PALLIATIVE CARE FOR BODY, MIND, AND SPIRIT
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BREAKOUT SESSION 4:
MEDICAL FUTILITY AND WITHHOLDING AND WITHDRAWING TREATMENTS

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DISCLAIMER

- This presentation is free of all commercial bias.
- I have no financial relationships or conflicts of interest to disclose.
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OBJECTIVES

- At the conclusion of this session, participants will be able to:

- 1. List and identify common factors that may lead to futility discussions,
- 2. Communicate and negotiate to resolve conflict directly, applying the steps involved in resolving intractable conflict.
- 3. List the principles for withholding or withdrawing therapy and applying these principles to artificial hydration, feeding and ventilation.

CLINICAL CASE

DEFINITIONS OF MEDICAL FUTILITY

- Won't achieve the patient's goal
- Serves no legitimate goal of medical practice
- Ineffective more than 99% of the time
- Does not conform to accepted community standards

MEDICAL FUTILITY: NON-BENEFICIAL TREATMENT

- Difficult to Define
  - Schneiderman and Jecker couldn't get response to define as <1%, <5%, <10% effective
  - Treatment can be considered futile when it:
    - will not serve any useful purpose
    - causes needless pain and suffering
    - does not achieve the goal of restoring the patient to an acceptable quality of life

- Crit Care Med 1992; 20:427-433.

MEDICAL FUTILITY

- Qualitative
  - The treatment does not have a reasonable chance of providing a therapeutic benefit to the patient
  - Not simply a physiologic benefit or change
  - There is no victory of dying in perfect electrolyte balance or with normal K
  - The patient cannot survive without intensive care
  - The patient is unresponsive or in a persistent vegetative state

CLINICIANS AND FUTILITY

- Patients / families may be invested in interventions
- Clinicians / other professionals may be invested in interventions
- Any party may perceive futility

IS THIS REALLY FUTILITY?

- Unequivocal cases of medical futility are rare
- Miscommunication, value differences are more common
- Case resolution more important than definitions

CONFLICT OVER TREATMENT

- Unresolved conflicts lead to misery
  - most can be resolved
- Try to resolve differences
- Support the patient / family
- Base decisions on
  - informed consent, advance care planning, goals of care

- Misunderstanding
- Personal factors
- Conflicting values between family / clinicians

DIFFERENTIAL DIAGNOSIS OF FUTILITY SITUATIONS

PROXY SELECTION

- Patient's stated preference
- Legislated hierarchy
- Who is most likely to know what the patient would have wanted?
- Who is able to reflect the patient's best interest?
- Does the proxy have the cognitive ability to make decisions?

- Underlying causes
- How to assess
- How to respond

MISUNDERSTANDING OF DIAGNOSIS / PROGNOSIS

- Doesn’t know the diagnosis
- Too much jargon
- Different or conflicting information
- Previous overoptimistic prognosis
- Stressful environment

MISUNDERSTANDING: UNDERLYING CAUSES…

- Choose a primary communicator
- Give information in
  - small pieces
  - multiple formats
- Use understandable language
- Frequent repetition may be required

MISUNDERSTANDING: HOW TO RESPOND…

- Assess understanding frequently
- Do not hedge to “provide hope”
- Encourage writing down questions
- Provide support
- Involve other health care professionals

…MISUNDERSTANDING: HOW TO RESPOND

- Mistrust
- Grief
- Guilt
- Intrafamily issues
- Secondary gain
- Physician / nurse

PERSONAL FACTORS

TYPES OF FUTILITY CONFLICTS

- Disagreement over
  - goals
  - benefit

DIFFERENCE IN VALUES

- Religious
- Miracles
- Value of life

A DUE PROCESS APPROACH TO FUTILITY

- Earnest attempts in advance
- Joint decision making
- Negotiation of disagreements
- Involvement of an institutional committee
- Transfer of care to another physician
- Transfer to another institution

MEDICAL FUTILITY

- Medical *Care* is never futile
  - Relief of pain and suffering (palliative care) is always possible and beneficial
  - Only specific therapeutic interventions or treatments may be defined as futile
    - Cardiopulmonary resuscitation
    - Artificial hydration and nutrition
    - Mechanical ventilation
    - Parenteral antibiotics

Medical Futility

Summary

Withholding, Withdrawing Life-Sustaining Treatments

ROLE OF THE CLINICIAN…

- The clinician helps the patient and family
  - elucidate their own values
  - decide about life-sustaining treatments
  - dispel misconceptions
- Understand goals of care
- Facilitate decisions, reassess regularly

