Clinical Ethics Grande Rounds

The Ethics of Withdrawing Life-Sustaining Treatment: When Is It Permissible, Recommended or Obligatory?

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Cases

- Mrs. R is an 81yr old who is admitted to medicine from long term care with a diagnosis of aspiration pneumonia. She has a 3yr diagnosis of advanced dementia and has become non-verbal. This is the third admission in 9 months for a total of 129 bed days. Her GOC is R1 and a third feeding assessment confirms an unsafe swallow. Family is insisting on NG feeds after GI has refused PEG placement.

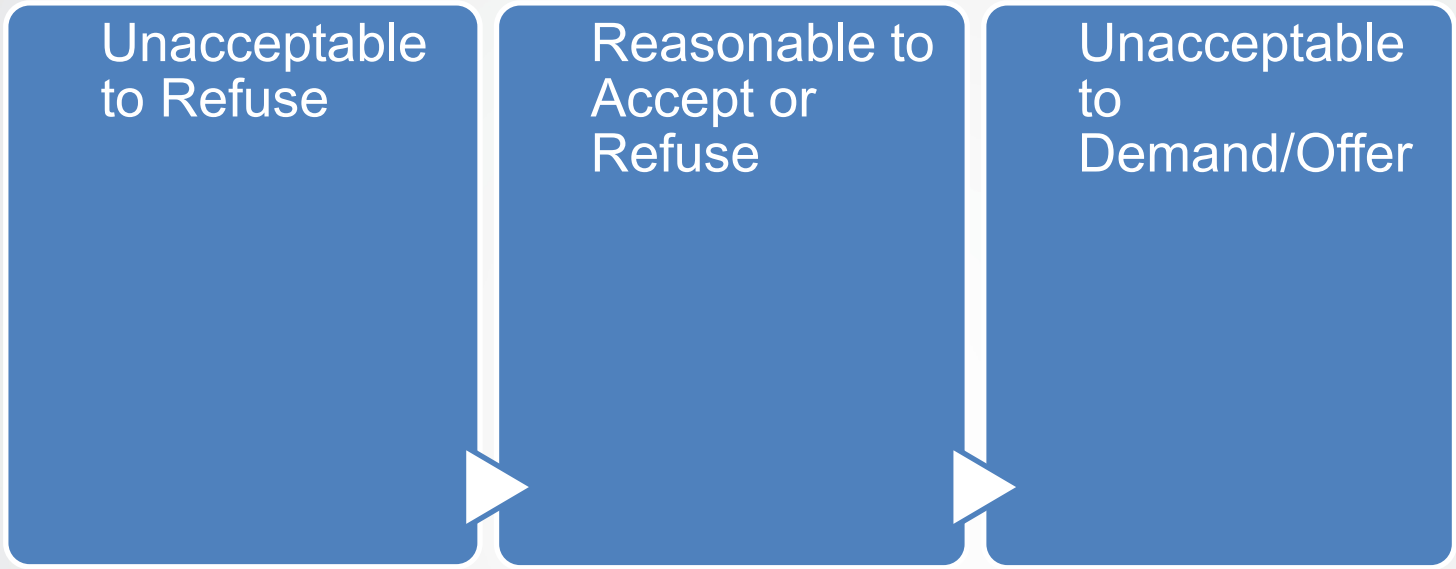
Cases

- Mr. Bell is a 65yr old who suffered a cardiac arrest in his garage. He was undiscovered for an unknown period of time and was transported to GNH emerg where he was intubated without sedation. EMS recovered pulse 15 minutes into transport. After transport to MAHI and emergency catheterization, Mr. Bell transferred to CCU fully intubated, ventilated, and unconscious. His GCS has not improved from single digits in 26 days and his CT and MRI are consistent with diagnosis of massive global ischemic injury.

Cases

- Jim K is a 14yr old male who has an aggressive glioblastoma that has been resected twice and is further inoperable. After the second recurrence, his family is devastated. Jim has limited verbal capacity and his cognition is severely impaired. He has been given 6 months to live. His parents request further chemotherapy which team is reluctant to provide as there is not evidence that it will cure his cancer and will have severe side-effects particularly nausea and vomiting.

