When is Medical Treatment Futile
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Meet John
Case study of John

- 88 year old that is post code with anoxic encephalopathy
- Multi-organ failure, seizure disorder, and multiple decubitus ulcers
- Artificial nutrition and hydration via peg
- Can be kept alive for many months in the ICU but would not survive outside it
- Team feels treatment is futile
Case study of John

- Meetings with the patient’s eldest daughter who is the Power of Attorney
  - Request that the doctors “do everything” to keep her father alive
- Two other adult children of the patient privately told the attending physician that they agreed with the physician’s recommendation to withdraw life-sustaining treatment but unwilling to publicly disagree with their older sibling.
- Must the treatment team maintain treatments they judge to be medically futile?
Questions for Discussion

- Should the doctor try to convince the elder sister to consider palliative care?
- Does the sister with the power of attorney decision to refuse to stop treatment trump all other sibling decisions?
- Should physicians personal beliefs and practices play a role in end of life care?
- What can help bridge the gap between the belief systems in conflict here?
Objectives

- What is futile care?
- Describe some legal definitions
- Describe who decides when treatment is futile
- HCP burnout
- Compassion fatigue
What do you think of this advertising?
What is Medical Futility?

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

State laws rarely define what is medically futile or ineffective care

American Medical Association (AMA)

- Care that offers no reasonable chance of benefiting the patient
- But don’t tell you 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 considered medically futile
More 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
- “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
- 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. The 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
- 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
  - Unable to speak for yourself

- Should include:
  - Living will
  - Medical (health care) power of attorney
Can healthcare providers refuse care?

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

02 All permit healthcare providers to refuse care if...
   - “Medically ineffective” or “Medically inappropriate”

03 All require healthcare providers to notify the patient or surrogate when proposed treatment is determined to be futile

04 Must maintain life support treatment until transfer to other facility
So Who Decides that Care is Futile?

Ideally should be Made Jointly by the Physician, Patient and/or Surrogate

Balance of the effectiveness of treatment, benefit, emotional, financial, and social burden.

Effectiveness: Physician

Objective

Based on knowledge and expertise

Benefit: Patient or surrogate

Subjective

Determination made by patient or surrogate by examining goals of treatment

Burdens: Patient and physician

Physician and the patient looking at factual elements, subjective feelings, personal aspects of treatment
How about how we feel? The health care worker?

- Treatment of dying patients and its impact 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
Consequences of futile care for the health care worker

- **Burnout**
  - Burnout is the frustration, loss of interest, decreased productivity, and fatigue caused by overwork and prolonged stress.

- **Compassion fatigued**
  - Inability to react sympathetically to a crisis, medical conditions, and disasters because of overexposure to these crisis beforehand.
Burnout

- Stress that exceeds the limits of healthcare workers mental and physical capacity
- Personality traits differ from person to person
  - High work load
  - Long hours
  - Hostile environment
- 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
- 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 patent and offer care
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| 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

