

END-OF-LIFE

Care



Chapter 5

Withdrawing or Withholding Specific Treatments

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Treatment Goals Can Increase Peace and Comfort



When it becomes apparent that a patient is approaching the end of life, or that prolonging life is no longer desired by a patient, a decision can be made to stop (withdraw) or not start (withhold) further curative or life-prolonging therapies. Life sustaining treatment may include, but is not limited to, mechanical ventilation for breathing, renal dialysis for kidney functioning, chemotherapy for cancer treatment, antibiotics for infections and artificial nutrition and hydration for food and water.

At first, a decision to withdraw or withhold specific treatments may seem like giving up. But when physicians, patients and family members communicate effectively as a team, it can be very satisfying and empowering. As treatment goals are clarified based on the values of the patient, peace and comfort can be increased in the face of death.

Withdrawing or Withholding Medical Treatment

Several factors are involved in making a decision to withdraw or withhold therapy. The voluntary choice of a patient or patient advocate should determine when life-sustaining therapy is started or stopped. To make informed choices, patients need to know that decisions must be made and they need to have accurate information about treatment options. The same is true when a patient advocate or other surrogate decision-maker must decide for a patient who cannot communicate his or her own wishes.

There is no ethical or legal difference between withdrawing (stopping) or withholding (not starting) a medical therapy. Not only must physicians and patients remain free to try new therapies and determine their effectiveness, but they also must be free to discontinue

therapies that fail to achieve their goals or become too burdensome. Physicians are not ethically or legally required to provide therapies that have no benefit and are considered medically futile.

When starting a new therapy, a specific timeframe for assessing its efficacy in meeting the patient's goals should be agreed upon. Those goals can be used to make a decision about whether to continue or stop the treatment. To avoid misunderstandings and conflicts, physicians should document all discussions with patients and families about starting or stopping therapies.

See the next chapter on hospice care for more information about working with patients who have decided to forego curative care.

Withdrawing or Withholding Treatment Resources

Articles

- ♦ American Medical Association Council on Ethical and Judicial Affairs. *“Decisions Near End of Life.”* JAMA. 1992;267:2229-2233.
- ♦ American Medical Association Council on Ethical and Judicial Affairs. *“Decisions to Forgo Life-Sustaining Treatment for Incompetent Patients.”* In: Council on Ethical and Judicial Affairs Reports on End-of-life Care: 1998: 30-40.
- ♦ American Medical Association Council on Ethical and Judicial Affairs. *“Do-Not-Resuscitate Orders.”* In: Council on Ethical and Judicial Affairs Reports on End-of-life Care: 1998:1.
- ♦ Anthony L. Back; Robert M. Arnold. *Dealing With Conflict in Caring for the Seriously Ill: “It Was Just Out of the Question.”* JAMA, March 16, 2005; 293: 1374 - 1381.
- ♦ Casarett, D; Kapo, J; Caplan, A. *Appropriate Use of Artificial Nutrition and Hydration — Fundamental Principles and Recommendations.* N Engl J Med 353:2607, December 15, 2005.
- ♦ Neil J. Farber; Pamela Simpson; Tabassum Salam; Virginia U. Collier; Joan Weiner; E. Gil Boyer. *Physicians’ Decisions to Withhold and Withdraw Life-Sustaining Treatment.* Arch Intern Med, Mar 2006; 166: 560 - 564.
- ♦ Thomas J. Prendergast; Kathleen A. Puntillo. *Withdrawal of Life Support: Intensive Caring at the End of Life.* JAMA, Dec 2002; 288: 2732 - 2740.

End-of-Life Care: Withdrawing or Withholding Specific Treatments

Withdrawing or Withholding Medical Care Is Not Euthanasia

Q. Do physicians, by law, have to give all life-sustaining care possible?

A. No. If a patient and physician believe that a medical treatment does not meet the patient's goals for therapy, there is no ethical or legal requirement to provide that care—including life-sustaining treatments. A patient also has a right to refuse any medical treatment recommended by his or her physician, even life-sustaining treatments.

Q. Is withdrawal or withholding medical care considered euthanasia?

A. No. Withdrawal or withholding of treatment is a decision to allow a disease to follow its natural course, which may result in a patient's death. Euthanasia, on the other hand, is a conscious decision to take actions with the specific intent to end a patient's life.

Q. Are you killing a patient when you remove the ventilator (breathing machine) or other life-sustaining treatments?

A. No. The patient is dying from the main illness, not the removal of care. It is okay for a patient to refuse ventilator treatment, or for a physician to declare that a treatment is not working. The patient and physician may make a similar decision about continuing with the treatment.

Q. Is the use of strong pain medication considered to be euthanasia?

A. No. The danger of causing death by using strong medications for a patient with pain generally is overrated. The usual medications for pain, called opioids, are a very poor choice for attempted drug-induced death. Even large and rapid increases in strong medication when needed to control a patient's pain are very unlikely to lead to death.

Q. Is it illegal for a doctor to prescribe strong doses of medications to relieve pain, shortness of breath or other symptoms?

A. No. There is no upper limit to the dose of medication that is both permitted and appropriate if the intent and doses given are right for a patient's needs.

