Review Paper

To Withhold or Withdraw: that is the Question

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ABSTRACT

The role of palliative care is to achieve the best care for the patient at the end of life. This article looks at the best practice of palliative care and the various ethical dilemmas that may confront physicians and relatives when dealing with patients at the end of life. An ethical and legal framework for the same is postulated and presented

Key Words: ethics, legal, palliative, withdraw, withhold.

INTRODUCTION

The realm of palliative care is in achieving the best quality of life, at the end of life. The quality of life is a variegated propensity based on a multitude of factors. Every person's situation is unique. This is in relation to the medical context, the goal of care, the approach to the care and the experience of illness, along with Psycho-social and cultural web [1]. Making an end of life decision requires the juxtaposition of withholding the treatment and withdrawing the treatment. This is an oft repeated decision that is truly difficult to make. This review focuses on ethico- social and Legal aspects of this concepts [2].

DEFINING THE TERMS

It is true that the values inculcated in the Physician is pro-life and by default, medicine is focused on extending life. It is distressing to note that in the exclusive goal of prolonging life, the harm, discomfort and pain along with loss of dignity is more stressful to the patient [3]. The process of witholding and withdrawing life support is a process through which various medical interventions are either not given or removed from them; leaving the patient to the destiny of his underlying disease. Physicians and Health Care Professionals should be aware of the underlying principles to make appropriate end of life decision making. A number of treatments and interventions can artificially extend life, at end of life: certain medications, artificial nutrition, treatments such as dialysis, transfusions, radiation and ventilation for breathing [4-5]. It is important that patients and families understand the intent and possible risks or benefits, of the care they are receiving. People with advanced illness, or their substitute decision-makers, who are properly informed and able to

make health care decisions, can stop or decline treatment, even if that treatment might prolong life. While withholding treatment and withdrawing treatment, refer to actions taken by health care providers. The actual decision to decline or discontinue treatment, rests with the patient or the patient's family or substitute decision-maker [6]. Declining or discontinuing treatments that artificially extend life doesn't mean that symptom control such as pain management and emotional support are stopped. Care and treatment focused on maintaining comfort continues, allowing the person to die naturally from the disease.

WITHDRAWAL OF ARTIFICIAL NUTRITION AND HYDRATION

At the end of a progressive life limiting terminal illness, people reach a point where they can no longer eat food or drink and become too weak to swallow food and end up requiring feeding tubes [7]. In an advanced point of illness, organ systems are deteriorating and in such state of an illness, the illness determines the point where food can no longer be taken. Feeding with help of tubes in a terminally ill patient, can be withdrawn if the person or surrogate decision maker opts to decline the procedure [8]. Though it is a controversial and extremely emotional issue, nonetheless they have the right to decline the procedure.

FOREGOING LIFE SUSTAINING TREATMENT

One of the ethically taxing decisions for clinical care providers is to withdraw a life sustaining treatment. Many of the hallmark cases in American bioethics involves such decisions like refusing ventilatory support, refusing to continue with dialysis, refusing treatment of life-threatening burns, preference to stop artificial nutrition and hydration, etc. [9-10]. Most health care givers are aware of the impending harm that may arise when a few of the life sustaining treatments are attempted but still many prefer to provide these measures on the context that it is safe to rather provide life sustaining measures than to restrain. We can as well put forth that the afore mentioned practice isn't right always [11]. In most cases, the safer practice is to forego life-sustaining treatments, especially when the beneficial component is meagre compared to the likely harm done. From an ethical perspective, the thoughtful option is Do Not Treat.

