



CASE IN POINT

By Julie Grimstad, Pro-Life Healthcare Alliance

“WE CAUGHT ON TO WHAT THEY WERE DOING, PULLED HER OUT, AND SAVED HER LIFE.”—Carly Walden

Family members often feel powerless and hopeless when they realize that a loved one in hospice care has been put on the pathway to a speedy death. This is a story of one family’s vigilance and timely action, which saved Mrs. Jackie McGiboney’s life.

“My grandmother has been alive for almost a year since our horrible overdose experience with the hospice,” Carly Walden wrote to the Pro-life Healthcare Alliance (PHA) on February 8, 2016. Carly aims to do everything possible to warn others about the invisible murders happening in many hospices and encourage others to save the lives of their loved ones when faced with similar circumstances.

Events leading to hospice admission

On December 12, 2014, Jackie fell at home. She was taken to an emergency room and, after being diagnosed with congestive heart failure and stage-4 chronic kidney disease, Jackie was admitted to a hospital in Covington, Georgia. Upon discharge from the hospital on December 16, she was moved to a nursing home rehabilitation center, where she remained until February 14, 2015. Her family visited her three times a day at the rehab center and noted that the only time a doctor saw Jackie was upon admission. Carly believes “the reason she was sick when she came home is because the medical director never came to see her in the two months she was there.”

On February 23, nine days after Jackie returned home, Carly again called 911 because Jackie was experiencing shortness of breath and very congested coughing spells. After admission to the hospital, she was diagnosed with congestive heart failure exacerbation and possibly some form of dementia.



Jackie McGiboney

When Jackie was due to be discharged, she was still sick and more than normally congested, so the family requested another X-ray. Subsequently, they were told she had bilateral pneumonia, for which she was treated until discharge on February 27. She was sent home to complete treatment with antibiotics, and a short-term rehabilitation program was suggested.

Jackie's primary care physician (PCP) spoke with Carly on March 4, stating that her grandmother was never a candidate for a short-term rehabilitation program because the patient has to have an "achievable" or "attainable" goal, which she did not. According to Carly, the PCP also told her that, if her grandmother were hospitalized again, she would likely die. Thus he suggested that she be placed in hospice care.

The family discussed the seriousness of the doctor's prediction and took Jackie to visit him on March 5. Carly writes, "We do not know if he reviewed personally any of her medical records from [the hospital]; however, we do know that he did not do any further testing and only examined her with a stethoscope that day. There was no blood work, X-rays, or any testing done. At the conclusion of this visit, Mrs. Jackie M. McGiboney received a prescription that stated, 'Please initiate Inpatient Hospice Placement,' with the diagnosis of 'End Stage Cardiomyopathy, Renal Failure, and Pneumonia.'"

Family assured that the hospice does not "dope them up"

The following day, Jackie's family contacted a hospice, which sent out a community liaison to educate them about the facility. The family told the liaison they wanted Jackie to "remain on her medications" and "not be overly medicated in any form or fashion." The liaison responded, "If they need a little something for pain, we will give it to them." Carly recalls, "At that time my father stated, 'You all do not just dope them up, correct?'" The liaison assured him the hospice did not do that and that this would be a very short-term stay, with possible follow-up at home.



Carly Walden and Jackie McGiboney

"During this consultation, my grandmother was alert and fully aware of the conversation and actually had to have a bowel movement," Carly reports. "She was able to complete this task by herself with the help of her walker. [The liaison] commented that she does very well.

"My grandmother understood that this program would be for rest and comfort, and she would be able to continue all of her medications because they have an in-house pharmacy. Should she require a doctor's visit, it could also be arranged. My grandmother agreed to the program. She was admitted that night and, as instructed, brought along all her medications.

"Upon arrival, we spoke with Mrs. T at the hospice, and she stated that my grandmother told her to talk to me and my father about all of her medications. Again, we specifically requested that she be retained on all present medications. Mrs. T agreed, but said, should she have pain, they may administer 'a little morphine.' That shocked us because my grandmother never takes any pain medication. We questioned this, and Mrs. T, in a very defensive manner, claimed it helps the elderly with breathing. She then said we would be surprised what a few nights [of] good rest could do for a person."

The family's questions and mounting concern

After getting Jackie checked in and settled, the family went home that night. The following day they noticed a catheter had been placed in her. They were baffled because she had been using the restroom by herself at home, with no problems. They expressed concern because her urine was a dark tea color. At home, her urine had been yellow. Carly observed, "A [certified nurse's aide] went into the room with some sort of bottle, shut the door, came back out, and advised them that she did not have a urinary tract infection."

