



Understanding Medical Futility

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End of Life Decisions that Create Readmission Encounters



CME Information



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Learning Objectives

1. Identify factors that often lead to futility situations
 - Underlying causes
 - How to assess and respond
2. Define common factors within medical futility cases
3. Define ways to communicate and negotiate in order to resolve conflict directly
 - Differences in values and ethics
 - Joint decision-making [healthcare providers, patients and families]



Physicians and Futility



- ◆ Patients/families may be invested in interventions
- ◆ Physicians/other professionals may be invested in interventions
- ◆ Any party may perceive futility



Definitions of Medical Futility

- ◆ Won't achieve the patient's goal
- ◆ Serves no legitimate goal of medical practice
- ◆ Ineffective more than 99% of the time
- ◆ Does not conform to accepted community standards



Is this really a futility case?

- ◆ Unequivocal cases of medical futility are rare
- ◆ Miscommunication, value differences are more common
- ◆ Case resolution more important than definitions



Conflict over Treatment

- ◆ Unresolved conflicts lead to misery and most can be resolved
- ◆ Try to resolve differences
- ◆ Support the patient/family
- ◆ Base decisions on:
 - Informed consent
 - Advance care planning
 - Goals of care



Differential Diagnosis of Futility Situations

- ◆ Inappropriate surrogate
- ◆ Misunderstanding
- ◆ Personal factors
- ◆ Values/Ethics conflict



Surrogate Selection

- ◆ Patient's stated preference
- ◆ Legislated hierarchy
- ◆ Who is most likely to know what the patient would have wanted?
- ◆ Who is able to reflect the patient's best interest?
- ◆ Does the surrogate have the cognitive ability to make decisions?



Misunderstanding: Diagnosis/Prognosis

- ◆ Underlying causes
- ◆ How to assess
- ◆ How to respond



Misunderstanding: Underlying Causes




- ◆ Doesn't know the diagnosis
- ◆ Too much jargon
- ◆ Different or conflicting information
- ◆ Previous over-optimistic prognosis
- ◆ Stressful environment
- ◆ Sleep Deprivation
- ◆ Emotional distress/psychologically unprepared
- ◆ Inadequate cognitive ability



Misunderstanding: How to Respond

- ◆ Choose a primary communicator
- ◆ Give information in
 - Small pieces
 - Multiple formats
- ◆ Use understandable language
- ◆ Frequent repetition may be required

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- ◆ Assess understanding frequently
 - ◆ Do not hedge to “provide hope”
 - ◆ Encourage writing down questions
 - ◆ Provide support
 - ◆ Involve other healthcare professionals



Personal Factors

- ◆ Distrust
- ◆ Guilt
- ◆ Grief
- ◆ Interfamily issues
- ◆ Secondary pain
- ◆ Physician/nurse



Type of Futility Conflicts



- ◆ Disagreement over:
 - Goals
 - Benefit



Difference in Values/Ethics



- ◆ Religious
- ◆ Miracles
- ◆ Value of life



A Due Process Approach

- ◆ Earnest attempts in advance
- ◆ Joint decision-making
- ◆ Negotiation of disagreements
- ◆ Involvement of an institutional committee
- ◆ Transfer of care to another physician
- ◆ Consultation Palliative Physician as a neutral party to assist in decision of care



Medical Futility

- ◆ Summary
- ◆ Questions



Evaluations

- ◆ Please be sure to turn in your evaluations in order to receive your CME credit and make sure that you signed in for today's presentation.

Thank you!