Who Makes the Call? Determining the Decision Maker in Patients with Psychiatric Diseases

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Background

LM is a 65 year old male with a past medical history of CVA, HTN, COPD, and schizophrenia who presented to the ED for shortness of breath, tachycardia, and tachypnea.

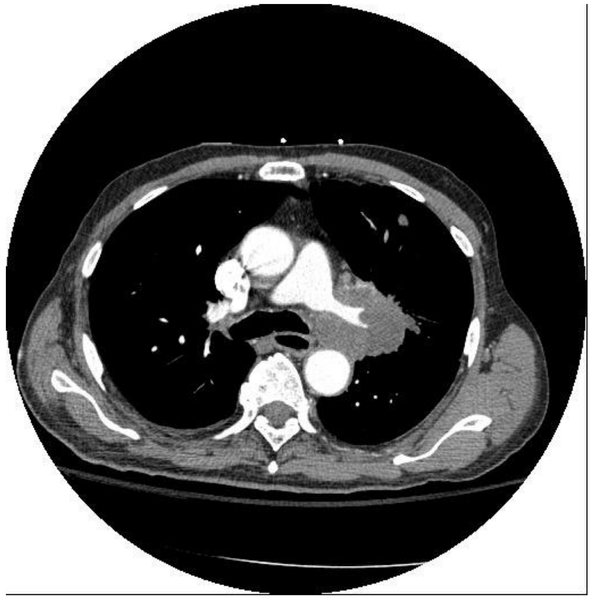
The case below discusses the patient's hospital course and the difficult conversations regarding goals of care that took place with the family as well as questions regarding his competency and capacity. This case is not unique as healthcare providers encounter this situation almost daily.

Case Report

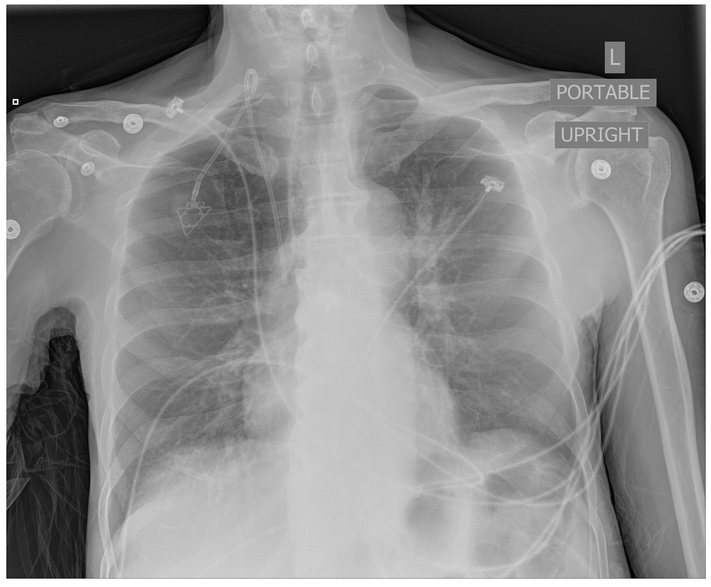
The patient was worked up for respiratory distress secondary to infectious vs thromboembolic causes. Thus a CTA was performed and was negative for PE, but showed interval increase of left hilar mass and progressive narrowing of the left pulmonary artery and its left upper lobe branches, encasement of the left upper lobe bronchus as seen on prior CT, infiltrate in the upper lobe that reflects infectious/inflammatory bronchiolitis, and fluid/debris in the distal trachea 2/2 secretions vs aspiration. The patient was given Duo-Nebs, Solu-Medrol, a sepsis bolus, and vancomycin and cefepime, and was admitted to telemetry for treatment of respiratory distress and pneumonia. Due to the mass, he was found to need biopsy under EBUS and was transferred for the procedure, where he was staged for IIIA NSCLC and subsequently received radiation and chemo. He was readmitted again for SOB, but began to refuse treatment. The patient's caretaker, but not official POA, wanted to pursue treatment, but the patient refused. The question of capacity given the patient's psychiatric history was raised, and a Psychiatric evaluation was obtained.

The patient was ultimately deemed incompetent through psychiatric evaluation and was transferred to a facility for further workup despite his wishes.

Chest CT



Chest X-ray



Discussion

Capacity is a functional assessment and a clinical determination about a specific decision that can be made by any clinician familiar with a patient's case.

The four key components to address in a capacity evaluation include:

1) Communicating a choice
2) Understanding
3) Appreciation
4) Rationalization/reasoning

In this case, the patient was unable to appreciate, or rather, understand the situation in its severity and thus was found not to have full capacity, thus a decision was made for the benefit of his health despite his objections.

Conclusion

- In determining goals of care, the appropriate POA must be determined as well as the patient's capacity for making their own decisions. If the patient does not have capacity and does not have a POA, a clinician must either use their judgement in determining next steps, or establish a court appointed guardianship.

- In all patients regardless of the presence of psychiatric diseases, this should be established as soon as possible in order to guide decision making.

References

1. Dastidar JG, Odden A. "How Do I Determine if My Patient has Decision-Making Capacity?". The Hospitalist 2011; 2011(8)..

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