When Saving a Life Doesn’t Make You Proud Anymore

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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, although, 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, 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 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