

Case Study – Everything be Done?



Case provided from University of Loyola Chicago Bioethics department. <https://hsd.luc.edu/bioethics/>

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The patient, Mrs. Czarniwick, is a 67-year-old female diagnosed with non-resectable colon cancer six months ago. She was recently admitted for sepsis. The patient is additionally suffering from acute shortness of breath (potentially congestive heart failure or pulmonary embolism) and an acute GI bleed. The patient is intubated and in poor condition, with generalized edema and skin excoriation. The patient retains only gross motor movement of upper extremities, communicating mainly by head movements. Based upon discussions, the patient's code status was Full Code, with patient requesting resuscitation if needed. Mrs. Czarniwick currently does not have capacity, with daughter (Jane) acting surrogate decision-maker, and who is requesting "everything be done." This appears to be consistent with the goals of care expressed by Mrs. Czarniwick, who continues to remain off vasopressors, although pressure continues to drop (30-40 systolic). The medical team is concerned moving forward, believing that continuing aggressive measures may be futile as she continues to worsen, becoming anuric, developing massive generalized edema, and oozing fluid from skin.