LEGAL ASPECTS

The laws regarding end of life issues and euthanasia varies from country to country. At times liberality in advocating euthanasia comes from the equivalent dogma of dignity at death and pro death. The legal justification for withholding or withdrawal of life supporting systems is based on the principles of informed consent as well as informed refusal [12-14]. The consent by default has the principle to refuse as it is justified and present in the common law. The patient or the surrogate decision maker has a right to make a choice in these circumstances. Often healthcare professionals have to take these decisions. There are various court judgements and rulings on various end of life issues including withholding and withdrawing of life support. The court has even over ruled the parental request to have a feeding tube removed from their vegetative daughter. The court of law requires clear convincing evidence of patients wishes and thereby potentially limited the role of surrogates in making decisions. The protection of the liberty is fundamental to every country [15-16]. The concept of futility rears its ugly head in varied end of life issues. Futility is difficult to quantify, notwithstanding the varied impact upon Physicians and patients. This brings us to another juxta positioning of life-sustaining and life-prolonging issues. Most countries are in agreement with foregoing life sustaining measures. The judges across the globe are unwilling to cause the death of a patient by their rulings. Judges and juries are equally reluctant to punish Physicians who act carefully and within professional standards in refusing to provide inappropriate treatments. Few courts have imposed no liability to Hospital / Physician after having removed patient from ventilator over and above the decision of the kin. It is also an accepted fact that courts reject unilateral actions by Physicians. Although it may be ethically appropriate if they support professional integrity and the obligation of each physician to define the moral practice of medicine

[17]. Autonomy maintains the absolute choice in using or removing life-sustaining therapy. It is the patients' right to exercise their autonomy in this regard either directly or indirectly through surrogate decision makers. Here law and ethics mirror each other because of the autonomy clause for informed consent / refusal.

COMPLYING WITH LEGAL REQUIREMENTS

What options do Physicians and other practitioners have in dispensing the choice to withhold and withdraw life support and provide palliative care to such terminally ill patients? What actions by Physicians can materialize as an attempt to relieve suffering and not seem as a measure to hasten death?
Foregoing of life-prolonging therapy is legally justified only when the measure suggested or attempted, represents unwanted treatment. Such measures should be withheld or withdrawn only with the consent of patients or their surrogates. Insist on joint decision making between health professionals, patients and their surrogates [18]. Other practitioners should also be involved in the decision making. Palliative care is to provide considerate comfort to patient's distress. Palliative care doesn't mean hastening the time for death. The intention can be conveyed through words as well as actions. The goal of palliative care and the method of providing it should be documented. Palliative care is to be provided as per the patient's requirements and level o distress.

ETHICAL CONSIDERATIONS

Every health care professionals and patients need to make medical decisions. The choice is often focused and innocuous but at times can be a dilemma with irreversible consequences. An ethical distinction is drawn between acts and omissions [19]. Withdrawing treatment would be considered as having been given a chance inspite of the therapy the patient does not recover and hence life-sustaining therapy is terminated. Whereas withholding therapy would mean not having given the chance leading to an omission that seems to have a lackadaisical attitude that amounts to neglect although the consequence is the same. Withdrawing therapy would mean removing from ventilator or inotropes to be stopped or heavy sedation is commenced allowing for death to ensue [20-21]. In fact, there is no difference between withholding and withdrawal of therapy but rather they are equal legally and ethically. Such a decision that allows for the disease to progress on its natural course is not a decision that proposes to invite death or end life. This is contradictory to euthanasia that actively seeks to end the patient's life.

CONCLUSION

In case of a dying patient, we intent to keep the patient going and keep trying all available diagnostic tools, try delivering another medication, and all possible measures. Added to this is the age old belief that medicine can almost do wonders and physicians are next to God. It is this unflinching faith in medicine and medical professional that makes it all the more difficult for all involved to withhold a life-sustaining treatment or even more difficult to withdraw one that has already been initiated. It is the initiation or continuation of medical interventions that must be ethically justified and not the withholding of life sustaining measures. It is often taxing and agonizing to analyze which measure has been beneficial and which has turned futile in the process of continuing these life-sustaining measures. It varies from patients to patients. Any intervention that has turned futile rather beneficial can better be terminated. Patient's wellbeing is not a statistical concept and so care givers have to involve their patients in determining what treatment will benefit them. But the patient always gets the final say.

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