

Adult Case Study for Ethics Presentation at KSHA 9/15/11

Relevant History: 89 year old female admitted to the hospital from home status/post fall with the following diagnoses: R hip fracture, pneumonia, dehydration, confusion, and malnutrition. Other medical information included: chest x-ray indicating R lower lobe pneumonia consistent with aspiration; 15 pound unintended weight loss in last 3 months; lab work consistent with a pattern of dehydration/failure to thrive. During the second day of admission, the patient was observed by nursing staff to be coughing and choking during meals. A consult was placed for a clinical swallow evaluation. Clinical swallow evaluation was completed with the following findings: clinical signs and symptoms of aspiration (coughing, wet/gurgly voice quality) on all consistencies presented (thin, nectar thick liquids, purees, mechanical soft solids). Recommendations were: 1. NPO (nothing by mouth) with consideration for temporary alternate nutrition (nasogastric tube); 2. Instrumental assessment of swallow (Videoswallow evaluation). Videoswallow evaluation was completed the next day. The patient demonstrated severe oropharyngeal dysphagia with aspiration noted across all consistencies tested. Dysphagia was due to overall weakness and significantly impacted by lethargy and confusion. Cognitive deficits impacted overall awareness and safety of PO intake. The patient was unable to complete any compensatory strategies (chin tuck, double swallows) due to confusion and poor command following. The recommendation was that the patient was not safe to take anything by mouth at this time. It was suggested that alternate nutrition be considered (nasogastric tube placement initially and consideration for more permanent alternate nutrition). Trial swallow treatment was considered; however prognosis for improvement was guarded due to patient's confusion and difficulty with comprehension skills (ability to follow 1-step directions).

The patient's primary caregivers and Durable Power of Attorney (DPOA) are two daughters. The primary team met with the daughters for discussion of this patient's past history. They also discussed the next steps for her plan of care. Both daughters discussed that the patient's health had been declining the past year. The decline had been slow so it had not seemed obvious to them. They were not aware of coughing/choking episodes but neither could recall observing the patient take much food or drink recently. They did note that she had seemed weaker lately and had shown minimal interest in walking around her apartment. Upon further discussion, the daughters noted that the patient had demonstrated memory deficits (did not recall recent events or appointments with them). The patient had not seen a physician in at least 6 months due to the patient's unwillingness to see her doctor. Both daughters stated strongly that "our mother never wanted a feeding tube". She had not discussed any plans for end of life care with them ("those are private matters"). She did not have an Advanced Directive to their knowledge. One daughter was not in agreement with recommendation for NPO status and continually stated "she will not get better if she does not eat". This daughter insisted that the patient be assisted with feeding by staff as the patient was unable to feed herself. She also insisted that the patient be given a regular diet and thin liquids. The other daughter appeared receptive to information regarding the risks for PO intake but was ambivalent regarding disagreeing with her sister. Education was provided to the patient and family and staff re: significant risk for aspiration with any PO intake. The family was not able to be present for all meals due to work schedules so nursing staff was requested to assist with feeding the patient when the family caregivers were not present. Nursing staff did not feel comfortable

providing PO intake to a patient who was clearly an aspiration risk and presented with significant signs of aspiration (prolonged coughing/choking, wet/gurgly voice).

Nursing staff requested that an Ethics consult be placed:

1. What are the ethical issues?
2. What are the ethical issues involved with being asked to assist with feeding a patient who presents with clear signs and symptoms of aspiration?
3. What other information is needed to understand this case including goals of care?
4. What other options might be explored to respond to family caregivers' requests for care that clearly compromises a patient's safety and medical status?
5. What is the SLP's role in these discussions?