The continuum of clinical decisions



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- Resources to support clinical conflicts
- TIME (Right action often the most difficult)

Traditional Approach to Conflict

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Medical Futility

Quality of Life

Traditional Approach to Conflict

Medical Futility

- term lacks clarity

Traditional Approach to Conflict

Medical Futility

- concept lacks clarity
- concept implies certainty
- requires massaging to be meaningful
- often misinterpreted as a judgement about patient rather than specific treatment

Traditional Approach to Conflict

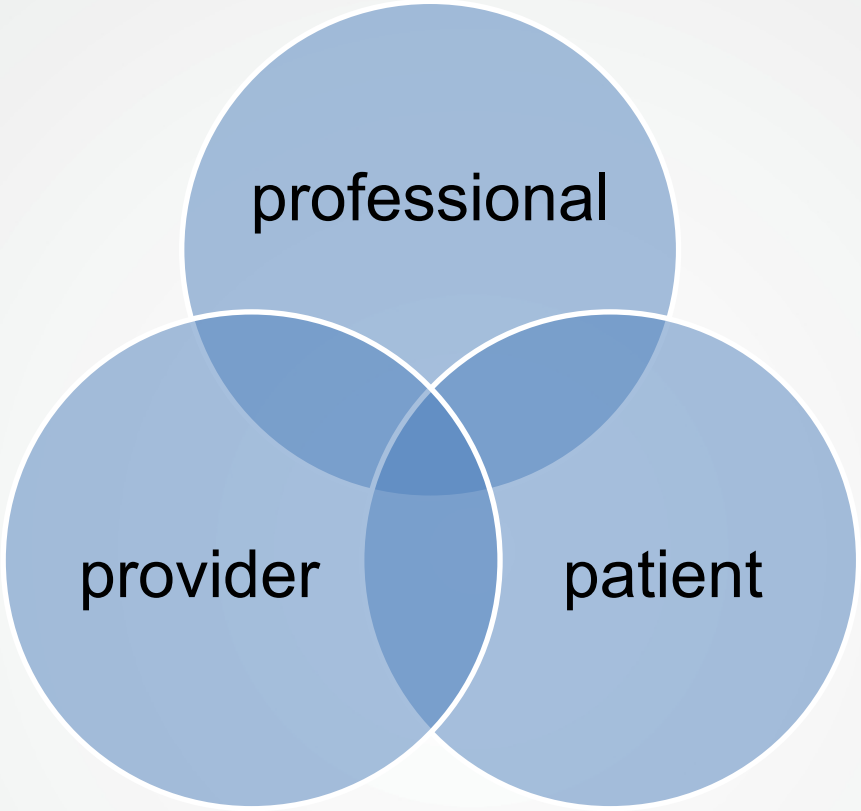
Quality of Life

Traditional Approach to Conflict

Quality of Life

- Lacks clarity and objectivity
- Discussions progress quickly to disagreement in principle

Ethical Responsibilities



The Principle of Clinical Proportionality

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History

- Thomistic Theology of the Roman Catholic tradition
  - Just War
  - Double Effect
  - Virtue of Prudence
- From Extraordinary to Proportionality

The Principles of Clinical Proportionality

- All clinical interventions should have a therapeutic rationale that is transparent and articulatable. Clarification of these goals should be routine.
- Clinicians recognize that all interventions, procedures, and drugs, have associated benefits and burdens.
- The accurate assessment of real benefit and burden of an intervention is ideally the result of a dialogue between clinicians and recipients.
- A clinical intervention is only appropriate if its known or estimated burdens are offset by its potential benefits.

The Principle of Clinical Proportionality

- It is the fundamental fiduciary responsibility of the clinician to advocate that patient treatment is always proportionate. Of course, on rare occasions, this advocacy can result in disagreements with surrogate decision-makers.
- In such situations, using a proportionality framework allows clinicians to engage in meaningful dialogue about practical decision-making rather than appeal to more esoteric values. Clinical proportionality also allows clinicians clear rationale to avoid starting inherently harmful treatments in the absence of a therapeutic burden of proof.

Practical Requirements for Unilateral Advocacy

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- Clinical consensus

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- Clinical consensus
- Hierarchical support
  - Peer
  - Interdisciplinary
  - Administrative
  - Legal

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- Early success and positive feedback

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- Professional responsibility

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- Professional responsibility
- Patient best-interest
- Mitigation of moral distress
- Honouring and respecting the integrity of fellow fiduciaries who are not primary decision-makers
- Instantiating best-practice in culture

Thanks!

Please feel free to contact me with comments or questions and thank you for your time!

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