

When Saving a Life Doesn't Makes You Proud Anymore

Barbara Pajk*

University Psychiatric Hospital, Ljubljana, Slovenia

Six years has passed now, and I still can get that patient out of my mind. At that time I was working as a nurse team leader at the intensive care geronto-psychiatric department. She was 93-years old lady with advanced stage of dementia. On that day, I went on my usual morning room to room walking rounds to check each of my patients. When I stepped into the room I noticed, that old lady was in a really bad state. She had difficulties with breathing, her face was almost dark violet, and she was going into cardiac arrest. I immediately called the doctor and we went into action. It was so difficult to insert an intravenous line, but I did it! We did everything to save that lady's life. And we were successful indeed. I was so proud, since there isn't much of a chance of cardiopulmonary resuscitation (CPR) being efficacious in patients with dementia. It is estimated that CPR is three times less likely to be successful in patients with dementia than in patients who are cognitively intact; in fact the success rate is almost as low as in metastatic cancer [1].

However, the moment of proud did not last long. Within two hours the skin of that lady practically peeled off, she was all in wounds, suffering. I wasn't that proud anymore, I felt sorry for her, this wasn't a life I would want for my own mother or myself. But her daughter, she was so grateful that we saved her mothers' life.

It seems that we need our parents alive regardless of their pain and suffering. I remember when my mother was ill, and it was said she doesn't have much chance of survival; I did not care less, if she was dead and in my bedroom closet as long as I have her near me. Yes sometimes we are a bit selfish, we are just thinking about having our loved ones close to us regardless of their agony. And considering health care providers, it really makes us so proud to save a life, regardless of quality of life that follows. So of course we continued to do what we know best in intensive care units, to prolong life as much as possible. We put the patient with advanced dementia on intravenous medication and nutrition therapy, oxygenation, and I spent almost an hour and a half to dress her wounds every day for three months.

It is relatively easy to know when to start intensive care. But it is much harder to reach an agreement and develop formal criteria for whom to exclude from admission and on when to stop intensive care [2]. Especially the decision when to stop with intensive care is very difficult to accept when treating terminally ill patients like patients with dementia. Not to mention the question about the CPR.

However, advanced dementia is often not perceived as a terminal illness and the prognosis is vastly overestimated. At nursing home admission, only 1% of residents with advanced dementia were perceived to have a life expectancy of less than 6 months while 71% died during that period [3]. Only 11% of patients with advanced dementia are referred to hospice [4]. Therefore, it is often not recognized that a palliative approach is the optimal care for these residents and non-palliative interventions are quite common: tube feeding in 25%, laboratory tests in 49%, restraints in 11%, and intravenous therapy in 10% of the residents with advanced dementia [3].

However, whenever I have asked an older person what is his or her biggest wish, the majority of them answered that they wish nothing more than peaceful death and being without pain. Tube feeding, intravenous interventions and finally CPR do not go along with peaceful death

and we all know that these procedures are all quite discomfoting and painful.

But it seems that in the field of dementia care, we have not yet reached that stage to accept guidelines that palliative care might be the most applicable and humane approach when taking care for patients with advanced dementia. So therefore, instead of spending money in intensive care and prolonging unnecessary suffering, we should invest in researches focused on how to improve end of life care for patients with dementia that would provide comfort care based on supportive, caring and dignified palliative care. As Hippocrates said: "Cure sometimes, treat often, comfort always".

References

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*Corresponding author: Barbara Pajk, University Psychiatric Hospital, Ljubljana, Slovenia, Tel: 38 641 941 613; E-mail: barby.pajk@gmail.com

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