

Unwarranted Variations Role-play

Scene 1: Patient

You are Mrs. B, an 85 y.o. widow of 4 years. You have a fair number of medical problems (COPD, lupus that mostly gives you a lot of aches and pains these days, high blood pressure, and something wrong with your heart that the doctor calls hokum, (Sounds like nonsense to you)), but you have managed to continue to live independently in your own home, driving, shopping, taking care of your finances. Life is not as easy as it used to be, but you are content. You have a daughter who lives in Colorado, but a grandson and daughter-in-law nearby who have helped you in the past when you needed them. Your grandson is even your proxy....

Your grand daughter-in-law insisted yesterday that you go to the doctor because you have been SOB for 4 days. She also noticed that your legs were swelling up...that was a new thing; too...You thought it was the weather, hot and humid. But yesterday even you could hear yourself wheeze. You had been noticing for awhile that it was much harder to climb the 6 stairs in your split level home and getting from the parking lot into the grocery store has been awful. You figured it might be the smoking and your lungs getting worse.

But you never expected the doctor to say you had HEART FAILURE!!! And tell you that you needed to go directly from the office to the hospital, right away. And now you've been in the hospital for 24 hours and everyone seems concerned that your oxygen isn't getting better, you're still wheezing and SOB. AND you're not making enough urine!!! Seems like a flood to you... but you have only been here a day...should you really be better now? Wouldn't that be a little fast? I mean, things take time, don't they?

Now the doctor is asking about being revived if my heart or lungs stop working. He said that people my age have only a small chance of surviving to leave the hospital if their heart and lungs stop working ("they arrest"). But, you know, that's not me. For one thing, there is no reason my heart and lungs would stop working. For another, I just got sick 5 days ago. Before that, I was OK. People don't go from all alive to dead in 5 days, right? My life is still good. I don't believe it will happen to me, but, even if it does, I won't be the one who doesn't make it. I want them to try everything! I will get back to my life! I don't want to be a vegetable, but I want a shot at living... have always made my own decisions and plan to keep on doing just that!

Scene 1: Physician in the hospital, second hospital day

(Her primary doc or a hospitalist who has gotten a lot of info from her primary)

Mrs. B has been a patient of yours for 20 years. You met her first when she had an FUO and was diagnosed with lupus. After a stormy beginning, her SLE has quieted down and it bothers her now mostly as aches and pains. She has modest COPD, not O2 dependent, hypertension, not easy to control, and HOCM. She is always good at taking her complicated SLE medication regimen, but not so good at the rest of her meds. Money has become an issue, esp. in donut hole season. But despite her medical problems, and her recent developing frailty (she is getting weaker and has started to lose some weight), she had remained independent and mentally intact.

When she saw you yesterday, she was in extremis: her O2 sat was in the mid 80's, she was very dyspneic, using all her accessory muscles, and had wheezes and rales in all fields. She had a sinus tachycardia, but her EKG did not show any evidence of an infarct. Her trops have been negative and that's good, a surprise, but good. Although she has COPD, you thought her presentation was mostly CHF. Though she did diurese some overnight, she is not a lot better. Treating her CHF will be a challenge as she can't take beta blockers (COPD and bradycardia, 45-50 at baseline) and she is hyperkalemic (no acei or arb) and she is already getting azotemic (BUN 60) on her current diuretics. You could see how she could easily slip here and end up either with acute resp failure and in need of vent support, or she could arrest. You know she has a proxy, but past conversations have never gotten very far when you tried to do a MOLST or ACD. You better find out what she thinks about this now...

People who arrest in hospital from cardiac causes can have a 15% success rate in terms of survival, but she is in her mid 80s. Survival in her age group, even for cardiac disease is likely to be negligible (for this age group in general it is less than 5%).

For the doctor entering this conversation with the patient:

What do you want to accomplish with this conversation?

What if she is not ready for a DNR/DNI, then what?

What is her readiness stage?

Is there any way to move her to a different stage?

Does she want to decide this herself? Or does she want her family to decide?

Scene 2

Out patient follow-up: Patient

(Patient could be living at her own home or seeing the doctor in a SNF rehab setting for a third follow-up appointment after the above hospital stay)

You have been out of the hospital now for a month. How different life is...you just can't seem to get back to where you were. You're not so short of breath anymore, they seem to have been able to take care of that. But your legs are still swollen up, and you are just so tired and weak, no energy to do anything. You also have trouble sleeping. And the oxygen! 5 liters all the time. It feels like wind tunnel day and night. And medicines...there are too many of them and they keep changing the doses. I have doctor appts. every week and blood tests all the time. And the doctor talks about trying to balance my kidneys against my heart...I can't do anything for myself anymore....an aide helps me shower and gets my food, my family does my shopping and my bills...I don't even think my memory is what it used to be. I keep hoping that things will get better, but I'm not really sure anymore...It would be hard to keep on if things stay like this...how did things change so quickly for me?...it was better the way it happened for my husband, not so good for me but good for him...he just dropped while he was doing the dishes. Gone....

Scene 2:

Third Out patient follow up: Physician

(Patient could be at her own home or seeing the doctor in a SNF rehab setting)

Mrs. B has been out of the hospital for a month now. Keeping her out of the hospital and trying to make things better for her has been a real struggle. Diuresis keeps her out of crisis, just, but you can't push it any harder because her BUN is up to 85 and her BP is soft in the 90's. Maybe you could push harder on meds, but only if she were comfort care, then you could stop worrying about her kidneys and her potassium...

She didn't tolerate anything you tried in place of the ACEi/ARB regime. You even had her get a pacemaker so you could give her at least some beta-blocker. You know she is failing and that she is feeling poorly, tired, weak, not sleeping well, even depressed (but an antidepressant hasn't helped). It's time to ask her again about code status, but you dread it. She was so far from being ready to talk about this a month ago, can she be any more ready now? Maybe she will just die in her sleep and she never will have to make a decision, but today when she comes in, you have to ask her again, have some sort of conversation.....

Discussion before the role play:

Now what do you want to accomplish?

Will, or can, you approach this any differently?

What might you say? What words will you use to open the conversation?

How might you assess her readiness for this discussion again? Can you move her closer to readiness if she is not there? How?

If she were to give you an opening, what might an opening sound like?