It became clear from chart review and palliative care consultations that absence of clear goals of care often led to unnecessarily long, complicated stays in hospital, contradictions among recommendations made by various clinicians on a case, and care inconsistent with patients' wishes. The palliative care consultant became a facilitator of communication among medical staff and between doctor and patient or surrogate, to establish goals of care. We have started a new quality improvement activity for early establishment and documentation of goals of care.

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- 1 Finucane TE, Christmas C, Travis K. Tube feeding in patients with advanced dementia: a review of the evidence. *JAMA* 1999;282:1365-70.
- 2 Finucane TE, Bynum JP. Use of tube feeding to prevent aspiration pneumonia. *Lancet* 1996;348:1421-4.
- 3 Peck A, Cohen CE, Mulvihill MN. Long-term enteral feeding of aged demented nursing home patients. *J Am Geriatr Soc* 1991;39:732-3.
- 4 Mitchell SL, Kiely DK, Lipsitz LA. Does artificial enteral nutrition prolong the survival of institutionalized elders with chewing and swallowing problems? *J Gerontol A Biol Sci Med Sci* 1998;53:M207-13.
- 5 Meier DE, Ahronheim JC, Morris J, Baskin-Lyons S, Morrison RS. High short-term mortality in hospitalized patients with dementia. *Arch Intern Med* 2001;161:2385-6.
- 6 Murphy LM, Lipman TO. Percutaneous endoscopic gastrostomy does not prolong survival in patients with dementia. *Arch Intern Med* 2003;163:1351-3.
- 7 Kaw M, Sekas G. Long-term follow-up of consequences of percutaneous endoscopic gastrostomy tubes in nursing home patients. *Dig Dis Sci* 1995;40:920-1.
- 8 Finucane TE. Malnutrition, tube feeding and pressure sores: data are incomplete. *J Am Geriatr Soc* 1995;43:447-51.
- 9 Ahronheim JC. Nutrition and hydration in the terminal patient. *Clin Geriatr Med* 1996;12:379-91.
- 10 Ciocon JO, Silverstone FA, Graver LM, Foley CJ. Tube feedings in elderly patients. Indications, benefits and complications. *Arch Intern Med* 1988;148:429-33.
- 11 Meier DE, Morrison RS, Cassel CK. Improving palliative care. *Ann Intern Med* 1997;127:225-30.
- 12 Cobbs EL, Duthie EH, Murphy JB, eds. *Geriatrics review syllabus: a core curriculum in geriatric medicine*. 5th ed. Malden, MA: Blackwell, 2002:117.
- 13 United Hospital Fund. Palliative care quality improvement collaborative enters its second year. 3 April 2003. www.uhfnyc.org/press_release3159/press_release_show.htm?doc_id=161122 (accessed 3 Aug 2004).
- 14 Langley GJ, Nolan KM, Nolan TW. *The foundation of improvement*. Silver Spring, MD: API Publishing, 1992.
- 15 Berwick DM. A primer on leading the improvement of systems. *BMJ* 1996;312:619-22.

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A memorable patient

Prophets and prophecies

KS entered my clinic beaming. "Did you hear the news last month that Russia and America have dumped their nuclear weapons into the sea?"

I had. It was big news; the end of the cold war. "Was it you?" I asked.

"Of course. Russia and America realised that I am the ultimate superpower. They fired their missiles at me, which I deflected into the sea. They now claim that they willingly destroyed the weapons." His eyes twinkled, seeking my approval of his explanation, yet mocking me to defy it.

That was KS, a Punjab clerk. He had come to psychiatric outpatients at the insistence of his wife, who was fed up with repeated complaints by his colleagues. Every time KS thought they were doing something wrong, he chastised them, even handing out sentences—hell or bad karma in the next lifetime. The sentences were scribbled on a letterhead, signed "KS, God," and rubber-stamped.

He had a systematised delusional system, believing that he was all manifestations of god and had visited earth in many incarnations, including Moses, Jesus, Mohammed, Buddha, Krishna, and Nanak. He had no other symptoms of depression, mania, first rank symptoms, or organic pathology. He did not drink alcohol or take drugs and was a loving husband and father. He even had a reason for his current incarnation: "When I was Guru Gobind Singh [the 10th Sikh Guru] I ate meat. As a creator, I should not have eaten my own creation. I decided to punish myself by being born as a clerk in Punjab government."

He refused treatment ("What did you do when I was Jesus? You crucified me. What would you do to Jesus today? You would probably give me ECT.") but willingly

attended outpatients. He would state his powers, I would offer medication, we would agree to disagree, and he would promise to return. I presented him at a case conference, where we argued about the merits of treating him. There was no mental health act to guide us and neither a way nor a reason for compulsory treatment.

One day he stormed into my office unannounced and unexpected. He was visibly agitated and insisted that I stop my ongoing consultation and see him instead. I asked him to wait. Angrily he scribbled on his pad, "I hereby sentence Dr S P Singh to death," threw it at me, and stormed off. I apologised to my patient and went out to look for KS. He had gone.

His wife turned up at the next appointment. He had walked under a train. A few weeks before, the Indian prime minister had narrowly escaped an assault in Sri Lanka. KS wrote to the prime minister informing him that it was only KS's power that had saved him. On not receiving a response, KS went to meet the prime minister. He was arrested, beaten, and locked up for a few days. On release, he came to see me, the day he signed my death sentence. His wife thanked me for trying to help him.

Kierkegaard said that life can only be understood backwards. Mental health inquiries find a predictable inevitability in tragedies; if only so and so had done such and such. Living forward, the future is an endless array of unpredictable outcomes. But I still wonder. Would medication have made a difference? Would he be alive today had I seen him that day? Is this the fate of all avatars?

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