

Background

- Severe psychiatric symptoms, such as suicidality or psychosis, can impair insight and judgment.
- When present, physicians must ensure that decision-making capacity is not compromised, particularly in end-of-life decisions.
- Communication impairments further complicate these challenging evaluations.
- We describe a structured approach to evaluating decision-making capacity to withdraw life-sustaining treatment after a near-lethal suicide attempt in a non-verbal patient with psychosis.

Case Description

- 41 y/o man with schizophrenia requested withdrawal of life-supporting care after a suicide attempt resulting in ventilator dependence and quadriplegia, preventing him from talking and writing.
- He was experiencing command auditory hallucinations telling him to hurt himself and paranoia about his mother, a potential surrogate decision maker.
- He did not demonstrate capacity to consent to withdrawal of life-sustaining treatment or to choose his surrogate decision-maker but could assent to other medically necessary interventions including initiation of psychotropic medications.

Discussion

- Given that 26.8% of patients with schizophrenia attempt suicide and the likelihood that severe bodily injury could render a patient non-verbal with adequate cognition, consultation-liaison psychiatrists may encounter similar situations¹.
- Bioethical guidelines recommend at least 72hrs between the suicide attempt and the decision to withdraw care or transition to comfort care³.
- Delays in care could have been prevented if the patient’s end of life preferences were documented prior to his suicide attempt.

Table 1. Evaluation Strategies by Domain

Domain	Strategy	Examples
Reliability	Question in both affirmative and negative form	<ul style="list-style-type: none">Do you want a G-tube placed?Do you want to refuse placement of a G-tube?
Orientation	Multiple-choice	<ul style="list-style-type: none">Is the year 1999? 2002? 2019? 2015?
Anterograde memory	<ul style="list-style-type: none">Present list of wordsLater test recall with distractor words	<ul style="list-style-type: none">Target words: affirmative movementDistractor: no response
Language comprehension	Yes/No questions	<ul style="list-style-type: none">“Can a shark fly?”“Can a hammer be used to pound nails?”
Recall and Understanding	Current understanding AND application to future function	<ul style="list-style-type: none">Are you able to move your legs? Arms?Based on what the doctors have told you, are you able to breath without this machine?Based on what the doctors have told you, will you ever be able to move your arms? Your legs?
Depression/ Suicidality	Symptom Types: - Yes/No questions	<ul style="list-style-type: none">Do you have a history of depression? Have you been depressed recently?Do you have a history of suicidal thoughts? Have you thought about suicide recently? Do you currently feel suicidal?
Psychosis	Symptom Severity: - Multiple Choice	<ul style="list-style-type: none">Do you have a history of hearing voices that other people cannot hear? Have you been hearing voices recently?Do you have a history of feeling scared people were trying to hurt you?Are you afraid of [surrogate decision maker]?

Adapted from Maiser, 2016

Conclusions

- Non-verbal patients with severe psychiatric symptoms present unique challenges in the evaluation of decisional capacity.
- A structured and methodical approach to these evaluations is necessary to both maximize accuracy of determinations and ensure protection of patient autonomy.
- Routine documentation of end-of-life preferences when patients are at their most psychiatrically stable can assist in decision making when patients are unable to express their decisions.

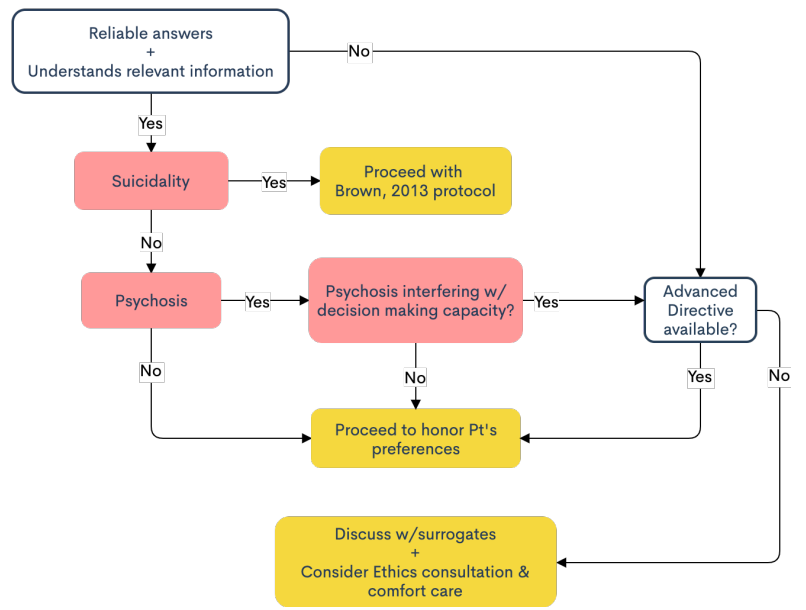


Figure 1. Proposed Algorithm for Assessing End-Of-Life Decisions in Communication-Impaired Patients with Severe Psychiatric Symptoms

Citations

- Lu, L., et al. (2019). Prevalence of suicide attempts in individuals with schizophrenia: a meta-analysis of observational studies. *Epidemiology and psychiatric sciences*, 29, e39.
- Maiser, S., et al. (2016). Locked-In Syndrome: Case Report and Discussion of Decisional Capacity. *Journal of pain and symptom management*, 51(4), 789–793.
- Brown SM, Elliott CG, Paine R. Withdrawal of nonfutile life support after attempted suicide. *Am J Bioeth.* 2013;13(3):3-12. doi: 10.1080/15265161.2012.760673. PMID: 23428025.