MANAGING CONFLICTS CONCERNING REQUESTS TO WITHHOLD OR WITHDRAW LIFE-SUSTAINING MEDICAL TREATMENT

GUIDELINES FOR PHYSICIAN STAFF
FROEDTERT HOSPITAL, MILWAUKEE, WISCONSIN

Developed by the: Palliative Care and Ethics Committees

A. PURPOSE

This document was prepared to assist attending and housestaff physicians recognize and effectively manage conflicts with patients and families about end-of-life care decisions; especially those concerning the withdrawal or withholding of life sustaining technologies.

B. DEFINITION OF LIFE-SUSTAINING TREATMENT

Medical interventions used to prolong life:

- Mechanical ventilation
- Kidney dialysis
- Artificial nutrition (feeding tubes, TPN)
- Artificial hydration
- Medications for blood pressure support (pressors)
- Antibiotics
- Blood Products
- Cardio-pulmonary Rescucitation

C. WHAT ARE THE EXISTING FROEDTERT HOSPITAL POLICIES CONCERNING WITHDRAWAL OF LIFE SUSTAINING TREATMENTS? (see CP5.0027)

- FMLH recognizes that decisional patients or their surrogate decision makers will be kept informed of all medical information, and will be involved in decision-making concerning the use, limitation or withdrawal of life sustaining treatments.

- FMLH recognizes that patients with decision-making capacity have the right to refuse medical treatment, including life-sustaining medical treatment.

- FMLH recognizes that patients may designate (power of attorney for health care), or courts may appoint (legal guardian), a surrogate decision maker, who may exercise that patient's right to refuse life-sustaining medical treatment.

- FMLH recognizes and respects individual physicians ethical and religious beliefs regarding the withdrawal or withholding of life-sustaining medical treatment.

- FMLH recognizes that individual physicians have the ethical and legal right to decline to participate in the provision, limitation or withdrawal of treatments. FMLH recognizes that attending physicians have a duty to assist in finding an alternative physician when they are unable to comply with a patient/surrogate request.

D. WHAT TYPES OF CONFLICTS COMMONLY OCCUR?

1. Physician desire to limit or withdraw life-sustaining treatments while patient or surrogates wish to "do everything"

Causes and Responses

i) Inaccurate information about the medical treatment under discussion.

The general public often has an inflated perception of what modern medicine can accomplish—especially concerning CPR. While the general public believes that CPR works 60-85% of the time, in fact the actual survival to hospital discharge is 10-15% for all patients, and less than 5% for those with serious illnesses. Address this problem by asking: *"tell me what your expectations are of the proposed treatment ".* Use this time to clarify and educate.

ii) Hopes, fears and guilt.

Agreeing to limit stop life-sustaining treatments for many patients is equivalent to their "choosing" to die. Acceptance of impending death occurs over a vastly different time course for different patients/families; for some, it never occurs. Probe with open-ended questions: *"What do you expect will happen in the future?* Most patients usually describe hope for a new treatment. Use the opportunity to respond by describing that you are doing everything in your power to prolong life, but that such efforts have failed to reverse an inevitable decline. Using the word "dying", as compared to "doing poorly or poor prognosis", is helpful in discussing the reality of what is happening.

Be aware that guilt (I haven't lived nearby to care for my dying mother) and fear (I am afraid to make a decision that could lead to my wife's' death) are common motivating emotions for continued maximal care. Some patients or families need to be given an explicit recommendation, permission from the physician, to stop all efforts to prolong life, to be told that that death is coming and that they no longer have to continue "fighting". Whenever possible, try to identify the underlying emotions and offer empathic comments that open the door to further conversation: *"This decision seems very hard for you." "I want to give you the best medical care possible"; "I know you still want everything done, can you tell me more about your decision?"*

iii) Distrust of the medical care system.

Patients or families may give you a clue that there is a fundamental distrust of doctors and the medical system, this is especially common if the patient comes from a different culture/ethnicity than the doctor. Meaningful discussions about limiting life-sustaining treatments can only be conducted in the setting of trust. Ask: *"What you said makes me wonder if you may not have full trust in the doctors and nurses to do what is best for you? can you tell me about your concerns ?"*

2. Physician wishes to continue life-sustaining therapy but the patient/surrogate is urging limitation or withdrawal.

Causes and Responses

i) Inaccurate information about the medical treatment under discussion.

