

	<b>Subject:</b> Biomedical Futility	<b>Number</b> <b>I-A-28</b>
	<b>Function:</b> Ethics, Rights, and Responsibilities	<b>New</b> <b>9-8-05</b>

**OBJECTIVE:** To provide guidance to attending physicians and members of the health care team when the decision has been made to withhold or withdraw an intervention on the grounds of biomedical futility.

**DEFINITIONS:** Biomedical futility is the clinical judgment that, in a patient's current clinical circumstances, it is not physiologically possible for the proposed intervention to achieve its biomedical goals. The proposed intervention would therefore be medically ineffective, which means that to a reasonable degree of medical certainty, it is not possible for the proposed intervention to:

- Prevent or reduce the deterioration of the health of an individual; or
- Prevent the impending death of an individual; or
- Effectively or appreciably alter the course of disease

Judgment that, though the intervention has a reasonable possibility of biomedical success, it should not be done because the quality of the patient's life would be poor, does not constitute biomedical futility under this definition.

**POLICY:** Health care professionals are not morally obligated to provide biomedically futile treatment to any patient. A decision by the health care team to withhold or withdraw an intervention on the grounds of biomedical futility, despite patient or surrogate insistence that it be given, must always be seen as a last resort, and only employed when other means of resolving the dispute have been exhausted and when allowed by Missouri State Law. An attending physician may choose not to initiate an intervention on the grounds of medical ineffectiveness, even when a patient or legally valid surrogate persistently demands the treatment in question.

Any action of withholding or withdrawing treatment from a patient must be consistent with established hospital policy (See referenced policies) and in compliance with state and federal laws.

**PROCEDURE:**

In the event that a physician may need to determine medical futility:

1. There should be a reasonable degree of medical certainty that the proposed intervention will be medically ineffective, and thus futile.

2. Discussion between the physician and the patient and/ or surrogate, about the goals of care and the futility of the proposed intervention, should be documented in the medical record. A discussion of this intervention should include the clinical indications and effectiveness of any proposed intervention as determined by the physician, as well as the benefits and burdens as determined by the patient or surrogate.
3. An interdisciplinary patient care meeting regarding Biomedical Futility should take place and should include all relevant family and staff members. The outcome of this conversation should be documented in the patient's medical record. In the rare circumstance that it is not possible to hold a team meeting, the reasons for this should be documented in the medical record. The patient, family, and staff should be offered the opportunity to have the case discussed with a representative of the Ethics Consult Service or Pastoral Care.
4. In the event that the attending physician does not agree with the patient or their surrogate's request for treatment that is not medically indicated, the physician is not required to provide the treatment. The patient or valid surrogate should be informed of their right to seek or be connected with an alternate attending physician or health care care. The attending physician(s) will assist with coordinating any transfer of care, while striving to maintain the safety and protect the welfare of the patient at all times.
5. Other health care professionals should be consulted or otherwise included in the care of the patient when a provider feels that they are unable to continue with the treatment plan. It is also strongly recommended that the ethics service be consulted.
6. While it is morally permissible for a health care professional to clinically judge that an intervention will be medically futile and to act according to the dictates of their conscience, no health care professional should be obligated to withhold or withdraw treatment because a third party has judged that the proposed treatment would have no medical benefit.

## REFERENCES:

I-A-01	Consent for Medical and Surgical Treatment
I-A-03a	Ethics Committee Function
I-A-03b	Ethics Consult Service
I-A-06	Patient Rights and Responsibilities
I-A-14	Advance Health Care Directives
I-A-21	Determination of Decisional Incapacity and Surrogates for Patients
I-D-18	Transfers to UHC for Admission
I-D-19	Inpatient and Emergency Department Transfers to Other Facilities
<b>Key Content Expert:</b> Chairperson, Ethics Committee	