

5/11/2010

Re: Donald MacLean Holley DOB 6-29-1919

Background:

Donald Holley lived on Anza Street in San Francisco. He lived there in his home after moving to California many years ago. He never married and he had no children. He has no family in California and we are his closest family. We live in Massachusetts and Don's whole family lives on the east coast. (He has an elderly brother who lives in Florida, but their relationship was not close.)

Donald M. Holley's Stay at St. Mary's Medical Center:

Friday April 30, 2010

Don was admitted to St. Mary's Medical Center after a fall in his home. This fall was most likely due to cellulitis in his leg that was diagnosed once he arrived at the hospital. He was not injured in the fall and the cellulitis was treated with antibiotics. Don expected to be back home in a matter of days.

Saturday May 1, 2010

We were told that, unfortunately, while in the hospital, Don suffered a stroke. The stroke apparently affected his left side and his speech.

Issue # 1

Thursday May 6, 2010

At a meeting between the DPOA and the first alternate DPOA, Dr. Elizabeth Jensen and others, it was decided that Don would be placed on comfort care and moved to the 5<sup>th</sup> floor. We were not informed about the fall, the admission, the stroke, or the decision until the DPOA and the alternate DPOA called us on Thursday, 5/6/10. They seemed to have some confusion about the exact nature of comfort care because they told us that they thought he would continue on antibiotics while on comfort care although they did say that Don would not be receiving IV fluid or nutrition. They also told us that Don was receiving morphine. They also said that they thought this decision was appropriate because Don's directives in the DPOA indicated that he did not want to be kept alive on life support if he were in a "persistent vegetative state." The apparently relevant portions of this document were read by the DPOA to us over the phone. However they said that Don occasionally showed some response to them. From our understanding, that would not constitute a "persistent vegetative state". Although we were told that Don probably would not fully recover from the stroke, we expressed our concerns to them that the

decision to place Don on comfort care was premature and was not in keeping with his written wishes as outlined in the document that had just been read to us. He was not in a “persistent vegetative state” and the consequences of the stroke were not yet fully known. We also expressed our concerns about the use of morphine that had been started on Wednesday. We informed them that one of his sibling’s death was as a result of morphine toxicity due to a sensitivity that can run in families. If pain were an issue, we asked if a different analgesic could be used, but they insisted that he stay on morphine despite our concern. The doctors went along with this. We also informed them that we felt that the 3 or 4 days between the stroke (with the additional effects of the sepsis) and the start of morphine was not nearly enough time for Don to return to his baseline and give him a chance for recovery.

#### Friday May 7 and Saturday May 8, 2010

We took the first flight from Boston that we could in order to be with Uncle Don and we arrived on Friday afternoon. Our observations were that he was sleeping or semi-sedated about ¾ of the time. During the evening Don had a bloody nose that was dripping down his face and down his throat. We inquired why there was no moisture canister on the oxygen to prevent the drying of his nose. At our request, a respiratory therapist came and she attached a moisture canister to the oxygen to try to prevent any further nosebleeds. Due to the pooling of blood in the back of his throat, he became “gurgly” and he required suctioning on several occasions that evening. Don was sleeping most of the time, but occasionally awoke when the gurgling in his throat became more severe. After each suctioning he was much more comfortable, peaceful, and slept better. In addition, after his first restful sleep and subsequent suctioning, Don was clearly fully awake and aware. Tegan spoke to Don loudly and said, “Hi Uncle Don. It’s Tegan and Don (Murray)!!” Don (Holley) responded with a clearly verbalized, “Hi!” with emotion expressing his simultaneous surprise and happiness. He then squeezed Tegan’s hand with his right hand two times on command. The second time when Tegan asked him to squeeze harder, he responded by squeezing much harder and lifted his arm up.

During the remaining time on Friday and then continuing on Saturday until his death, Don, on at least two additional occasions, uttered a verbal response to us and on at least six or seven occasions squeezed our hands in response to our command, answering questions that we asked. Contrary to what we had been told, his face appeared totally symmetrical and the nurse confirmed this. Although he was sleeping most of the time, when Don was awake he was clearly conscious and aware. He was never comatose or in a “persistent vegetative state.” We firmly believe it was unethical and cruel to withdraw IV fluid and all of his necessary medications. In addition, his eyes were so dry that he could not even blink them. We requested several times for something to be ordered for his eyes so that he would be comfortable. Nothing was ever ordered and his eyes were stuck open and they looked horribly dry and they must have been very painful.

In summary, we believe that it was unethical and contrary to Don’s written directives to place him on comfort care measures at the time that it was done. We had discussions of this subject with Dr. Kemnitz, Dr. Jensen, Anne McGurvy (sp?), Brother George Cherrie, Brother Joseph, Chaplin Craig, numerous nurses, respiratory therapists, etc. We

expressed to all of them our strong disagreement with the care plan, and as his family, next of kin, and Don Murray as his alternate DPOA, we asked that the situation be reconsidered before Don would die unethically of dehydration. We were informed that an ethics meeting could probably not be set up any sooner than Monday. We were shocked that at a Catholic hospital, a patient with a non-terminal disease would die of dehydration..

## Issue # 2

### Friday May 7, 2010

Don had a bloody nose that was dripping down his face and down his throat. A respiratory therapist came and she attached a moisture canister to the oxygen to try to prevent any further nosebleeds. However, due to the pooling of blood in the back of his throat, he required suctioning on several occasions that evening.