The family also noticed a change in Jackie's mental state and behavior. She was slow to speak. Carly states, "We were assured that she was okay, and were told to go home and get some rest and let them do their job." On the following day, March 8, the family found her so groggy that she dropped her soup spoon into the bowl, and did not finish eating or drinking.

When a nurse came in with a syringe and squirted a clear liquid into Jackie's mouth, Carly asked what it was for and was told it was for leg pain. At home, Jackie simply sat up when her legs hurt. Carly also noted, "We did not see any walkers or wheelchairs in the facility, and we did not see anyone on a walker or in a wheelchair. Everyone was bed-bound."

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Told that Jackie was being given a mixture of morphine and Ativan, Carly reports, "I asked how she could be given a dose of morphine and Ativan without a physician examining her. The physician would not be there until Monday, March 9. The nurse explained that all she had to do was e-mail their medical director for orders." The nurse also told them to quit worrying; Jackie was not going to die today. Carly asked how could she tell and recounts that the nurse stated they can predict the time of death within hours. Again, the family was told to go home and let the hospice staff worry about Jackie.

Watchfulness and quick action save Jackie's life

At home, Carly did some research and found that the mixture of morphine and Ativan can be "a lethal drug cocktail" when given to a patient who is not experiencing severe pain or agitation. The family immediately returned to the hospice, arriving around 10:30 p.m. on March 8.



"We found her in her bed, completely unresponsive to verbal attempts to rouse her and physical slapping of the hands and face," Carly reports. "For several hours we attempted to wake her. We were not having any success and this was totally out of the ordinary for my grandmother, so we decided to call 911. We thought she had been severely overdosed. The dispatcher sent an ambulance and police officers. We discharged her and had her transported to a hospital in Monroe, Georgia. The paramedic's summation was that she had been chemically sedated with an unknown amount of morphine."

After admission to the hospital, the hospitalist stated the patient was lethargic and listless, most likely due to analgesics with opiates and benzodiazepine administered in the hospice. Another physician, Dr. M., discovered Jackie had a severe urinary tract infection. According to Carly, Dr. M. also saw an order from the hospice for Ativan and forty milligrams of Roxanol (an unusually large dose of orally administered liquid

morphine, particularly for a patient who is not experiencing severe pain) and felt this needed to be investigated, as the hospital has referred patients to this hospice.

Upon receiving further testing and proper medication, Jackie's chronic kidney disease was upgraded to stage-1, meaning her kidney function had vastly improved. All of her blood tests came back perfectly normal for her age. The family was pleased with the care and diagnostics at the hospital in Monroe. Dr. M. also told the family that Jackie was not at the end stage of cardiomyopathy or renal failure, and no longer had pneumonia.

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"It is unfathomable to us how a person—with a two-day admission to hospice—can be given lethal doses of Roxanol and Ativan, when the person refuses to take Tylenol on a regular basis!" Carly states. "We feel that she was being euthanized by the hospice." Carly has submitted a report to the Georgia Composite Medical Board and has asked for an investigation.



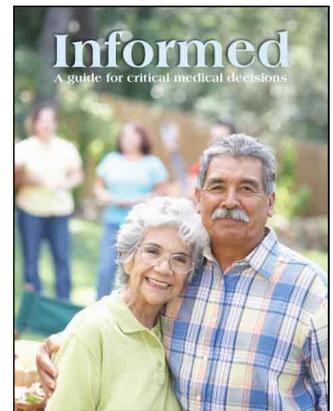
Jackie McGiboney with her new, pro-life cardiologist, after she recovered from the medication overdose.

Jackie's son, Mike Walden, a former police captain, adds this piece of advice: "Always get second or third opinions from doctors, preferably pro-life doctors, because misdiagnoses are a large part of this problem."

Carly concludes, "The night we called 911 from the hospice, the paramedics told us to kiss her good-bye because they were not sure she would make it to the hospital. Off the record, they referred to this hospice as the 'morphine hotel.' There is so much that could be added to this story. But, most importantly, I questioned everything the hospice workers were doing." She adds, "People need to make sure the patient's healthcare power of attorney agent is always on hand, protecting and advocating for the patient, watching everything!"

The PHA advises interviewing a hospice agency before enrolling (see *Informed: A guide for critical medical decisions*, p. 12).

Also, even after admission to a hospice, follow the Walden family's example: ask questions, remain vigilant, and be prepared to act quickly to save a life. Your loved one's survival may depend on you.



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