ICU
MANAGEMENT & PRACTICE

Divergent Views on Withdrawing Futile Intensive Care

Physicians and the general public have significantly different views when it comes to deciding whether to withhold or withdraw treatment of terminally ill patients. However, a new study at Umeå University in Sweden suggests that the two groups tended to agree with regard to cancelling treatment or offering relief at the final stages of life.

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New and more sophisticated techniques are used to prolong life support in intensive care. But there are limiting factors set by human physiology that can often be difficult to relate to. In turn, this leads to continuous treatment beyond what is reasonable when the patient is beyond rescue.

“This ethical dilemma is something that many, including family members, are aware of. But the difficulties in these types of situations often arise when caregivers are afraid of receiving criticism for not doing everything in their power. Also, there is a perceived discomfort in being the bearer of bad news and being on the receiving end of the reactions, as well as holding differing views on what rules and regulations actually imply,” explains study author Anders Rydvall, physician at the University Hospital of Umeå and doctoral student at the Department of Surgical and Perioperative Sciences.

To shed light on the arguments regarding withholding or withdrawing futile treatment, Dr. Rydvall conducted two surveys in Sweden of physicians’ and the public’s choice and prioritised arguments in the treatment of two hypothetical patients: a 72-year-old woman with a severe brain haemorrhage and a poor clinical condition, and a premature baby with severe brain injury. Approximately 70 percent of the physicians and 46 percent of the general public responded in both surveys. The findings include:

Old woman: A majority of doctors (82 percent) stated that they would withhold treatment, whereas a minority of the general public (40 percent) would do so. The arguments forwarded and considerations regarding quality of life differed significantly between the two groups: more neurosurgeons (77 percent), compared to ICU-physicians (54 percent), regarded QoL aspects as the most important argument. But anaesthesiologist and ICU-physicians also pointed particularly at the importance of the patient’s previous desires. As the case clinically progressed, a consensus evolved regarding the arguments for decision making.

New born child: The survey was submitted to anaesthesiologist and ICU physicians, paediatricians and neonatologists as well as the general public. A majority of both physicians and the public supported arguments for withdrawing ventilator treatment. A large majority in both groups supported arguments for alleviating the patient’s symptoms even if the treatment hastened death, but the two

groups display significantly different views on whether or not to provide drugs with the additional intention of hastening death.

In order to avoid unnecessary dispute and miscommunication, it is important that healthcare providers are aware of the views, expectations and prioritisations of the family, according to Dr. Rydvall. In addition, clinicians should also maintain a setting where information is honest and appropriate.

Source: Umeå University
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