



LIFE SUPPORT VS LIFE COST: ETHICAL CONFLICTS IN CRITICAL CARE DECISION MAKING-A CASE REPORT

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ABSTRACT

This case study describe patient receiving treatment in the ICU requested leave against medical advice (LAMA) due to financial limitation regarding hospital bills. This situation presents an ethical dilemma, as the patient requires emergency surgery and mechanical ventilation, making it unfeasible to discontinue the procedure. This study aims to highlight the strategic role of ICU nurses in mediating discharge requests, while upholding patient safety and respecting the family's values and decisions. A man after a traffic accident with a diagnosis of multiple skull fractures and Epidural Hematom (EDH). The patient's family has provided written informed consent for this case report. This case has been documented in accordance with the CARE Case Report Guidelines. Following the nurse communicated with the case manager and a family conference was held with the medical team, the family decided to agree to surgery on the patient and the costs would be discussed with the extended family. Nurses not only play an active role as coordinators or mediators in providing patient care but also must identify potential financial resources available to the patient's family. This is done to prioritize the patient's interests.

Keywords: critical care; ethical dilemma; financial burden; moral distress; withdrawal of care

How to cite (in APA style)

Wijayanti, N., Martani, H. R., & Kurniawati, N. D. (2025). Life Support Vs Life Cost: Ethical Conflicts in Critical Care Decision Making-A Case Report. *Indonesian Journal of Global Health Research*, 7(5), 1015-1020. <https://doi.org/10.37287/ijghr.v7i5.6951>.

INTRODUCTION

Leave against medical advice (LAMA) can be interpreted as a request from the family to take the patient to leave the hospital before treatment is complete and without a medical recommendation. In India, the incidence of LAMA from critical care reached 28.8% (Gautam et al., 2018). Several contributing factors include financial constraints, family misunderstanding of the patient's condition, and tension surrounding medical decision-making. The role of nurses is crucial, not only in the patient's clinical care but also as mediators between the family and the medical team. Nurses should lead mediation between the family and the medical team to reduce conflict (Alhajeri et al., 2024). However, this has not been widely reported in the context of discharge requests in critical care. Analysis of actual cases is essential to strengthen nursing practice.

The case report discussed ICU patients who needed long-term intensive care, but the family could not afford them and planned to force them home. The medical team found it difficult to make a withdrawal decision because of concerns that it would be considered euthanasia. By analyzing these cases, we explore the ethical challenges in discontinuation of life care in the ICU when family financial limitations and professional obligations clash. This study aims to highlight the strategic role of ICU nurses in LAMA requests, while upholding patient safety and respecting the family's values and decisions.

METHOD

This case report adheres to the CARE Case Report guideline. The patient's family has provided written informed consent for this case report.

Case Presentation

Patient Information

A 46-year-old man after a traffic accident with a diagnosis of multiple skull fractures and Epidural Hematoma (EDH) with the general condition GCS E1M1Vet. The patient is married, but his wife died a year ago. He has two children: a boy in 1st grade of junior high school and a girl in 5th grade of elementary school. While being treated in the intensive care unit, the patient was looked after by his 2 brothers. The patient's brother said that before the accident, the patient had consumed alcohol. Actually, the patient has health insurance, but because alcohol use is detected, health insurance cannot be used. Families object if they have to pay for very high hospital care costs.

Clinical Findings

The patient received mechanical ventilator support PSIMV FiO₂ 60% PEEP 10 PS 12 RR 14. The results of the examination of the patient's vital signs were as follows: blood pressure 114/82 mmHg, heart rate 148x/min, patient/machine breathing rate: 13/14x/min, oxygen saturation 99% and temperature 36.1 degrees Celsius. Physical examination found anisochoral pupils, fractures on the head frontal 15 cm long, both eyes bruised and swollen and there were lacerations on the left arm and left calf.

Diagnostic Assessment

The results of the CT Scan, the contrast head showed the presence of EDH with a volume of 40 ml.

Therapeutic Intervention

The patient was treated with a neurosurgeon and a craniotomy and evacuation surgery program was planned.