…ROLE OF THE CLINICIAN

- Discuss alternatives
  - including palliative and hospice care
- Document preferences, medical orders
- Involve, inform other team members
- Assure comfort, nonabandonment

- Karen Quinlan (1976)
- Nancy Cruzan (1990)
- Terrie Schiavo (2005)

LEGAL PERSPECTIVE (US)

COMMON CONCERNS

- Legally required to “do everything?”
- Is withdrawal, withholding euthanasia?
- Can the treatment of symptoms constitute euthanasia?
- Is the use of substantial doses of opioids euthanasia?
- Aren’t withholding and withdrawing interventions very different?

LIFE-SUSTAINING TREATMENTS

- Resuscitation
- Elective intubation
- Surgery
- Dialysis
- Blood transfusions, blood products

- Diagnostic tests
- Artificial nutrition, hydration
- Antibiotics
- Other treatments
- Future hospital, ICU admissions

6-STEP PROTOCOL TO DISCUSS TREATMENT PREFERENCES…

1. Be familiar with policies, statutes
2. Ask the patient, family what they understand
3. Discuss general goals of care
4. Discuss specific treatment preferences

…6-STEP PROTOCOL TO DISCUSS TREATMENT PREFERENCES

5. Respond to emotions
6. Review and revise

- Difficult to discuss
- Food, water are symbols of caring
- Establish overall goals of care
- Will artificial feeding, hydration help achieve these goals?

EXAMPLE 1: ARTIFICAL FEEDING, HYDRATION

- Cause of poor appetite, fatigue
- Relief of dry mouth
- Delirium
- Urine output

ADDRESS MISPERCEPTIONS

- Identify feelings, emotional needs
- Identify other ways to demonstrate caring
  - teach the skills they need

HELP FAMILY WITH NEED TO GIVE CARE

NORMAL DYING

- Loss of appetite
- Decreased oral fluid intake
- Artificial food/fluids may make situation worse
  - breathlessness
  - edema
  - ascites
  - nausea/vomiting

- Rare, challenging
- Ask for assistance
- Assess appropriateness of request
- Role in achieving overall goals of care

EXAMPLE 2: VENTILATOR WITHDRAWAL

IMMEDIATE EXTUBATION

- Remove the endotracheal tube after appropriate suctioning
- Give humidified air or oxygen to prevent the airway from drying
- Ethically sound practice

PREPARE THE FAMILY…

- Describe the procedure
- Reassure that comfort is a primary concern
- Medication is available
- Patient may need to sleep to be comfortable

- Involuntary movements
- Provide love and support
- Describe uncertainty, especially in prognosis

…PREPARE THE FAMILY

ENSURE PATIENT COMFORT

- Anticipate and prevent discomfort
- Have anxiolytics, opioids immediately available
- Titrate rapidly to comfort
- Be present to assess, reevaluate

PREVENT SYMPTOMS

- Breathlessness
  - opioids
- Anxiety
  - benzodiazepines

PREPARING FOR VENTILATOR WITHDRAWAL

- Determine degree of desired consciousness
- Bolus 2-20 mg morphine IV, then continuous infusion
- Bolus 1-2 mg midazolam IV, then continuous infusion
- Titrate to degree of consciousness, comfort

PRIOR TO WITHDRAWAL

- Prior to procedure
  - discussion and agreement to discontinue
    - with patient (if conscious)
    - with family, nurses, respiratory therapists
  - document on the patient's chart

- Procedure
  - shut off alarms
  - remove restraints
  - NG tube is removed
  - family is invited into the room
  - pressors are turned off
  - parents may hold child

WITHDRAWAL PROTOCOL– PART 1

WITHDRAWAL PROTOCOL– PART 2

- Establish adequate symptom control prior to extubation
- Have medications in hand
  - midazolam, lorazepam, or diazepam
- Set FiO_2 to 21%
- Adjust medications
- Remove the ET tube

- Invite family to bedside
- Washcloth, oral suction catheter, facial tissues
- Reassess frequently

WITHDRAWAL PROTOCOL– PART 3…

- After the patient dies
  - talk with family and staff
  - provide acute grief support
- Offer bereavement support to family members
  - follow up to ensure they are okay

…WITHDRAWAL PROTOCOL– PART 3

Withholding, Withdrawing Therapy

Summary