End of Life Decisions When the End is Unclear

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77 year old man living independently with his wife
- 30 pack year history of smoking, ceased 27 yo – no documented lung function
- Treated for hypertension, hyperlipidaemia, diabetes
- Not very active – living mostly indoors – uncertain exercise tolerance
- Good cognitive function
- Supportive and involved family, but no power of medical attorney

Presents with an acute respiratory illness with cough sputum and fever
- CXR in ED shows patchy infiltrates
- Rapid clinical decline in ED
- ABG PaO₂ 50 mmHg, PaCO₂ 62 mmHg, pH 7.24  FiO₂ 40%

Intubated and admitted to ICU under shared care with GenMed
After 8 days still in ICU intubated
- Infiltrates have cleared – CXR shows “hyperinflation”
- Breathing spontaneously
- IPAP 14 cm H₂O and EPAP 8 cm H₂O, FiO₂ 28%
- Mildly confused

ICU concerned about slow recovery and advocate for –

“ONE WAY WEAN”
(ie extubate and not for re-intubation)
Questions (yes / no)

1. If you were the “parent unit” physician, would you agree to a “one way wean” with the present information?
Questions (yes / no)

2. Should more information and opinions about prognosis be sought?
Questions (yes / no)

3. Can the plan of a “one way wean” be implemented without the consent of the patient or his representative?
Questions (yes / no)

4. Is the patient competent to make a decision?
Questions (yes / no)

5. Does the family have decision making authority?
**Progress** – GenMed seek further opinions:

1. Respiratory Physician – unlikely to have severe end-stage COPD
2. Geriatrician – overall functional reserve likely to be reasonable
3. Family – patient enjoying life and would want full support

**Revised plan** – trial of extubation, but re-intubation and further support if this fails (including possible tracheostomy)
The patient is successfully extubated, receives non-invasive ventilation on the ward for several nights, undergoes inpatient rehabilitation and returns home 35 days later

- ICU write in notes “not for re-admission to ICU”

**Outpatient assessment reveals:**
- moderate chronic airflow obstruction ($\text{FEV}_1$ 1.2 L)
- significant diastolic dysfunction
- limited 6 minute walking distance (80 m)
- PSA 80 due to an asymptomatic prostate cancer with bone metastases

- He declines outpatient rehabilitation, and treatment for the prostate cancer and returns to a sedentary life
At a subsequent outpatient review, when asked about goals of care in the event of another episode of acute respiratory failure he and his family indicate that they want full ICU support

*(discussion by panel and audience of how to manage patient’s expectations)*