

# Implementation of the Ulysses Contract in a Patient with Severe Needle Phobia

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Important to respect **autonomy** in pregnant patients, **even if decision may cause harm** to the patient or fetus

Complicated when the patient **acknowledges the necessity** of treatment, but **refuses to cooperate**

A **Ulysses contract** allows a competent adult to **consent to treatment in advance** even if they **lack decision-making capacity** later

# CASE EVENTS

## DAY 1

17 yo G1P0 at 38w3d transferred for IOL for FGR with severe needle phobia

No prenatal labs in pregnancy due to severity of phobia

Understood need for IV during IOL, but unable to cooperate

Unsuccessful attempt to facilitate IV placement with midazolam PO sedation

*Psychiatry consult:* patient had capacity

*Ethics consult:* Ulysses contract introduced

*OB team:* Delivery plan with patient for PCS

## DAY 2

2<sup>nd</sup> failed attempt at IV placement with sedation (PO midazolam, intranasal dexmedetomidine, child-life specialist)

Patient brought to OR and became hysterical

Deemed to lack decisional capacity → Ulysses contract utilized to enable treatment despite her objection

Mask induction for IV placement → RSI/ GETA → immediate cesarean delivery

Apgars 7/7, no complications, patient very grateful

# KEY POINTS



Patient understood importance of IV placement, and agreed to multiple sedation attempts to facilitate placement, but her needle phobia prevented success



Ulysses contract allowed patient to receive care consistent with her pre-specified wishes and facilitated a safe delivery



Multidisciplinary management was crucial in her care: OB/MFM, Ethics, Psychiatry, and Anesthesia teams