

Peri-delivery management of a patient with acute psychosis lacking decision-making capacity

Catherine Bergeron MD, Patricia Dalby MD, Christopher Smith MD, Justin Shuster MD, Priya Gopalan MD, Jacob Larkin MD, Grace Lim MD. MS
University of Pittsburgh Medical Center (UPMC), Department of Anesthesiology and Perioperative Medicine

UPMC | **MAGEE-WOMENS**
HOSPITAL



38 year-old

G4P3

Gestational diabetes

Acute psychotic episode

- **Admitted at 30+6 weeks** : acute psychotic episode [auditory hallucinations, exhibited paranoia and emotional dysregulation]
- Voluntary inpatient admission → **ensure medication adherence** and to re-titrate clozapine necessitating a planned transfer to obstetrics for cesarean delivery
- Medical evaluation deemed a **lack of medical decision-making capacity**
- Her **mother** was declared to be a **substitute decision-maker**
- **Delivery at 37 weeks** [poorly controlled diabetes mellitus and large for gestational age fetus]

Peri-delivery management of a patient with acute psychosis lacking decision-making capacity

Catherine Bergeron MD, Patricia Dalby MD, Christopher Smith MD, Justin Shuster MD, Priya Gopalan MD, Jacob Larkin MD, Grace Lim MD. MS
University of Pittsburgh Medical Center (UPMC), Department of Anesthesiology and Perioperative Medicine

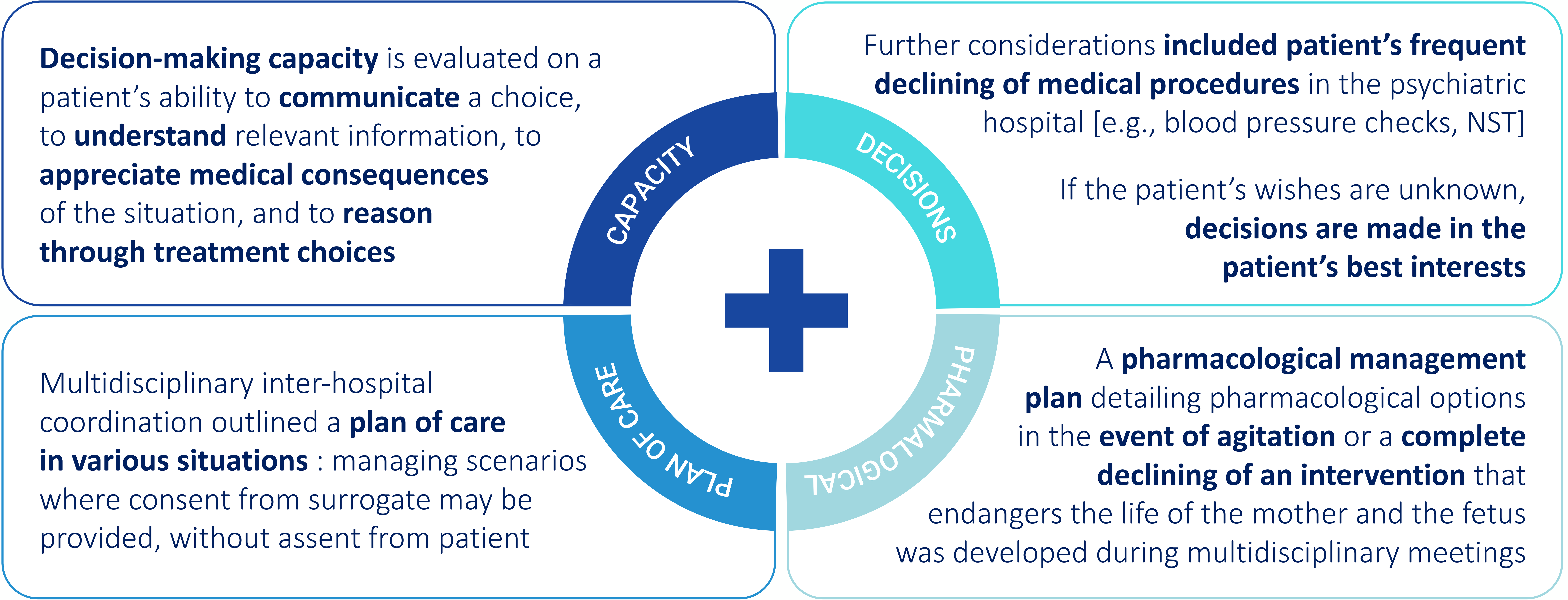
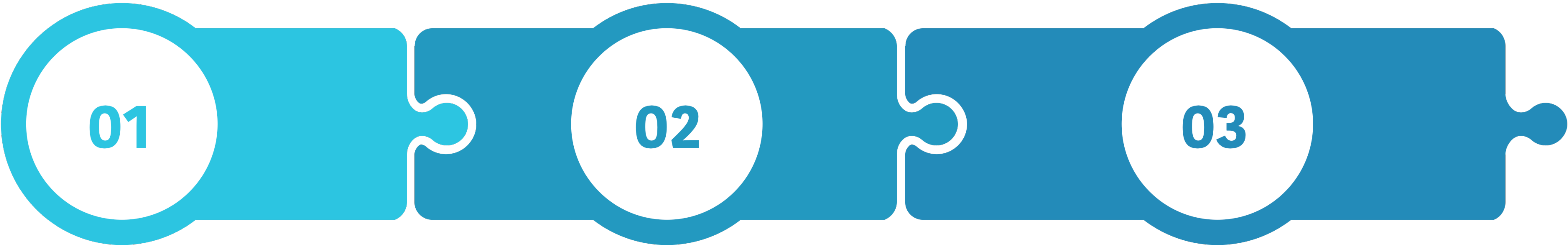


Figure 1. Acute Care Management Considerations for Labor and Delivery management in parturient lacking decision capacity



Lack of decision-making authority

E.g., Patient whereby the court determines the patient is unfit to make medical decisions, or the patient is a child

Plan : Decision-making falls under the legal surrogate

Temporary condition that impairs ability to make medical decisions

E.g., Acute intoxication or preoperative sedation

Plan : Anesthesiologist must be able to determine whether the patient can provide consent to anesthesia

Baseline difficulties in decision-making capacity

E.g., The physician is once again called upon to determine whether their patient can give free and informed consent for anesthesia

Plan : In such a case, a psychiatric consultation, a consultation with the ethics department or a court of law can be helpful to determine if the patient is competent to proceed with decision-making. Ultimately, a physician can decide to seek legal adjudication of competency if deemed necessary

References

1. Waisel DB. Anesthesiology. PMID: 9357901

2. Neilson G. Can J Psychiatry. PMCID: PMC4459249

3. Tait AR. Can J Anaesth. PMID: 24898765

4. Appelbaum PS. N Engl J Med. PMID: 17978292