

When is Medical Treatment Futile

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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 mother 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- create my own and see below notes

- ▶ Should the doctor try to convince the elder sister to consider palliative care?
- ▶ Does the sister with the power of attorney decision to refuse treatment meet the requirements for continuing of life support?
- ▶ 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 and treatments 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

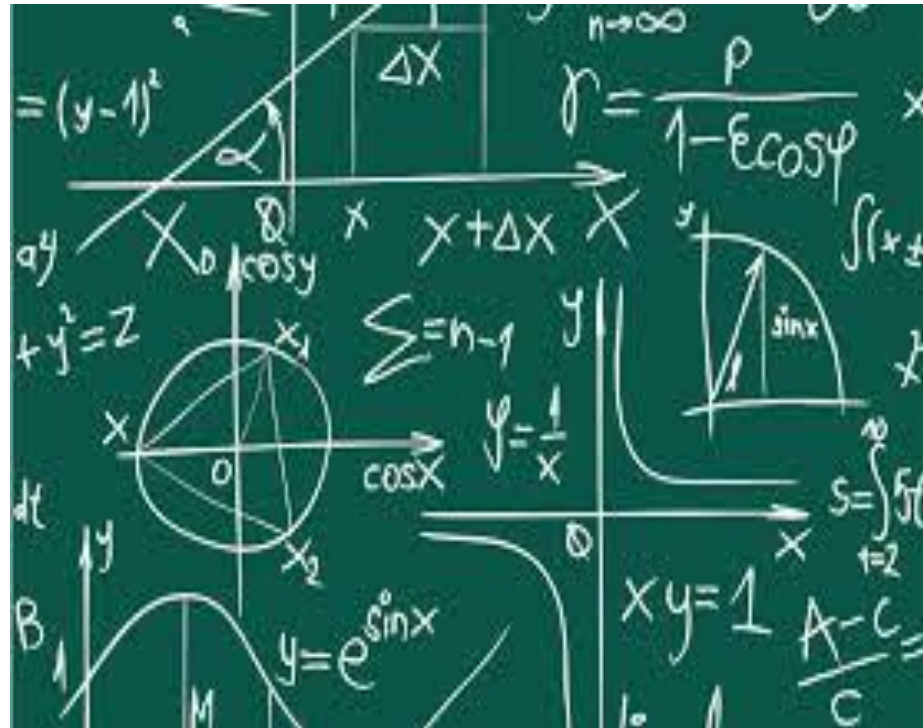
More definitions of Medical Futility

- ▶ 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

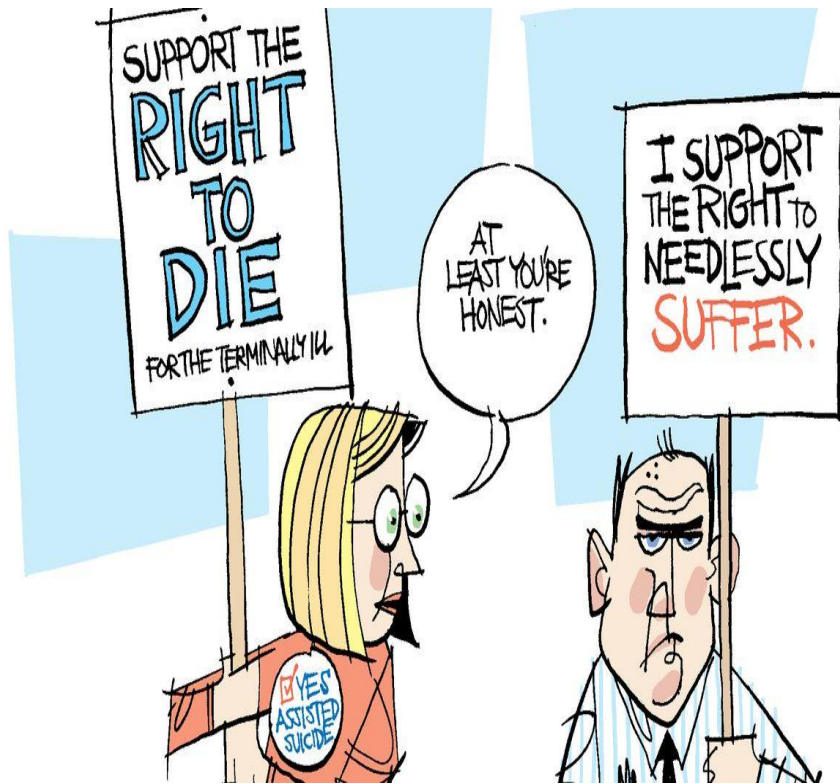
▶ Relief of suffering

▶ “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 (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
 - ▶ Unable to speak for yourself
- ▶ Should include:
 - ▶ Living will
 - ▶ Medical (health care) power of attorney



Can healthcare providers to refuse care

- ▶ Alaska, California, Delaware, Hawaii, Maine, Mississippi, New Jersey, New Mexico, Tennessee, Texas and Wyoming
- ▶ All permit healthcare providers to refuse care if...
 - ▶ “Medically ineffective” or “Medically inappropriate”
- ▶ All require healthcare providers to notify the patient or surrogate when proposed treatment is determined to be futile
- ▶ Must maintain life support treatment until transfer to other facility

So Who Decided that Care is Futile? Should be Made Jointly by the Physician, Patient and/or Surrogate

- ▶ Balance the effectiveness of treatment, benefit, emotional, financial, and social burden.
 - ▶ 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, subjective feelings, 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

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

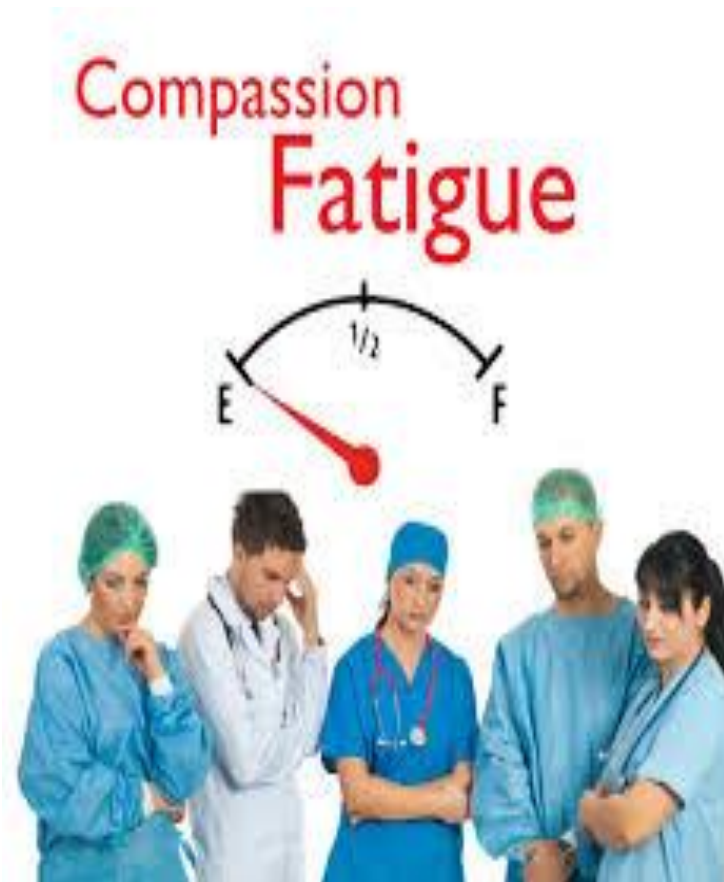
Burnout

- ▶ 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 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

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