PLEASE, DOCTOR, DECIDE FOR ME.

CLINICAL CASE

Jorge is an 80-year-old patient with a medical history of hypertension, type 2 diabetes, and depression. A recent clinical interview revealed significant cognitive impairment, currently assessed as moderate, but, which has not been formally classified. Jorge is single and childless but has a good relationship with his two sisters. Until two months ago, he lived independently, although he had some minor incidents, such as placing milk in the dishwasher instead of the refrigerator. Recently, he has begun burning food due to forgetfulness and has exhibited poor personal hygiene. Additionally, he has had disputes with neighbors with whom he previously had good relations.His sister Elena has taken the initiative to visit and assist him, attempting to arrange help through social services or by hiring a housekeeper. However, Jorge has refused these offers and becomes upset when they are mentioned. Two months ago, Jorge did not respond to telephone calls and was found at home on the floor, having urinated and unable to get up. Following a prolonged hospital stay for a urinary tract infection and undiagnosed atrial fibrillation, he was transferred to a nursing home. There, Jorge exhibited significant disorientation and no longer recognized his sisters. He became dependent on assistance for basic activities of daily living, requiring help transferring from his chair to bed, and requiring absorbent pads for urinary incontinence. After a week in the nursing home, Jorge was sent back to the hospital due to general deterioration linked to new urinary sepsis and acute renal failure. He was admitted under the care of Dr. Pastor without antibiotics, receiving only palliative measures. Dr. Pastor proposed two options to the family: to administer antibiotics and observe the patient's response or to continue with palliative care and allow the condition to progress.

Elena is very upset, and their other sister, who lives abroad, has delegated the decision to her. Unable to decide, Elena asks Dr. Pastor to make the decision he thinks is best. What should Dr. Pastor do: decide for the family or delegate the responsibility to his superiors?

ETHICAL CASE ANALYSIS

In this case, conflict arises from Dr. Pastor's uncertainty about whether to assist the family in decision-making regarding Jorge's care. Taking on this responsibility carries inherent risks, and it may be preferable for him to avoid altogether. Undoubtedly, it would be more comfortable and straightforward for Dr. Pastor not to engage in helping Elena make a decision.

In clinical practice, decision making should ideally be shared and consensual among all the parties involved, always seeking what is best for the patient. However, proxy decisions can overwhelm patient representatives, either because they do not consider themselves qualified to make the decision, because they do not know what is best for the patient, or because they are afraid of making the “wrong choice”. In such instances, it is common for proxies to request that the physician make the decision on their behalf rather than simply provide advice.

When a proxy expresses that they are not prepared to make a decision, it necessitates greater involvement from the physician. The physician has a professional responsibility to assist both the patient and their representatives in the decision-making process, always aiming for what is most beneficial for the patient's healthcare. Failing to engage in this responsibility can result in patient abandonment and a loss of trust in the physician, ultimately deteriorating the clinical relationship.

POSSIBLE COURSES OF ACTION

- Refer the case to another internist. If this is not possible, transfer the decision to the head of the department.
- Take the case to a clinical session, so that the whole team of internists can evaluate the best option and so that the responsibility is not placed on a single professional.
- Assess whether the decision can be postponed until the family is able to make a decision.
- Carefully explain to the family the pros and cons of each option so that they can make the most well-informed decision.
- Inform the family of the pros and cons, but also give an opinion as to what would be, in the physician's opinion, the best option.
- Let the physician make a decision, informing the family of the measures taken and why.
- Ask if the patient had previous instructions (living will etc.)
- Consult with the family to see if they know what the patient's preferences were: if at any time he had expressed what he would have wanted in a situation like this, how he wanted to be cared for if he could not decide.

RECOMMENDED COURSES OF ACTION

- First of all, it is preferable that the decision maker should be the patient himself, so it is necessary to consult whether the patient has made any prior instructions (living will etc).
- If not, make sure that the family has all the information and understands it thoroughly. Take time to go over all pros and cons of each possible decision.
- In this informative process, it should be noted that it is not a matter of deciding what Elena wants, but of making a decision by proxy: what Jorge would want if he could decide. It is a matter of approximating what the patient himself would have wanted.
- It is important to assess whether the decision can be postponed, because sometimes representatives require a certain amount of time to assimilate the information and then in turn, be able to make a decision.
- If Elena understands the information and, has thought about what Jorge would want, but does not feel capable of making a decision, then the physician should get involved and assist her.

- If the physician has to make a proxy decision without knowing the patient's values and priorities, he/she should consider whether the patient is in a terminal situation and, if so, prescribe palliative treatment. If the patient is not in a terminal situation, it may be indicated to treat the acute process, but without subjecting Jorge to futile or disproportionate procedures.

DISCUSSION

The physician's commitment to the patient and their family is grounded in a clinical relationship built on communication and mutual trust. This relationship goes beyond trust; it encompasses the physician's duty to provide support and guidance in decision-making. Ideally, decisions should emerge from a deliberative process in which the physician provides necessary information, and together they explore the best options based on the clinical situation and the patient's values.

In cases where the patient is unable to participate in the decision-making process and no advance directives are available, proxy decisions must be made with the patient's representatives. Proxy decision-making at the end of life can be particularly challenging for families, especially during acute situations, as the various options may not have been discussed in advance. Such decisions should aim to respect the patient's life plan and values. Efforts should be made to explore the patient's potential preferences; for Jorge, this means determining whether he would have preferred to exhaust all therapeutic options or, conversely, to limit the therapeutic effort in favor of palliative care.

Ideally, Jorge and Elena would have discussed these matters earlier. Engaging in conversations with loved ones about preferences for end-of-life care is essential. It is important to understand both their wishes and our own. Such discussions are imperative, as life can present unexpected situations for which we must be prepared..

Sgd.: ASISA-Lavinia Bioethics and Health Law Committee
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