

STATE OF TEXAS)
COUNTY OF Hays)

Heidi Kook-Willis, being duly sworn, states as follows:

“My name is Heidi Kook-Willis. I am a palliative care nurse practitioner who specializes in the care of adult and geriatric patients, often in the end stages of their life. All the patients I see are very sick, with chronic, life-limiting or terminal illness. Although we are not always able to heal or save the lives of our patients, we can alleviate their pain and suffering and allow for peaceful death when life prolonging measures are not effective or appropriate. Ultimately, the goal is to treat each individual with dignity and compassion. While each patient’s story is special, one gentleman’s stands out.

EMS transported a frail, elderly, 80ish nursing home resident to our hospital. His vitals were poor, and he was minimally responsive, suffering from a host of maladies, including severe pneumonia, septic shock, and advanced dementia.

We aggressively treated him with antibiotics, fluids, and medications to support his blood pressure. Eventually, we had to intubate him.

The man was fighting for his life, but our medical interventions were not helping. Days passed, and his condition was not improving. In fact, it was only worsening. His organs were shutting down, and his body was not tolerating the fluids we were giving. Our treatments were clearly providing no benefit. We were all very concerned this man would suffer cardiac arrest, and we would have to perform CPR, which we knew would be futile and cause undue suffering

to this very frail man. We came to realize we were only artificially prolonging this man's suffering. Our best efforts were not honoring his dignity, and this was clearly causing moral distress among care team members, from physicians to nurses.

This man did not have a Do Not Resuscitate (DNR) order or a Directive to Physicians outlining his wishes. Furthermore, despite every effort by medical staff, social workers and nursing home staff, no one could reach his designated emergency contact.

We knew the correct moral and ethical decision was to withdraw care and let him die peacefully. We consulted with the hospital Chaplain, and ultimately presented this man's case--and our moral dilemma-- to the hospital's ethics committee. After due consideration and collaboration among medical, legal, and ethics experts, the committee approved changing his code status to DNR and removing life-sustaining care. Soon after that, we extubated him, and several minutes later, he passed peacefully.

I took an oath to care for my patients—to do them no harm. Thankfully, the medical care team and ethics committee recognized that the right and compassionate decision was to relieve this man of needless suffering and allow him a dignified, peaceful death.”

Heidi Kook-Willis, APRN, AGNP-C

SWORN TO AND SUBSCRIBED before me on December 17th, 2019.

Stephanie Martinez
Notary Public, State of Texas

