

Responding to Bioethical Challenges in Long Term Care Case Study #1, Part 1

Mrs. Smith is an 85 year old woman with end-stage congestive heart failure. She has been a resident of XYZ Long Term Care Center for 3 years. During that time, she was hospitalized seven times due to complications of her illness. During her last hospitalization, she spoke with her daughter (who is her health care agent/power of attorney for health care) and her doctor. They all realized that Mrs. Smith was having more hospitalizations with longer stays. Her congestive heart failure was progressing. Upon her last return from the hospital, Mrs. Smith requested a change from her advance directives to include “do not hospitalize.” However, she requested to remain “full code.” That is to say, she refused to change to “do not resuscitate” and “do not intubate” orders. She stated that she didn’t want to die “without someone trying to start my heart.” In addition, Mrs. Smith declined the staff’s offer to consider hospice care, stating that she “wasn’t ready to die.”

Last night, Mrs. Smith went into respiratory distress, a condition, which prior to the change in her advance directives, would have resulted in her being admitted to the hospital. With her daughter being out of the country, the nursing staff called her son to inform him of his mother’s respiratory distress. The son insisted that Mrs. Smith be admitted immediately to the hospital. When the staff explained the recent change to the resident’s advance directives, the son became belligerent stating his mother “always goes to the hospital when she is sick.” He then threatened a lawsuit based upon neglect on the part of the staff. The staff informed the son that Mrs. Smith’s advance directives would be honored.

Ethical Methodology

Assessment: What is *really* happening to the patient with respect to her health care?

- Look at the surface and behind the scenes;

- Include the patient and the health care agent;

- Include all the stake holders.

Professional Participation: What are we, the providers and health care professionals, doing about what is really happening?

- What are the prior decisions and assessments that were made?

- What are the current decisions and assessments that are in place?

Choices: What are the choices we can make that respond to what is really happening?

- Consider all the possibilities

- Include all voices (patient’s, family’s, caregivers’, health care staff, institutions)

- Ask “who is not being heard?”

Informed Decisions: What are the informed ethical decisions that we can make?

- Consider more than one decision

- Incorporate all voices

- Plan how decisions will be implemented

Responding to Bioethical Challenges in Long Term Care
Case Study #1, Part 2

The son then asks to speak with his mother. The staff takes the nursing cell phone to the resident who becomes more distressed and more agitated. The staff assess possible cardiac distress. The charge nurse calls 911 for the EMT to admit the resident to the hospital.

Ethical Methodology

Assessment: What is *really* happening to the patient with respect to her health care?

Look at the surface and behind the scenes;

Include the patient and the health care agent;

Include all the stake holders.

Professional Participation: What are we, the providers and health care professionals, doing about what is really happening?

What are the prior decisions and assessments that were made?

What are the current decisions and assessments that are in place?

Choices: What are the choices we can make that respond to what is really happening?

Consider all the possibilities

Include all voices (patient's, family's, caregivers', health care staff, institutions)

Ask "who is not being heard?"

Informed Decisions: What are the informed ethical decisions that we can make?

Consider more than one decision

Incorporate all voices

Plan how decisions will be implemented

Responding to Bioethical Challenges in Long Term Care Case Study #2

A patient diagnosed with Alzheimer's Disease is admitted to Transitional Care Unit in XYZ Long Term Care Center after a fall. She has had physical and occupational therapies. She is now ready to be discharged to her home where her husband is her caregiver. The patient's son informs the TCU staff that he thinks his mother should not return home. He believes the patient's Alzheimer's Disease has progressed so that her husband (his step father) can no longer care for his mother in their home. The patient's husband insists on returning the patient home.

Ethical Methodology

Assessment: What is *really* happening to the patient with respect to her health care?

- Look at the surface and behind the scenes;

- Include the patient and the health care agent;

- Include all the stake holders.

Professional Participation: What are we, the providers and health care professionals, doing about what is really happening?

- What are the prior decisions and assessments that were made?

- What are the current decisions and assessments that are in place?

Choices: What are the choices we can make that respond to what is really happening?

- Consider all the possibilities

- Include all voices (patient's, family's, caregivers', health care staff, institutions)

- Ask "who is not being heard?"

Informed Decisions: What are the informed ethical decisions that we can make?

- Consider more than one decision

- Incorporate all voices

- Plan how decisions will be implemented

