

# AVOIDING AVOIDABLE CARE

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## End of Life Case: Green & Red Room

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Professor Helen Thompson is an 80-year-old retired Professor of English who resides in the Alzheimer's Unit of the Walden Pond Nursing and Rehabilitation Center.

Helen was born and raised into a family of academics: her parents were both on the faculty of the University of Pennsylvania. Helen went on to attend Swarthmore College where she studied English Literature and then to Yale where she obtained her PhD and stayed on as faculty. She soon married her dissertation adviser, Harold, a fellow Professor of English and 15 years her senior.

In her late 60s, Helen was diagnosed with Alzheimer dementia at the Yale neurology clinic.

By the time Helen turned 73, she was no longer able to balance her checkbook or to drive. Helen completed an advance directive naming Harold as a health care proxy. She also had a conversation with her daughters indicating that she would not want CPR or to be on a breathing machine if she had advanced disease.

By age 75, Helen's husband was deceased and she could no longer dress herself, maintain the home, or cook meals for herself. Her daughters, Sarah and Rebecca, moved their mother into Walden Pond Nursing and Rehabilitation Center, an assisted living facility within a ten-minute drive from their homes in Boston.

At Walden Pond, Helen remained confused and irritable as she could not get accustomed to the new faces and setting.

Then, Helen fell, sustaining a left femoral fracture. She was brought to the emergency department at one of the large academic medical centers in downtown Boston. The surgeons approached Helen's daughters to obtain informed consent for surgical hip repair.

When Rebecca and Sarah asked about options, they were told that not repairing the hip surgically would leave their mother in pain. When the daughters indicated that their mother's advance directive might not permit her to be intubated for the surgery, they were told the advance directive would be "temporarily reversed" and that it was standard procedure for patients like their mother when they broke a hip. They were assured their mother would be on a ventilator only temporarily.

An internist was called to evaluate Helen's fitness for surgery. He noticed an irregularity in her EKG and ordered a cardiac enzyme test, which was elevated. He notified the cardiac attending, who told Helen's daughters that their mother might be having a "heart attack." The cardiologist recommended a catheterization to evaluate Helen prior to any surgical intervention. Helen's daughters decided to allow the catheterization to proceed with the hope that their mother would eventually get her hip repaired.

The catheterization led to the placement of a stent. While Helen was in the recovery room after the cardiac procedure, she stopped breathing. CPR was performed and Helen was intubated. CPR continued

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for 5 minutes until a pulse was obtained. She was placed on blood pressure medications and eventually brought to the ICU on a ventilator. She was extubated 7 days later.

On day 9, Helen was transferred from the ICU to the OR where she was re-intubated and placed under general anesthesia and had her hip repaired. The operation was uncomplicated with minimal loss of blood. There was a significant problem, however, the physicians could not remove Helen from the respirator. She was transferred back to the ICU, intubated.

She remained in the ICU for another week. Helen eventually developed an aspiration pneumonia. By the end of the week, the ICU doctors approached Sarah and Rebecca about the next decision point they had to make: performing a tracheostomy and placing a feeding tube.

Sarah and Rebecca reluctantly agreed. They reasoned that if they had gone this far down the road of fixing their mother's hip, then she deserved every chance to "make it," even though she never wanted to be intubated or have CPR attempted.

After the tracheostomy and feeding tube placement, another week had gone by and Helen was stabilized. She was eventually transferred back to Walden Pond, where she was transferred to the Long Term Acute Care wing.

For the next month, Helen was transferred back and forth from the nursing home to the hospital 4 times. First for another aspiration pneumonia that quickly resolved after some medications, then for two episodes of a urinary tract infection that also resolved with medications, and finally one episode to re-insert her feeding tube after she pulled it out. This last episode led the staff to place her in wrist restraints.

During the last hospitalization, one of the medical residents decided to consult the palliative care team to have a conversation with Sarah and Rebecca about their mother's goals of care.

The palliative care team spent the next couple of days sorting out Helen's medical history and getting an assessment of her prognosis from each of the medical specialties. The team then met with Helen's daughters.

After much deliberation, Sarah and Rebecca decided that their mother never wanted any of these interventions and that hospice would be the right choice for her at this time.

Two months after her fall and hip fracture, Helen Thompson was transferred one last time back to Walden Pond, this time to the hospice unit. Helen was no longer tethered to a ventilator or fed through a feeding tube; all invasive medical interventions were removed. With Sarah and Rebecca each holding her hands and surrounded by her grandchildren, Helen died peacefully.