Deciding to Forego Life-Sustaining Treatment

Ethical, Medical, and Legal Issues in Treatment Decisions

President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research
Deciding to Forego Life-Sustaining Treatment

A Report on the Ethical, Medical, and Legal Issues in Treatment Decisions

March 1983

President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research
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On behalf of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, I am pleased to transmit our Report on Deciding to Forego Life-Sustaining Treatment. This subject was not part of our original legislative mandate but was added as a natural outgrowth of our studies on informed consent, the "definition" of death, and access to health care and because it seemed to us to involve some of the most important and troubling ethical and legal questions in modern medicine.

Although our study has done nothing to decrease our estimation of the importance of this subject to physicians, patients, and their families, we have concluded that the cases that involve true ethical difficulties are many fewer than commonly believed and that the perception of difficulties occurs primarily because of misunderstandings about the dictates of law and ethics. Neither criminal nor civil law precludes health care practitioners or their patients and relatives from reaching ethically and medically appropriate decisions about when to engage in or to forego efforts to sustain the lives of dying patients.

Applying the findings of our earlier study on informed consent, we have concluded that the authority of competent, informed patients to decide about their health care encompasses the decision to forego treatment and allow death to occur. We note, however, that all patients, including those who reject various forms of life-support, should receive other appropriate medical care to preserve their dignity and minimize suffering to the greatest extent possible.

When patients are incompetent to make their own decisions, others must act on their behalf. The Commission found that existing legal procedures can be adapted for the purpose of allowing people while competent to designate someone to act in their stead and to express their wishes about treatment. When it is not possible to know what a particular patient would have chosen— as, for example, with seriously ill infants— those who make the choices should attempt to serve the patient’s best interests, judged from the patient’s vantage point. To ensure that the interests of incompetent patients are protected, the Commission urges that health care institutions develop and utilize methods of internal review that will permit all relevant issues to be explored and all opinions to be heard and that will improve communication among the full treatment team and patients’ family members.

We are grateful for the opportunity to contribute to improving public understanding of this vital topic.

Respectfully,

Morris B. Abram
Chairman
March 21, 1983

Dear Mr. President:

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Morris B. Abram
Chairman
# Table of Contents

**Introduction and Summary**
- Summary of Conclusions
  - Incompetent Patients Generally
  - Patients with Permanent Loss of Consciousness
  - Seriously Ill Newborns
  - Cardiopulmonary Resuscitation
- The Commission’s Inquiry
- Overview of the Report

**Part I: Making Treatment Decisions**

**Chapter 1: The Setting of the Report**
- The Origins of Public Concern
  - Recent Changes in How and Where People Die
  - Views of Death
- Considerations in Framing Social Policy
  - The Disservice Done by Empty Rhetoric
  - underlying Values
  - General Rules and Specific Cases
  - "Slippery Slope" Arguments
- The Role of Law
  - Criminal law
  - Civil law
  - Governmental administration and regulation

**Chapter 2: The Elements of Good Decisionmaking**
- Shared Decisionmaking
  - Decisionmaking Capacity
  - Voluntariness
  - Shaping the patient’s deliberations
  - Making choices available
  - Nonvoluntary decisionmaking
- Informing and Communicating
  - Disclosure
  - Learning to communicate
- Reexamining the Role of Traditional Moral Distinctions
  - Acting Versus Omitting to Act
The difference between actions and omissions that lead to death
The moral significance of the difference
The cause of death
The role of the distinction in public policy
Withholding Versus Withdrawing Treatment
Intended Versus Unintended But Foreseeable Consequences
Ordinary Versus Extraordinary Treatment
The meaning of the distinction
The moral significance of the distinction
The role of the distinction in public policy
Conclusions

Chapter 3: Additional Constraints on a Patient's Decision

Other People Involved in Patients' Decisions
Acting as Agent for a Patient's Decision
Responding to Complications of Treatment
Constraints Imposed to Achieve Equitable Allocation of Resources
Institutional Rules and Practices
The Extent of Institutional Responsibility for Decisionmaking
Characteristics of Institutions
Acute care hospitals
Nursing homes
Hospices
Summary of Changes Needed

