Life Support

What people always remembered about a man named Dave French was that he lived in a car with four flat tires. Dave was forty-nine years old and had collapsed without warning after withdrawing cash from an automated teller machine. His companion caught him as he fell and tried to rouse him, but Dave was unresponsive when the paramedics arrived a few minutes later, his hands turned a dusky blue color. The medics knelt swiftly, slid a breathing tube in his windpipe, and lifted him onto the ambulance, which whisked him away with moaning sirens.

By the time Dave's gurney rolled through the swinging doors of Harborview's Intensive Care Unit (ICU), the bag ventilator honking and sighing, Dave was in the throes of severe septic shock. He suffered from lung failure, heart failure, liver failure, kidney failure, and he was comatose. He had intestinal bleeding and a systemic infection. His heart ticked along at 150 beats per minute, and his blood pressure plunged repeatedly.

I was the senior medicine resident in the ICU the night that Dave was admitted to the hospital. To treat the low blood pressure, we gave a multiple-liter push of intravenous fluid, and this soon flooded his lungs, impairing

oxygen levels. I donned gown and gloves and threaded a catheter down into his heart, to deliver vasopressor medication, which raises blood pressure. The first drug worked for about thirty minutes. By the time I stepped away from the bedside to check in with the attending physician, Dave was receiving three vasopressors at maximum doses. The situation was dire.

At two o'clock in the morning, I phoned Dave's parents. An emergency social worker had somehow tracked down their number. After several rings, a woman who identified herself as Donna French picked up. She was married to Dave's father, she said. I explained that Dave was unconscious and in intensive care. I described the intravenous medications that were keeping him alive. Had she seen him recently?

"We don't see him much. On Thanksgiving he called to say he didn't feel well and couldn't make it. That was the last we heard. It was four or five days ago. He had the stomach flu." Her voice was thin and fragile.

"Thank you, that's helpful," I said. This suggested that Dave's illness had come on somewhat gradually. "Do you know who he could have been with?"

"We don't know his friends," she said. "Should we come in? Because we're a four-hour drive. We could send his brother now. But we can leave here first thing in the morning." Morning would be fine, I said, apologizing for the middle-of-the-night interruption. I would call back if things worsened. But who was I kidding? Things couldn't get much worse for Dave. He was five organ systems down and showed no sign of consciousness. He had cocaine and heroin in his urine, and there was very little left to do should his blood pressure drop again and his heart give out.

The job of the senior ICU resident was to keep patients alive until more experienced minds arrived in the morning and could help sort things through. I had been in the Harborview ICU for nearly a month, and the learning curve had been steep. On my call nights, I had helped to resuscitate some of the sickest patients in the city, and I felt confident that I could keep Dave going until the sun came up. And so, because there was no indication that he would want otherwise, we did everything humanly possible to keep him going.

By mid-morning, Dave's condition had stabilized somewhat, and for the next forty-eight hours, he neither got worse nor really improved. On the evening of his second hospital day, his liver function began to normalize. His intestinal bleeding stopped, and his arms and legs started to move. None of us understood why he'd collapsed, or what had incited the multiple–organ-system failure. The best guess was that he had used some really bad drugs.

On hospital day three, we collected spinal fluid to check for a protein that could predict whether he would ever wake up again. The results indicated that he very likely would, so we pushed onward with aggressive treatment. Soon Dave came off the vasopressor medication. We began feeding him through a stomach tube. His kidneys showed signs of life. Still, though, he remained comatose. Perhaps his brain had been deprived of oxygen after he collapsed, we opined, but brain scans showed no apparent damage.

Dave's father, Sam French, visited every day around lunchtime. Sam was a self-made man who had developed a wildly successful business selling second-pick fruit to companies like Sara Lee, and he and his wife had retired to a ranch on the Olympic Peninsula. Sam was thick-boned and

always came dressed in a sport coat and khaki slacks. He would pull a chair to the bed and talk to Dave whenever he thought of something to say, because the nurses said a familiar voice could hasten Dave's recovery.

Sam did not actually believe that Dave could hear him talking. He was impressed by his son's deep coma, and by the number of systems that had malfunctioned. After a few days without much improvement, he began to talk with his wife, Donna, about turning off the machines. His resolve grew, and he told his son and daughter, "I take all responsibility for these decisions." He didn't want Dave's siblings to shoulder any of the terrible burden of ending their brother's life.

The hitch was that Sam was not legally Dave's next of kin. Adult children were considered next of kin in Washington State, which meant that Dave's twenty-one-year-old son, Tyler, was actually his legal decision-maker. Dave and Tyler had met just three times. Sam told us that Tyler could not handle a profound decision like withdrawing his father's life support, since he hardly knew him, and anyway, he was a Marine and off fighting in Afghanistan. On the fifth hospital day, Sam pulled me aside after rounds and said, "What you've done for Dave is truly incredible."

