End of Life Decisions When the End is Unclear

Lou Irving
Director Respiratory and Sleep Medicine, Royal Melbourne Hospital
Respiratory Physician Peter MacCallum Cancer Centre

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 PaO_2 50 mmHg, $PaCO_2$ 62 mmHg, pH 7.24 FiO_2 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 H_2O and EPAP 8 cm H_2O, FiO_2 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 (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)