We must withdraw therapies in some patients - CON

Charles Sprung MD
We must withdraw therapies in some patients—CON

- If I act by withdrawing a ventilator or vasopressor therapy allowing a terminally ill patient to die, is that killing the patient or just allowing the patient to die from his disease?

- If I administer drugs to a terminally ill patient with the intent to hasten the patient’s dying, is that killing the patient or just allowing the patient to die from his disease?
We must withdraw therapies in some patients- CON

• Many physicians have problems with withdrawing ventilators
• Some religions consider withdrawing a ventilator murder
• Terminal sedation and active shortening of the dying process accompany withdrawing of ventilators
CRITICAL CARE PRACTITIONERS ATTITUDES CONCERNING WITHHOLDING & WITHDRAWING THERAPY

WITHHOLDING AND WITHDRAWING IS THE SAME

WITHHOLDING IS MORE ACCEPTABLE THAN WITHDRAWING

WITHDRAWING IS MORE ACCEPTABLE THAN WITHDRAWING

SCCM ETHICS COMMITTEE. CCM 1992;20:320
CRITICAL CARE PRACTITIONERS ATTITUDES CONCERNING WITHHOLDING & WITHDRAWING THERAPY

SOMETIMES WITHHOLD THERAPY  93%

SOMETIMES WITHDRAW THERAPY  77%

BOTH WITHDRAWAL OF THERAPY AND DELIBERATE ADMINISTRATION OF LARGE DOSES OF DRUGS UNTIL DEATH ENSUED ARE UNACCEPTABLE  28%

Vincent JL. Crit Care Med 1999;27:1626
Differences between withholding and withdrawing life-sustaining treatments

• Most ethicists and medical organizations state there is no moral difference between WHLST and WDLST.

• The majority of respondents, practicing intensivists, stated there is no difference between WHLST and WDLST (17/22).

• A minority of physicians still do not accept their equivalency (4/22).

Sprung CL. J Crit Care 2014;29:890-5
We must withdraw therapies in some patients - CON

- Many physicians have problems with withdrawing ventilators
- Some religions consider withdrawing a ventilator murder
- Terminal sedation and active shortening of the dying process accompany withdrawing of ventilators
HALACHA OR BIBLICAL ETHICS

- The value and sanctity of human life is infinite and beyond measure
- Therefore, any part of life is of the same worth
- Active or passive euthanasia is prohibited
- The omission of life-sustaining treatments is allowed
- An act that hastens a patient’s death, no matter how laudable the intentions, is equated with murder
The Israeli Terminally Ill Law, 2005

- The Law prohibits stopping continuous life-sustaining therapies (ventilator) because this is viewed as an act that shortens life.
- The Law permits stopping intermittent life-sustaining therapies (intubation, dialysis, chemotherapy).

Steinberg A, Sprung CL. Intensive Care Med. 2006;1234
The Law is founded in the Jewish legal system where there is no obligation to actively prolong pain and suffering of a dying patient but any action that intentionally and actively shortens life is prohibited.

Withdrawal of a ventilator (a continuous treatment) is considered an act that shortens life and forbidden.

The Law is based on the Jewish legal concept that not only the end has to be morally justified (the death of a suffering terminally ill patient) but also that the means to achieve the end must be morally correct.

Steinberg A. Intensive Care Med 2006;32:1234
### END OF LIFE DECISION BASED ON DOCTOR’S RELIGION

<table>
<thead>
<tr>
<th>RELIGION</th>
<th>CPR NUMBER (%)</th>
<th>WITHDRAWING NUMBER (%)</th>
<th>WITHHOLDING NUMBER (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATHOLIC</td>
<td>317 (22)</td>
<td>648 (46)</td>
<td>450 (32)</td>
</tr>
<tr>
<td>PROTESTANT</td>
<td>84 (10)</td>
<td>390 (46)</td>
<td>380 (45)</td>
</tr>
<tr>
<td>GREEK ORTH</td>
<td>109 (39)</td>
<td>37 (13)</td>
<td>131 (47)</td>
</tr>
<tr>
<td>JEWISH</td>
<td>60 (16)</td>
<td>58 (16)</td>
<td>251 (68)</td>
</tr>
<tr>
<td>ISLAM</td>
<td>14 (37)</td>
<td>9 (24)</td>
<td>15 (40)</td>
</tr>
<tr>
<td>NONE</td>
<td>209 (24)</td>
<td>331 (38)</td>
<td>338 (39)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>793 (21)</td>
<td>1473 (38)</td>
<td>1565 (41)</td>
</tr>
</tbody>
</table>

Sprung CL. Intensive Care Med 2007: 33:1732
We must withdraw therapies in some patients- CON

- If withdrawal of therapy were not permitted, ICUs would be full of hopelessly ill patients receiving therapies that no longer benefit them.
- If withdrawal is not permitted then hesitation in our actions will occur when time is of the essence.


