

The Case

Mr. K: End stage liver disease in the ICU

Mr. K is a young adult male admitted to the intensive care unit 12 days ago because of hypotension and intractable abdominal pain due to end-stage liver cirrhosis. He has a history of alcohol and other substance abuse, as well as a seizure disorder. He is currently dependent on vasopressors and daily blood transfusions for hemodynamic stability. Mr. K has bleeding esophageal varices and other gastric bleeding. He is obtunded and therefore non-responsive, but breathing spontaneously. He is not married and has four children, all under the age of 15 years. On admission to the hospital, he identified his parents as his Substitute Decision Maker (SDM), but he has no written advance directive.

The Most Responsible Physician (MRP) confirmed his current lack of decision-making capacity. Given that Mr. K's mother is present at the patient's bed side often, she was asked about what she knew of his son's current condition and what he would want to be done. She said that she believed it was his alcoholism that led to his liver failure. She was informed that the healthcare team believed he was most likely dying and required daily blood transfusions to maintain his life at this point. While she was accepting of his poor prognosis, she was saddened. She mentioned that she only recently learned of his hospitalization and had been in contact with Mr. K's father via text messages. The team is recommending withdrawing life sustaining treatment given the patient's prognosis. Regarding Mr. K's goals, his mother said that he would want to be home with his kids. She continues to say that she is not certain of what he would want regarding treatment options and provides no additional details. His father has not been in to see him recently but on the few occasions when his father visited, he would not discuss anything related to his son's treatment plan, but simply says, "Do everything."

The following day Mr. K became further hemodynamically unstable, requiring several blood transfusions during the night and rapidly declining. The healthcare team was scheduled to hold a family meeting with Mr. K's parents that evening, and the nurse consulted the ethics team to know what plan would be in the patients best interest.

- Adapted from Moss, K. O., Guerin, R., Dwyer, O. M., Wills, C. E., & Daly, B. (2020). On best interests: A case for clinical ethics consultation. *Journal of hospice and palliative nursing: JHPN: the official journal of the Hospice and Palliative Nurses Association*, 22(1), 5.