### Saturday May 8, 2010 (approximately 5:30 PM)

Don's vital signs were all normal and he was putting out urine. Don's nurse, Catalina, and an assistant repositioned Don and left him on his back instead of turned a little toward his side as he had usually been positioned. After repositioning him, she apparently suctioned his mouth, which was completely inadequate and he was still in need of suctioning. During the repositioning we had stepped into the hall to talk on the telephone and to talk in person to a chaplain about setting up an ethics meeting at our request. When Tegan went back into the room, Don was in need of suctioning and she decided to suction him ourselves because his nurse had recently been there, but his nurse's suctioning did not seem to help. Later, his nurse told us that she went to get the thin clear tubing for suctioning, but she was gone awhile. When Jean returned to the room, Don was in urgent need of suctioning because he was gurgling the most ever with fluid in his throat. At this point Don's head was bright red, he had beads of sweat on his head, and he was very hot. He was struggling to breath, he was fully conscious, and his eyes were wide open. A nurse prior to this had told us that we could use the suction machine to help Don when necessary and she had left the suction machine on so that it would be ready to use at any time (so she didn't show us how to turn the machine on). Since Tegan had been previously trained and had lots of prior experience with an aunt, Tegan was about to suction Don when the nurse, Catalina, walked into the room so we quickly urged her to suction Don. The last thing that Jean actually said to her Uncle Don was, "Don't worry Uncle Don, the nurse is going to come to help you. You just have something stuck in your throat." Jean stressed the extreme severity of Don's situation, but instead of using the thin tubing, the nurse again very slowly proceeded to use the yankauer and she used it around his tongue, accomplishing nothing. Jean and Tegan both told Catalina that she needed to use the thin tubing and to suction more than just his mouth. She put the thin tubing on and slowly moved it towards his mouth. She got the tube about 2 inches from his mouth, but then she paused when the loud gurgling suddenly became silent. Fluid in Don's throat had closed off his air way. As before, he was still conscious with eyes wide open. He was opening and shutting his mouth very wide and his chest was going up and down very vigorously but it seemed to us that he was not getting any air. Catalina never

put the thin tubing in his mouth. Instead, she stepped back and when Jean asked her why she was hesitating she said, "I can't do it." When Jean asked why she couldn't, Catalina said, "It's respiratory." Jean said, "He needs it now more than ever." Catalina turned off the suction machine, and put the tubing away in the drawer. By this time, Jean said that Don's red face was turning blue. His throat was blocked. Jean and Tegan begged the nurse to hurry and to please finally suction him. His face started to turn white. Tegan ran out to the hall and quickly got Don Murray and Tara. Catalina said that she would have to go and get someone and she left the room. Jean and Tegan tried to use the machine, but it was away and turned off and they could not figure how to turn it on. Frustration was paramount when we had the suction machine but could not turn it on, we were in a skilled nursing facility in a hospital but his nurse walked out of the room, and it looked like Uncle Don was going to die right in front of us because his nurse would not perform her nursing duties (oral care under the comfort care plan). Tara ran after Catalina and found her talking with Kelly, the charge nurse, at the nurse's station. Catalina did not appear to be especially hurried. Tara said things such as "Hurry it is an emergency. He can't breathe." Tegan also ran into the hall pleading for help. Catalina came back with Kelly, the charge nurse, and they came to his bedside. Catalina took the suction machine from Tegan and Jean and this time she put it in his mouth on his tongue in a totally ineffective manner. She continued to behave as if there was no hurry as he made his last few attempts to breathe and turned white. We urgently said, "You are not going into his throat, hurry, clear his throat." Kelly said, "We can't do deep suctioning." We immediately said, "He does not need deep suctioning, all we have been asking for is for you to clear his throat (as the other nurse has been doing all day)." Tara pointed to her throat, saying, "Here." Kelly said, "Oh, Okay," but Catalina's actions did not seem to change at all. She looked as though she were casually wiping his tongue. We all pleaded with them and said things such as, "This is unethical," "Call someone else," "Do something more," "He is dying," "This is a hospital, do we have to call 911?" Neither Kelly nor Catalina said anything and they acted as though they had all the time in the day. Tara even ran into the hall and yelled for someone else. Nobody came. Tara said, "If you are not going to do it, give it to my sister." Catalina did not. After a second urgent pleading request, Catalina handed the suction to Tegan. Tegan took the suction machine and put it down his throat and for the first time started to get out some of the blood. However, it was too late. He had turned completely white and died in front of us.

Our Uncle Don died in St. Mary's Medical Center on a skilled nursing floor from asphyxiation. He died looking like he was pleading for help as we also begged the nurses for help. She watched him die as she held the necessary suction machine in her hands and she failed to do her routine nursing duty. He died a conscious torturous death witnessed by us, his four family members, and your two nurses who were unwilling to do their routine nursing duties under comfort care. We were told that it is called "oral care," that it is taught in nursing school, that nurses do it and not necessarily respiratory therapists, and it is not deep suctioning, it is just clearing upper airways.

Please note that neither Lee nor Sandy came in to see him the whole time that we were there and they were almost totally unreachable the whole time, even by your own staff. We do not understand what happened with them or their actions and we believe that they

never even visited him on the comfort floor after making this life and death decision. We as his family were only trying to follow his wishes and we were the ones with him when he died. We stayed day and night. He did not die alone. It is ironic that he died this way in what was supposedly comfort care.

Donald MacLean Murray (nephew)

M. Jean Murray (niece-in-law)

Tegan Kathleen Murray (grand niece)

Tara Bridget Murray (grand niece)