To submit a case that has been reviewed by an ethics committee or to submit papers on related topics in clinical ethics, readers are invited to contact section editor Ruchika Mishra at: ruchika.mishra@gmail.com.

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The Case

Methamphetamine Addiction and Medical Futility

RUCHIKA MISHRA

Mr. H is a 42-year-old African American man with congestive heart failure (CHF) secondary to methamphetamine use. Although he is a certified drug counselor, Mr. H has a history of methamphetamine use and has undergone a prolonged and complicated course of hospitalizations. After being admitted to a hospital for CHF exacerbation subsequent to using methamphetamine, his condition was assessed as being so dire as to need a transplant, and he was transferred to the current medical center, where inotropic treatment for CHF was continued and dialysis initiated for chronic renal failure.

The cardiac team decided that, due to his methamphetamine use, Mr. H was not a transplant candidate. Concurrently, the possibility was raised of surgically implanting an LVAD (left ventricular assist device) to aid functioning of his damaged left ventricle. Because transplant in his case was not under consideration, the procedure could be used as a destination rather than a bridge therapy, which would require considerable management at home.

Mr. H is not cognitively aware to the degree that he can participate in a discussion of his treatment options. His wife is pregnant with their sixth child and is adamant that she wants the team to provide full aggressive treatment for her husband, including transplant. She also declares herself a committed and capable caregiver.

However, the cardiologist rejected the LVAD option on the basis of psychosocial reasons: the patient's long history of noncompliance and substance abuse. An ethics consultation was requested by a member of the cardiac team for guidance on what the ethical obligations may be regarding treatment for Mr. H and on what basis those decisions should be made.

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