Part II: Patient Groups Raising Special Concerns

Chapter 4: Patients Who Lack Decisionmaking Capacity

Determination of Incapacity
Elements of the Determination
Procedural Policies
Surrogate Decisionmaking
Identification of a Surrogate
Substantive Principles of Surrogate Decisionmaking
Substituted judgment
Best interests
The recommended standard
Advance Directives
Existing Alternative Documents
Living wills
Natural death acts
Durable power of attorney statutes
Proposed Statutes
General Considerations in Formulating Legislation
Requisites for a valid directive
Legal effect of directives
Proxy's characteristics and authority
Administrative aspects
Conclusions
Procedures for Review of Decisionmaking
Judicial Review
Intrainstitutional Review and the Role of Ethics Committees
Current structures and functions
Unresolved issues

Chapter 5: Patients with Permanent Loss of Consciousness
Identifying Patients
Unconsciousness
Permanence
Disease Categories
Reasons for Continued Treatment
The Interests of the Patient
The Interests of Others
Managing Patients' Care
Current Practice
Unacceptable Practices
Desirable Practices
The Decisionmaking Process

Chapter 6: Seriously Ill Newborns
Origin and Scope of the Issue
New Medical Capabilities
The Infant at Risk
Low birth weight infants
Infants with congenital abnormalities
Response of the Health Care System
Neonatal intensive care
Post-hospital needs
Current Decisionmaking Practices
Physicians' Views
Shortcomings of the Present System
Communication
Understanding
Approval
The Legal Framework
An Ethical Basis for Decisionmaking
Parental Autonomy and Countervailing Considerations
Best Interests of the Infant
  Clearly beneficial therapies
  Clearly futile therapies
  Ambiguous cases
Policy Evaluation and Recommendations
  Improving Initial Decisions
  Ensuring Appropriate Review
  Long-Term Implications

Chapter 7: Resuscitation Decisions for Hospitalized Patients

Origin and Scope of Resuscitation Efforts
  Medical Capabilities
  Special Characteristics of CPR
  Policies on Orders Not to Resuscitate
  Legal Status
Ethical Considerations
  The Presumption Favoring Resuscitation
  The Values at Stake
  Self-determination
  Well-being
  Equity
Guidance for Decisionmaking
  Competent Patients
  Incompetent Patients
  Judicial Oversight
Institutional Policies
  The Need for Explicit Policies
  The Need for Balanced Protection of Patients
  The Need for Internal Advice and Review
Policy Implications
  Law
  Federal Involvement
  Hospital Accreditation
  Professional Education

Appendix A: The Commission's Process

Appendix B: Supportive Care for Dying Patients: An Introduction for Health Care Professionals

Appendix C: Statements by the AMA and the Catholic Church

Appendix D: Natural Death Statutes and Proposals

Appendix E: Statutes and Proposals to Empower Appointment of Proxies
Appendix F: Hospital Ethics Committees: Proposed Statute and National Survey
Appendix G: Permanent Loss of Consciousness: Expert Opinion and Community Standards
Appendix H: Seriously Ill Newborns: A Federal Directive and Sample State Statutes
Appendix I: Orders Against Resuscitation: Selected Policy Statements

Index

Tables

Table 1. Treatment Options for Seriously Ill Newborns—Physician's Assessment in Relation to Parent's Preference
Table 2. Resuscitation (CPR) of Competent Patients—Physician's Assessment in Relation to Patient's Preference
Table 3. Resuscitation (CPR) of Incompetent Patients—Physician's Assessment in Relation to Surrogate's Preference

Figures

Figure 1. "Natural Death" Acts (NDA) and Durable Power of Attorney (CPA) Acts
Figure 2. Tarnier-Martin Couveuse (1880)
Figure 3. An 1814 Popularization of Resuscitation Procedures