The University of Louisville Hospital's
GUIDELINE ON NON-BENEFICIAL TREATMENT

This document serves as a guideline for medical staff in circumstances of patients or their surrogates requesting therapies that will not be beneficial to them. The autonomy of the patient in rejecting proposed medical treatment, or in selecting among the treatment alternatives offered and practically available, must be respected. However, patient autonomy does not entail the right either of the patient or of the patient's representative(s) to demand treatments which are determined to be of no discernible medical benefit (i.e., per evidenced-based medicine criteria, credible physiologic reasoning, and/or issues pertaining to mitigating factors such as family needs or schedules). When disagreements arise based on such non-medical factors, the following considerations will apply:

1. Requests for Non-beneficial Therapy

When a medical intervention is of no discernible medical benefit, the attending physician is under no obligation to initiate, or to continue such treatment, even though it may have been requested by the patient, or the patient's family or representative(s). For the purpose of this section, an intervention may be considered without benefit when it satisfies ***both*** of the following conditions:

a) The attending physician has determined that the intervention in question offers no discernible medical benefit to the patient; ***and***

b) The attending physician has determined that the intervention in question is not required for relieving the patient's discomfort.

Interventions that serve only to postpone the moment of death may be withdrawn or withheld on grounds of medical indications if this guideline is followed. Clearly, in medical emergencies where all resuscitative measures are ineffective, the physician treating the patient may discontinue these treatments.

There may be factors that make continued non-emergency but life-sustaining treatments desirable, however, in which the attending may consider and thus negotiate a limited continuation for specific reasons. Such factors may include family needs and schedules or religion-based goals for ministering to the patient. The agreement with family or patient representative should include a clearly defined time for limited intervention.

2. Confirmation

When the attending physician has documented these determinations in the patient's medical record, and another attending physician, after examining the patient, has reached the same medical conclusions and similarly has documented this agreement in the patient's medical record, the patient's attending physician is under no obligation to initiate or to continue such intervention and will next proceed to Section 3.

3. Notification and Support

When the intervention(s) requested or initiated have been deemed to be medically non-beneficial (Section 1), and that determination has been confirmed (Section 2), the patient or the patient's representative(s) must be so informed as soon as possible by the patient's attending physician. If the patient or the patient's representative(s) disagree with the decision to withdraw or not to initiate such intervention, they should be given the opportunity to secure the services of another physician, or institution (if tenable), and supported in their efforts to do so, if that is their wish. In circumstances of patient incapacity, and the patient has no guardian to confer with, a court order or guardian will be sought to discuss acceptance versus transfer options.

4. Review

In the event the patient or the patient's representative(s) disagree with the decision to refrain from or to discontinue non-beneficial medical intervention, and the services of another physician or institution cannot be secured, the UofL Hospital Ethics Committee is available for consultation, upon the request of any of the immediately concerned parties to facilitate mediation, with continuation of the medical treatment under question until resolved through judicial review and action.