Case: GW is a 40 year old male veteran who was diagnosed with ALS in 2007 and was admitted to VA Home Based Primary Care (HBPC) in February 2009. He lives at home and his primary caregiver is his mother. Upon admission to HBPC, GW had a computerized eye gaze device for communication and could communicate clearly. He was having increased difficulty swallowing with obvious aspiration and shortness of breath. Because of clear signs of rapid deterioration, multiple providers discussed his obvious aspiration and shortness of breath. GW’s worsening respiratory function and impaired swallowing. It was explained that mechanical ventilation and a feeding tube would be necessary if GW wanted to prolong his life. GW directed the medical team to proceed with mechanical ventilation and a feeding tube.

The HBPC and Palliative NP’s continued to meet with GW and his mother, along with MICU staff, to ensure that care was coordinated among multiple disciplines and providers. GW was kept informed of the plans and the obstacles. He and his mother were given emotional and supportive counseling when there were complications or delays. GW was discharged to home on ventilator support and enteral feedings and continues to report satisfactory quality of life.

Discussion: Using ethical principles and virtues to maintain individual and institutional integrity promotes patient well-being. Autonomy is the personal rule of the self that is free from both controlling interferences by others and from personal limitations that prevent meaningful choice. Autonomous individuals act intentionally, with understanding, and without controlling influences. Respect for autonomy includes respecting an individual’s right to self-determination, as well as creating the conditions necessary for autonomous choice. GW’s autonomy was implicitly respected. GW was given permission to make the decisions that were consistent with his values at every stage of this process.

Veracity is the obligation to speak and act truthfully and includes the duty to disclose. Veracity demands skillful and patient communication particularly in the early stages of the patient and provider relationship. When multiple providers are involved, the consistency of the message is important.

Lastly, the principle of justice requires equitable distribution of medical goods and services. In the case of ALS, the Veterans Affairs, in 2003, determined ALS is a fully compensable disability. Therefore, GW has a 100% service connection for ALS and has access to all necessary treatments and supports to maintain his quality of life at home.

References: