Medical Futility

Futility occurs when:
1. There is a **goal,**
2. There is an action aimed at achieving the goal, and
3. There is **virtual certainty** the action will fail.[1]

A potentially helpful way to begin a discussion about futility is to start by talking about goals for the patient.

For example, it is meaningless to say, "CPR is futile" without first establishing the goal of CPR. If the goal of CPR is the mere prolongation of life for minutes or hours, then CPR, with respect to that particular goal, is not necessarily futile. If the goal is to assure a certain quality of life, then CPR may be futile in many circumstances.

Patients and families are best positioned to decide what the goals of care should be. On the other hand, the medical staff, using their knowledge of the biomedical literature and other similar cases, are best positioned to determine whether those goals can be met.

Disagreements about futility usually stem from two areas:
1. Disagreement about what constitutes reasonable or realistic goals
2. Disagreement about what 'virtually certain' means

Goals should be established in a collaborative fashion between providers and patients/families. Sometimes families will decide on goals that providers believe are unrealistic or potentially harmful to the patient. When this occurs, providers should:

1. Try to understand that different people have different value systems (and that's okay)
2. Know that health care providers are not obligated to provide medical care that violates their own personal values

If patients/families request medical treatment that is futile (as defined above), providers are not obligated to deliver that care, and they should explain to the patient/family their rationale for not complying with the request. If patients/families insist, providers may recuse themselves from patient care. For nurses, this may mean swapping the care of the patient with another nurse. For physicians, options include referral to another physician or another hospital. *Patient abandonment is unethical and illegal; although providers have the right to remove themselves from patient care, they must ensure that someone else provides the care they would have provided.*

Want more information?

Search "Futility" @ www.ama-assn.org/ to see Code of Medical Ethics of the American Medical Association policy 2.037, "Medical Futility in End of Life Care."

Questions?

Call the operator (ext. 8521) and ask for the ethicist on-call.

[1] Trotter, G. (1999). Mediating disputes about medical futility. *Cambridge Quarterly of Healthcare Ethics*, 8(4): 527-537.