When Is Medical Treatment Futile

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What do you think of this advertising?
Objectives

- What is futile care?
- Describe some legal definitions
- Describe who decides when treatment is futile
- HCP burnout
- Compassion fatigue

What is Medical Futility?

- Life sustaining interventions and treatments that have no medical benefit for the patient because the interventions and treatments cannot end dependence on intensive medical care.
Legal and medical definitions of futile care

- **State laws** rarely define medically futile or ineffective care
- **American Medical Association (AMA)**
  - Describe medically futile treatments as those having “no reasonable chance of benefiting the patient”
  - “But fall short of defining what the word “reasonable” means

Legal and medical definitions of futile care

- **American Thoracic Society**
  - Treatment is considered medically futile when it is highly unlikely to result in meaningful survival
- **Society for Critical Care Medicine**
  - Physicians must be certain that an intervention will fail to accomplish its intended goal before concluding that the intervention would be medically futile
Definitions of Medical Futility

- **Physiologic futility**: the desired outcome cannot be met.

- **Imminent-Demise futility**: in spite of intervention the patient will die in the near future.

Definitions of Medical Futility

- **Quantitative futility**: anything less than a 5% chance of success would be futile.

- **Qualitative futility**: the patient’s quality of life is so poor that continued treatment is not appropriate.
Historical background

- Hippocrates:
  - Three major goals of medicine: cure, relief of suffering and “refusal to treat those who are overmastered by their diseases, realizing that in such cases medicine is powerless”.

- Plato:
  - “to attempt futile treatment is to display an ignorance that is allied to madness.”

Who decides when treatment is futile?

- Healthcare providers (you and me!)
- Patients and their surrogates
- The courts/legal systems
Are we heading in the right direction about end of life care?

- Terri Schiavo, the 41-year-old brain-damaged woman who became the centerpiece of a national right-to-die battle, died March 31, 2005, after a 12 year court battle.
- She was in a vegetative state and husband wanted to remove tube feeding.
- What a mess!
- 14 court appeals!

Death and Dying in the U.S. Four Paradigms

- Death as a natural part of life
- The “medicalization” of dying
  - Around 70% of Americans die in a hospital, nursing homes, assisted living
  - Around 25% die at home
- Hospice/Palliative Care ??Might be lumped into home
- Death on Demand
Advance Directives

- Written instructions about your future medical care if you are hospitalized

- Only used:
  - If you are seriously ill or injured, and most importantly
  - Unable to speak for yourself

- Should include:
  - Living will
  - Medical (health care) power of attorney

10 States’ Laws Address Medical Futility

- Alaska, California, Delaware, Hawaii, Maine, Mississippi, New Jersey, New Mexico, Tennessee, Texas and Wyoming.

- All permit healthcare providers to refuse
  - “medically ineffective’ or “medically inappropriate” care.

- All require healthcare providers or facilities to notify the patient or surrogate when proposed treatment is determined to be futile.
10 States’ Laws Address Medical Futility

- All require that life-sustaining treatment be continued until the patient can be transferred to another facility willing to comply with the patient’s instructions.

- All require assistance in locating and transferring the patient to the other healthcare facility.

Determination of Futility Should be Made Jointly by the Physician, Patient and/or Surrogate

- Balance the effectiveness of treatment, benefit of the treatment to the patient, and the emotional, financial or social burden to the patient.
  
  - Effectiveness:
    - Objective determination made by the physician based on knowledge and expertise.
  
  - Benefit:
    - Subjective determination made by patient or surrogate by examining goals of treatment.
  
  - Burdens:
    - Determined by both the physician and the patient looking at factual elements and subjective, personal aspects of treatment.
How about how we feel - the health care worker?

- Over treatment of dying patients and its effect on health care practitioners
  - Survey of 759 nurses and 687 physicians
    - 70% felt it went against their standards and conscience in treating “futile” patients
    - 50% felt that withdrawing or withholding medical treatment was one of the biggest stressors of their job for those patients receiving meaningless and excessive care

How about how we feel - the health care worker?

- Burnout
  - It is most commonly defined as “a syndrome of emotional exhaustion, depersonalization, and reduced accomplishments that can occur among individuals who do ‘people work’ of some kind”

- Compassion fatigued
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Burnout

- Stress that exceeds the limits of healthcare workers mental and physical capacity
- Personality traits differ from person to person and some people cope better with adverse situations
  - High work load
  - Long hours
  - Hostile environment
- Burnout is typically conceptualized as a syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment

Compassion fatigue

- Exposure to pain, suffering, and trauma by the health of professionals providing care
- We live pain and suffering day in and day out in the care we deliver
- This causes stress like symptoms that can effect work and family
- We must develop coping skills to recover and stay focused
When doctors and patients disagree

- Frequently doctors and families disagree about futile care
- Physicians are not obligated, either from a legal or ethical standpoint, to provide care that falls outside of the standard of care
- AMA recommends process resolution
  - Discuss with family and patient all options
  - Consult ethics committee
  - Transfer patient to institution that will accept patient and offer care

Summary

- Be aware of futile care
- Examine your own personal beliefs for your self and family
- Know your limits
  - Burnout
  - Compassion fatigue
- Advance directives and living wills
References

