

Case Study – Maxine’s New Love and Decisional Capacity



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Autonomy and Decisional Capacity

Bioethics Case Study

The patient, Maxine, is an 88-year-old female, admitted due to shortness of breath and complications due to severe dementia. Maxine is well known at the hospital, having followed her for several years including the death of her husband, original dementia diagnosis, and monitoring of her progression. Upon original diagnosis, the patient completed an advance care planning session and documentation, strongly stating that the patient would not want aggressive measures. Maxine signed a DNAR. At the time of completion of the advance care plan, the patient was still mourning the death of her husband and is suspected to have been suffering from depression. During the ACP conversation, Maxine said statements like, “No one cares about me anyway” and “What good is going on anyway”.

As Maxine’s dementia progressed, her family moved her to assisted living. While there, she progressed to a point where she could no longer give informed consent and was determined to lack decision making capacity and competency. Socially though, while at the living facility, she met and became very friendly with another resident. The staff describe them as very much in love.

Now, when asked about her long-term goals of care, Maxine says she is very happy and would like to continue living. This seems to be in direct conflict with the ACP documentation completed at original diagnosis over twelve years ago.

The attending physician has requested an ethics consult regarding determination of code status and goals of care for this admission.