An Exercise in Futility? Developing Policy and Shaping Practice to Address Demands for “Nonbeneficial Medical Treatment” (SA536)

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Objectives
- Describe values conflicts that arise when patients or families demand treatments that clinicians deem medically nonbeneficial.
- Compare and contrast evolving notions of autonomy and paternalism.
- Apply concepts of patient autonomy and values conflict through interactive case presentation highlighting staff moral distress in the context of families hoping for a miracle.

Palliative care teams are often consulted when the primary clinical team feels further life-sustaining interventions are “futile” but patients or families demand the treatments be provided. Palliative team members also often have involvement in hospital ethics committees that review such cases. In this session, our overall goals are to increase knowledge about “futility policies,” increase awareness of competing ethical principles involved, address legal considerations that shape the clinical context in which such decisions are made, and stimulate healthy and open national discussion about this issue. For hospitals or health systems considering creating, implementing, or revising such policies, we aim to provide a framework upon which to do so. To these ends, faculty will explore values conflicts that emerge from inherent differences in how the “benefit” of a therapy is defined, staff moral distress that results from providing care that they perceive as futile or even harmful, and ways in which well-designed policies on medically nonbeneficial therapies can support families and clinicians. The session will include case study, audience surveys, and a high level of interaction between faculty and attendees.