He began shaking his head. He told me that he'd sent Dave to drug rehab dozens of times over the years, and Dave's most recent stay was nearly nine months. Sam frowned and said, "Four days and he was back on the cocaine." I frowned, thinking that Sam knew about the cocaine only because I had disclosed it. Sam said that drug and alcohol addiction was in Dave's genes.

"He was born that way. You get him out of the hospital and I promise this will all happen again. It won't take him long. Dave is only alive today because of good intentions.

I've talked with my kids, Dave's brother and sister, and they think the right thing to do is to keep him comfortable but stop life support."

After a pause I said, "Let me talk with the team." Withdrawing life support because a person used drugs and lived on the street seemed questionable to me; I didn't think that doctors or family members should decide who was worthy of living. The decision of living or dying belonged to the patient, I believed. But this particular patient wasn't in any state to make a decision.

The following morning, Dave's son, Tyler, stepped off a military airplane at Fort Lewis, south of Seattle, and came straight to the hospital. He was a pale, lanky young man with light brown hair, and he wore a camouflage uniform with his last name, SMITH, embroidered over the left breast pocket. He looked young and very frightened, and when I came in the room, he seemed relieved to have a distraction from his father, whose face and hands were so bloated that the skin felt hard to the touch.

"I got on the first plane," Tyler said. His trip had taken fourteen hours. He felt lucky that his unit hadn't shipped yet; they were scheduled to deploy that month. He told me that he hoped to see his father through the illness, and that his commanding officer had given him permission to be away for as long as necessary.

Tyler looked up hopefully and said, "I'd like to get to know my dad."

We convened in the afternoon. Sam and Donna arrived early and made small talk with the social worker. Tyler huddled at the far end of the table. When the attending physician and I entered, Sam jumped to his feet and shook our hands vigorously; his wife smiled warmly and nodded. She wore a silk blouse and low-hanging pearls.

Sam began the meeting by saying, "Tyler cannot make this decision. He does not know his father in any meaningful way."

Tyler was looking at the table. I turned to him. "Can you tell me how you understand your dad's situation?"

"My father is very sick and could die," Tyler said. "But he has a chance of making it."

"Did he tell you what he would want if he was on life support?"

Sam said, "You didn't know your father."

"I was getting to know him," Tyler said.

Sam looked at me and said, "We've talked about this. Dave's care is costing Seattle thousands of dollars. Why should we allow this? He hasn't given a thing to the community in his forty-nine years. He's never held a regular job. If he survives, he'll go right back to drinking and taking drugs. He's a drain on society." Donna smiled blandly and nodded again.

"Please, stop the madness," Sam said.

The attending and I looked at each other. I'd never had a conversation like this before, but I'd also never been in a place where poverty and wealth existed so intensely together, in such close quarters. In my steadiest voice I said, "Some of our patients are addicted to drugs and alcohol. We provide medical care because we believe they deserve a chance."

Sam shook his head.

I continued, "We would recommend withdrawing care if Dave had told someone specifically that he never wanted life support, or if there was objective evidence that he wasn't going to wake up. But his situation doesn't really meet either of those conditions. We think he could come through."

I turned to Tyler again and asked, "Did your father ever tell you he didn't want life support?"

Tyler turned even more pale and said, "No."

"Do you think he'd want the treatment he's getting?"

"I guess I'd want to give him a chance."

Sam threw up his hands in exasperation. "You've heard my opinion. The care is incredible, but misguided."

On the eighth day of hospitalization, the attending and I revisited Dave's situation. It was a day before I would "rotate" off service and begin a new assignment at a hospital across town. Parts of Dave seemed to be on the mend. His kidney function was back to normal. His lungs required modest oxygen support, and he was moving around quite a bit, which meant that his brain was working. But he remained unresponsive, and I mentioned my doubts about the spinal fluid results. Would Dave really wake up? Was he entering a permanent vegetative state? The attending didn't believe so. The spinal fluid test was a very good one, he reminded me. Sometimes it just took a while for patients to come to.

For many months I heard nothing about what happened to Dave, preoccupied as I had become with a new service at a different hospital. I thought once or twice about calling the resident who'd taken over his care but never connected with her. Still, I thought about Dave from time to time, and one afternoon while I was working at the university hospital, I flagged down Denise Dudzinski, a clinical ethicist and associate professor of medical ethics at the University of Washington, to tell her about the case.

She said, "Dave's family seemed to base their decision on what they saw as Dave's social worth, and not on what would benefit him the most. That's why your response was to draw back and try to protect him. You were trying to do what seemed most compassionate for the patient."

She studied my reaction and added, "You don't always have all the information you need. You just try to make the best, most genuine decision you can."