

## Case Study – Go Home and Die Alone. Social Isolation



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Social Isolation Bioethics Case Study

Riley is a 42-year-old who identifies as male. He was admitted to the hospital for shortness of breath and kidney complications. Riley is found to be in acute kidney failure, with his nephrologist recommending dialysis. Riley does have decision-making capacity but does not have any family or surrogate decision maker. When this topic is discussed, Riley says, “I’ve pretty much been on my own for as long as I can remember.” When discussing dialysis, Riley says he is not sure about it because, “I don’t really see what the point is. It sounds like a whole ordeal and for what? No one really cares about me, so why keep on going?” With this understanding, social services have been requested for Riley.

But when preparing for discharge to home with home health, Riley says he does not want to be discharged. Why not? While he does not want to go through dialysis, he also does not want to “go home and die alone.” Riley is requesting to stay in the hospital to die. He is not yet end-stage with his kidney disease and death is likely far enough off to not qualify for hospice. Yet, Riley is adamant about remaining in the hospital.

An ethics consult is requested.