Patients or families may not be fully informed about the prognosis, treatment plan and expected outcomes. Use this time to clarify and educate: *"tell me your understanding of current illness—what have other doctors told you is happening?".*

ii) The doctor is unwilling to discuss the prognosis.

Every study of patient/family preferences surrounding end-of-life indicates an overwhelming preference for honest information. Yet, many physicians feel very uncomfortable discussing prognosis, using such phrases as: "no one can tell for sure" or "only G-d can tell how long someone has to live". Use of such phrases may be appropriate when the outcome is very unclear (e.g. in the first few hours following a stroke); but is inappropriate when the outcome is known to be dismal. Using clear unambiguous language is essential to avoid mis-understanding and to promote trust. If you feel the patient is dying, say so.

iii) The doctor is fearful of uncomfortable emotions

Physicians are often fearful of uncomfortable family emotional reactions. While it is true that after bad news is given, patients and families may be distraught, it is also true, that over time, they are almost always able to cope with such news is a very positive manner. Physicians have a professional obligation to ask if patients or surrogates wish to discuss prognosis and provide accurate information.

iv) The doctor believes it is immoral to limit or withhold life-sustaining treatments.

Doctors may have personal values or religious beliefs that make it impossible for them to honor patient or surrogate wishes. While FMLH physicians may discuss their personal values with patients, they still have professional obligations:

- to discuss/review all appropriate treatment options including treatment limitation or withdrawal;
- not to use their personal values in a coercive manner;
- to help find another physician willing to assume care should a decision be made that is counter to the physicians' personal values.

Physicians are encourage to discuss their concerns, early in the course of events, with a member of the Ethics Committee, the Palliative Care Consultation Service, chaplaincy or the Medical staff office.

v) The doctor is afraid of legal or malpractice proceedings.

In most cases, physician fears of legal impropriety regarding treatment withdrawal are grounded in mis-information. If you have any questions contact a member of Hospital Ethics Committee, Palliative Care Program or Medical Staff Office or MCW Risk Management or Froedtert Memorial Lutheran Hospital Risk Management.

Guidelines for Conflicts Concerning Requests to Withhold or Withdraw Life-Sustaining Medical Treatment

Medical Executive Committee, Froedtert Memorial Lutheran Hospital

The Medical Executive Committee of Froedtert Memorial Lutheran Hospital recognizes and respects individual physicians ethical and religious beliefs regarding the withdrawal or withholding of life-sustaining medical treatment.

The MEC recognizes that patients with decision-making capacity have the right to refuse medical treatment, including life-sustaining medical treatment, and respects that right.

Finally, the MEC recognizes that patients may designate or courts may appoint a surrogate decision maker, such as a guardian or a power of attorney for health care, who may exercise that patient's right to refuse life-sustaining medical treatment.

At times, a physician may feel that withdrawal or withholding of life-sustaining medical treatment as requested by the decisional patient or by a surrogate decision maker is ethically wrong. In this circumstance, the physician may seek advice from others, including the chief of staff, the vice-president for medical affairs, the ethics committee, the palliative care consultation service, or chaplaincy.

If the physician has legal concerns about withdrawal or withholding of life-sustaining medical treatment, the physician may seek advice from MCW Risk Management or Froedtert Memorial Lutheran Hospital Risk Management.

Whether or not the physician seeks such advice, a physician has no obligation to honor a request to withhold or withdraw life-sustaining medical treatment if he or she is ethically opposed.

However, when a decisional patient or authorized surrogate decision maker refuses life-sustaining medical treatment, the physician who is unwilling to honor this request does have an obligation to transfer care to a physician who is willing to follow the patient or authorized surrogate's decision.

Finally, despite these differences of opinion on these important matters, it is also important to express those differences of opinion respectfully to fellow physicians and family members.

Thus, when a decisional patient or authorized surrogate decision maker refuses life-sustaining medical treatment, the physician who is unwilling to honor this request should:

1. Transfer care to a physician who is willing to follow the patient or authorized surrogate's decision maker's request.
2. Communicate respectfully with other medical staff members, patients and families despite differences in opinion.