

End-of-life care doctors consider patient and family needs when deciding to end treatment

May 2 2016, by Niki Widdowson

The first Australian study on how end-of-life care doctors use the term "futile treatment" to make decisions on whether further treatment should be given when a person has no hope of recovery and death is near, has been published in the *Medical Journal of Australia* today.

Professor Ben White and Professor Lindy Willmott, directors of the Australian Centre for Health Law Research who were lead researchers on the study that interviewed 96 [doctors](#) in Brisbane from emergency, intensive care, palliative care and other areas which routinely involve end-of-life care.

The doctors were interviewed on instances where they had had to make decisions on medically deemed futile treatment.

"We found doctors' concept of 'futility' centred on the quality of life and the prospect of the patient receiving some benefit from further treatment," Professor White said.

"While the quality and length of life were linked, many doctors recalled instances where the benefit to the patient was determined by the quality of life alone.

"When considering benefit, doctors also took into account the physiological effects of further treatment on the patient as to whether it would be a burden, and the social benefits to the patient of having extra time with family and friends."

Professor Willmott said more than 50 per cent of the doctors discussed situations where treatment was futile but justified.

"They spoke about family needs such as the short-term provision of treatment to allow relatives to gather," Professor Willmott said.

"They also mentioned justifiable futile treatment that benefitted the patient by enabling them to fulfil a social role such as attending a wedding or seeing a new grandchild.

"Some doctors queried whether treatment could be termed 'futile' where such benefits to the patient or family justified treatment that was deemed medically futile."

Professor Willmott said although futility was a concept familiar to the doctors, there was a high degree of variability as to how this term could be applied.

"Doctors must be aware of the subjectivity of futility when making end-of-life care decisions.

"Although they may decide that treatment is futile in discussion with patients and families a wider idea of patient benefit can emerge that justifies further treatment for a limited period and specific purpose.

"Because doctors put patient benefit as a key factor in determining futility, we concluded that talking with patients and their families about their values and goals is a critical part of decisions about limiting or stopping treatment."

More information: Ben White et al. What does "futility" mean? An empirical study of doctors' perceptions, *The Medical Journal of Australia* (2016). [DOI: 10.5694/mja15.01103](https://doi.org/10.5694/mja15.01103)

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