SUBJECT: Non-beneficial Medical Treatment

PURPOSE: To provide guidelines for the interdisciplinary team when caring for patients with terminal conditions in order to best serve the patient. The goal of this policy is to make sure that a team approach is used in decision-making regarding aggressive vs. palliative care. If it is agreed that certain interventions are non-beneficial, treatment will focus on the always-appropriate goals of physical comfort, spiritual and emotional well being while sustaining the support and involvement of those closest to the patient.

DEFINITIONS:

Interdisciplinary team – physician, nurse, clinical nurse specialist, social worker, physical therapist, occupational therapist, speech therapist, dietician, pastoral care and other clinical staff providing care.

Non-beneficial medical treatment – treatment in the case of a particular patient that is not expected to cure or ameliorate the disease state and not expected to improve or restore a patient's quality of life to a satisfactory level.

Palliative Care – intervention aimed at the relief of pain and suffering, provision of physical and psychological comfort, as well as spiritual and emotional support to the patient and their significant others. Component of this is Comfort Care – intervention aimed at the promotion of physical comfort, spiritual wellness, and emotional health of the patient and their family. This is always part of the care team's objective.

POLICY:

Physicians and staff are not ethically obligated to provide treatment which they consider non-beneficial.

A patient/surrogate has the right to pursue another healthcare provider or facility when they do not agree with the treating physician's decision to withhold or withdraw treatment.

The interdisciplinary team will care for a patient throughout the illness at the level most appropriate for accomplishing treatment goals.

Comfort care for relief of physical and psychosocial pain and suffering is always provided.

PROCEDURE:

1. The interdisciplinary team provides the following to patients under their care:
   A. Ongoing and updated medical information regarding their diagnosis, treatment options and prognosis.

B. Consistent and supportive communication aimed at providing information and promoting trust.
C. Ongoing dialogue about patient wishes or advance directives as appropriate to the situation
D. Comfort care for the patient
E. Emotional support for the patient and family.

2. Advance directives will be honored if a patient has a Living Will and/or Durable Power of Attorney for Health Care.

3. Any member of the interdisciplinary team, a patient, or family member as appropriate who believes treatment is no longer beneficial should feel free to discuss this concern with the physician(s) and the other members of the interdisciplinary team.

4. When benefit of treatment is questioned, the physician of record may request a second opinion or request an ethics consult regarding potential treatments and prognosis.

5. If the second physician or the Ethics Committee agree that the treatment of patient's condition is non-beneficial, this information will be communicated to the physician of record then to the patient/family. The Medical Director, Risk Manager, and Vice President of Nursing will be notified and will participate as needed.

6. If the second physician or the Ethics Committee disagree that the treatment is non-beneficial, the treatment team will verify that both physicians have had the opportunity to discuss their recommendations with the patient and/or appropriate surrogate (in the event of patient incapacity).

7. When parties (either individual, physician, or Ethics Committee) disagree, the patient or family may request the treatment be carried out according to their wishes.

8. In the event an Ethics Committee Consultation has not occurred, the Ethics Committee provides an ethics consultation and makes recommendations.

9. If comfort care is recommended and the patient or their surrogate concurs, then comfort care is continued.

10. If the patient/family disagree with the plan for comfort care, they are given the option to transfer the patient to another physician or health care facility.

11. The goal for resolution of treatment decisions is 48 hours after the Ethics Committee consultation.

OTHER POLICY REFERENCES: GO-4 Ethics, PS-9 End of Life Care, PS-14 DNR Comfort Care, PS-21 Patient Rights and Responsibilities, PS-31 Limitation of Treatment, PS-32 Advance Directives

Approved by: ______________________________ ________________

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