



The Ethics of Treating the Medically and Socially Complicated Patient

Conclusion

There is a need for the American Burn Association to offer and support more ethics-based oral presentations that allow members to consider ethically complex cases.

Significance Statement

When asked ethically challenging questions about caring for a medically and socially complicated patient, burn care providers do not agree on the answers.

The Case

- 47-year-old male with an 81% TBSA burn from a car accident, currently intubated and sedated and unable to participate in medical decision making
- Needs four limb amputations, though his chance of long-term survival is ultimately thought to be less than 10-20% (complications include kidney failure)
- Best case scenario is a life as a ventilator-dependent person with tetraplegia, likely without prosthetics due to skin graft issues
- He is married and has two living children, a 20-year-old son and a 22-year-old daughter
- His wife is not the mother of his children and is estranged from them
- He has a brother and sister, from whom his wife is also estranged
- The patient, his children, and his siblings enjoy a close relationship
- The patient's family claims the patient had been displaying signs of depression since the death of his youngest son 18 months ago and believes the car accident might have been a suicide attempt
- Initially, all family members indicate that even the best case scenario is not a quality of life that would be acceptable to the patient
- The patient's wife later states that she is not sure the patient would want to continue treatment, but that she is also not sure he would actually refuse it, and thus she wants to continue with treatment
- The rest of the patient's family is adamant he would refuse treatment were he able to participate in decision making

The Survey

1. Is it medically appropriate to do the amputations? Y/N
2. Is it medically appropriate not to do the amputations? Y/N
3. How should medical appropriateness be assessed?
Note: CHOOSE as many options as you see fit.
 - Based on what is medically possible
 - Based on how the potential benefits of medical treatment compare to the potential burdens
 - Based on the wishes of the patient or surrogate(s)
 - Based on usual medical practice
 - Other (please specify)
4. Can a determination of medical appropriateness be made without consideration of quality of life judgments? Y/N
5. Which of the following options should be offered to this patient/family?
Note: CHOOSE as many options as you see fit.
 - The amputations
 - Continuation of current treatment without escalation
 - Discontinuation of current treatment and initiation of comfort care
 - Other (please specify)
6. If the patient ever expressed any wishes regarding life-sustaining treatments, what role should these play in deciding what to do?
 - Patient wishes are the only thing that matters in decision making
 - Patient wishes don't matter given the patient can't currently participate
 - Patient wishes should be given equal consideration to what the medical team thinks is in the patient's best interest
 - Other (please specify)
7. What should be done about the contradicting claims that family members are making about the patient's wishes?
 - Accept only what the patient's wife says the patient would want
 - Accept only what the patient's children say the patient would want
 - Accept only what the patient's siblings say the patient would want
 - Accept what the majority of family say the patient would want, regardless of what their relationship with the patient is
 - Other (please specify)
8. Is the level of evidence needed to withdraw treatment the same as is needed to continue treatment? Y/N
9. Should concerns related to the issue of justice, such as resource allocation, be considered? Y/N
10. How important is it that a decision be made that allows the team members to sleep at night? Y/N

Data Source

$n=30$

ABA 2019 poster QR code: 12

EGLBC 2019 email survey link: 18

Survey Highlights

Less than 77% of respondents agreed about

- the medical appropriateness of amputation
- whether quality of life is a component of medical appropriateness
- how to handle the contradictory claims of family members
- the role of justice (resource allocation) in decision making
- how important it is that the decision allow the team to sleep at night

The **only** item unanimously agreed upon was that comfort care should be offered to the patient/family.

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