Say What You Mean and Mean What You Say:

Patient's Conflicting Preference for Care

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LW, a 68 year old woman, with progressive ovarian carcinoma designates her husband of 42 years as her health care decision maker in case she becomes incapacitated. She tells her physician, on admission for a small bowel obstruction, that she wants **no limitation** on medical therapy including CPR.

The obstruction turned out to be due to her cancer. Palliative surgery is performed successfully but postoperatively she can't be weaned off from the respirator. She requires vasopressors and fluids to maintain her blood pressure.

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Renal failure develops and hemodialysis is begun. The patient remains alert and communicative.

Two months later the attending physician reviews with the patient her condition and prognosis (poor). She claims that she enjoys the daily visits of her husband and family and wishes to continue full care. The physician then informs her that she could have a cardiac arrest and that performing CPR could add to her suffering and will likely not succeed anyway. She agrees with her physician that, under those conditions, she would not like to have CPR, but at the same time refused to agree to a DNR order.

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A few days later the physician asks her again and again she says that **she does not want to be resuscitated**. The doctor asks her husband to discuss, with her, her preferences. The patient tells her husband that **she never said that** she does not want to be resuscitated.

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The next day LW tells the doctor that she lied to her husband because she believed that she would object to a DNR and to ask him would only increase his anguish.

The doctor tells this to the husband but he stills does not want a DNR. He says that he can't let her go.

Two days later the patient's heart stops.

What should the doctor do?

Decisions or Desires: Which One Counts?

Issues Dr. J. Berger's views (Associate Professor Medicine SUNY)

- Physicians should respect LW's *authentic* preference which is reflected more in her decision than in the expression of her desires.

- Patients' preferences are the result of multiple and complex conflicting preferences and values. Physicians and other healthcare workers want 'clean' decisions. When these are not forthcoming or are equivocal they suspect undue family or other pressures.

- But many times the family interests are the patients interests. They identify their 'selves' more in terms of the family rather than with their unencumbered selves.

Decisions or Desires: Which One Counts?

Issues Dr. Berger's views cont…

- Unless there is clear evidence that there is family coercion – it happens, and if CPR is not physiologically futile, the doctor should perform CPR.
- This may represent the patient's most authentic interest.

Decisions or Desires: Which One Counts?

Issues Dr. M. Gunderson (Philosopher)

- LW's initial decisions not to limit care were shared by all involved.
- There were good reasons for her decision. So we could assume that they were not coerced.
- Only after her physician brought his concerns to her is that she was persuaded to think differently but still did not agree to the DNR.
- The patient was torn between the prospects of suffering and of her desire to decrease the anguish of her husband.
- CPR should be performed

Discussion