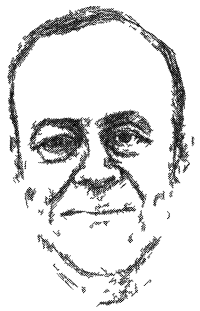
Impasse



In the cool shade of planning departments (and also in the heat of presidential campaigns) there has been much babble about cost containment, making hard choices, and managed care But down in the trenches things look quite different, and one wonders who indeed will make the hard choices—and what will they be

Mrs B is a case in point, uraemic and in heart failure, a long time hypertensive, with advanced diabetic nephropathy She tried outpatient dialysis for three weeks but developed a stroke, then another, leaving her with a pseudobulbar palsy so that now she cannot move, swallow, or speak She moans "home, home" from time to time, yet home she cannot go, not even with a visiting nurse, because she needs much more extensive care Already she has been in hospital for a month, being turned, tube fed, and dialysed

Her family consists of a husband, a son, and three daughters, who cannot agree on what should be done The son smokes crack and becomes violent whenever he does so He tried to learn peritoneal dialysis but never got the hang of it, and has even used bicycle tape to secure the catheter Three years ago he smashed his father's skull in a fit of rage, so that the father is now brain damaged and has a mental age of three

The social worker thinks that the best solution would be a chronic care facility, where even the dialysis could be continued But the son wants her home, and so do the two daughters who live at the other end of the town and therefore cannot help A third daughter has arrived from Atlanta and agrees that no one would even clean and turn her at home, let alone do the dialysis But the son wants to strap her into a wheelchair and bring her to dialysis in his car, which sounds wildly unrealistic The Atlanta daughter thinks that perhaps she should be taken home and left in peace But the other children want the dialysis continued—but not in a chronic nursing facility, nor can they manage at home

Thus things have reached an impasse The social worker has scheduled another meeting with the family The Atlanta daughter must soon return home, another daughter has vanished, the others refuse placement—and there is also the little matter of a supplemental monthly social security cheque that would stop coming if mother were to leave home The doctors and the social worker, it is fair to say, have acted in a compassionate manner, keeping her in an acute hospital at $800 a day, anyway, their hands are tied

It is a tragic case, to be sure, reflecting also the complexities of a welfare state, and there will be many more like this as the population ages and our ability to prolong life increases Now a new president has promised to control costs and also expand eligibility and access to care But will Mrs B still be waiting to be placed at the end of the traditional first 100 days following his inauguration?—GEORGE DUNEA, *attending physician, Cook County Hospital, Chicago, USA*