self-esteem or pride. Stone, Patton and Heen describe such an approach as working through different conversations in an effort to see what is at the basis of apparent conflict or disagreement. This perspective moves one toward understanding of different perspectives and their associated emotions. In addition, they note, "this approach will help you become more aware of the process of communication and gain insight into what's making your conversations difficult" (Stone, Patton and Heen, 1999).

References

1. Douglas, Stone, Bruce Patton and Sheila Heen. "Difficult Conversations: How to Discuss What Matters Most." Penguin Books, 1999.

2. Roger, Fisher, William Ury and Bruce Patton. Getting to Yes: Negotiating Agreement Without Giving In." Penguin Books, 1991.