

The ethics of knowing where to stop treatment in a sick and elderly patient

June 1 2014

An Emeritus Professor of medical ethics at Imperial College London will deliver a presentation at this year's Euroanaesthesia meeting titled 'Escalating care for the comorbid elderly-where do we stop?'. Raanan Gillon, who is President of the UK's Institute of Medical Ethics, will argue that a patient's age should not in itself be considered an ethically relevant criterion for deciding 'where to stop'.

Acknowledging that there is a morally plausible counter-argument – known in the UK as 'the fair innings argument'- according to which scarce life prolonging resources should be preferentially deployed to younger patients, Professor Gillon will argue against it. He says: "If societies do wish to pursue such 'ageist' policies then they should do so only do so after widespread consultation and the enactment of democratically established laws according to which [patients](#) condemned to be denied life-prolonging therapies on grounds of age alone should have a legal right of appeal!"

The moral criteria that are relevant can be summarised, he argues, as the likelihood of achieving a beneficial outcome for the patient, at the cost of a minimised and acceptable risk of harm, in the light of the patient's own views and values where these are ascertainable, and also in the context of fair consideration of competing claims on available resources.

"However, co-morbidity and age may in some circumstances justifiably have a bearing on these criteria," concludes Professor Gillon. "For example co-morbidity may adversely and substantially influence the

probability of a beneficial outcome; and some old people may be less inclined than when they were younger to accept the risks and discomforts of major surgery even if it might prolong their lives."

Provided by European Society of Anaesthesiology

Citation: The ethics of knowing where to stop treatment in a sick and elderly patient (2014, June 1) retrieved 6 May 2024 from

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