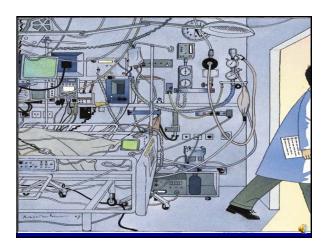
Medical Futility: Recent Legal Developments

Thaddeus Mason Pope, J.D., Ph.D. Hamline University Health Law Institute

HCA webinar • May 14, 2012

1





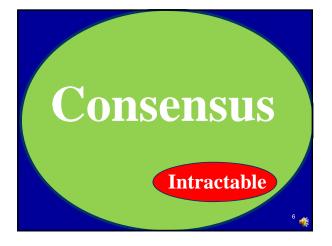


Law is a last resort

4 🐗

5 🍂

Typical dispute resolution pathway



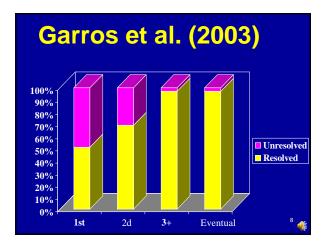
Prendergast (1998)

57% agree immediately

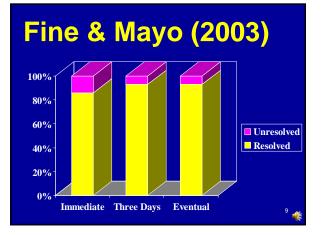
90% agree within 5 days

7 🐗

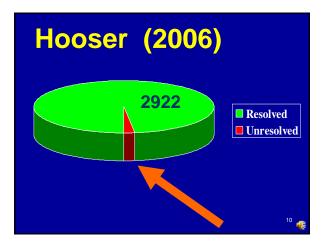
96% agree after more meetings

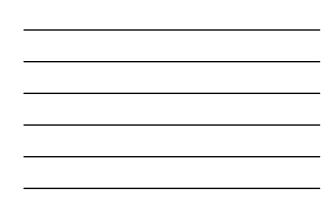


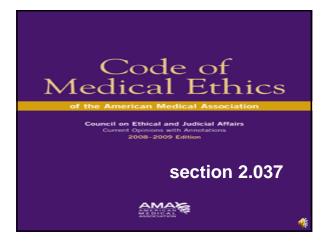












- Earnest attempts . . .
 deliberate . . .
 negotiate . .
- Joint decision-making
 . . maximum extent . .

- 3. Attempts . . . **negotiate** . . . reach resolution . . .
- 4. Involvement . . . ethics committee . . .

13 🐗

14 🀗

15 🀗



Coordinated communication

Mandatory time-triggered ethics consults

5% BUT Big & growing population







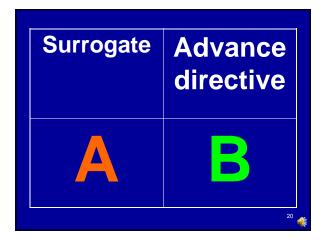
Surrogate Replacement

18

- 1. Follow directions
- 2. Exercise substituted judgment

đ,

3. Best interests























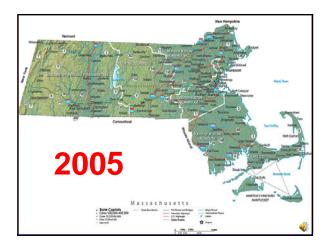






Surrogate	Best interests	
A	B	
	28	244













"Your own personal issues are impacting your decisions"

32

"Refocus your assessment"

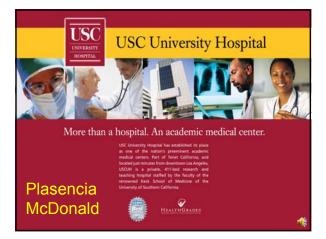




34 🐗

Guardianship reform Surrogate accuracy studies

Not just an option but sometimes a duty







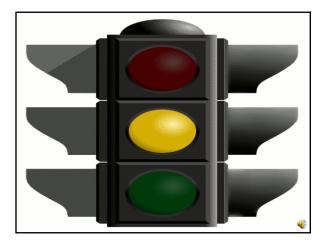


Intractable cases

Legal Options

38 🐗







"A . . . provider . . . may decline to comply . . . **medically inappropriate** health care or . . . contrary to **generally accepted health care standards** . . . "

"Remove the __, and I will sue you."

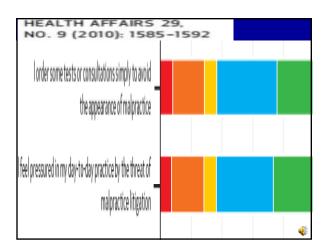
42 🚜

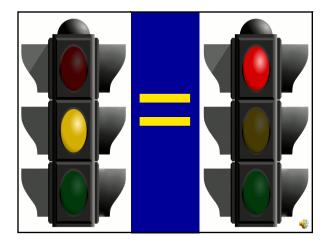
Perceptions of "futile care" among caregivers in intensive care units

Robert Sibbald MSc, James Downar MD, Laura Hawryluck MD MSc CMAJ 2007;177(10):1201-8

43 🀗

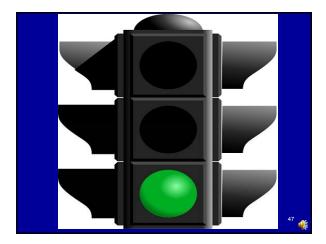
"Why they follow the . . . SDMs instead of doing what they feel is appropriate, . . . a lack of legal support."





