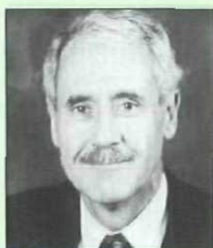
Respecting Life by "Doing Nothing"

BY JOSÉ SANTIAGO, MD

In November 2000, a group of physicians and health care leaders gathered to explore the foundational values of Catholic health care at the Physician Leaders' Forum, held in Amelia Island, FL. Participants agreed that a highlight of the forum occurred when physicians came forward to relate experiences at their institutions that exemplified, in a tangible way, what is special about Catholic health care. Dr. Santiago's talk from the Forum has been adapted for Health Progress.



Dr. Santiago is corporate medical officer, Carondelet Health System, Tucson, AZ.

One afternoon, I received a call from the intensive care unit of the hospital I worked in at that time. They said, "We have a case you might find interesting and we need your help." Because they called me, the corporate medical officer, I knew what they really meant was, "We have a terrible case and we want nothing to do with it."

This patient, a 22-year-old woman who had taken an overdose, had been admitted from the emergency department. She was on life support and, according to the neurologists, was in a vegetative state. Her condition held no hope of recovery. Complicating matters, she was 16 to 18 weeks' pregnant.

The staff had called me to talk to the patient's mother, who was at the hospital. The mother had three other children at home, was working two jobs, and hadn't seen her daughter in approximately five years. Before that, they had had a poor relationship. According to the staff, nothing could be done for the patient. Social Services was looking for a long-term care facility where the mother could send her daughter; the mother was contemplating ceasing life support after transfer.

I met with our hospital president—a sister—and our first action was to sit and pray about this case. We, of course, wanted to respect the wishes of the mother; we didn't know what the wishes of the patient were. We wanted to create some options—not hope. We were not so grandiose to think we could create hope, but we wanted to identify some alternatives. We then consulted our ethicists, who agreed we had a problem.

The president and I discussed the situation further and agreed we could offer 16 to 18 weeks in the hospital. We asked an obstetrician to assess the fetus; it was healthy, the heartbeat was strong, and all vital signs were good. We then gave the mother her options. We recognized her choices were unfair: she could try to take care of her daughter, her other children, and work two jobs; or, she could choose to disconnect life support. We also offered transportation to and from our hospital so she could visit her daughter and wait to see what God would decide. She chose that final option.

To everyone's surprise, a few weeks later the patient began to wake up. After a few more weeks, her condition improved, she started talking, and we removed life support. Eventually she delivered her baby.

What we learned is that much is unknown. I can tell the story, but much of it I do not understand. In medicine, I was taught that "when in doubt, do something." This idea needs to be revised to "when in doubt, do nothing." He who hesitates may not be lost. Although a mother may give life to a child, in this case a child gave life to a mother.

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