



# Withholding and Withdrawing Life-sustaining Treatment



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# Aims

- To identify challenging areas of practice in relation to withholding and withdrawing treatment at the end of life
- To consider why these areas cause specific challenge
- To discuss the usefulness of guidelines on withdrawing and withholding treatment
- To consider practical implications of trying to follow this guidance

# Withholding and Withdrawing Life-sustaining Treatment

- Which Areas Cause You a Challenge?
  - Why do these areas cause a challenge?
  - Can you identify the issues that concern you?
- Please take a few minutes to discuss with your neighbour(s)**

# Guidance on withholding and withdrawing treatment

***Good practice in making decisions at the end of life involves being aware of patients' needs, the needs of the family, listening to the views of the team, and knowing how decisions need to be made in each case***

# Guidance on withholding and withdrawing treatment

- GMC guidelines focus on general ethical principles
- Applying to practice situations depends partly on the practice setting
- Integrating principles into everyday clinical practice usually needs special consideration

# Asking the right questions



- This is often key and means thinking about the extra-clinical dimensions of the case, and challenging any assumptions
- In your packs you will find a case analysis method that may help navigate through the process
- It is not part of GMC guidance but is being considered by a working group
- Cases for today have been written by practising clinicians, anonymised and modified to focus on the ethics of each case

# Analysing the case



- Hidden dimensions sometime emerge after fairly lengthy discussion, different people bringing different perspectives to the discussion
- Sometimes 'solutions' appear obvious
  - *appearances can be deceptive ...*

# Case 1 Fluids



- Mrs Bowen has advanced, progressive and incurable colon cancer
- In hospital for assessment and awaiting radiotherapy her condition deteriorates and she is diagnosed with acute renal failure secondary to a kidney obstruction. A drainage tube into the kidney could relieve the obstruction but the urology team think that she is too frail to tolerate the procedure

# Case 1 (2)



- The patient is told that her condition is terminal. Although relieved that no further active intervention is planned she is distressed and asking for sedation. The palliative care team set up a syringe driver to administer pain relief and anti-anxiety medication
- Her condition continues to deteriorate and she loses consciousness
- She is expected to die at any time and her family keep vigil by her bedside. After 2 days she rallies and wakes intermittently

# Case 1 (3)



- She indicates that she is comfortable and not in pain but does not answer other questions coherently. On examination the palliative care team find signs of mild dehydration, although she is passing some urine via her catheter
- The family are distressed and exhausted by the longer-than-expected terminal phase of her illness. They tell the palliative care team that she would not wish to 'linger', that she has said her goodbyes and is ready to die. There is disagreement between the team and the family about whether it is appropriate to provide artificial fluids.



# Legal and Ethical Issues

- Who is responsible for decisions regarding ANH?
- Is giving artificial fluids a “treatment”?
- Is there a difference between not starting fluids and stopping them once they are going?
- How much weight should the team give to the views of the family?
- What effect would the Mental Capacity Act have in this situation?

# Case 2 - CPR



- A 52 year old man is admitted to hospital with severe chest pain from his advanced lung cancer
- While discussion about further treatment was taking place the patient's condition deteriorated
- The patient's views about CPR were sought and he was in favour of attempts being made, although this went against the advice of the clinical team who felt that the chances of success were 'negligible'
- The patient and his long-term partner felt it was a great burden to be asked to make this kind of decision.



# Legal and Ethical Issues

- Who is responsible for decisions regarding CPR?
- Can a patient request a treatment from a health professional?
- Can we override an autonomous decision?
- How much harm can a health professional inflict for the sake of respecting autonomy?
- When does a treatment become “futile”?



# Legal and Ethical Issues


- If a treatment is futile, is there a need to discuss it with patients or their families?
- How much weight should the team give to the views of the family?
- What effect would the Mental Capacity Act have in this situation?

