LIFE SUPPORT IN THE CONTEXT OF ATTEMPTED SUICIDE

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CASE DESCRIPTION

- An 88yr old man with DM and terminal cancer recently lost his wife of 62 years after her own battle with cancer. He has a DNR order and a Living Will requesting no heroic efforts or life-sustaining treatment, including no intubation or ventilator. He has voiced his thoughts to his friends and children that he hopes he dies soon as life without his wife is too much to bear. One day, his daughter finds him unresponsive and calls an ambulance. Paramedics determine he has injected an entire vial of insulin through his Medi-port and decide his DNR is invalid. He is intubated and taken to the closest ED. His DNR and Living Will are on file with the hospital he is being treated at.

DILEMMA

"Should a patient with a terminal illness and a Living Will on file, who is hospitalized on life support after an attempted suicide, be allowed to die?"

DEBATE

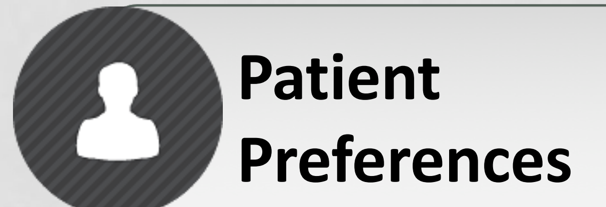
Pros

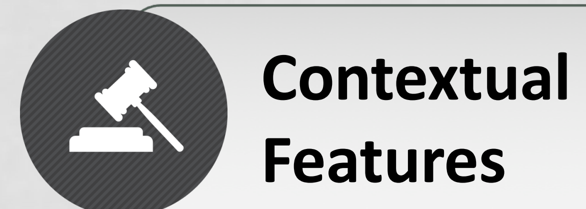
- Why should we resuscitate and maintain life support for this patient?
- Refer to the Ethical Principles
  - Autonomy – each person has moral value and dignity
  - Beneficence – prevent harm and promote good
  - Non-maleficence – prevent further injury
  - Medical duty – team focused

Cons

- Why we should not attempt resuscitation for the patient:
  - DNR on file in medical facility
  - Quality of life for patient post resuscitation
  - Advanced age
  - Already with terminal illness
- Cost of extended ICU stay, potential financial burden for family

FRAMEWORK: THE FOUR TOPICS MODEL





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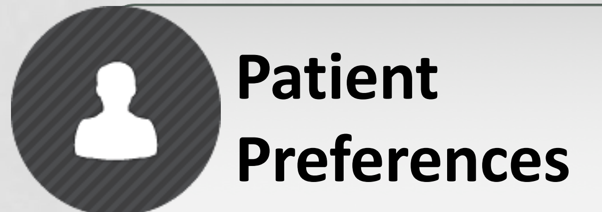
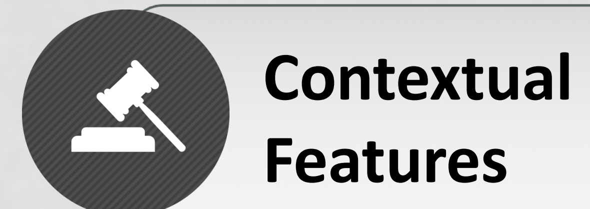
  - Placing the patient on a ventilator will not result in healing of his terminal cancer or reduce the risk of attempting suicide in the future





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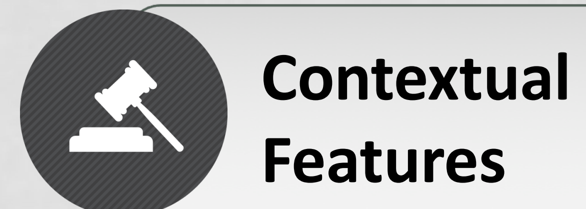
  - No consent
  - Patient expressed prior preferences
  - Violation of respect of the patient's autonomy



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  - Prospect of recovery
  - Judgment that quality of life would be undesirable
  - Quality of Life assessment
  - Legal and Ethical status of suicide
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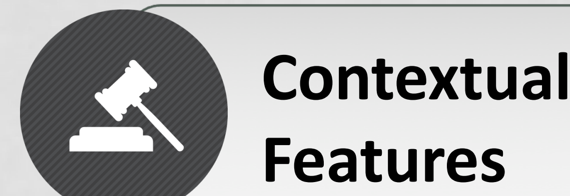

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- **Contextual Features**
  - Family members' interest in clinical decisions
  - Financial factors creating a conflict of interest

- **Remove the patient from life support per his wishes**
  - **Autonomy:** This patient was previously found to be competent, informed, and arrived at his decision to not accept life-saving measures after thoughtful consideration. Therefore, autonomy over beneficence.
  - **Autonomy:** Patient has terminal cancer and in cases other than attempted suicide his living will would be honored.
  - **Justice:** Patient has a legally binding directive to NOT use life support, so we must follow his wishes
  - **Nonmaleficence:** Keeping this patient alive is contributing to his miserable state/causing more harm than good. Also, this is at a cost to society in terms of the cost of prolonging life in a futile situation
  - **Beneficence:** Do no harm does not equal keeping a dead body alive with machines.

IMPLICATIONS & RESOLUTIONS: PRACTICE AND POLICY

- Suicide in general--why does society need to care?
  - Emotional costs to family, friends, and community
  - Costs **$36.6 billion** in combined medical and work loss
  - Nonfatal injuries costs **$6.5 billion** in combined medical and work loss (CDC.gov)
- In our government
  - CDC, National Center for Injury Prevention and Control
  - Senate Resolution 262, 113th CONGRESS, 1st Session
  - Every state formally recognizes suicide as a social burden
- Military Implications: UCMJ Articles 134 and 115
  - "Prejudicial to good order and discipline"
  - Malingering ="intentional infliction of self-injury"
  - Still controversial

IMPLICATIONS & RESOLUTIONS: PRACTICE AND POLICY

- Policies for Medical Agencies are focused on recognition
  - Consult Ethics Board/Council
  - Mental Health Services
  - Specialty Consultation
- Is there any precedent?
  - Kerrie Wooltorton case (Callaghan & Ryan, 2011)
- However, these resolutions and awareness programs are not focused on the specific population we are discussing today
- Practices of our culture at this time support life over autonomy. Given our presentation, should this change? It's your decision now!

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QUESTIONS