

Case Study

Betty, a 76 year-old woman, suffers from recurrent intestinal obstruction following a bowel perforation and resection. She has been chronically unwell for a long time and has had recurrent chest infections and sepsis. She has been admitted to intensive care on at least four occasions in the past year. On each occasion, despite predictions to the contrary, she has recovered and has been well enough to return home.

She is admitted for a fifth time, again with a chest infection and sepsis. She is taken to intensive care for resuscitation prior to another laparotomy (operation to explore and unblock the bowel). Following resuscitation she refuses to have an intravenous line inserted and is therefore transferred to an ordinary ward for nursing care with instructions for the nursing staff that she is to be kept comfortable but is not for further active treatment.

Betty's daughter, who is a doctor, arrives at the hospital late one evening having flown in from her home in Australia. She is adamant that everything possible should be done for her mother. She asks for her mother to be returned to intensive care and provided with all appropriate treatment. Betty's son, who lives locally and has been her main carer over the last year, says that she has been through enough and does not want her to have any further active intervention.

What should the on call doctor do?