



6th International Conference on Clinical Ethics Consultation

May 11-14, 2010 ♦ Portland Art Museum ♦ Portland, Oregon, USA

www.ethics2010.org



Abstract Submission Form – Papers

Please contact John Tuohey at ethics@providence.org with any questions.

Name: Ciarán T. Bradley MD, MA; Cynthiane J. Morgenweck, MD, MA; Arthur R. Derse, MD, JD; Lewis B. Somberg, MD; Karen J. Brasel, MD, MPH

Title/Degree: _____

Institution: Medical College of Wisconsin

Country: USA

Email: cbradley@mcw.edu

Phone including country code (<http://www.countrycallingcodes.com>): +1-414-805-8624

Proposed title of paper: Ten-year experience with a non-legislated hospital futility policy

Abstract with 3 clearly stated objectives in 250 words:

Objectives: (1) Present a non-legislated futility policy.

(2) Report the ten-year experience of this privately administered hospital policy.

(3) Describe how futility DNR orders impact treatment withdrawal.

Introduction: In states with legislated futility policies, futility is rarely invoked and uncommonly challenged. Little is known about how policies function in hospitals outside these states.

Methods: We conducted a ten-year review of the futility policies at our 450-bed, tertiary-referral center. These two policies support (1) DNR or (2) withholding and withdrawing life-sustaining treatment without patient or surrogate approval on the basis of futility. The policies define futility as treatment that "...cannot be expected to restore or maintain vital organ function or to achieve the expressed goals of the decisional patient." Cases were identified via hospital administrative records and ethics committee meeting minutes. Charts were reviewed for clinical course, ethics consultation results, consultant opinions, and justification for futility.

Results: DNR based on futility occurred in 20 patients. Fourteen subsequently had life-sustaining treatment withheld or withdrawn, but the futility policy was invoked in only six. In the remaining eight cases, life-sustaining measures were withdrawn with surrogates' approval after resolution of the dispute that precipitated the futility DNR order. No patients had life-sustaining treatment withdrawn on the basis of futility without an initial futility DNR order.

Conclusions: In a non-legislated setting, withholding and withdrawing life-sustaining treatment on the basis of futility is rare. Futility DNR orders may convince surrogates of the disproportionate nature of the treatment and allow them time to come to a decision.

If you have or will publish on this topic, please cite reference:

N/A

Are you planning to or will you be willing to submit a poster along with your paper?

Yes No