SOCIAL CHALLENGE OR AN ETHICAL ISSUE?

CLINICAL CASE

Francisco, aged 75, is a widower with two children and receives a non-contributory pension. Formerly independent in basic daily activities, he recently lost this independence due to a hip fracture from a fall six months ago. He now requires assistance for his self-care, shopping, and leisure activities. Francisco's medical history includes smoking, arterial hypertension, dyslipidemia, and benign prostatic hyperplasia. Following the fall, Francisco's family applied for a place in a public nursing home, however, they've been informed that there is a lengthy wait list of at least nine months. Francisco prefers to continue living at home despite his situation. His son Juan has temporarily moved in to provide assistance in the meantime.

One month ago, Francisco experienced a lacunar infarction, resulting in limited mobility in his right upper and lower limbs. His hospitalization revealed mild cognitive impairment alongside physical challenges. After 15 days of treatment, Francisco's condition has stabilized, and he can walk with a walker, although he still requires assistance for bathing and dressing. Additionally, he now uses absorbent pads due to nocturnal bathroom difficulties.

As the responsible physician for the patient, Dr. Alonso has arranged for hospital discharge and outpatient rehabilitation resources. However, his two sons oppose the discharge, citing their inability to provide continuous care due to their work commitments. Despite Dr. Alonso's explanation that there is no medical indication for prolonging the hospital stay, the family insists on keeping Francisco in the hospital until he secures a place in a nursing home, given their work and family circumstances. After extensive discussions with the family about the drawbacks of prolonged hospitalization and the need to free up the bed for other patients, an agreement was reached for Francisco's discharge in two days' time, allowing the family to make alternative arrangements. However, on the scheduled day of discharge, neither son appeared to pick up Francisco, nor did they respond to phone calls. Dr. Alonso faces the dilemma of whether to proceed with a forced discharge, considering the lack of available beds in her service and the potential risks of leaving Francisco alone at home without adequate support.

ETHICAL ANALYSIS OF THE CASE

In clinical ethical conflicts, the underlying issue often involves a clash of values, alongside the clinical problem at hand. Conflicts between values can arise due to societal values such as

equity, patient autonomy, and responsible resource use. Therefore, understanding the social aspects of a case is crucial in many clinical ethics dilemmas to make informed decisions.

In this case, the primary ethical dilemmas arise from the patient's family context and social circumstances. The physician must decide between prioritizing equitable resource management, treating the patient like any other post-treatment individual, or addressing the patient's specific social vulnerability

For vulnerable and socially fragile patients, assessing their well-being is crucial to prevent abandonment. In this case, the healthcare team and center bear responsibility toward the patient, but this responsibility has limits. The hospital cannot indefinitely care for patients with social issues, as rational resource allocation is vital in both the public and private sectors. Thus, the balance between direct patient care and system resource management must be considered proportionately.

POSSIBLE COURSES OF ACTION

- Forcibly discharge the patient and escort him/her to the door to ensure that he/she leaves the center
- Keep the patient admitted, but do not give any treatment or care, as he/she should not be in the facility
- Transfer the patient to a nursing home, even if the patient does not want to.
- Ask Francisco about his wishes and preferences, and try to incorporate them into decision-making.
- Assess whether the patient can go home alone, his/her physical and cognitive condition must be known.
- Explore the possibility of a voluntary transfer to a nursing home as a temporary resource until Francisco can return home.
- Search for an appropriate center where Francisco can be physically rehabilitated.
- While the patient remains admitted, initiate rehabilitation and maintain care.
- Explore the possibility of the patient returning home, with hired help until the patient is granted assistance via social services.
- Consult with a representative from social services, to coordinate clinical action, contact with the family, and the management of social resources.
- Try to contact the family again.
- Communicate the situation and facts to the judicial authority, in case they could constitute a crime.
- The patient will remain in the center indefinitely until he/she is completely autonomous or the family decides to come for him/her.

RECOMMENDED COURSES OF ACTION

- Efforts must be directed toward finding the most suitable resource for the patient's well-being and current situation. This involves integrating social services into decision-making and implementing a multidisciplinary intervention with the patient at the center of care and healthcare.
- Within this approach, the patient's preferences should be taken into account as much as possible.
- You must try to reach the patient's relatives daily. Contact with them is crucial to arrange a new meeting and emphasize the urgency of addressing their father's situation. While showing empathy for their difficulties, it's essential to be firm in explaining that the current situation must be resolved promptly. Francisco's hospital bed is needed, necessitating either his transfer to home care with appropriate support or placement in a rehabilitation center until his recovery. It's the family's responsibility to ensure these arrangements are made promptly.
- To decide which resource is best, it is important to explore his cognitive and physical state, to assess whether he could be moved to the home, either now (with supervision), or later when he improves.
- Ideally, the patient would be able to stay at home with outpatient rehabilitation, as this seems to be what he wants. If this is not possible, a half-stay inpatient facility could be arranged until he regains autonomy and independence.
- If he is unable to go home and there is no place in a medium-stay rehabilitation facility, the option of a residential social-healthcare center with rehabilitation may be considered with Francisco and his children as a temporary resource until a return to the home can be assessed. Since public placement takes months, their case would need to be analyzed to see if they could be granted an urgent placement for social needs, or if not, talk to the family to suggest a transfer to a private residential center.
- In any scenario, Francisco should remain in the hospital until an optimal solution for his current situation is secured.
- Lastly, if the family refuses all recourse and is unwilling to cooperate, albeit not ideal, it may be necessary to involve legal services to address the situation appropriately.

DISCUSSION

To address this case effectively, it's important to consider both the ethical dilemmas and social factors. This means involving social services in decision-making and taking a multidisciplinary approach centered on the patient's vulnerability. At the same time, we must responsibly choose the most suitable resource for their well-being, balancing the value of equity with limited resources. Professionals cannot avoid their responsibility for patient care, but efficient resource management is also crucial. Patient preferences should be respected whenever possible, including their choices about how and where to receive care.

Managing social problems requires the intervention of specialized professionals, who must be integrated into the decision-making process, whether they are a service of the center itself or a public resource. In such cases, social services are an essential tool for combining care with patient autonomy, well-being, and the rational use of resources.

Furthermore, it's crucial to involve the patient's family and relatives, particularly for ensuring continuity of care at home. In instances where family support is lacking, efforts must be made to find alternative resources to guarantee the required care for the patient and their social protection.

Sgd.: ASISA-Lavinia Bioethics and Health Law Committee
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