

# A Medical Director's Perspective

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## Quality Perspectives

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### Just Because You Can Do It, Does Not Mean You Should Do It

*By Ronald Hirsch, MD*

An 83-year-old patient was recently sent from a nursing home with "altered mental status and chest pain." The patient has Alzheimer's and is chronically confused. According to the ER physician, "He could provide no history due to dementia." He was admitted, and was started on antibiotics for possible sepsis. MI was immediately ruled out. Cardiology and neurology were consulted; GI was then consulted for a Hb of 11.6. The following tests were performed: ECHO, Nuclear stress test, carotid Doppler, MRI Brain, MRA brain, and 2 chest x-rays. When a colonoscopy was ordered, the Health Care Power of Attorney (HCPOA) said, "Enough already! He is demented, lives in a nursing home and no matter what the tests show, you are not going to do anything different for him."

The HCPOA was correct, every test was ordered without asking "What are we going to do with the results?" The patient was not a candidate for CABG even if a tight left main was found, he was not a candidate for endarterectomy if carotid stenosis was discovered and he was not a candidate for radiation if a brain tumor was found. He was certainly not a candidate for colectomy if colon cancer was discovered. Not one physician called the HCPOA to discuss the proposed tests, what they were looking for and most importantly, what they would do with the results.

Many of us are fortunate to have access to the best medical resources and the latest equipment, but just because we can order it does not mean we should order it. Sometimes a simple conversation explaining what and why will provide much more information than any test.

**Ronald Hirsch, MD**, has been the Medical Director of Case Management at Sherman Hospital in Elgin, IL for four years. He earned his MD from the Chicago Medical School and completed his Internal Medicine Residency at Kaiser Permanente Medical Center in Los Angeles, CA. He is also certified as an HIV Specialist. During his career he has been published in numerous medical journals and was a guest on the Jerry Springer Show in 1996.

My father was one of those cases from your article, "Just Because You Can Do It, Does Not Mean You Should Do It." My 86-year-old father with known Alzheimer's arrested on hospital grounds this past June. My son was a witness. Not only did the responding police officer not know how to use the AED, which led to anoxia for 16 minutes, but my son told everyone that his grandfather had advanced directives and wished that he not be resuscitated.

As POA, I was contacted by phone and instructed the physician to NOT take him to the cath lab and do not intubate. I asked for mercy to let him die with dignity as he had no future to look forward to. When I arrived at the hospital, he had not been taken to the cath lab but he was in CCU, intubated and the hypothermia protocol was in full swing. He needed every cardiac drug known in order to maintain a pulse and blood pressure- but no one would stop, even as I asked why are you doing this?

Well, he lived and the doctors considered it a great success. But my father will spend the rest of his life in a nursing home, fed by tube feedings and incontinent. He can't walk or talk well enough to be understood and is so paranoid that he thinks the staff are trying to hurt him. So now he's also on Haldol and drools all day long. The hospital bill was somewhere around \$300,000.00—which the hospital had to eat most of. Every penny my father ever saved will now be given to the nursing home. I cannot grieve because he isn't dead, but neither is he alive. The remainder of my life will be spent dealing with the consequences of just because we can.

*Marlene H.*

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