

End-of-Life Care: Doctors Should Help Kin Make Decisions



Most deaths in the ICU follow a decision to limit life-sustaining therapies and, according to a Loyola University Medical Center critical care physician, doctors have a responsibility to provide recommendations to families of dying patients. Family members or other surrogate decision makers often have no experience in making end-of-life decisions for another person. Letting them make a decision without a recommendation may be overwhelming, Paul J. Hutchison, MD, writes in an editorial appearing in the journal *Chest*.

"When the patient's prognosis is uncertain and the treatments are potentially burdensome, surrogates often look to the physician for assistance with the treatment-limitation decisions," he says. "A physician has a responsibility to present surrogates with the plan of care he or she believes to be in the best application of a patient's authentic values and interests to a specific clinical situation."

After asking the surrogate about the patient's values, the doctor is equipped to offer a recommendation, provided the recommendation reflects the patient's known values and not the doctor's personal, political or spiritual beliefs; acknowledges the uncertainty of the prognosis; and is subject to further consideration and discussion with the surrogate. "The recommended plan is never the final word without the surrogate's assent," says Dr. Hutchison.

The author explores the physician's role in two common scenarios:

The surrogate asks the physician for a recommendation. Such a request "is an expression of his trust in the physician who has a reciprocal duty to provide guidance and support," Dr. Hutchison writes. "Failure to accept this role amounts to abandonment and requires the surrogate to bear the entire burden of the decision."

The surrogate requests aggressive therapies for a dying patient. Dr. Hutchison advises that treatments should be pursued only if they can provide benefit to the patient. "While physicians should not be individual arbiters of resource allocation at the bedside, medical resources are not infinite, and most would agree that they need to be used responsibly," Dr. Hutchison says.

Taking the opposite side is Robert Veatch, PhD, of Georgetown University's Kennedy Institute of Ethics, who writes that physicians "have no basis for recommending treatment goals and, even if they did, they would tend to distort the decision maker's perspective."

However, Dr. Hutchison notes that we do not allow physicians to make end-of-life decisions without exploring a surrogate's preferences for treatments. Similarly, it would be odd for family members, who have no medical background or training, to make decisions without a physician's input.

Source: [Loyola University Health System](#)

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