- Terminal patients die soon after withholding (65% in 48 hours) even if therapy is not withdrawn.
- Despite the lack of withdrawing therapy in ICU patients, there was no evidence of doctors not beginning treatment that might save a patient.

Eidelman LA. Intensive Care Med 1998; 24:162
We must withdraw therapies in some patients - CON

- Even if the physician strongly believes that it is futile and inappropriate to not withdraw the patient’s ventilator
- How can a compassionate, caring and benevolent physician withdraw a ventilator from a patient who the patient and/or family believe such an act is inappropriate and equivalent to murder?
We must withdraw therapies in some patients—CON

- Many physicians have problems with withdrawing ventilators
- Some religions consider withdrawing a ventilator murder
- Terminal sedation and active shortening of the dying process accompany withdrawing of ventilators
WITHDRAWING A VENTILATOR

- The decision to discontinue mechanical ventilation for a ventilator-dependent patient represents a decision to allow the patient to die.

- A treatment on which the patient depends for life is being discontinued and death is the expected outcome.

- Decisions usually based on a medical judgment of futility, on the patient's desires or on a judgment of the patient's best interest.

Gilligan T, Raffin TA. Crit Care Med 1996;24:352
TERMINAL SEDATION

• A majority of US doctors stated they had used terminal sedation for patients (73%)
  
  Pomerantz SC. Palliat Support Care 2004;2:15-21

• 52% Dutch physicians reported they had used terminal sedation for patients

• 17% stated they were trying to induce death, 36% said they did not intend to hasten death and 47% acknowledged both

  Rietjens JA. Ann Intern Med 2004;141:178-185
OBJECTIONS TO TERMINAL SEDATION

• Intent may be to kill the patient in order to alleviate his symptoms as opposed to palliative care where the intent is to relieve suffering


• Terminal sedation takes place in certain situations without patient consent, a process indistinguishable from involuntary euthanasia

## END-OF-LIFE CATEGORIES

<table>
<thead>
<tr>
<th>Category</th>
<th>N (%)</th>
<th>RANGE (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR</td>
<td>832 (20)</td>
<td>7 - 48</td>
</tr>
<tr>
<td>BRAIN DEATH</td>
<td>330 (8)</td>
<td>0 - 15</td>
</tr>
<tr>
<td>WITHHOLD</td>
<td>1594 (37)</td>
<td>16 - 70</td>
</tr>
<tr>
<td>WITHDRAW</td>
<td>1398 (33)</td>
<td>5 - 69</td>
</tr>
<tr>
<td>SDP</td>
<td>94 (2)</td>
<td>0 – 19</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4248 (100)</td>
<td></td>
</tr>
</tbody>
</table>

Sprung et al. JAMA 2003;290:790
Findings in the Ethicus study that doses of opioids and benzodiazepines reported for active SDP with the intent to cause death were in the same range as those used for symptom relief in earlier studies and that times to death were similar for SDP and withdrawal patients, demonstrate that the distinction between treatments to cause death and to relieve suffering in dying patients may be unclear.
INTENT TO RELIEVE SUFFERING OR HASTEN DEATH?

• The distinction between therapies intended to relieve pain and suffering and those intended to cause death may not be so clear or easily determined.

• Differentiation may be difficult as intentions are subjective and private and only self-reporting or an analysis of extreme actions will be determinant.

Truog RD. Crit Care Med 2001:29:2332-2348
We must withdraw therapies in some patients - CON

• If I act by withdrawing a ventilator or vasopressor therapy allowing a terminally ill patient to die, is that killing the patient or just allowing the patient to die from his disease?

• If I administer drugs to a terminally ill patient with the intent to hasten the patient’s dying, is that killing the patient or just allowing the patient to die from his disease?
We must withdraw therapies in some patients - CON

• Although you may think that doctors must withdraw therapies in some patients,
  
  CONSIDER THE FACTS

• Some of your patients and families may believe that withdrawing a ventilator is murder

• Some physicians when withdrawing a ventilator do in fact intend to hasten or even cause death

• Intent to kill patients in order to alleviate symptoms as opposed to palliative care occurs.

• The distinction between treatments to cause death and to relieve suffering in dying patients is unclear
We must withdraw therapies in some patients - CON

- Is the physician’s duty to hasten or even cause death with his treatment or to alleviate pain and suffering and provide palliative care?

- You may believe you must withdraw therapies in some patients but must you withdraw them when your patient and family believe that this is murder?

- When withdrawing therapies do you add medications with the intent to hasten or even cause death or just to alleviate pain and suffering?