Provider push for right to refuse

46 🐗







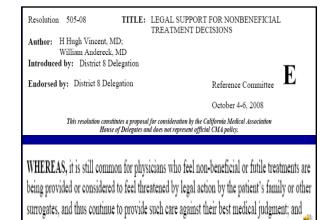
You may stop LSMT for any reason

- with immunity
- if your HEC agrees

Tex. H&S 166.046

1







	WASHINGTON STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES	
		Resolution: C-5 (A-09)
Subject:	Legal Protection for Physicians When Treatment is Considered Futile	
Introduced by:	King County Medical Society Delegation	
Referred to:	Reference Committee C	
	WASHINGTON STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES	
		Resolution: A-2 (A-10)
Subject: WSMA Opinion on Medical Futility in End-of-Life Care		
Introduced by:	Shane Macaulay, MD, Delegate WSMA Board of Trustees	
Referred to:	Reference Committee A	4



RESOLUTION 1 - 2004

(read about the action taken on this resolution)

Subject: Futility of Care

Introduced by: Michael Katzoff, MD and the Medical Society of Milwaukee County

RESOLVED, That the Wisconsin Medical Society, concurrent with a recommendation of the American Medical Association, Medical Futility in End-of-Life Care policy E-2.037, supports the passage of state legislation which establishes a legally sanctioned extra-judicial process for resolving disputes regarding futile care, modeled after the Texas Advanced Directives Act of 1999.

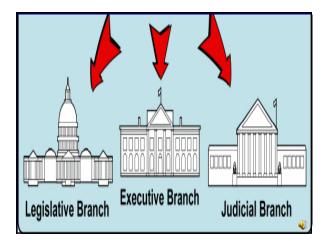
Medical Futility Medicine Law & Ethics

Thursday, October 21, 2010 7:30 am - 12:45 pm Education & Resource Center (ERC) Hartford Hospital, Heublien Hall









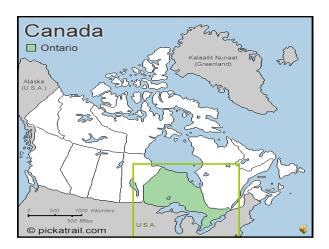








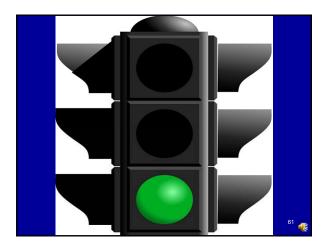




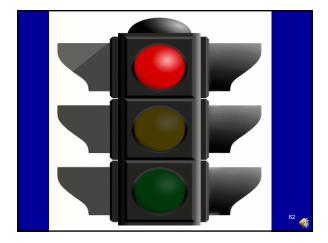
















"If a surrogate directs the provision of [LST] . . . provider that does not wish to provide . . . **shall nonetheless comply** . . . pending either the transfer . . . or judicial review"

- N.Y. Pub. Health Code 2994(f)(3)



Discrimination in Denial of Life-Preserving Treatment Act

66 🐗

April 5, 2012 Signed by Governor

67 🍂

68 🐠

69 🍙

July 1, 2012 Effective

"Health care . . . may not be withdrawn or denied if its provision is directed by . . . patient . . ., by . . . directive . . ., or by . . . surrogate"

"Futile care" exception

"... terminal condition ... death is imminent within hours or at most a few days whether or not ... treatment is provided ..."

OR

"denial . . . will not result in or hasten the patient's death."



Nondiscrimination in Treatment Act

70 🀗

March 14, 2012 Passes Senate

April 3, 2012 Passes House PH Comm

73 🍂

74 🍂

75 🍂

May 14, 2012 House reconvenes

"A health care provider shall not deny ... life preserving health care ... directed by the patient or [surrogate] on the basis of"

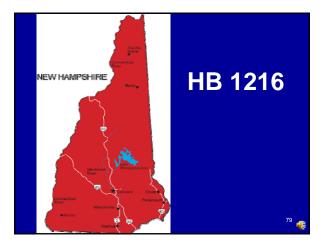
"view that treats extending the life of an elderly, disabled, or terminally ill individual as of **lower** value" "disagreement with how the patient [or surrogate] values the tradeoff

between extending the length of the patient's life and the risk of disability"



"this subsection does not ... allow a ... provider ... to decline to comply with ... requests a [DNR] order be made ineffective"

78 🐗





March 14, 2012 Passed House

May 16, 2012 To Senate floor

80

Prohibited

"withholding or withdrawing .
.. life-sustaining treatment .
.. unless . . . advance
directive . . . guardianship or
other court order . . ."

"or such action is taken in accordance with the facility's standard protocol as applicable to its general patient population."

82 🐗

đ

84 🐗

Conscience clauses

Traditional limitations

Treat until transfer

Treat until transfer appears impossible





February 7, 2012

Referred to House Judiciary Comm

"A healthcare provider has the **right not to participate** . . . in a healthcare service that violates his or her conscience."

"No healthcare provider shall be civilly, criminally, or administratively liable for declining to participate . . ."





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