
بسم الله الرحمن الرحیم

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# Futile treatment

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# Case 1



A young accident victim has been in a persistent vegetative state for several months and family members have insisted that "everything possible" be done to keep the patient alive.

- What are your professional obligations?

# Case 2

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An elderly patient with irreversible respiratory disease is in the intensive care unit where repeated efforts to wean him from ventilator support have been unsuccessful. There is general agreement among the health care team that he could not survive outside of an intensive care setting. The patient has requested antibiotics should he develop an infection and CPR if he has a cardiac arrest.

- Should a distinction be made between the interventions requested by the patient? Should the patient's age be a factor?

# Case 3



An elderly man who lives in a nursing home is admitted to the medical ward with pneumonia. He is awake but severely demented. He can only mumble, but interacts and acknowledges family members. The admitting resident says that treating his pneumonia with antibiotics would be "futile" and suggests approaching the family with this stance.

- Do you agree?

# Content



- Futility definition
- Types of futility
- Why detection of futility is important?
- Why detection of futility is controversial?
- Why should we avoid offering futile treatment?
- Critical elements in detecting futility
- When can we think of futility?
- From Islamic Perspective

# What is “Medical futility"?



*Interventions that are unlikely to produce any significant benefit for the patient.*

# Futility definition



✓ Schneiderman:

- Quantitative futility: Treatments or procedures which have an unreasonably low percentage chance of achieving the desired goal

- Qualitative futility: Treatments whose goals, while achievable, are qualitatively unreasonable because:

- It is harmful to the patient without a compensating benefit
- It violates the health care professional's sense of professional integrity
- It is an irresponsible use of limited health care resources

# Futility definition



- ✓ Robert Veach:

- Physiological futility: Treatments which will not restore or improve function

- Normative Futility: Treatment that is seen to have a physiologic effect but is believed to have no benefit.

# What has brought the issue to the forefront?



- Advances in medical Science & technology
- Emergence of modern medical equipment (LST)
- Population aging
- Importance of patient autonomy in recent decades
- Rise of treatment costs

# Why is medical futility controversial?



- Uncertainty in the nature of medical interventions
- There is no exact definition for medical futility
- It can sometimes function as a conversation stopper
- It is sometimes understood as giving unilateral decision-making authority to physicians at the bedside.
- It creates the false impression that medical decisions are value-neutral and based solely on the physician's scientific expertise

# We need to distinguish between:



- Futile Vs. Rare event
- Futility Vs. Disappointment
- Futility Vs. Undesirable quality of life
- Futility Vs. Inappropriateness
- Futility Vs. Rationing
- Negative Right Vs. Positive Right
- Stable life Vs. End stage Vs. Unstable life
- Withdrawal Vs. Withholding

# Why should we avoid offering futile treatment?



- Futile interventions may:

- Increase a patient's pain and discomfort in the final days and weeks of life
- Give patients and family false hope
- Delay palliative and comfort care
- Expend finite medical resources.

# Detection of Futility

# Critical elements in detecting futility



- ✓ *Type of intervention & Intent of treatment*
- ✓ *physician & patient's value systems*
- ✓ *The right person for making decision*

# Possible treatment objectives



- Life preservation
- Pain relief and relaxation
- Patient satisfaction
- Patient empathy
- Improving quality of life
- Psychological relief

# Type of intervention & Intent of treatment



- Futility does not apply to treatments globally, to a patient, or to a general medical situation.
- Instead, it refers to a particular intervention at a particular time, for a specific patient, for an assigned goal.

- It is futile to continue to treat this patient ×
- CPR would be medically futile for this patient √

# Critical elements in detecting futility



- ✓ *Type of intervention & Intent of treatment*
- ✓ *physician & patient's value systems*
- ✓ *The right person for making decision*

# The challenging point?



- Determining which interventions are beneficial to a patient can be difficult, since the patient might see an intervention as beneficial while the physician does not.
- This discrepancy derives from different value systems

# Differences in physician & patient's value systems



- AMA's ethics guideline on medical futility policies:

- There are necessary value judgments involved in coming to the assessment of futility:
  - Patient or proxy assessments of worthwhile outcome.
  - The physician's perception of intent in treatment, which should not be to prolong the dying process without benefit to the patient.
  - Community and institutional standards

- ✓ *Type of intervention & Intent of treatment*
- ✓ *Differences in physician & patient's value systems*
- ✓ *The right person for making decision*

# Who is entitled to decide about futility?



- Physician?
- Patient?
- Patient's family?
- Common consensus?

*Physicians have no obligation to accept treatments that do not benefit patients*

# Communication



*Conflicts are best avoided through shared decision making and redoubling efforts to find a mutually agreeable course of action*

# Some key words....



- Communication
- Rationality
- Explanation
- Mutual understanding
- Compassion

- There is nothing I can do for you ×

- Everything possible will be done to ensure the patient's comfort and dignity. √

# AMA's ethics guideline on medical futility policies



- To assist in fair and satisfactory decision-making about what constitutes futile intervention:

a. Earnest attempts should be made in advance to deliberate over and negotiate prior understandings between patient, proxy and physician on what constitutes futile care for the patient

b. Joint decision-making should occur between patient or proxy and physician to the maximum extent possible.

c. Attempts should be made to negotiate disagreements if they arise, and to reach resolution within all parties' acceptable limits, with the assistance of consultants as appropriate.

# AMA's ethics guideline on medical futility policies



d. Involvement of an institutional committee such as the ethics committee should be requested if disagreements are irresolvable.

e. If the institutional review supports the patient's position and the physician remains unpersuaded, transfer of care to another physician within the institution may be arranged.

f. If the process supports the physician's position and the patient/proxy remains unpersuaded, transfer to another institution may be sought and, if done, should be supported by the transferring and receiving institutions.

g. If transfer is not possible, the intervention need not be offered.

# When can we think of futility?

# When can we think of futility?



**Diagnosis**

- Stable life
- Beginning of Curative measures And
- Beginning of Palliative Care

**End Stage**

- Still Stable Life
- Curative measures continue And
- Palliative Care Continues

**Unstable life**

- Curative measures are limited (Futility)
- Palliative Care Continues till death

# From Islamic Perspective



- Futile treatments should be avoided
- Any measure which accelerates death should be avoided
- The distinction between withdrawal and withholding should be observed
- Respect to patients autonomy should be restricted to medically acceptable options
- All curative measures should be continued while the patient poses stable life

*Remember that*

*the patient's loved ones will live with this decision*

*for a long time, even if the patient does not*


Thank You
For Your
Attention