

DECISION MAKING CAPACITY SMALL GROUP CASES

Case 1

Mr S is a 37-year-old male with mild intellectual disability presenting to the ED for treatment with IV antibiotics for cellulitis after failing outpatient therapy. He lives independently and works part-time stocking shelves at a local retail store. Prior to being admitted to complete his IV antibiotic course, he demands to leave the hospital. When asked why he wants to leave, he expresses frustration at the length of his ED visit and impending hospitalization, states that he has mail and bills piling up at home, that his cat is alone, and that he wants to get out of the hospital in time to buy a birthday present for his nephew. When reminded that his medical care team recommended that he stay in the hospital for two days to complete more IV antibiotics prior to transitioning to oral medications to finish his antibiotic course, he states “But I feel fine. My energy is great, I don’t have a fever, and it doesn’t hurt that much at all. I’m fine. Besides, I really need to get home – there’s a lot to do. I just need to get this thing out of my arm [gestures to the IV], then I’ll call a cab and head home.”

Based on the information you have so far, does it appear that Mr. S has decision-making capacity to leave the hospital AMA?

What additional information would you like? What would be your next step?

Case 2

Mrs. R is a 68-year-old retired nurse who formerly worked in the ICU. She recently presented to the ED for altered mental status and a fever. The ED team is in the process of working up her illness, and a nurse has just gone to her room to obtain a straight cath urine specimen, as the patient was unable to provide one voluntarily. Suddenly, a clatter and shouts emanate from her room – she has turned over her tray and has thrown her blankets to the floor. She yells “Get that catheter away from me!” and orders the nurse from her room. When the medical student assigned to her care re-enters her room, she is found crouching in the corner, wearing only a hospital gown. She is plucking tissues out of a tissue box one by one and arranging them in a pile on the floor. When the medical student announces her presence by saying “Excuse me, Mrs. R. . . .?”, the patient looks up and replies “Oh, hi, honey. I’m so glad to see you. That witch was saying I might have a UTI. I don’t have a UTI! I’m a nurse, and I know I don’t have a UTI. This isn’t even a real hospital! Be quiet, quick, come over here. If we just wait long enough, they’ll stop paying attention and we can sneak out.”

Based on the information that you have, does it appear that Mrs. R has decision-making capacity to refuse the catheter?

What would your next steps or questions be?

Case 3

Mr. B is a 50-year-old married father of two, with a history of colon cancer, admitted to the ED observation unit for evaluation and management of weakness, fatigue, and pre-syncope episodes. Although his colon cancer had been treated to apparent remission with surgical resection and chemotherapy several years prior, medical work-up on this admission reveals significant anemia, presence of a mass at the site of his previous resection, and likely metastases to the liver. Following his work-up and a blood transfusion, he is informed by his care team of the recurrence of his colon cancer. The surgical treatment team has been consulted and recommends repeat surgery to resect the new colonic mass, as well as adjunctive chemotherapy. While not expected to drive his cancer into remission, it is anticipated that treatment as recommended would likely prolong life for 1-2 years. Without treatment, prognosis is much more guarded, although the team does note that it will be difficult to determine an exact prognosis without additional information, including further assessment of the recurrent mass through surgery and evaluation by pathology.

Two hours later still in the observation unit awaiting a bed on the floor, Mr. B tells his team that he does not want to pursue the recommendations for surgery and chemotherapy. He states "I've thought this over. The recovery from surgery, and then the chemotherapy. . . . It was awful last time. I couldn't do anything. I couldn't be the person I wanted to be with my wife and kids because I felt so awful. I can't do that again. I just want to let this pursue its natural course and spend as much time with my family as I can, while I still can."

Does Mr. B appear to have the decision-making capacity necessary to make this decision?

What would you do next?