Ethical Conflicts

The patient's condition is stable with the provision of ventilator support. The neurosurgeon plans a craniotomy program. Because if the surgery is not carried out immediately, the patient's condition will worsen. If the patient's condition has worsened or is unstable, surgery is no longer possible. The situation necessitates immediate decision-making. However, when the family was educated about the cost, the family insisted on discharging the patient against medical advice because they could not afford the very high cost of treatment. After being reported to the doctor in charge of the intensive care unit, the doctor was not willing to remove the endotracheal tube and ventilator because of the risk of the patient dying. In addition, these actions include the act of euthanasia. By analyzing these cases, we explore the ethical challenges in discontinuation of life care in critical care when family financial limitations and professional obligations clash. The patient's family has been educated about all the risks that will occur if the patient is brought home, but the family decision to LAMA requests.

RESULT

A family conference which was attended by intensivist, neurosurgeon, case manager and nurse. The case manager team advises them to sell what the patient has that can be sold. The patient's two younger brothers discussed with the extended family and decided to sell their parents' rice fields to pay for hospital treatment costs. The patient underwent craniotomy surgery and postoperative treatment in the ICU. The patient's condition gradually improved and on the 3rd day after surgery the patient was allowed to be discharged from the ICU and treated in the surgical ward. Patients can finally be discharged from the hospital and are encouraged to control according to schedule and take medication regularly.

DISCUSSION

All health workers must uphold ethical values as the basis for carrying out their daily duties which are prone to ethical dilemmas. There are 4 principles of ethics, autonomy, beneficence, justice, and non-maleficence that are the basis for considering the decision to withdraw or maintain life support. Fear of euthanasia accusations often influences medical decisions, and puts healthcare workers under heavy ethical pressure. Therefore, respect for the autonomy of patients and their families needs to be considered with professional responsibility so as not to cause harm (Haddad and Geiger, 2023).

In this case, there is a conflict between bioethical principles: beneficence and non-maleficence encourage nurses to maintain the patient in the ICU for the patient's safety and well-being; autonomy demands respect for the family's decision to discharge the patient, even if this conflicts with the principles of beneficence and non-maleficence; and justice raises broader considerations, including the financial impact on the family, the distribution of limited ICU resources, and the potential burden on healthcare services if the patient deteriorates after discharge.

Ethical Dilemma and LAMA in Critical Care

The ownership of health insurance presents a significant barrier to accessing health services. This aligns with prior research indicating that without insurance families utilise health services less often compared to their insured counterparts (Arviana dkk, 2024). High health insurance costs constitute a major barrier for low-income individuals, hindering their ability to acquire insurance and utilise its advantages (Busyra et al., 2023). This case report demonstrates that patients without health insurance express objections to the financing of medical treatment received at the hospital. Patients without insurance and those from low socioeconomic background are less likely to undergo invasive procedures due to lowered access to hospitals (Sundararajan et al , 2023). The limited access to health services is attributed to patient's families' concern regarding the expenses associated with intensive hospital care. ICUs represent some of the highest-cost areas within hospitals, primarily due to expenses associated with clinical support services, consumables, and staffing requirement (Mahomed and Mahomed, 2019).

Patients without health insurance show a significantly higher likelihood to leave against medical advice (LAMA). A study indicated that uninsured individuals had more than four times the likelihood of leaving against medical advice compared to insured patients (Yuan et al., 2018). This trend is observed consistently across diverse healthcare settings and patient populations (Spooner et al., 2017), including ICU. Another cause include financial constraints are often identified as a significant factor contributing to leave against medical advice, as numerous patients lack the financial resources to cover the expenses related to ongoing hospital care (Ghali et al., 2024). The situation becomes complex when a family wishes to leave against medical advice while the patient was on a ventilator and requires emergency surgery. The attending physician did not approve this due to the possible threat with the patient's survival, and the patient was not classified as palliative. Patients who LAMA while requiring intensive care and mechanical ventilation may experience premature withdrawal, which can result in muscle fatigue, impaired gas exchange and compromised airway protection (MacIntyre, 2013).

