

STATE OF TEXAS)
COUNTY OF Travis)

Amy Arrant, being duly sworn, states as follows:

“My name is Amy Arrant. I am an internist who specializes in hospital-based medicine. I’ve spent my career providing medical care to hospitalized patients.

Among my patients was a gentleman in his 70’s who had coronary artery disease, diabetes, and hypertension. This individual underwent cardiac bypass surgery, and, unfortunately, never came off the ventilator. He had multiple near codes over the ensuing month. Over this time, he continued to decline on all fronts.

The gentleman was alert, lucid, and yet critically ill. For roughly 30 days, he languished in bed on a ventilator. Because he was immobile—day after day-- he developed a pressure sore on his buttocks. I could tell that he was in considerable pain, but he could not speak as he remained on the ventilator. As part of his wound care, I would give him narcotics to lessen his pain. However, the pain meds caused his blood pressure to drop precipitously, which caused me to have to add more medications to maintain his blood pressure. It was a delicate, balancing act.

Despite my best efforts, it was quite apparent that his pressure soar was not going to heal, and he was never going to come off the ventilator. He was in constant pain. He continued to deteriorate on all fronts. While he couldn’t have a full conversation with me, he could very clearly indicate yes and no to my questions. I asked him if he wanted me to continue his wound care. He mouthed, “no.” I asked him if I should do chest compressions if his heart stopped. He mouthed, “no”. I asked him if he wanted to live. He mouthed, “no”. I asked him if he wanted me

to stop doing all of this to him. He mouthed, "yes". I asked him if I should enter a DNR on his record. He mouthed, "yes." The man was not demented. He was simply in constant, excruciating pain and he never wanted to live reliant on machines.

When the family got word of the DNR, they became very upset and leaned on the cardiac/thoracic surgeon to remove the do not resuscitate order. The surgeon reversed my order. The family pressured the patient as well. At least another week went by of abject misery and horrible pain. Eventually he coded again, and we were not able to get him back.

In a separate case, I admitted a 22-year-old woman following a cardiac arrest. She was in Texas, from her native Mexico, here with her common-law husband and four-year-old daughter. It's always hard to take care of young people who are critically ill, but her case was especially difficult.

She initially presented at the Breckenridge Hospital Emergency Department in renal failure. It was never clear why she developed renal failure. They dialyzed her to stabilize her and then discharged her to receive dialysis "in her country of origin." She was not able to return to Mexico as her young daughter was here in Texas, and she and her husband worked here. She likely did not realize or understand the gravity of her illness.

About 2-3 weeks later, she presented to me at South Austin Hospital in cardiac arrest due to profound electrolyte abnormalities that are a direct result of her renal failure. She coded 5-6 times the night of her admission. Each time we coded her for 10-20 minutes. She would lose her pulse, we'd resuscitate her, and then thirty minutes later, she would code again. Critically ill, she was placed on a ventilator, all the while, fighting for her life. She was 22 and had a four-year-old

daughter and was going to die because she could not get set up for outpatient dialysis due to her undocumented status.

Forty-eight hours later, her family arrived at the hospital from Mexico. They were perplexed. How, they wondered, could this young, seemingly healthy woman (in their eyes), now be so deathly ill. They were understandably angry as any family would be, seeing their loved one, dying.

We put her on dialysis in the ICU. She never regained consciousness. She had no spontaneous respirations or reflexes. Her family could not accept this had happened to her. They blamed the doctors. They directly accused the team and me of trying to kill her because she was undocumented. They directly accused me of not wanting to save her so the hospital could save money. Our team that had fought round the clock to keep her alive were now being accused of trying to kill her.

Scans and neurologic exams confirmed brain death. We alerted the family to this diagnosis. They refused to allow us to withdraw futile care and interventions. We had a family conference with the pulmonologist/critical care doctor, nephrologist, chaplain, social workers, and me, the hospitalist. The family was presented the devastating news; there was nothing we could do to save her and that with brain death, all we can do is withdraw care.

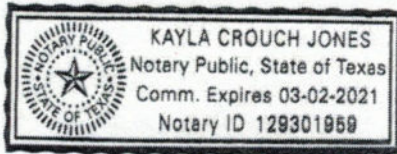
This was a very contentious meeting. Approximately 10 family members sat in this meeting and accused the entire team over and over, of trying to kill her. Presenting the information that she was, in fact, already gone, was falling on deaf ears.


The following day her common-law husband agreed to withdraw care, but the family was still mostly opposed and continued to argue with him over this decision. Another day passed and

the appointed decision-maker in the extended family reluctantly agreed to withdraw the ventilator and allow her to go peacefully.

With the family's consent, she was removed from the ventilator and never took a breath. Often there is still residual electrical activity in the cardiac muscle that is not the same as a functional heartbeat. This kind of electrical activity will still show on the monitor, even though it does not, in this situation, represent an actual beating heart. Her heart was not beating, but the heart monitor was still showing this electrical activity and the family did not understand the nuance of why that did not indicate life. The family again turned on the treating team, mistakenly convinced that she was still alive and that we were doing nothing to save her. They could never wrap their hearts and minds around the reality that their loved one was gone.

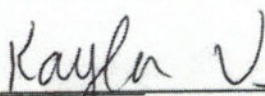
Her passing was not peaceful and dignified. It was marred forever with anger and mistrust. The loss of a young mother is heartbreaking at any time. The fact it was entirely preventable had she had access to appropriate care and the family's furious accusations haunt me to this day."





Amy Arrant, MD

SWORN TO AND SUBSCRIBED before me on December 18th, 2019.



Notary Public, State of Texas