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August 2004

Ethical Issues: "The Patient Just Wants to Go Home"

Not infrequently in the busy practice of medicine we come across patients who, regardless of the severity of illness or need for acute care, demand to go home from the hospital against our advice. At these times the physician is conflicted by a desire to respect the patient's wishes while at the same time recognizing their obligation to do what is in the best interest of the patient medically. Fear of possible professional or legal retribution may also loom large if the family is not in agreement, or if there is some question as to the patient's decision-making capacity, in which case we may be held accountable for their safety.

Respect for autonomy ensures that patients have the right to accept or refuse treatment, whether that decision seems reasonable in our minds or not.(1) Such was the case of Mr. RT, a 75 yo with severe chronic lung disease that became acutely ill. He was admitted to the ICU in respiratory distress, having a mixed respiratory and metabolic acidosis and dense bilateral pneumonia. Oxygen and IV antibiotics were administered and he remained very short of breath, but he remained awake and alert. The acidosis and C02 retention persisted, and the pneumonia worsened on CXR during the first 24 hours. Intubation with ventilator support was being considered, but he refused and started demanding to be discharged soon after the physician mentioned the possibility of intubation. The family confirmed that this was consistent with his behavior during a previous hospitalization and that he "seemed himself" in expressing these demands. The physicians and nurses became frustrated by his insistence to leave and were preparing to discharge him "AMA" when an ethics consult was requested to help with the negotiations about what to do next.

The ethics meeting occurred in Mr. RT's room, family and physicians present. After considerable discussion about the risks of going home and the benefits of staying his demand to leave was resolute, punctuated by stating, "I don't want to die in a damn hospital like my brother!" His brother, also with chronic lung disease, died the year before in an ICU with pneumonia and on a ventilator. It was also clear that this patient was not ready to face death, but for Mr. RT the burden of possibly dying in a hospital like his brother was far greater than the comparative higher risk of death resulting from going home too soon. With greater understanding as to the patient's fears and needs, the medical team stepped forward by offering the care and treatment options acceptable to the patient, arranging for continued treatment by a home health agency following discharge, and scheduling a clinic appointment one week following discharge with the physician caring for him in the hospital. He was not discharged "AMA", but was offered close follow-up and immediate rehospitalization should he decide to return. The patient

went home with an uncertain medical future, but with his dignity intact and a well-secured sense of control over his own destiny. The physicians balanced their professional obligation to treat the disease with that of caring for the patient, and a reasonable compromise was found.

Though arguably this situation does not meet medical criteria for optimal standards of care, the ethical and professional domains of its outcome are a resounding success. Patients have the right to refuse treatment, even if we feel it is not in their best interest to do so.(2) Our job, when there seems to be a lack of insight or understanding by the patient, is to do all we can to gain better understanding ourselves and to help patients and their families understand the medical issues, and the risks and benefits of treatment. Ultimately, end we must allow competent patients, or valid surrogates of incompetent patients, to choose, and to then support them in that choice. Being sensitive to the reasons why patients make such decisions may be helpful and good communication by being empathetic, listening, and responding to subtle clues are important in this regard.(3)

1. **Veatch RM.** Why get consent? *Hospital Physician*. 1975;11(11):30-1.
2. **Pellegrino ED.** Patient and physician autonomy: conflicting rights and obligations in the physician-patient relationship. *Journal of Contemporary Health Law & Policy*. 1994;10:47-68.
3. **Levy SA.** Communication and End-of-Life Decision Making. *Hospital Physician*. 1996;32(7):13-14.