

## **Ella Gehrke**

### **Reflection:**

This poem is about a patient my team experienced during a long call shift on a weekend. We were taking on the cross-coverage role when we received a page that a patient's wife was becoming combatant with nursing staff and there was a request to speak to the team as soon as possible. Prior to our arrival at the patient's room, we learned that the patient had advanced ALS and was ventilator requiring. Yesterday, the palliative care team and the primary team had a goals of care discussion with the patient and his family. At that time, the patient had expressed his medical goal to be DNR in the setting of an advanced fatal disease. This decision was documented. The next day, when we met with the patient's wife, she explained that the family had decided to change the code status of the patient.

As the cross-coverage team, we had no relationship with this family, and we were placed in a very difficult situation where a grieving family was contemplating changing the code status of their family member. It was clear from the discussion with the wife, that this was not a decision that had been fully rediscussed with the patient, and that grief regarding his condition was likely motivating this change.

As physicians, we take an oath in medical school to show beneficence. The definition of beneficence is to do good towards others. But in scenarios such as these, is keeping someone alive against their will good? Ultimately, the decision was made to maintain the code status until the palliative team/day team could rediscuss the families concerns in person. Although this patient was actively stable, there was very strong concern that something would change over the course of the day and our team would be responsible for mitigating the conflicted patient vs. family goals.

This situation started a dialogue amongst my team regarding when and how code status should be changed by family members. Upon further investigation, I learned that a family agent appointed as medical power of attorney has a legal obligation to act and abide by the patient's wishes. In this case, it was unclear whether the patient's wife was acting as the patient's advocate and doing her duty to ensure the code status was changed to reflect a change of decision he had overnight, or if she was acting outside of his will in a reflection of her grief and reluctance to let him go.

As I reflect on this scenario, I wonder how I would have handled it as a senior resident. I think my team did a nice job of deescalating the situation. If I had to modify the steps we took, I think I would have called in the palliative team at that time. They had a previously established relationship with this family and would be able to provide greater reassurance than we did/could. I think my team did a nice job of listening to the wife's concerns and taking the time to listen helped prevent worsening conflict and distrust between the medical teams and the family.