Hey Sarah, how are things going with Mr. Smith, the 88-year-old man in Resus 2?

Not great. Looks like he has pneumonia and septic shock.

History of fever, worsening cough & shortness of breath for 3 days.

Multiple co-morbidities.

He's delirious and dry.
Draw the Line

His temp is 38.5, blood pressure 90/80...

...and oxygen sat 92% on 6L/min of O2.

Chest X-ray shows consolidation in both lungs.

I've given him IV antibiotics & some saline. He might need a noradrenaline infusion.

What's he like on a good day?

Not too bad.

According to his son, who is with him at the moment...

He has mild dementia, walks with a walker...

But, he requires minimal assistance at his nursing home.

Does he have an advance directive?

Not as far as his son knows. His father & the rest of the family haven't discussed it before.

Looks like we need to have a conversation about this.

Let's go see his son.
MR. SMITH! IT'S NICE TO MEET YOU.

MR. SMITH!

NICE TO MEET YOU, TOO.

MY NAME IS DR. MILLS, AND I AM THE EMERGENCY PHYSICIAN.

AND THIS IS DR. JONES, THE EMERGENCY RESIDENT.

WE'VE JUST SEEN YOUR DAD, AND I HAVE TO SAY HE IS NOT DOING WELL.

MR. SMITH, PLEASE TAKE A SEAT.

WE CAN EXPLAIN WHAT'S HAPPENING TO YOUR DAD.

IS HE...

IS HE GOING TO DIE?
We think your dad has a severe chest infection.

From what we can see, the infection has spread to his blood...

...and his body systems are starting to shut down.

He has become more confused, his blood pressure is low...

...his kidneys are failing, and he needs lots of oxygen.

This is not good... he's leaving us!

Well, he's very sick.

There's a chance he won't get better, but worse and die.

Are there ways to help him get better?

At the moment, he's receiving strong antibiotics and fluids through the IV drip.

Given your dad's limitations prior to this happening...

Well, Mr. Smith...

That's what we'd like to discuss next.

In situations like this, treatment becomes intense.

We typically transfer patients to the ICU, where we have the ability to use machines to keep patients alive.

If his lungs fail, we can put a tube down his throat and have a machine breathe for him.

We can insert tubes and lines into his blood vessels and attach him to a life support machine.
IN THE WORST CASE SCENARIO, IF YOUR DAD'S HEART STOPS, WE CAN PERFORM CPR.

STATISTICALLY SPEAKING, GIVEN HIS AGE & MEDICAL CONDITIONS, INVASIVE MEASURES LIKE THIS ARE LESS LIKELY TO HELP HIM SURVIVE.

IN FACT, THEY COULD BRING MORE HARM TO YOUR DAD.

SO, THE QUESTION IS, WOULD YOUR DAD WANT THESE KINDS OF TREATMENTS?

HAS HE EVER EXPRESSED WHAT HE'D LIKE TO DO WHEN HE REACHES THE END OF HIS LIFE?

NOT REALLY...

BUT I DO REMEMBER WHEN MY MOTHER WAS DYING IN HOSPITAL, HE SAID HE WISHED HE WOULD NEVER HAVE TO SUFFER LIKE SHE DID.

SHE WAS IN A GREAT DEAL OF PAIN BATTLING WITH BRAIN CANCER, AND SHE HAD SURGERY TO REMOVE A TUMOR BEFORE SHE WENT TO THE ICU.

AND AFTER SHE DIED...

MY DAD TOLD ME TO LET HIM GO PEACEFULLY... WHEN HIS TIME COMES.
W62 Draw the Line

WOULD YOUR DAD WANT US TO TRY AGGRESSIVE TREATMENTS, EVEN IF THEY WERE UNLIKELY TO HELP?

I SEE WHAT YOU MEAN. I GUESS IF THE CURRENT TREATMENT DOESN'T HELP, HE WOULD WANT US TO KEEP HIM COMFORTABLE.

...OR, WHAT IF WE DIDN'T DO ANY OF THE THINGS I JUST DESCRIBED, BUT JUST FOCUS ON HIS COMFORT, INSTEAD?

NOT THE AGGRESSIVE TREATMENT... HE WOULDN'T WANT THAT.

ALRIGHT! THANKS FOR TELLING US MORE ABOUT YOUR DAD.

NOW, DR. JONES AND I HAVE A BETTER UNDERSTANDING OF WHAT HE'D WANT.

WELL, DR. MULLS, THANK YOU FOR THE CHAT!

AND THANK YOU FOR LOOKING AFTER MY DAD!

I'M GOING TO MAKE SOME PHONE CALLS AND LET THE REST OF OUR FAMILY KNOW.

MY PLEASURE, MR. SMITH. I LOOK FORWARD TO TALKING AGAIN SOON.
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