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PURPOSE:

There are occasions when treatment interventions requested by a patient, family, or surrogate decision maker (patient advocate or legal guardian) are believed by the patient's attending physician to be medically inappropriate or harmful. Such interventions may include medications, dialysis, blood transfusions, cardiopulmonary resuscitation, ventilator support or artificial nutrition and hydration.

While a physician is never obligated to initiate or continue inappropriate or harmful interventions, the families of some patients feel that they are obligated to demand what they consider to be life-prolonging interventions, no matter what the clinical status of the patient is. In some cases the medical facts are disputed. In many cases there is conflict over which values should take precedence in determining the proper management of a patient's final days or weeks of life.

INTRODUCTION AND GUIDING PRINCIPLES:

Contemporary medical ethics has guiding principles, which include respect for autonomy, beneficence, non-maleficence, and justice. With regard to non-beneficial or harmful treatment:

Autonomy refers to the principle that a patient's value preference and choices among health care alternatives should be respected. Respect for autonomy does not require that patient or their surrogate be offered an intervention that is not indicated.

Beneficence implies that an action is done for the benefit or good of the patient. If an intervention cannot be expected to enhance the good or welfare of the patient, then it is not offered. An intervention may have a measureable effect on some part of the patient without being beneficial.

Non-maleficence means to do no harm. Most medical interventions have some risk of harm. An intervention may be offered if its intent is not to inflict harm, and if the balance between benefit and harm is favorable.

Justice requires the fair and non-wasteful use of resources. Non-beneficial treatment efforts use healthcare resources that are better used in other ways.

PROCEDURE:

The following procedure will be followed when a patient, family or surrogate decision maker request medically non-beneficial interventions. There should be a discussion between the physician and patient / surrogate explaining the rationale behind withholding the non-beneficial medical intervention, and providing reassurance that the patient will continue to receive appropriate nursing and comfort care.

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PROCEDURE (continued)

The capacity of the patient to make his / her own medical decisions must be established and documented. A Clinical Ethics consultation may be requested to help ensure that a values conflict will be identified early and courses of action presented that are consistent with the patient's values.

A. If the patient / surrogate continues to request / demand non-beneficial treatment, the attending physician should arrange and attend a meeting which includes, as appropriate, the patient, the patient's family members, a family-selected advisor (if desired), the surrogate decision maker, consulting physicians, nurse manager and a primary nurse. A member of the Clinical Ethics Consultation Service can be asked to attend, if desired. At this meeting the history, medical facts, diagnoses, prognosis, patient preferences, and other pertinent information should be thoroughly reviewed. There should be time for a response to all questions. The goals of care should be delineated with reference to the patient's values and beliefs. The result of this discussion should be summarized in the patient's medical record.

B. If there is no resolution of the disagreement over treatment following the guidelines in A, the attending physician should request the opinion of additional consultants, as indicated by the clinical condition of the patient; this may include a palliative care specialist. If there is persistent disagreement with the attending physician over the goals of care or treatment plan, the attending may attempt to transfer care within the institution or, if that is not possible, attempt to transfer the patient to another institution.

C. If transfer of the patient to another physician is not possible, and there remains irresolvable disagreement about the appropriateness of a particular treatment and the goals of care, an order will be written for Clinical Ethics consultation.

D. The attending physician will notify the Physician-in-Chief, and provide an adequate synopsis of the case; the Physician-in-Chief must acknowledge receipt of that notification. Should the Physician-in-Chief be unavailable, the Chief Medical Officer or another Beaumont Health System Physician-in-Chief may substitute. In order to assure that appropriate legal concerns are addressed, it is the responsibility of the Physician-in-Chief, or his / her covering representative, to contact Legal Affairs.

E. When consulted, the Clinical Ethics Consultation Service will interview all identified concerned parties recommend a course of action. When the patient is incompetent and the family refuses to participate in this process and / or appears to be not acting in the best interests of the patient, Legal Affairs may be asked to pursue the appointment of a guardian to participate in these discussions on the patient's behalf.

F. The attending physician will have authority to order the discontinuation or withholding of a medically non-beneficial intervention, if consistent with the recommendations of the Ethics Consultation team, and with concurrence of the Physician-in-Chief.