

Table 12-7: Health Care Decisionmaking: Case Example

<p><b>Situation</b></p>	<p>Mary is a three-year-old with advanced AIDS and her third central line infection. She has candida esophagitis, wasting, diarrhea, neurodevelopmental delay, and cardiomyopathy. Due to previous difficulty with peripheral and central venous access, her line is currently her only venous access for hydration, antibiotics and parenteral nutrition. Her blood pressure is lower than usual and the house staff are preparing to send her to the ICU for pressor support.</p>
<p><b>What are the options?</b></p>	<ol style="list-style-type: none"> <li>1. Transfer to the ICU for full support</li> <li>2. Maintain current level of care</li> <li>3. Arrange home hospice care</li> </ol>
<p><b>Analysis</b></p>	<p>Any of these options might reasonably be considered. Prognosis and parent-provider collaboration are critical.</p> <p><b>Option 1</b> provides the best chance of fighting her presumed sepsis. But it has its own burdens, such as physical transfer to a new unit, disconnection from familiar care personnel, an increased number of invasive procedures, and a risk of complications. The benefit is not guaranteed.</p> <p><b>Option 2</b> allows her to remain in a familiar care environment, but may not effectively treat her underlying infection.</p> <p><b>Option 3</b> provides the opportunity for the child and parents to shift the focus of care to being home together as a family for the precious time she remains living.</p>