Advanced Directives in the Emergency Department
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Case Presentation

Mrs. RH is a 95 year old resident of a nursing home. She has the following problems/issues:
- Severe dementia
  - She is unable to care for herself
  - She is confined to bed
  - She receives nourishment and medications via a gastrostomy tube
- Incontinence
- Mild congestive heart failure
- Mild hypertension
- Mrs. RH spends her days propped up in her bed "watching" the television.
- In the evening she sometimes becomes agitated and requires sedation
- Mrs. RH has three adult children. The oldest, a son, is 72 and has retired to Florida. He is the named executor of his parents' estate
- Her middle child, a daughter, is 69. She lives in Dallas
- Her youngest son is 63. He lives in the Houston area and was primarily responsible for Mrs. RH's care before she entered the nursing home.
- The relationship between the children has been somewhat strained, a result of disagreements about the care of their mother.
- The oldest son strongly objected to nursing home placement and resents his brother's insistence that Mrs. RH be placed there.
- For his part, the younger son resents the fact that his older siblings left all of Mrs. RH's care to him.
Mrs. RH and her late husband last revised their wills when they were in their mid 80's and included advanced directives to health care providers in the documents. The nursing home has a copy of these documents.

For the morning of Jan 4th, 2005, the nurse performing routine vital signs notes that Mrs. RH has tachypnea, and low grade fever. She also notes that Mrs. RH’s breathing has become somewhat labored.

The nurse attempts to contact Mrs. RH’s physician but is unable to do so.

Mrs. RH’s Advanced Directive

What should the nurse do now?

The nurse calls 911

A basic unit responds to the call. (The providers can administer oxygen, use a defibrillator, and perform assisted ventilation with a resuscitation bag and mask.)
Prehospital Advanced Directives

- Specific instructions to EMS regarding resuscitation, treatment, and transport
- Vary from state to state
  - ID bracelets
  - Specific registration
  - Specific legal documents

What should the EMS providers do?

Mrs. RH's advance directives do not specifically address prehospital care. Furthermore, her physician cannot be reached. She is transported to the hospital...

At the emergency department

- On arrival at the emergency department, Mrs. RH has the following vital signs:
  - P 104 B/P 93/59 T 38.1 R 23 O2 Sat 91%
- Her physical examination demonstrates labored respirations and crackles heard over the entire left posterior chest.
- X-Ray confirms a left multi-lobar pneumonia

Among the documents that arrived with Mrs. RH is the advanced directive.

What should we do?

- What are the issues for the emergency physician in this case?
- Does the patient's pneumonia meet either of the definitions under the advanced directive?
• Attempts to reach the physician fail
• Attempts to reach Mrs. RH’s children are initiated. The first successful contact is made with the eldest son.
• After an explanation of his mother’s condition he says “I think my mother would want antibiotics, she just doesn’t want to be on a breathing machine.”

• Does this change our approach?

• The daughter is contacted and says “I remember when mother and daddy did those wills. I talked to her about some of these things. She did not want any kind of artificial support or even medicine, if it couldn’t help her to live a normal life. Lord knows she isn’t living a normal life now. I think my mother would just want to be comfortable.”

• Does this change our approach?

• The youngest son arrives at the ER. He says “I know my mother signed that advanced directive thing but it was just cause daddy made her do it. If you can fix this pneumonia she might get back to the way she was. I think she would want you to do everything possible.”

• Does this change our approach?
Some issues regarding advanced directives in emergencies

- People often don’t communicate their wishes with family
- Family dynamics are important and there can be issues of secondary gain
  - Guilt
  - Greed - Social Security Check
  - Interpersonal problems - family members often disagree

- The patient’s personal physician may be unavailable
- People can and do threaten legal action
- The directives themselves are open to interpretation

Some Ways of Making Decisions

- Explicit directive - The more detailed the better
- Substituted judgment - What Mrs. RH’s children are doing
- Patient’s best interest - What you, the provider are supposed to do.