

AM- March

AM is a 46 year-old woman admitted to the ICU with acute on chronic respiratory failure in the setting of end-stage COPD. She is clear that she doesn't want aggressive therapies such as intubation or noninvasive ventilation but does express that she 'wants to live.' She continues to experience severe dyspnea for which none of the interventions the ICU team has tried have helped. When asked what the team needs to know about her to give her the best care possible, AM tells me that she misses her dog, Charlie, terribly. Charlie is a rescue and has remained at her house while AM is in the hospital- a friend is looking after her. AM hopes that she will be able to see Charlie before she dies, but fears that this will not happen. She is interested in being seen by therapy dogs if possible while in the hospital.

AM expresses frustration and distress around her experience with COPD. She views herself as being very independent and struggles with the loss of her independence, feeling that it makes her life 'almost not worth living.' She explains that she never smoked. Her brother died 2 years ago of end-stage COPD and she was his primary caregiver. She watched him 'suffocate to death' at home in spite of her attempts at symptom management, and she is very fearful that she will be awake and suffering at the end of her life. She is open to further discussion around strategies that might improve her symptom control at the end-of-life.

In the setting of this broader loss of control, AM values asserting control in small ways like choosing what to eat each day. Although her appetite is poor, she continues to find joy in food, particularly ice cream, and find that the rituals she has built around food selection make her days in the hospital more tolerable.