Comments on the Case of Mrs. R.

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This is the case of Mrs. R., a 91-year-old woman residing in the facility, whose daughter died. Mrs. R.’s niece requested that the patient not be informed. The principal issue here was whether to tell the resident of the death.

MEDICAL DIRECTOR ROLES

This case illustrates issues relevant to medical directors. As with end-of-life issues, decision making about “everyday” ethical issues involves similar steps (Table 1).1 Medical directors can be involved successfully in several ways: (1) ensuring that the process is followed effectively, in order to optimize decision-making capacity in individual cases, (2) intervening effectively in case of disagreements or need for clarification, (3) evaluating the quality of the facility’s decision making by reviewing the performance of those steps.

ESTABLISHING CONDITION AND PROGNOSIS

As with end-of-life decision making, it is important to identify underlying conditions that could affect the individual’s processing of or response to information. While the article does not discuss Mrs. R.’s condition or prognosis in any detail, it appears that her overall function and mood were relatively stable.

The patient had at least moderate dementia, and had not inquired about her daughter for some time. That could imply significant memory failure, or it could relate to other factors; for example, the daughter lived across the country and had not visited for some time, or there may have been a problem with the mother-daughter relationship. In this case, there isn’t enough information to tell.

IDENTIFYING PATIENT WISHES

In the case of Mrs. R., the available information doesn’t tell us much about her wishes regarding receiving unpleasant information. Cognitively impaired individuals may express their wishes implicitly instead of explicitly; for example, the patient may have reacted uncomfortably to other situations where she needed to be told something unpleasant. But again, in this case we don’t really know.

In difficult cases, the medical director should help ensure that the staff consider the trends or patterns of an individual’s previous behavior and statements, especially when the patient cannot fully express his or her wishes regarding a current situation.

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Table 1. Steps in Making Ethics Decisions

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<th>Step</th>
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<tr>
<td>Establish medical condition and prognosis</td>
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<td>Identify patient values and wishes</td>
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<tr>
<td>Determine decision-making capacity</td>
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<td>Identify primary decision maker</td>
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<td>Identify management options</td>
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<td>Present options and obtain decisions</td>
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<td>Evaluate results of interventions and modify accordingly</td>
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ESTABLISHING DECISION-MAKING CAPACITY

As this case illustrates, many people have partial decision-making capacity. The level of decision-making capacity necessary to receive information is not the same as that needed to decide on whether to undergo life-sustaining treatments. In this case, Mrs. R. didn’t really need to process the information to make a decision. She would need enough intact cognition to understand the significance of the information and recognize that her daughter had died.

After several months, she asked about her daughter, but showed little reaction to being informed of her death. That could well have been due to the impact of her dementia.

IDENTIFYING THE PRIMARY DECISION MAKER

The medical director should help ensure that the appropriate primary decision maker is consulted, which may be either the patient or an appropriate substitute decision maker. In this case, Mrs. R. had designated a niece as the primary decision maker.

This case raises the question of the primary decision maker’s role in determining what information should be presented to someone lacking decision-making capacity. Since the niece was an appointed decision maker, it was appropriate to discuss the situation with her first.

State laws and regulations about substitute decision making vary. But substitute decision makers don’t automatically have the right to deny the conveyance of information to the individuals for whom they make decisions. Generally, they are expected to take into account the patient’s best interests and should consider caregivers’ assessments in making those determinations.

PRESENTING AND OBTAINING DECISIONS ABOUT MANAGEMENT OPTIONS

There are several considerations in deciding whether and how to present information to a cognitively impaired individual. First of all, the individual’s capacity to understand and process information is already impaired. Even simple, everyday situations may be misinterpreted, resulting in excessive reaction to benign situations; for example, believing that someone trying to provide care is actually going to cause...
harm. Often, however, information may have little or no meaning to an impaired individual or, as in this case, may elicit only a brief or limited reaction. But telling the truth, or providing all possible information, can be overwhelming, confusing, or traumatic, regardless of an individual’s cognitive status.

The medical director can help staff and practitioners weigh the pros and cons of various decisions. Since autonomy and truth telling are basic principles underlying our health care practices, the medical director should encourage their application as much as possible. But the medical director should also encourage consideration of the relevant facts of specific cases in deciding how to apply these sometimes conflicting principles.

In this case, Mrs. R. had asked about her daughter, and there was little evidence that knowing about her daughter would be overly traumatic. The niece’s request not to inform her of the situation seemed to be based more on her own personal beliefs than on the evidence. The compromise was for the staff not to tell Mrs. R. immediately but to do so if she asked. When she finally asked, they told her. And, not surprisingly, there was no apparent significant psychological trauma.

SUMMARIZING THE ISSUES

Again, as in previous cases in this series, this month’s case reflects basic procedural issues as well as clinical and ethical principles. The medical director should help ensure that the processes are followed effectively, reflecting relevant laws and regulations. Staff and practitioners should incorporate appropriate clinical and ethical principles along the way. Following the process consistently often facilitates the ultimate decision making.

REFERENCES