Nurses encounter substantial legal and ethical dilemmas when critical patient LAMA. Nurse must balance the respect for patient autonomy with their obligation to deliver care. Implementing a patient-centered approach that respects patient autonomy and ensures comprehensive information regarding health status and treatment options may decrease the incidence of LAMA events (Trépanier et al, 2023). In this case report, the resolution of ethical issue arising from LAMA was achieved through involvement of the nursing manager to mediate the situation. The nurse manager facilitates a meeting between the patient's family and the care team to address ethical issues. This meeting provides detailed explanations of the patient's medical condition and the potential

consequences of leaving. The family meeting aims to address family concerns of patients and enhance their comprehension of the risks associated with LAMA through clear and empathetic communication (Pasay-an et al., 2023). The patient's family comprehends the patient's condition and the implication of LAMA, yet they prefer for LAMA due to financial constraints regarding hospital expenses. The nurse provides the patient's family with information regarding alternative resources for covering hospital costs. This aligns with prior research indicating that providing supplemental funds for hospital bills and engaging family members in the care process can contribute to a reduction in LAMA rates (Bosco et al., 2021).

The Nurse's Role in Resolving Ethical Conflicts

The role of nurses is crucial in navigating this conflict. Through nurse-led mediation, nurses are tasked with explaining the risks of forced discharge clearly, empathetically, and respecting the family's autonomy. Nurses must be able to balance their professional responsibility to maintain patient safety (beneficence and non-maleficence), respecting the family's decision (autonomy), and considering the broader impact (justice). Ethical sensitivity and awareness are of great importance in solving ethical problems. In ICUs, where work dynamics are different, it is important that health professionals make choices that benefit patients when challenged with ethical problems. Also, consultations with others can positively affect the ethical decision-making process (Işık et al, 2022). Other research states, critical care involves interprofessional collaborative practice (IPCP). One common barrier is differing perceptions among IPCPs. To address this issue, nurses must be able to act as mediators to help find common ground, this requiring increased professional commitment from nurses (Hendy et al., 2024).

The majority of critically ill patients in the ICU are unable to communicate. Communication between nurses and their families is needed. Effective communication skills are crucial for nurses to foster interpersonal relationships based on caring interactions, empathy, listening, and respect (Yoo et al, 2020). In this case, the nurse has applied effective communication skills to convey information from the medical team to the family, so that the family understands the direction and goals of care planning. Nurses' involvement in family conferences is essential to ensure continuity of care. Nurses' effective communication skills influence the delivery of effective healthcare services, fostering positive collaborative relationships and fostering interprofessional trust to enhance mutual care and patient safety (Noviyanti dkk, 2021).

Nurses also play a role in providing holistic support to patients and their families (Putra and Sandhi, 2021). In this case, the nurse does not only focus on patient care but also provides solutions to the family so that the family does not feel objection to the patient's treatment costs. Another study explained that structured family conferences are essential to critical care. Patient- and family-centered critical care can lead to optimal service delivery. In this case, family conferences were conducted in a scheduled and structured (Widera et al., 2020).

Implication For Nursing

This case underlines the need for structured ethical mediation protocols and interprofessional collaboration training for nurses managing high-stakes LAMA requests in ICUs.

Nurses must be proactive in providing comprehensive education tailored to the family's level of understanding in order to reduce the desire to return home due to miscommunication or ignorance.

Nurses need to be equipped with training in ethical dilemma management, including how to be assertive, prioritize patient safety, and respect family rights and decisions.

CONCLUSION

LAMA present a complex ethical dilemma, as they clash between the patient's or family's right to make decisions and the healthcare provider's responsibility to ensure patient safety. In these situations, nurses play a crucial role not only as caregivers but also as effective mediators and

communicators. Through an empathetic approach, clear education, and therapeutic communication, nurses can provide the emotional support and information families need. Nurses' role in nurse-led mediation has been shown to help families understand the patient's condition, the potential risks of involuntary discharge, and the benefits of continuing care in the ICU. Thus, nurses make a significant contribution in guiding families toward safer and more rational decisions, allowing continued care for the patient's safety and quality of life.

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