

END-OF-LIFE *Care*



Chapter 5

Withdrawing or Withholding Care

Chapter 5: Withdrawing or Withholding Care

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 treatment 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 time should be established to assess its effectiveness, benefits and burdens so that a decision can be made whether to continue or stop. To avoid misunderstandings and conflicts, physicians should document all discussions with patients 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

Web Sites

www.epec.net—The Education for Physicians on End-of-life Care (EPEC) Project—is designed to educate physicians around the country on the essential clinical competencies in end-of-life care.

www.lastacts.org—Last Acts—a call-to-action campaign dedicated to improving end-of-life care through the sharing of ideas and solutions by professional caregivers, institutions and individuals.

Articles

- “Caring to the end: Policy suggestions and ethics education for hospice and home health care agencies.” Drane JF. Erie, PA: Lake Area Health Education Center: 1997.
- “Decisions near end of life.” Council on Ethical and Judicial Affairs. American Medical Association. *JAMA*. 1992;267:2229-2233.
- “Decisions to forgo life-sustaining treatment for incompetent patients.” In: *Council on Ethical and Judicial Affairs Reports on End-of-life Care*. Council on Ethical and Judicial Affairs, Chicago, IL: American Medical Association: 1998: 30-40.
- “Do-not-resuscitate orders.” In: *Council on Ethical and Judicial Affairs Reports on End-of-life Care*. Council on Ethical and Judicial Affairs. Chicago, IL: American Medical Association: 1998:1.
- “The ethical question: Death and dying.” (videotape/study guide). Orentlicher D. Chicago, IL: American Medical Association: 1996. The Ethical Questions Video/Study Guide Series.
- “Withdrawing intensive life-sustaining treatment: Recommendations for compassionate clinical management.” Brody H., Campbell ML, Faber-Langendoen K, Ogle K. *N England J Med*. 1997; 336:652-657. This article provides clinical specifics about how to provide comfortable withdrawal of treatments.

Quotable

“I guess I always believe in honesty, because it’s what you don’t know that you can’t deal with. The person usually already knows or has a ‘feeling’ that they are terminally ill. They know you have been running tests. They will usually ask ‘Am I going to die or is there anything you can do?’ Here’s the opportunity to answer truthfully, yes or no. You as their doctor will never lose if you’re honest and make it clear that you are not giving up on them as a person.”

— David J. Wyquist, MD
Former Medical Director
Hospice of Southwestern Michigan, Kalamazoo

End-of-Life Care: Withdrawing or Withholding Treatment

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.

