

Arizona Guidance: Medical Futility (even when Patient/Family Disagree)

Per Society of Critical Care Medicine Ethics Team Consensus Opinion: "ICU interventions should generally be considered inappropriate when there is no reasonable expectation that the patient will improve sufficiently to survive outside the acute care setting...or... perceive the benefits of treatment."

When a physician is acting as the Statutory Surrogate: Arizona law requires an ethics committee's concurrence if available; otherwise a second physician must concur

DNR or DNR/DNI Order

Requirements:

- 1) Write the medical order when appropriate
- 2) Notify the patient/family and give option to transfer care
- 3) Document agreement by ethics committee or second physician if acting as surrogate

Documentation example: *I am not offering CPR because in my medical judgment CPR is not medically indicated, is not beneficial, or is harmful. Where the patient/surrogate disagrees, I am writing this DNR order per Banner's Policy 692 v14: "Provision of Appropriate EOL Care". The patient/surrogate will be/has been advised of this order and informed they may transfer care if they wish and are able to arrange.*

Better, not required unless physician is surrogate: Family assent, concurrence of second physician

Best, not required unless physician is surrogate: Concurrence of ethics committee

Withhold/Withdraw Life Sustaining Treatment

Requirements:

- 1) Write the medical order when appropriate
- 2) Notify family and give option to transfer (~24 hours, family must arrange)
- 3) Document agreement by ethics committee or second physician if serving as surrogate

Documentation example: *Continuing (pressor/continued support/ventilator/ICU treatment) to this patient is no longer appropriate because in my medical judgment these are "not medically indicated, not beneficial, or harmful." Specifically, the treatments (vent/pressors/ dialysis) have not been successful in reaching the goals of (ventilator liberation/survival outside the ICU/restoration of health) and so are medically futile. Because the patient/surrogate disagrees, I am writing these orders per Banner's Policy 692 v14: "Provision of Appropriate EOL Care".*

Better, not required unless physician is surrogate: Documented agreement by second physician

Best, not required unless physician is surrogate: Ethics Committee concurrence

References:

- 1) Defining Futile and Potentially Inappropriate Interventions: A Policy Statement from the Society of Critical Care Medicine Ethics Committee, *Critical Care Medicine*, 44(9), 2016
- 2) Banner EOL Policy 692v14, 2010
- 3) An Official ATS/AACN/ACCP/ESICM/SCCM Policy Statement: Responding to Requests for Potentially Inappropriate Treatments in Intensive Care Units, *American Journal of Respiratory and Critical Care Medicine* 191(11), 2015