



Saving lives – at all cost?

Workshop, ESIM 2015

Frauke Weidanz



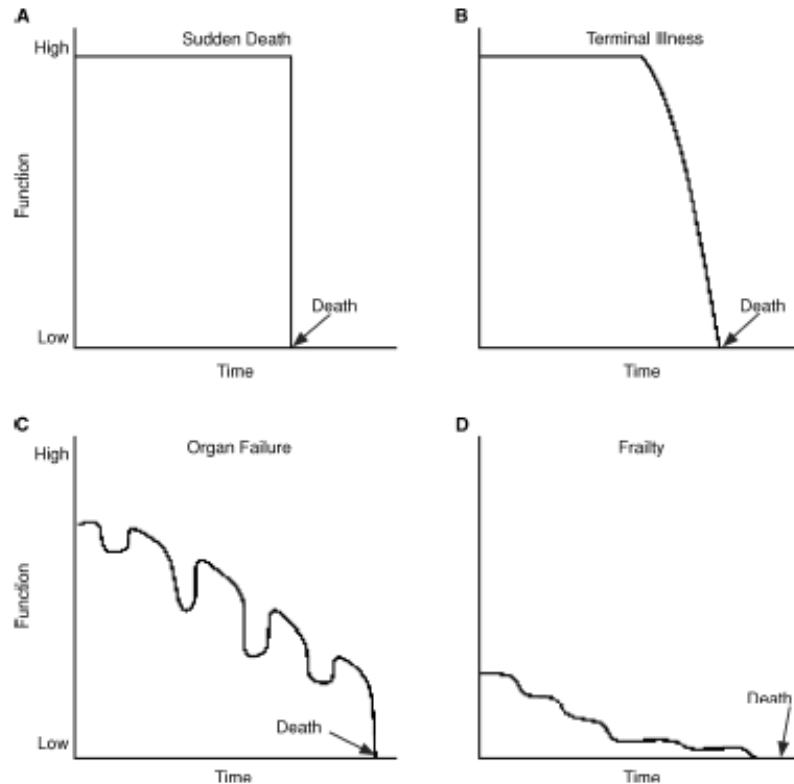
Our patients are getting older and have more co-morbidities

Technological advances allow us to provide life-sustaining treatments even in severely ill and elderly patients with multiple co-morbidities

Expectations are increasing – but so is the burden of treatment

When is treatment simply prolonging suffering and compromises dignity?

Trajectories of functional decline



Lunney *et al* JAMA 2004

End-of-Life decisions and Futility



Decisions to limit life-sustaining therapies are influenced by cultural and social factors

Dependent on prognosis, on physician, patient and family beliefs and attitudes and on the healthcare system and working environment

No universally accepted definition of futility - quantitative versus qualitative

Rationing not to be undertaken at individual patient / physician level - but resources are finite

Case: background and presentation

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68 year old male with a past history of chronic obstructive pulmonary disease with an FEV1 of 30% predicted, as well as ischaemic heart disease.

He continues to smoke, struggles to climb stairs due to breathlessness and uses a wheelchair outside the house. He had four hospital admissions in the last year with respiratory tract infections.

He has presented with an infective exacerbation of COPD causing respiratory acidaemia, and has been treated with non-invasive ventilation, controlled oxygen, steroids, antibiotics and bronchodilators. He is deteriorating and is becoming increasingly confused and distressed.

Would you admit him to the Intensive Care Unit and offer him invasive ventilation?



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Case - progress

You assess the patient and his blood and Xray results become available:

Temperature 38.2°C, mean arterial pressure 58 mmHg, heart rate 118/minute, respiratory rate 36/minute with signs of respiratory distress, Glasgow coma score 13 – drowsy and confused

Na 136 mmol/l, K 3.3 mmol/l, creatinine 214 µg/l (2.42 mg/dl), haematocrit 0.495 (49.5%), white cell count 13.1 x10³/mm³, lactate 5,1

paO₂ 7.1 kPa on FiO₂ 0.35 (53.38 mmHg), arterial pH 7.21, paCO₂ 8.9 kPa (66.92 mmHg)

Bibasal consolidation on chest radiograph

Does this change your decision to admit him for ventilation/organ support?



