Family Practice Forum

Allowing the Debilitated to Die

Bernadine Z. Paulshock, MD, and Kristin Stitz
Wilmington, Delaware

In a moving essay, "Allowing the Debilitated to Die: Facing Our Ethical Choices," Dr. David Hilfiker presented his personal dilemma in choosing care to be given to a patient of his.[1] She was 83 years of age, aphasic, bedridden in a nursing home for the previous three years following a stroke, and wasted away to an astonishing 69 pounds, and she had several decubitus ulcers. Dr. Hilfiker's dilemma began at 3 AM one morning, when the charge nurse reported to him that his patient had fever.

Dr. Hilfiker got out of bed, visited her, examined her, and at that early hour in the nursing home was able to obtain a chest roentgenogram, which, not surprisingly, he found difficult to interpret. He prescribed liquid penicillin and returned home, feeling personally uncomfortable with the intensity of her therapeutic regimen.

His perceived dissatisfaction with his own behavior in this and other similar clinical situations led to his eloquent discussion, including his forthright statement that although there is increasingly frequent discussion of the level of care appropriate to those described as terminally ill (a term usually reserved for patients with cancer), "the much more common situation of the elderly, debilitated patient who contracts an acute illness seems to have been left relatively unaddressed."

Because my personal reaction as a clinician was that Dr. Hilfiker had done too much rather than too little, I decided to survey colleagues to see what they would do in similar circumstances. By means of a questionnaire that presented a patient very similar to Dr. Hilfiker's, physicians of various ages and levels of training were interviewed. They were asked questions regarding their management of the patient with respect to whether and, if so, when they would visit the nursing home, what sort of therapy they would prescribe, and what tests, if any, or medications, if any, they would order. The respondents were also invited to provide demographic data including their age, level of training, specialty, and, optionally, their religion.

Thirty-four responses were obtained, 13 from residents (most of them in family practice) and 3 from third-year medical students. The "patient" was admitted to the hospital by no physician older than 40 years (n = 13), and by but 1 physician between the ages of 30 and 40 years (n = 7), but by 6 of the 13 residents and 2 of the 3 students who responded. Of those who did not choose to hospitalize her, most favored oral antibiotics; intramuscular antibiotics were given by 2; and no treatment at all was prescribed by 1 of the physicians aged over 50 years. Only 5 of the respondents visited the patient immediately following the 3 AM telephone call. All the rest deferred their visit, one as long as 48 hours. Three of those who would have admitted the patient to the hospital were included among those who would have visited the patient immediately.

Several respondents volunteered comments reminding that not all therapeutic choices are

From the Department of Family Practice, Wilmington Medical Center, Wilmington, Delaware. Requests for reprints should be addressed to Dr. Bernadine Z. Paulshock, Wilmington Medical Center, PO Box 785, Wilmington, Delaware 19899.

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made by the physicians or the patients themselves: "Most nursing homes put pressure on the attending to treat." "The most important point not indicated in the questionnaire is that there is a marked difference between what we do for the patients' comfort, so they die in peace, and what we do to cover ourselves legally."

Dr. Hilfiker suggested that many physicians, alone with their consciences in the middle of the night, making their therapeutic decisions based on their own "human sympathies" and what they perceive as their patients' desire to die, are doing something less than ethical, something to keep hidden. Should he have felt such behavior to be representative of an "irrationality"? Do even the best physicians deny "we must all die sometime"?[2] In a recent series of letters to *The New England Journal of Medicine* regarding the essay, the only correspondent who felt that Dr. Hilfiker was worrying too much is, herself, not a physician, but a professional ethicist.[3]

Brown and Thompson,[4] who looked at a large number (n = 1,256) of patients in an extended care facility, found active treatments (ie, hospitalizations or antibiotics) were not prescribed for almost one half of the patients when they developed fever. The group of patients representing the sort that caused Dr. Hilfiker to philosophize needs further, nonfurtive attention, the sort of study that seems to occur, for the most part, after the fact. Interestingly, the plaintive voices are often those of physicians who feel they have themselves been victimized by an intolerable system.[5]

It is already ten years since Morrison wrote, "The contemplation of death in the 20th century can tell us a good deal of what is right and what is wrong with modern medicine."[2]

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