Case Study
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My Father: My Siblings Mother, and Mom likes me best.

• Many Siblings One Health Care Proxy: the story of Mr. L

• Mr. L was an 80 year old Korean man who lived with his wife. Together they raised five children – they worked hard, saved their money and invested in their children's education.

• All of their children had found professional success and were connected to their parents – though in different ways. One assisted with medical appointments, another with the bills, another with shopping – others stayed in touch by phone. Neither of the parents spoke English and were dependent on their adult children for navigating systems: health care, finances, entitlements …

• The family was scattered throughout the United States but connected for big occasions and around issues involving the parents.

• Had a history of heart and thyroid disease. He was on multiple medications and frequently saw the doctor. His wife did not take to Western medicine but said nothing when their son took him to doctor's appointments.

• Mark had a close relationship with his father and he discussed his advance care directives with him: he did not want to be intubated, he did not want a feeding tube and he wanted to die at home. He was aware of his medical condition and spoke freely to his son, to his wife and to his physician. Mr. L had experienced several hospitalizations for "mini-strokes" and emergency room visits – each time Mark was with him at the hospital and reported back to his siblings.

• During one of these events a health care proxy was completed naming her son as his proxy – the other siblings were not aware

Mr. L

• Suffered a massive stroke. Her children remember being told "that a feeding tube was the only chance of his surviving. They were told it may be temporary.

• The mother found it too difficult to be present. Mark felt obligated to go along with the feeding tube – he did not inform his siblings of his status as the designated proxy.

• He "stabilized" and the social worker at the hospital suggested they transfer him to a nursing home for rehab.

• He arrives at the nursing home – sub acute rehabilitation unit.

The Palliative Care Consult

• Mark met with the physician in charge of his father’s care and suggested the feeding tube be removed. He got the impression the doctor was not in favor. The doctor spoke about moving to long term care…

• A palliative consult was ordered.

The family meeting

• Many siblings: One with decision making authority

• Mixed messages

• Mother not present – Western Culture Eastern Culture

• Don’t tell Mom

• Everyone has a story/ a need to be heard/ to be listened to: the sisters on the phone, the brother who wanted to do everything, the mother/spouse who found it unbearable, the patient unable to speak
Mr. L

- The feeds were stopped
- He was provided comfort measures
- He died within a week of the family meeting
- The ending was painful for everybody