

The Other Epidemic

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[Editor's note: The author changed several details of the patient encounter to adequately maintain patient confidentiality and protection.]

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While working at the VA Hospital recently, I took care of an elderly male with end-stage chronic kidney disease and an advanced cancer. All things considered, he was doing well enough. He lived in an apartment below his daughter and while he had a lot of assistance with shopping, cooking and paying bills, he lived alone and was in good spirits, although his memory was fading. He couldn't remember the date, until I reminded him that it was his birthday.

As I always do at the time of admission to the hospital, I ask a series of questions to the patient regarding their code status. I have developed a way to bring up this difficult topic in the most reassuring, standardized way possible. I always ask the same questions in the same way. "Mr. Doe, I have to ask you a question I ask of every patient, no matter how old, young, sick or healthy they are when they come in to the hospital." Typically, I would proceed to ask specific questions regarding CPR, cardiac resuscitation and intubation. This time, however, the demented octogenarian looked at me, exasperated, and said, "No, doctor, I haven't traveled to Africa."

Now, I have been caught up in the fear and tantalizing 24-hour news coverage of Ebola as much as the next person, but this time, I felt caught off guard. Of course, I think about the

possibility of Ebola when I am working in the hospital. Rhode Island has already had one of their own citizens infected with the virus and with a large Liberian population, we have been extremely cautious and proactive as a community regarding preparedness.

This, however, was different. I thought about the numbers. In a population of over 316 million¹, there have been 4 cases of Ebola diagnosed in the United States.² The odds of an American contracting Ebola is, roughly, .00000001%. This gentleman could not go to the grocery store unassisted let alone travel internationally to the developing world. With his end-stage kidney disease and lymphoma, I was thinking more along the lines of, well, a code discussion. Last time I checked, the odds of dying are 100%.

I smiled and thanked the veteran for letting me know his travel history. The last international travel he had had was to France during World War II. We spoke briefly about what he would want if his heart were to stop beating or if he were unable to breathe on his own. His son was in the room and listened as he answered clearly, no chest compressions, no breathing tube, and furthermore, no dialysis. He had donated a kidney to his brother years before and cared for him as he struggled through dialysis and worsening health. The patient was able to state where he was and why, and the date, his 88th birthday. When prompted, he stated clearly his wishes about the end of his life. The son nodded in agreement, remembering his father had a living will at home, something he and his sister would find and review the next day. I may have not made the headlines that evening, discussing

end-of-life wishes with an aging and ill veteran, but the odds of giving that patient the care he wished for and the care he deserved were, I hope, 100%.

References

1. Ebola outbreak in West Africa – Case Counts 2014. Atlanta, G.A.: Centers for Disease Control and Prevention, 2014. (Accessed December 9, 2014, at <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html>)
2. State and county quick facts. United States Census Bureau, 2014. (Accessed December 9, 2014, at <http://quickfacts.census.gov/qfd/states/00000.html>)

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