The Pitt

#5 A Humane Death (1)

Part 1 Preview & Background

⇒ When someone is old, seriously ill, and not mentally fit, who should decide about life support — the patient, the family, or the doctors?

- This is an emergency room in a hospital in Pittsburgh.
- Helen and Jeremy are the adult children of Mr. Spencer.
- Mr. Spencer has just been admitted into the ER from assisted living.


Dr. Robby


Helen


Jeremy


Mr. Spencer

⇒ While you are watching, think about: **Dr. Robby, Helen, Jeremy – what does each person believe is the right thing to do in this situation?**

Part 2 Comprehension *Answer the questions while or after you watch the video.*

True / False

1. Mr. Spencer has pneumonia and sepsis.
2. The bacteria spread from the liver into the bloodstream.
3. Mr. Spencer's blood pressure is getting worse.
4. Mr. Spencer has an advanced directive that says no CPR and no breathing machines.
5. Helen and Jeremy agree about what to do next.
6. Dr. Robby needs Helen and Jeremy to make a quick decision about their father.

Comprehension Questions

1. What does the doctor say caused the sepsis?
2. What does Mr. Spencer’s advanced directive allow?
3. Why does Helen want to consider using a breathing machine?
4. Why does Jeremy disagree with Helen?
5. What choice does the doctor suggest the family think about?

Part 3 **Language Review** *Choose the word or expression from the video that best matches the highlighted expressions.*

1. It means that the bacteria has spread from his lung to his **[veins + arteries, circulatory system].**
2. Is this his **[usual condition]?**
3. Why don't we **[leave briefly]** for one more second?
4. Your dad has **[an end-of-life plan]** expressing his wishes.
5. We're not going to place a tube in his **[trachea, throat]** for a breathing machine.
6. Do either of you have **[the legal right to make decisions]** for healthcare?
7. Sometimes allowing for a comfortable natural death can be the most **[kind, compassionate]** path.

Part 4 **Discussion**

1. Jeremy and Helen have different feelings. What are they? Who do you sympathize with more in this situation?
2. What would your advance directive be for a situation like this?
3. Who in your life would you most trust with durable power of attorney for your healthcare directives? Why?
4. The doctor says that sometimes allowing for a natural death can be the most humane path. What does he mean? Do you agree?

For medical professionals:

5. How effectively does Dr. Robby explain the situation and prognosis? What could be clarified?
6. Evaluate the doctor's communication style when discussing the advance directive. What did he do well? What could he improve? Did he use "prognostic framing" (describing best case, describing worst case describing most likely case)?
7. Helen focuses on reversibility. Jeremy focuses on patient wishes. How would you navigate this family disagreement?
8. Should doctors encourage completing advance directives earlier in life (perhaps during primary care visits)? If so, starting at what age? Explain your position.
9. What is the difference between withholding treatment and withdrawing treatment in this situation? How might families perceive the difference?

Part 5 **Dialogue Practice:** *First, try to fill in the missing language from memory. Check the script for the expressions you cannot remember. Then, practice reading the dialogue with a partner. It has been altered slightly for two people.*

Doctor: Your father has pneumonia and __ _____ called sepsis.

Patient Proxy: What is that exactly?

Doctor: It means that the bacteria ____ _____ from his lung to his bloodstream. So far, he's been _____ well to treatment. Is this his baseline?

Patient Proxy: He has good days and bad days.

Doctor: Why don't we step out for one more second? So, your father came ___ ____ low blood pressure, which is improving.

Patient Proxy: Can he go _____ ___ assisted living?

Doctor: Eventually, we hope so. Your dad has an advance directive _____ his wishes, which says that IV fluids and medications are okay, but no artificial life support, no CPR.

Patient Proxy: He doesn't want a bunch of machines _____ him alive.

Doctor: Okay, then we will continue with oxygen and IV fluids and antibiotics. But if his lungs _____ _____, we're not going to place a tube in his windpipe for a breathing machine.

Patient Proxy: But pneumonia is _____.

Doctor: Most of the time it is.

Patient Proxy: But if he can get better in a week, then _____ him ___ a machine.

Doctor: Do you have durable power of attorney for healthcare?

Patient Proxy: Yes, I do.

Doctor: Okay. Well, this is a decision that does not need to be made right now. Why don't you think about it? If things get worse, sometimes _____ ____ a comfortable natural death can be the most humane path.

Script

Nurse: Dr. Robby.

Dr. Robby: Yep.

Nurse: The son and daughter of Mr. Spencer from Assisted Living. They're here.

Dr. Robby: Okay. I'll be right there.

Dr. Robby: Your father has pneumonia and a condition called sepsis.

Jeremy: What is that exactly?

Dr. Robby: It means that the bacteria has spread from his lung to his bloodstream. So far, he's been responding well to treatment.

Helen: Hey, pop. It's Helen and Jeremy.

Mr. Spencer: Jeremy. Hillary. Blue Fudge.

Jeremy: It's the Nowhere Man from Yellow Submarine. It's what he used to call me when I didn't do my homework.

Dr. Robby: Is this his baseline?

Jeremy: He has good days and bad days.

Dr. Robby: Why don't we step out for one more second?

Dr. Robby: So, your father came in with low blood pressure, which is improving.

Helen: Can he go back to assisted living?

Dr. Robby: Eventually, we hope so. Your dad has an advance directive expressing his wishes, which says that IV fluids and medications are okay, but no artificial life support, no CPR.

Jeremy: He doesn't want a bunch of machines keeping him alive.

Dr. Robby: Okay, then we will continue with oxygen and IV fluids and antibiotics. But if his lungs stop working, we're not going to place a tube in his windpipe for a breathing machine.

Helen: But pneumonia is treatable.

Dr. Robby: Most of the time it is.

Helen: But if he can get better in a week, then put him on a machine.

Jeremy: That's not what he wanted.

Dr. Robby: Do either of you have durable power of attorney for healthcare?

Jeremy: Yes.

Helen: We both do.

Dr. Robby: Okay. Well, this is a decision that does not need to be made right now. Why don't you think about it, talk about it? If things get worse, sometimes allowing for a comfortable natural death can be the most humane path.