

Case Study – How Do We Discharge Mr. Baylus? Challenging Discharge Plans



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Bioethics case study on challenging discharge plans.

Clinical Ethics is an ever-changing field. As healthcare changes, new ethical questions arise, and thus clinical ethics consultation teams are asked to weigh in. A challenging subject that has seen much interest in ethics recently is challenging discharge situations. While maybe not asking deep ethics questions, there is still plenty of support that clinical ethics can provide. Take for example Mr. Baylus.

He was a man in his mid-eighties, and had suffered from advanced dementia for several years. He had lost his capacity to make medical decisions a few years back and has been completely dependent on caregivers, specifically his wife. Besides his dementia, there is nothing medically wrong with him and is expected to live for the near future.

One evening, Mr. Baylus was having a difficult time with his dementia and his wife dropped him off at the hospital emergency department, then left, and did not return. The hospital admitted him, calmed him, checked him, and determined that he had no medical reason to stay in the hospital. But that was just the beginning of the story. Mr. Baylus's wife had left their house, moved in with her child from another marriage, and did not provide any contact information. For all intents and purposes, Mr. Baylus was stuck at the hospital. The team should not discharge him to home, because no one lived there, and it would be patient abandonment. We could not discharge to a step-down facility or long-term care facility because his wife would need to be involved and sign him in. We could not discharge him to where his wife was living because that was not her house and not his son, so in the eyes of other, that would be like discharging him to a random person. He was stuck at the hospital unless the team could figure out the right place for him.

While this was happening, Mr. Baylus was causing disruptions in the hospital. Because of his relative health and lack of medical needs, Mr. Baylus would have a lot of time on his hands. Due to his severe dementia, he could not stay in his room and would roam around the hospital, often trying to find his way into other patients' rooms. This was very troubling to the other patients. He did not have behavior issues, but he could be difficult to work with. This was the reason his wife abandoned him. When the hospital contacted her, she said that he is too difficult to care for, and

she could not do it anymore. She seemingly cared about him but was at her limit of ability, both mental and physical, to provide for him, and did not see an end in sight. She simply wanted him to become “someone else problem.”

Questions

This case suggests several important questions:

- What is the hospital's responsibility to these patients? Patients that have clear needs, but not needs directly addressed by hospitals.
- Whose responsibility is Mr. Baylus? Himself? His wife? The hospital? Society?
- What solutions or locations would be in Mr. Baylus's best interest?
- And what needs to be established to help these patients going forward? This will become a growing problem and will only become more common.
- If you were the ethicist for this case, what would you do?
- What would you feel are the important first steps?
- And what about after that?

This is a challenging scenario but one that can certainly benefit from involvement from a clinical ethics consultation.