

Roundtable Discussion of Medical/ Legal/Safety Conundrums

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Case #1

- 85 year old frail older adult male with frontotemporal dementia and severe aphasia
- Resident lived in a 35 bed special dementia unit designed for residents with severe dementia and behavioral problems.
- No other significant medical problems than his F-T dementia
- Required total care of his ADLs but was ambulatory without assistance
- Was incontinent of urine and bowel
- Medications include Vitamin D3 50,000 units each month, Donepezil 10 mg at HS, and Memantine 10mg BID

Case #1 cont

- Past 6 weeks this resident had become physically aggressive to staff and residents which included pushing and shoving.
- The attending could not identify any reasons for the more aggressive behavior (IE stable VS, no med changes, normal recent labs, CMP, TSH, and CBC).
- Multiple behavioral interventions were attempted without success.
- The case was referred to the behavioral intervention team that offered numerous suggestions but without success.
- One-on-one care was provided but the DON recommended that the attending consult psychiatry.

Case #1 cont

The psychiatrist reviewed the chart, examined the resident, and recommended quetiapine 25mg BID for uncontrolled physically aggressive behavior secondary to FT dementia.

Since the attending had just read the recent OIG's report regarding the off-label use of antipsychotic medications among nursing home residents with dementia and behavior problems, she felt uncomfortable approving the psychiatrist's recommendations.

The attending consulted the nursing home's pharmacist for her recommendations in this situation.

Case #1 cont

- The attending was also very concerned about the increased liability she would assume by carrying out the psychiatrist's order for an off-label drug with a black box warning.
- The DON agreed to allow the attending consult the nursing home's legal counsel before proceeding with antipsychotic medications.

Case # 2

- 93 year old widow who had a long standing history of recurrent CHF
- Due to the resident's severe dementia, frequent hospitalizations for CHF, and decline in her ADLs, the daughter (health care agent and only child) admitted her mother to a nursing home in 2009.
- The resident refused all of her medications including meds for he recurrent CHF.
- The staff and attending agreed and supported the daughter's decision to avoid forcing he mother to take her meds.

Case #2 cont

- The resident eventually developed pulmonary edema with severe shortness of breath in the nursing home.
- When this degree of heart failure occurred, the daughter refused to allow the attending to provide comfort end-of-life treatment but insisted that her mother be admitted to the hospital for aggressive treatment of the CHF.
- This situation had reoccurred 4 times in the last 6 months and each time the resident had both upper extremities restrained in order to provide adequate treatment for CHF.
- Hospice/palliative care had been offered frequently to the daughter but was refused.

Case #2 cont

- The resident didn't have a living will/advanced directives.
- The health care agent indicated that her mother frequently stated she didn't want anyone to prolong her life if she had a terminal illness.
- The daughter (health care agent) could not allow her mother to die since treatment for her heart failure was always successful in maintaining her mother's life.

Case #2 cont

- What should be the legal concerns of the attending and nursing home administration if they support the wishes of the
 1. resident?
 2. daughter (health care agent)?