# Case 3 - Ventilation




- Mrs S a 51 year old woman with a previously active lifestyle (as a high level tennis player, cyclist and triathlon competitor) has been diagnosed with motor neurone diseases (MND)
- Her response has been remarkably positive, becoming a regular contributor to a MND website
- In anticipation of deteriorating respiratory function she asked to be referred to a respiratory physician for elective tracheostomy

## Case 3 (2)



- The respiratory physician discussed her options, noting that by ‘removing the normal method by which death occurs in MND’ she may end up in a state of being kept alive by ventilatory support but completely unable to move
- The patient was adamant that her preferred options should be followed
- She also expressed a clear wish to die at home which was set out in a written advanced directive

# Case 3 (3)



- 2 weeks later she was admitted with pneumonia. Despite appropriate treatment her condition deteriorated rapidly and she was referred to critical care for respiratory support
- Non-invasive ventilation was unsuccessful
- On the basis of earlier discussion and knowledge of the advance directive intubation and ventilation was commenced
- Differences of opinion within the team were expressed as to whether this was optimal management in this situation
- Over the next 3 weeks her lung function gradually improved

## Case 3 (4)



- Attempts to regain the ability to breathe without mechanical support proved futile
- Mrs S insisted that she and her husband would be able to manage home ventilation
- After 3 months in critical care this was arranged
- Mrs S remains adamant that she wishes to die at home although, in confidence, her husband has said he will call an emergency ambulance should she deteriorate.



# Legal and Ethical Issues

- To what extent can patients request interventions? Can health professionals override an autonomous decision?
- When can an intervention be considered not to provide benefit?
- Who carries responsibility within the health care team and should there be a process by which the professionals reach an opinion?




# Legal and Ethical Issues

- How is resolution reached when a patient disagrees with a health care team?
- How is resolution reached when a patient wants to die at home and her husband does not want her to?
- Would the arguments have been different if ventilation had not been started?
- How strong is the influence of the principle of distributive justice in this situation?

# Case 4 - Advance Statements

- An elderly widow Mrs B is a patient of your GP practice in London
- 2 years ago she was diagnosed with cancer
- About a year ago the cancer was found to be incurable, she told you that when the time came she did not want to suffer a painful death and wished to die at home, not 'hooked up to machines' in hospital
- You tried to reassure her about palliative care, but she was reluctant to discuss the details of what might happen in the late stages of the cancer
- You had suggested she drew up an Advance Directive setting out her wishes, but she has not discussed this with you since then

# Case 4 (2)



- Recently, despite chemotherapy, she has become anaemic, breathless and is taking opiates for pain relief
- You visit and diagnose a pleural effusion. You believe she is not in the last stages and that pleural drainage and a blood transfusion might improve her discomfort, at least temporarily. But without hospital treatment she might quickly deteriorate and die
- Mrs B dismisses your concerns and refuses hospital admission. But she seems confused and not as alert as usual
- Her family are with her and beg you to admit her to hospital. They do not have any reason to believe that she drew up an Advance Directive.



# Legal and Ethical Issues

- Is Mrs B entitled to refuse treatment?
- How to assess if Mrs B has capacity to make decisions about treatment?
- Who is responsible for decisions regarding Mrs B's treatment?
- What are the requirements for an advanced statement to become valid?



# Legal and Ethical Issues

- How much does a previously expressed preference aid decision making rather than a correctly formulated advance directive?
- If there is a dispute as to the validity of an advance directive what steps should be taken?
- How much weight should the team give to the views of the family?

# Case 5 – Future Care Planning

- Mrs D has been in a nursing home for 3 years. She has MS and the nursing home is finding it increasingly difficult to cope with her medical needs. Recently she has developed what the GP thinks is a urinary tract infection making her more acutely unwell
- Mrs D is somewhat confused and has very little awareness of her surroundings: she is incapacitous
- The manager of the home is considering asking for hospital admission to treat the acute problem but her daughter is resistant to this idea. She thinks she is near the end of her life and that she should not be moved

# Case 5 – Future Care Planning

- The GP is aware of her recent general deterioration and considers that hospital is the better place to provide for the immediate care of her acute illness
- All parties agree that prior to the acute episode the prognosis was felt to be poor
- The home manager arranges a meeting with the GP and the patient's daughter. A decision is taken to care for Mrs D at the home. Treatment for the presumed UTI is commenced
- Mrs D does not respond and slowly deteriorates over the next few days. She dies quite peacefully thereafter.



# Legal and Ethical Issues

- Are the health professionals under any kind of duty to transfer this patient to hospital?
- How to decide Mrs D's best interests?
- How should the nurses and GP come to a decision and who has the final say?
- How much notice should the professionals take of the views of the family/carer?



# Legal and Ethical Issues

- What difference would the preferred place of care plan be likely to make?
- What would be the effect of MCA in this situation?
- Should health professionals use their own perceptions of a patient's quality of life in making decisions?



# Summary and Thanks

- Thank you for sharing your views and contributing to this debate
  - We welcome your feedback so please complete your evaluation form
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