The ethics of foregoing treatment

Morten Dige, Philosophy, AU

Overview:

- When is treatment ”futile”?
- Effectiveness vs. benefit
- Patient autonomy vs. professional integrity

”Futile”: hopeless vs. pointless

Hopeless: really no chance to achieve one’s goal
= treatment not *effective*.

Pointless: one’s goal is really not worth achieving
= treatment not *beneficent*.

Relevant factors in determining ”futility”

1. The goal of the treatment (e.g. cure, improved quality of life, symptom control …)
2. Probability of achieving treatment goals
3. Balance of risks, costs, and benefits
4. Individual needs of the patient (personal, emotional, spiritual …)

Disagreements concerning goals

Health professionals typically focus on narrow medical goals in terms of physiological efficacy.

Patients often understand ”futility” on a broader basis of values and goals other than strict medical ones.

→ Possibility of *ineffective* care with *benefit*.

Disagreements concerning probabilities

Whereas professionals typically regard an effect with a p-score less than .05 as not worth taking into consideration, patients may find it a chance well worth pursuing.

“It is not always clear whether such disputes are scientific in character or valuative” (Veatch & Spicer 1992: 19)

Balancing risks, cocts, and benefits

Reasons for reservations regarding preservation of life ”at all costs”:

a) Increased attention to the reasonableness or fairness of costs, especially in economic terms.

b) Increased attention to the qualitative aspect of life preservation (rather than mere life extension)

Relevance of individual needs

What ”life”?

a) Biological concept (gr. *Zoe*): Species-typical functioning, ”normal” life-span.
b) Biographical concept (gr. *Bios*): Values, projects, goals, convictions, relations, meaning …

→ Possibility/danger of *effective* care with no *benefit*.

Patient autonomy vs. professional integrity

”The argument from professional conscience”

→”… training more physicians whose values better match the pool of patients needing care” (Spicer & Veatch 1992: 24)

Health professionals as mere service providers?

Surrogate decision making

Three relevant interests:

1. Surrogate decision-makers' wishes
2. Health professional's interest in protecting standards of professional integrity
3. Society's legitimate authority to function as the protector of incompetents in cases of extreme neglect or abuse

The focus of all three should ideally be *the best interest of the patient*!

References

McCabe MS, Storm C., "When doctors and patients disagree about medical futility", *J Oncol Pract*. 4, 4 (2008): 207-09.

Veatch RM, Spicer CM, "Medically Futile Care: The Role of the Physician in Setting Limits", *Am. J. L. & Med* 18, 1-2 (1992): 15-36.