

# Code Status and Ethical Dilemmas: A Case Study.

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## INTRODUCTION

An advance directive (AD) is a legal document that allows a patient to make decisions regarding end-of-life care. Ethical challenges arise when an incapacitated patient presents without an AD. The patient's next-of-kin (NOK) will then make decisions on the patient's behalf including a "do not resuscitate" (DNR) status. We present a case of a patient with no AD in place, who became incapacitated and subsequently the NOK, wife, was elected to make his decisions creating an ethical issue. We emphasize the importance of obtaining a code status on admission to avoid such ethical conflicts.

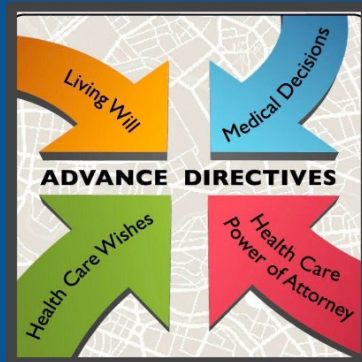
## CASE-SUMMARY

A 63-year-old male presented to the emergency department with weakness. Patient was diagnosed with severe anemia (Hb 5.3) and end stage renal failure (eGFR 5) requiring urgent dialysis. Code status was not discussed on admission. His hospitalization was complicated by acute respiratory failure and acute metabolic encephalopathy requiring intubation. Four days later, the patient became septic. One week later, wife consents for the patient to undergo an open small bowel resection due to a high-grade bowel obstruction. As the patient's clinical condition progresses, he had moments of lucidity where he expressed desire for DNR. However, when evaluated by psychiatry, he is deemed incapacitated to make further medical decisions. As the patient continued to decline, a meeting was held with the wife and family to discuss care goals and the patient's prognosis. His wife insisted on maintaining his full resuscitation code status. The care team suspect the wife's motives indicate a secondary gain in her decision regarding her estranged husband's code status.

## DISCUSSION

Code status discussions are a crucial part to ensure the patient's care aligns with their wishes. A British study revealed that 75% of patients who received cardiopulmonary resuscitation (CPR) after an in-hospital cardiac arrest did not have a documented AD (1). There is an abundance of legal disputes on unwanted CRP and intubation and the harm it causes to the patient (2).

Our patient presented without an AD. His clinical condition deteriorated, necessitating his wife to make medical decisions on his behalf as she opted to keep the patient as full code, however the patient, at times, expressed that he wants his code status to be DNR. This poses a possible ethical conflict of the non-maleficence principle as this patient's NOK medical decisions did not represent the patient's values. This case highlights the dire need to obtain an AD or discuss code status for all patients that present to the emergency room to prevent moral conundrum as seen in our case. The osteopathic approach values the body, mind and spirit. This approach includes family, values, life events, and quality of life. Although unclear whether our patient truly wishes DNR, the NOK's choice of full code, abides by the law but at the cost of the 'do not harm' tenet and holistic care itself.



## REFERENCES

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90% AND 71% BUT ONLY 29%

of Americans have heard of a living will, a kind of advance directive, of Americans have thought about their health care preferences have an advance directive.

**THINGS TO CONSIDER**

- Medical treatments you would want or not want.
- What matters most to you in a crisis:
  - having family nearby?
  - being at home?
  - spiritual support?
- Who will speak for you if you can't speak for yourself?