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Medical futility: Turning to the ethics committee

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Ethics in medicine is a very controversial subject. Health care providers, especially in the hospital setting, should understand ethical guidelines and the use of the ethics committee if they are ever faced with an ethical issue that has an unclear answer. This became apparent to me when I was rounding with pediatric Hematology/Oncology at Mott Children's Hospital in my last semester in the Pediatric Nurse Practitioner-Acute Care program at Wayne State University.

An 8-year-old male patient with history of stage IV rhabdomyosarcoma of the abdomen and pelvis presented to the emergency department (ED) with severe anemia 2 weeks prior. The patient was found to have polymicrobial peritonitis and sepsis, and he also was in acute renal failure from obstruction. His condition worsened over the next week. Bowel necrosis was so severe that the patient perforated through his abdominal wall and was spilling intestinal contents. The patient was receiving packed red blood cells and platelets daily to replace his losses from hemorrhaging. His pain was difficult to control even with a multidrug regimen of ketamine, methadone, lorazepam, and fentanyl, and the only option left was a pentobarbital coma. The pediatric intensive care unit (PICU) physicians felt that further transfusions would be medically futile and wished to stop the intervention to avoid prolonging the patient's suffering. The parents disagreed and refused the idea, wanting to continue doing whatever was necessary to prolong the boy's life.

After discussing the case extensively with the primary team (oncology) and consulting out to Children's Hospital of Michigan, Beaumont Hospital, and St. Jude Children's Research Hospital, everyone agreed that palliative care was the best option; further transfusions would only delay the inevitable. In addition, the ethics committee was consulted and, after reviewing the case, agreed.

Although the physician is ultimately the person who decides whether to discontinue care, the nurse practitioner (NP) plays a critical role in the decision. Medical futility is an extremely controversial topic with many different aspects to what is right and what is not. This point in the disease process is an incredibly difficult and confusing time for a patient's family, and the NP is in a unique position to provide explanations and objectivity so the family remains feeling supported.

Many vital points can be described extensively, but for the purpose of this discussion, I will address only the key points pertinent to the NP. The first is that any health care provider, nurse, patient, or family member can request an ethics committee consult.¹ The law states that a parent or doctor *alone* cannot decide to withhold treatment, but another law states that a doctor cannot be forced to provide treatment if he or she does not feel that it is in the child's best interest to do so.² These two laws can become contradictory very quickly. In this particular case, every physician in the PICU felt that

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withholding transfusions was the right thing to do, as well as physicians from several other hospitals.

Parents know their child's life is in the hands of people who disagree with them, and they are going to feel completely out of control of their child's life and the situation, which, unfortunately, they are. As a patient advocate, an NP can provide insight on the patient condition and the family's perception of the situation. On the opposite end, an NP is also able to describe the medical state of the patient to the family and the medical reasoning behind the ultimate decision.

Jox and colleagues found the number one reason physicians continued care despite labeling it as futile was their own personal fears and emotions that something else could have been done.³ This highlights the importance

of having objectivity and several people involved in the decision-making process. However, there is no ultimate right or wrong answer when it comes to ethics; as a provider, understanding what is legal and what is an ethical standard is important.

In my opinion, seeking opinions from other physicians in the hospital and a consult with the ethics committee, as well as seeking opinions from physicians at other hospitals, was wise. This shows that the decision was based on universal expert opinions; although I am sure that fact was not much comfort to the parents. I was astounded in reading

the ethics committee's written consult to realize that when anyone steps into a hospital he or she is in fact, by law, surrendering ultimate control of their care to those providing it, despite the efforts of advanced directives and written consents intended to do the opposite. ■

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