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Oxygen is for the Weak

Robyn Hitchcock, MD FAAEM

When I started my day shift on a busy Sunday, the night doctor signed out a 100-year-old woman whose chief complaint was “low oxygen level.” She actually had no chief complaints at all, but the care facility she lives at couldn't get her oxygen level up so they sent her in for evaluation.

She was on 100% non-rebreather and her oxygen level was reading barely 80% on her saturation monitor. She looked great and was not in any distress so we thought perhaps the reading wasn't accurate because she had poor circulation. So I ordered a blood gas to determine her real levels. When it came back her real oxygen saturation was 80% with a PO2 of 40. Those numbers were real. She did have a subtle pneumonia on chest x-ray so I thought we had something we could treat.

She made it clear from the outset that she didn't want to be there—the facility basically forced her to come in. She didn't want to be hospitalized or in the ICU and she certainly did not want any kind of ventilator treatment. I tried to approach her about one of the kinds of mask ventilation or high flow and she adamantly refused that too.

"I'm 100 years old, it’s okay if I die," she kept saying.

Eventually we took off the monitor because she made it clear she didn't want any intervention and the recurrent alarm was driving all of us, but especially me, crazy. I tried to reach her family to get them involved with the conversation but we were only able to leave messages. She was completely lucid and could make her own decisions, but out of courtesy it's always good to have the family on board with these difficult moments. Then I tried to get a hold of hospice on call so I could send her home with hospice, but her facility does their own hospice and they don't have an agreement with the local hospice so that failed too. This was a critical access hospital, so there was no palliative care team available for consultation. Eventually I was able to reach the medical director on call who was able to put forth a palliative care plan, and stop the facility from doing vital signs.

A little while later she took off her oxygen. "If I'm going to die anyway, I don't want to die wearing this rotten stuff."

We did not recheck her oxygen level. She remained completely lucid, and left the ED smiling in a wheelchair.

With a PO2 of 40 on a non-rebreather I don't even want to think about what her room air saturations were. The hypoxemia did not take the smile off of her face when she left having gotten her way.

She didn't say it out loud but I could see it all over her face. "Oxygen is for the weak. I reject your stinking oxygen and your whole hospital philosophy. Take that end of life care. I laugh at your dependency on oxidative phosphorylation."

Another doctor might have approached it differently. Maybe they would have tried to bully her into staying in the hospital or at least going home on oxygen. Maybe they would have waited for the family to see if they could talk her into more aggressive care. I chose to respect her spirit, her spunk, and her very clearly stated end of life wishes.

She was a total badass. And she was determined to finish her life on her terms. Oxygen is for the weak, ask Grandma.

Dr. Hitchcock blogs about rural, emergency, and travel medicine at stethoscopesuitcasemd.wordpress.com.

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