

Patient Autonomy: A Case

Submitted by Dr Tom Duffy

Mr M was a 67yo gentleman admitted to the YNHH with severe weight loss and anemia. The latter disorder was attributed to myelodysplasia diagnosed at MGH ten years previously. He had formerly been a high school English teacher but had not worked for several years because of his failing health and slowly progressive anemia. No cause for his weight loss had been identified although the degree of his cachexia made a malignancy highly likely. He had undergone evaluation at his local hospital with scans and extensive laboratory testing but no malignancy or inflammatory condition was identified.

On admission to the YNHH his examination was most remarkable for the degree of cachexia that was evident. He described abdominal discomfort but nothing was discovered on exam. Stool guaiac tests were negative. Repeat scans again were unrevealing. Malabsorption studies were initiated.

The patient's social background revealed that he was married and the father of one daughter. He had obtained an M.Phil from Oxford in English; his undergraduate training had been completed while a Jesuit seminarian. He had left the religious order prior to his sojourn in England. He now busied himself with reading and contributing book reviews for Jesuit publications.

In discussing the ongoing presence of Jesuit influences in his life, it was uncovered that he continued to perform daily Ignatian spiritual exercises. Re-addressing his myelodysplasia raised consideration of protein-calorie malnutrition as its real cause (and explained why it had not followed the usual evolution to leukemia). A bone marrow revealed characteristic features of anorexia nervosa/malnutrition. The diagnosis of Holy Anorexia was made- harkening back to Catholic mystics who starved themselves to death (and attained sainthood) in their pursuit of transformative suffering.

The prognosis for such patients is quite poor because of their fervent focus upon salvation and the secondary import of their health. Psychological therapy is frequently unsuccessful. The case raises important questions regarding respect for patient autonomy. We respect the beliefs of Jehovah Witnesses- should we do the same in this case? How much do we "lean against" the patient, if any, in an attempt to alter his behavior? Does respect for patient autonomy preclude any active role?