Case 1: Mrs. Samm*

Mrs. Samm is an 80-year-old widow with chronic obstructive pulmonary disease (COPD) and hypertension. Both the physiological incapacitation and the accompanying need for oxygen by nasal prongs severely limit her mobility, leaving her largely confined to her eleventh-floor apartment, where she now lives alone.

Mrs. Samm receives twice weekly support from her only daughter, 60-year-old Gloria. Gloria lives on a farm 40 minutes outside of town but visits every Wednesday afternoon to clean her mother's apartment, grocery shop, assist with managing the household finances, and to organize meals, which she freezes in individual meals for easy preparation by microwave. Additionally, Gloria and her husband visit every Sunday afternoon. This routine has become strained. On top of the daily demands of operating the farm, they have grown tired of Mrs. Samm's "never-ending" complaints about everything from the weather to her lot in life.

Other than Gloria, Mrs. Samm doesn't have any other family and her close friends and husband have all passed away. Between visits from Gloria, Mrs. Samm spends her time watching television and reading.

Mrs. Samm's aging family physician has cared for her for many years, supporting her through her husband's 2-year battle with terminal lung cancer, and through her own struggle to quit smoking at the age of 75, as her COPD worsened. Now, Dr. Aronson is 70 years old himself, is working less, and it is often a challenge for Mrs. Samm to book an appointment with him.

Recently, Mrs. Samm's condition has noticeably deteriorated. She has increased difficulty breathing, loss of appetite, and suffers from near-constant anxiety of developing lung cancer.

After comments from Gloria and Dr. Aronson, Mrs. Samm is angry at their suggestions she should move into a nursing home. Unable to book appointments with Dr. Aronson, and with worries about her deteriorating health and the possibility of being made to move, Mrs. Samm has started making regular visits to the hospital emergency room, seeking urgent medical attention for chronic symptoms. In response, the emergency department team have contacted Dr. Aronson with the strong suggestion that Mrs. Samm be put in the first bed that becomes available in residential care. Mrs. Samm is firmly against this possibility. However, Gloria and her husband think it is the right time. Because of Mrs. Samm's worsening condition and her isolation at home, Dr. Aronson is unsure if he should support Mrs. Samm's wishes or not.

Key Question

What should our approach be to caring for Mrs. Samm?

(Completed) Ethics Decision-Making Framework

1. Key Question:

What should our approach be to caring for Mrs. Samm?

2A. Facts:

- COPD and hypertension
- 80 years old
- Widow, lives alone
- Limited mobility
- O2 with nasal prongs
- Daughter visits 2x week, with son-in-law
- No friends or other family
- Daughter wants transferred to residential care
- Long-time GP, is aging and less available
- Conditions getting worse
- Frequent ER visits for chronic condition care (because GP is unavailable)
- Mrs. S does not want residential care
- Has anxiety due to fear of developing lung cancer (which husband died from)
- COPD due to lifelong smoking (quit at 75)

2B. Missing information we CAN find out:

- Has anyone had a conversation with Mrs. S about what she wants?
- What does Mrs. S want, what is her idea of good quality of life?
- Why specifically does she not want to move into residential care?
- What home supports are available? Have they been explored?
- What are the details about residential care – are any near to her daughter (assuming Mrs. S would want this), is space available, does she meet criteria?

2B. Missing information we CANNOT find out:

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3. Values – it is important that….

- **Mrs. S receives medical care she requires**
- **We understand and acknowledge her anxieties/worries**
- **Mrs. S receives support to be informed and make decisions**
- **Mrs. S wishes are respected**
- **The efforts/strain on family is acknowledged**
- **We support her family**
- **We explore if Mrs. S. is feeling lonely/isolated**
- **We reduce ER visits**

4. Prioritized Values:

1. **Mrs. S receives medical care**
1. **We acknowledge her anxieties/worries**
2. **Mrs. S receives support**
2. **Mrs. S wishes are respected**
3. **Acknowledge efforts/strain on family**

5. Brainstorm options:

A. Meet Mrs. Sam to determine her wishes, educate about her conditions and what Residential care and other options look like

B. Explore other options than Residential care

C. Find ways to strengthen relationship between Mrs. S and her GP in a timely manner

6. Analyze options:

		OPTIONS →						
V		A	B	C				
A	1	✓	~	✓				
L	1	~	~	~				
U	3	✓	~	~				
E	3	✓	~	✓				
S	5	~	✓	✓				
↓								

7. Make a decision:

Do A ✓

The Ethical Decision-Making Process

1. Identify the key question
2. Identify the facts
    a) What do we know for sure?
    b) What don't we know that we can find out?
    c) What information can't we know?
3. Identify guiding values – what matters?
4. Prioritize the values – what matters most?
5. Brainstorm the options
6. Analyze each option according to the prioritized values
7. Make a decision. Reflect and learn from it.

Find the complete ethical decision-making toolkit here:
http://fhpulse/clinical_resources/ethics_services/Pages/Default.aspx

Or contact Fraser Health Ethics Services at ethics.services@fraserhealth.ca

***SOURCE:** Stewart, M. et al. (2014*). Patient-centered medicine: transforming the clinical method (Third Edition)*. Radcliffe Publishing. pages 63-66. The title of the original version of the case is "I Should Write a Letter to the Editor" by Carol L McWilliam. Adapted for FHES 2016 Conference by Allen Alvarez and Duncan Steele. A copy of the book is available at the FHES library at Central City Suite 400. Note: the book is CPD certified.