

Intensive Care Unit Patient Self-Determination When Facing Cardiovascular Surgery for the First Time

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Abstract : The Patient Self-Determination Act is based on the belief that each life is unique. The act regards each patient as an autonomous entity and explicitly protects the patient's rights to know and make decisions and choices while ensuring that the patient's wish for a peaceful end is granted. Even when the patient is unconscious and unable to express himself/herself, the patient's self-determination and its exercise are still protected under the law. The act also ensures that healthcare professionals (HCPs) have a specific set of rules to follow and complete legal protection when their patients are unable to express themselves clearly. This report is about a 55-year-old female patient who weighed 110 kg and was diagnosed with acute type A aortic dissection. The case was that the patient suddenly felt backache and nausea during sleep before daybreak and was therefore transferred to this hospital from the original one. After the doctor explained the patient's conditions, it was concluded that surgery was necessary. However, the patient's family was immediately against the surgery after having heard its possible complications. Nevertheless, the patient was still willing to receive the surgery. Being at odds with her family, the patient decided to sign the surgery agreement herself and agreed to receive the two surgical procedures: (1) ascending aorta replacement and (2) innominate artery debranching. After the surgery, the patient did not regain consciousness and therefore received computed tomography scanning of the brain, which revealed false lumen involving proximal left common carotid artery, left subclavian artery and innominate artery, and severe compression of the true lumen with total/subtotal occlusion in the left common carotid artery. On the following day, the doctor discussed two further surgical procedures: (1) endografting for descending aorta and (2) endografting for left common carotid artery and subclavian artery with the family. However, as the patient's postoperative recovery of consciousness only reached the level of stupor and her family had no intention of subsequent healthcare for the patient, the family made the joint decision three days later to have the endotracheal tube removed from the patient and let her die a natural death. Suggestion: An advance directive (AD) can be created beforehand. Once the patient is in a special clinical state (e.g., terminal illness, permanent vegetative state, etc.), the AD can determine whether to sustain the patient's life through 'medical intervention' or to respect the patient's rights to choose a peaceful end and receive palliative care. Through the expression of self-determination, it is possible to respect the patient's medical practice autonomy and protect the patient's dignity and right to a peaceful end, thereby respecting and supporting the patient's decision. This also allows the three sides: the patient, the family and the medical team to understand the patient's true wish in the process of advance care planning (ACP) and thereby promote harmony in the HCP-patient relationship.

Keywords : intensive care unit patient, cardiovascular surgery, self-determination, advance directive

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