

## **PATIENTS SOMETIMES CHOOSE “HEROIC” MEASURES**

While many patients and doctors are stepping away from intense interventions at the end of life, some patients continue to choose “heroic” measures. According to a Medscape article, this number may be growing, with almost one-third of people with advance directives still choosing medical interventions. Also, according to a recent Pew poll, 31 percent of Americans now think that everything possible should be done to save a person’s life. In 1990, only 15 percent believed this.

While the Medicare payment structure will pay doctors to talk to patients about advance directives and other end-of-life care decisions, this does not help doctors with patients who choose treatment and other interventions despite little hope of success. The uncertainty of whether a patient will recover if they receive life-sustaining measures often makes it difficult for family members and doctors to make choices about the best course. Even when interventional statistics point to poor outcomes and poor quality of life afterwards, patients and families cling to hope. And, it is always possible that a patient will live several more good years in response to life-saving measures.

Do-not-resuscitate orders, intended to stop medical staff from performing CPR, can be misused and misinterpreted. Studies also show that people with DNR orders receive poorer care and can have other interventions withheld if a DNR is misinterpreted. There is also confusion about what constitutes a DNR order and if it is needed to withhold CPR. In some states, doctors can put a DNR in place without a patient’s consent or with just their verbal affirmation. One study found that in patients “80 years and older, 9 percent of those who died without getting CPR did not have a DNR order in their chart, and almost 40 percent of those who died without CPR or those who had a written DNR order had a previously expressed desire for CPR.”

Hoping to create a more clear sense of when a doctor can withhold care from a patient, the medical profession has tried to define “futile care.” The American Thoracic Society released guidelines to help physicians avoid “futile” care in the ICU. They say, “Administering ineffective interventions goes against the most basic ethical obligations of clinicians to benefit individual patients and to avoid harm. Second, the profession has the obligation to steward medical resources responsibly. And, third, other patients’ trust in these physicians could be undermined if it came to light that they administered “interventions that they knew could not benefit the patient.”

However, the definition of futile care is pretty much up to the individual doctor who weighs quality of life and likelihood of success. And it seems, according to some patient advocates, that doctors often overstate the risk and the severity of the disability a person might have as a result of an intervention.

In 2007, a multidisciplinary team at McMaster University in Canada conducted a review of these issues. “When the values of doctors and patients clash, they concluded, the patient’s values should come first. It is the patient’s life to lead and death to die. A concern with professional integrity cannot trump that, when there is some possibility, however small, of survival, and the patient wants to take it.”

Of course, the conflict can also be the other way around, with the family or patient wanting to withdraw care and the doctor wanting to continue. This was the case in several high-profile lawsuits in the 70s and 80s, and the courts ruled that the family gets to make the choice rather than the doctor. They reasoned that family members know best what the patient may want, and what the patient wants holds the most weight. However, as noted earlier, some states' laws also allow doctors to withhold futile care when it "is contrary to generally accepted health care standards."

Hospitals, additionally, often have policies and procedures in place to help deal with conflicts between physicians and families. They often involve the hospital's ethics board, which have different amounts of power depending on state law. ([Medscape Multispeciality](#))