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When a Village is Not Enough

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There were at least 14 specialty services involved in Lorraine's hospital care: plastic surgery, nutrition support, gastroenterology, infectious disease, orthopedics, the wound care team, addiction services, psychiatry, forensic psych, the pain team, general surgery, oncology, gynecology, and palliative care; not to mention chaplains, the social worker, the case manager, rotating physicians, the nurses who took care of her every day — whether they wanted to or not — and the ethics committee. Lorraine's medical problems were formidable but treatable — if she would accept treatment.

Partially paralyzed from an accident several years earlier and now in her early forties, Lorraine had chronically infected wounds so deep one could see her wasted muscle and bone. She was inconsistent (at best) in following prescriptions for her wound care, diet, medications, and therapies, and regularly refused dressing changes, antibiotics, blood tests, and other medical procedures. Worse, she had a history of depression, multiple attempted suicides, and drug addiction, and was frequently rude to the point of abusiveness.

Most of all, Lorraine was sick of being sick. She had exhausted her family and was burning through a large share of hospital resources much more rapidly than she was getting better. The nurses asked her health-care team, and her health-care team asked the ethics committee, whether they should do more to make Lorraine accept treatment, or should they support her refusals, which would bring about a slow spiral toward death? And, by the way, were they obligated to take care of a patient who is abusive and offensive?