

November 2006

Dear Ken,

Over the years, I've attended numerous conferences hosted by FBN and other ethics meetings. The insights offered by you, Ray Moseley, Katherine Koch and others have helped shape my efforts as chairman of our two local hospital ethics committees and as a member of the consult teams. During my practice as a neurologist, I often encountered difficult end-of-life decisions with my patients in the critical care setting and was faced with helping patients and their families through these challenging times. The insights gained from these conferences provided valuable guidance as to how to proceed in these matters. Despite growing experience from years of clinical practice, it was sometimes still difficult not to, in at least a small way, view these interactions as a theoretical or philosophical application of these lessons. While observations of staff and committee reviews of consults helped validate the value of my efforts, I could not be completely satisfied with the total success of my approach. How appropriate was my intervention sitting there, reaching through the bedrail to that individual?



Dr. Mike Walker

Unfortunately, earlier this year I had the opportunity to gain a better insight into the process and I believe learn from another professional. January started as a wonderful month. My new ceramic workshop was finally functional and I had just fired my first load of glazed test pieces using glazes I had mixed myself. My part time job as Medical Director at Gulf Coast Medical Center gave me the best combination of being involved administratively in efforts to improve the environment of care and still allow me time for personal fulfillment. I had time to exercise, eat correctly and be a grandparent. Life was good, troubled only by that recent onset of slight unexplained fatigue. A brief visit to my family physician for the needed reassurance that this was normal for my advancing age resulted in a few short days with the pronouncement that I had an aggressive form of bone marrow cancer known as myelodysplastic syndrome. An urgent referral to a tertiary center confirmed the diagnosis and a somewhat dismal prognosis.

Efforts began immediately to find a bone-marrow-compatible donor as the only likely therapy and precautions were initiated to prevent life threatening complications as the donor search evolved... Weeks later, despite concerted efforts, I developed pneumonia and was admitted to our local hospital. After initial improvement, my condition worsened, necessitating me being flown to a national cancer center for more aggressive chemotherapy and pneumonia treatment. Again early results were hopeful only to give way several days later to a steady deterioration and an early morning urgent transfer to the ICU.

After a flurry of rushed assessments by various practitioners and initiation of support efforts I was approached by the ICU Pulmonary attending physician whose brief exam confirmed the dire situation. He then calmly sat down by my bed and reached through the bedrail to talk. He quickly and simply explained the clinical realities. Yes, the pneumonia had worsened and he was not sure that they would be able to fix it. He would try BiPAP [a Bi-level Positive Airway Pressure device], but it was probable I would require intubation and ventilation with the significant possibility that I might not be able to be successfully weaned from the ventilator. He asked me how aggressive I wanted them to be

in light of my condition. The next week in ICU was filled with additional decisions and challenges but obviously their efforts were ultimately successful.

My reason for writing you is to reflect on this brief interaction with this physician about my end-of-life decisions. Experiencing this conversation from the other side of the bedrail, I appreciated many things about his intervention. Despite an air of emergency, he took time to sit and talk without seeming rushed. He approached me with an understanding of who I was as a person and physician and communicated with me in such a manner that it was obvious that he had taken the time to appreciate me as an individual rather than just the pneumonia in bed 6.

His tone was empathetic and compassionate without being condescending or insincere. His message was objective, thorough and concise without being sterile or matter of fact. While being very busy with other patients, he was able to project the attitude that I was, at the moment, his only concern.

My advance directives were already a part of the chart. My wife and children were at the bedside and well informed of my feelings about these decisions, but he took the time to readdress the issues with me in light of the changing clinical picture. Lying in an ICU bed, attached to numerous monitoring and support devices and confronting a weakness that makes each breath a challenge cannot help but leave you with a sense of helplessness and strip you of any sense of autonomy. The easy course is to bypass the patient. Rationalize my exclusion from the process as lessening my stress and go to the family for guidance. His willingness to confront me in a supportive way actually gave me a sense of hope and optimism that I still mattered in this process and was not just the clinical subject of the concerted effort.

I believe equally critical in the process was the willingness to deal with this acutely. All too often in my personal experience, medical professionals for whatever reasons seem more comfortable in avoiding addressing these issues until they have no choice. By this time often the choices have been reduced to one course of action and the only concern is when to deal with the obvious. This denies the individual the participation in the critical decisions that are so innately theirs. I have frequently seen families put in awkward dilemmas by this procrastination and the eventual resolution comes with the price of developing family rifts that may never heal. In my case, subsequent care decisions were made more easily because from the start we had a clear understanding of our goals and limits.

While my ultimate prognosis is still unknown, I firmly believe that the insightful, professional and ultimately personal approach of this physician at that time had a major impact on altering my course for the better. I have been very fortunate over the past several months to deal with many highly skilled and talented individuals who have made great contributions to my welfare. My family, friends and community have exceeded all expectations to achieve the success we have to date. I am often asked, how this past eight months have changed my life. There are so many answers, but professionally, those few minutes in ICU, on the other side of the bedrail, have made undeniably real what you and others have struggled to teach me over the years.

Mike Walker, MD
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