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Case - progress

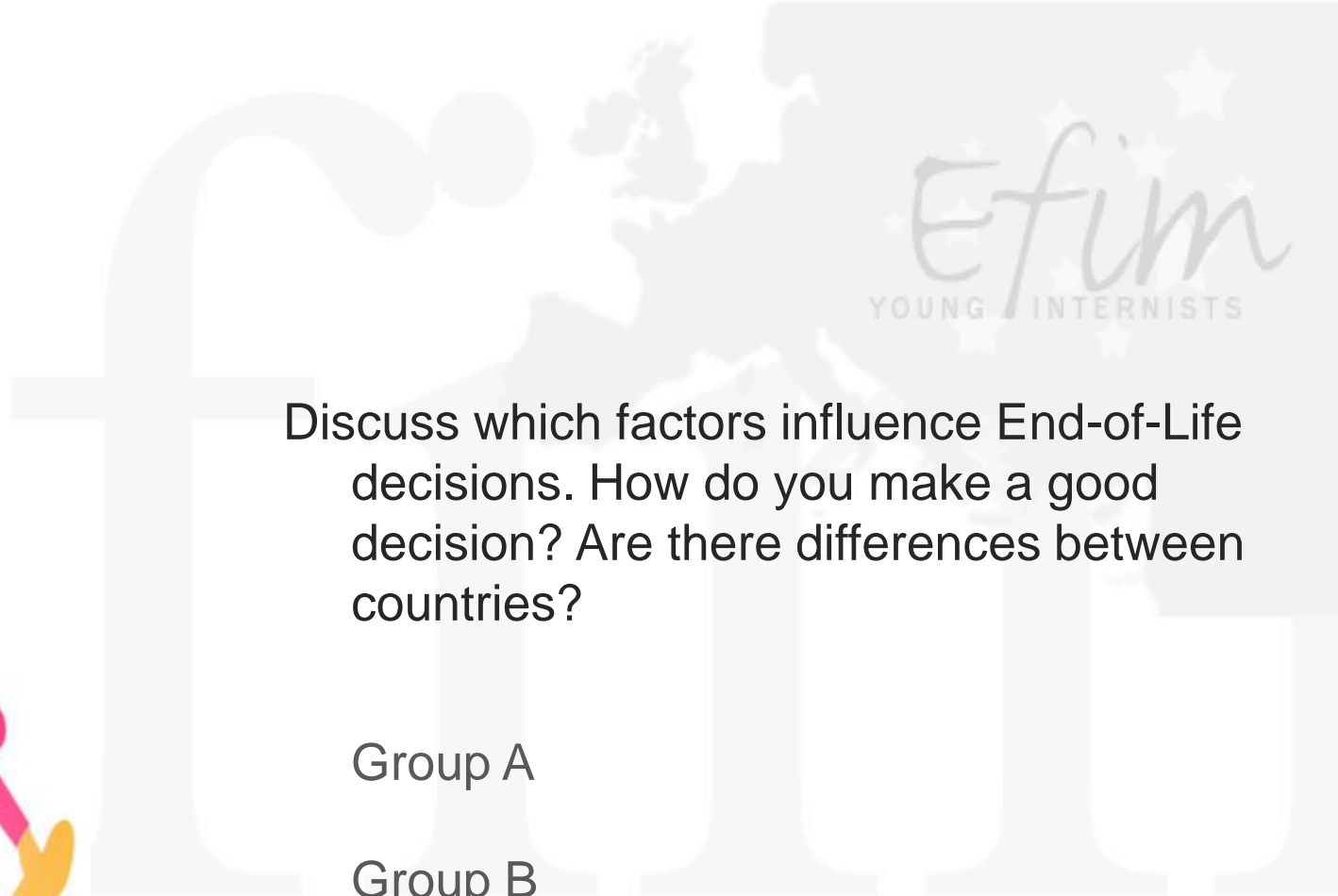


You meet with the patient's family who have just arrived. They report a gradual cognitive decline and have found him increasingly confused over the last six months. He has been housebound since the last hospital admission and has recently said that he 'has had enough'.

Does this change your decision to admit him for ventilation/organ support?



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Discuss which factors influence End-of-Life decisions. How do you make a good decision? Are there differences between countries?

Group A

Group B

Group C

Group D





The Young Internists of EFIM

Frauke Weidanz, UK
Young Internists Secretary
Riga, January 2015

Young Internists of EFIM

- Group of physicians in training or in early years of specialist career
- Shared vision of strong specialty identity of Internal Medicine
- Promoting high quality training in Internal Medicine and encouraging trainee representation
- Formed by European School alumni – now clear organisational structure with YI assembly and committee

EFIM
YOUNG INTERNISTS



Young Internists Assembly



- EFIM member societies nominate Young Internist representatives
- 16 countries have official representation, Young Internists from other countries cooperate
- Held twice yearly: planning of activities and brainstorming



Young Internists in Europe

Efim
YOUNG INTERNISTS



Young Internists Activities



- Chair and Secretary represent YI group in EFIM Executive Committee
- One YI representative per country at Administrative Council meetings
- YIs part of all EFIM working groups
- ESIM: workshops
- Clinical Research Seminar: organising committee
- ECIM: YIs in organising committees, YI Days



Young Internists Projects – How to get involved

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**See our website and speak to us
about our activities and projects!**

www.efim.org/young-internists

Facebook group

Twitter *@younginternists*

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