**CASE 1.**

**TENSIONS AROUND DISCHARGE PLANNING**

Mrs. B is a 72-year-old widow who lives alone. She is admitted to a small rural hospital after a massive fall. After appropriate treatment, her physician tells her she is ready for discharge. Susan Collins RN, the unit manager who also doubles as the discharge planner, tells Mrs. B that she can return home or to a Long Term Care (LTC) facility. Alongside the physician, Susan explains the care and follow-up she will need.

Mrs. B is a lifelong smoker, and the LTC facilities require her to quit smoking before they admit her. When asked to participate in a discharge plan, Mrs. B says,” I’m just not ready to go home—I need more time.” She also refuses to engage in any smoking cessation therapy efforts. The staff informed her according to hospital policy, patients cannot elect to continue to occupy a hospital bed when a discharge order is written, or they could run the risk of becoming uninsured and being charged a per diem for any ongoing hospital care. That means she could be financially liable for further inpatient lodging. She ignores this notice. The staff believes she has little income or assets, is not concerned about personal financial liability, and prefers being in the hospital to being at home or an LTC, as the former would mean she would return to a lonely home. The latter would mean she has to quit smoking.

Additionally, there are reports of her being verbally abusive to staff. Yesterday, she almost had a fall and threatened to sue the hospital if that happened. Susan and other members of the team are concerned about what to do.

Consider the following questions relating to this case:

. What is your role as a care provider in supporting this patient?

. Are there contextual factors in this case which may influence your approach?

Adapted from Swidler, R. N., Seastrum, T., & Shelton, W. (2007). Difficult hospital inpatient discharge decisions: ethical, legal and clinical practice issues. The American Journal of Bioethics, 7(3), 23-28.