



6th International Conference on Clinical Ethics Consultation

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www.ethics2010.org



Abstract Submission Form – Panels

Please contact John Tuohey at ethics@providence.org with any questions.

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Primary contact: Christy A. Rentmeester, Ph.D.

Additional panelists, if any (up to three):

Name: Helen Stanton Chapple

Title/Degree: Ph.D.

Institution: Center for Health Policy & Ethics, Creighton University School of Nursing

Country: USA

Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Name: _____

Title/Degree: _____

Institution: _____

Country: _____

Proposed Session Title: When Time Won't Tell: Case Consultation in Long-Term Acute Care

Describe topic or case to be discussed up to 300 words:

J.B. was unlucky. A 32 year-old bystander, he was shot in the head and abdomen and rushed to the nearest emergency department. Gray matter protruded from J.B.'s head wound and he suffered tremendous blood loss from the abdominal wound. After cardiopulmonary resuscitation, a trauma team managed to restore J.B.'s heartbeat. A tracheostomy tube was placed to stabilize J.B.'s airway and he

was transferred to the hospital's intensive care unit. For two months, he was ventilator dependent, and for the last six months, he remains on humidified oxygen per the tracheostomy tube. He is still a patient of the trauma team. Nurses regularly suction his secretions, neurology consultants are sometimes called upon to offer insight about his neurological status, and his mother observes him steadfastly at the bedside.

Lately, members of the trauma team have asked the nurses, "Do we need to round on J.B. today?" If the nurses respond that J.B.'s care is progressing as usual, trauma team residents and accompanying medical students do not stop to see J.B. Attending physician, Dr. Vinart, makes daily notes in J.B.'s chart and talks regularly with his mother, however. She worries that her son would not want to continue living as he currently does. Dr. Vinart has also been hearing some of his residents express doubt about whether it was appropriate to have "revived" J.B. in the trauma bay. With these kinds of questions surfacing, Dr. Vinart requested a consultation from the clinical ethics team.

Case managers have suggested that J.B. no longer needs ICU care, but a nurse in the ethics consultation meeting expressed uncertainty about whether discharge planning was appropriate, and suggested that use of the word 'placement' was disrespectful to J.B. He questioned, "Why does it matter that his needs are not medically complex? He needs nursing care and those nurses need to be nurses with expertise and experience in taking care of patients with critical needs. Keeping the airway suctioned is a critical need. He belongs in the ICU. Being here a long time isn't a justifiable reason for discharge. We shouldn't just be trying to 'place' him somewhere."

Describe briefly each proposed panelist's position to be offered (up to 300 words):

Patients whose needs are classified as "long term acute care" might not be medically complex, but require sophisticated nursing care to remain stable. Several questions about this patient's "placement" were raised during this case consultation, and Dr. Rentmeester (1) explores some of the normative assumptions behind the use of this sort of language, which, in this case, illuminates an important dimension of "belonging" in the hospital setting and (2) considers the impact on students of the trauma team not rounding on J.B. For example, one of the things students on rounds learn is how to orient themselves affectively to patients; they learn clinical comportment and they observe their faculty members' dispositions and their consequences on patients' outcomes. Students learn different ways to respond professionally to uncertainty, to patients whose outcomes might be neither expected nor easily accounted for, and to the needs of patients that straddle the border between acute and chronic. It's not clear whether J.B.'s needs are acutely chronic or chronically acute, but his needs do suggest the presence of a unique moment to consider the roles healthcare professionals can play in the life and care of such a patient.

Dr. Chapple further explores the acute-care mindset and its influence in this case. For example, this case poignantly illustrates an unspoken correspondence between how complex and interesting a patient's condition is to whose and what kind of attention he deserves. While this correspondence is sensible from a care management perspective, efficient use of healthcare professionals' labor and expertise is not the only value at stake in cases involving patients who are outliers.

Are you planning to or will you be willing to submit a poster along with your panel?

Yes No