Recommended approach for management of disputed treatment requests in intensive care units

Can the physiological goals be achieved with available medical treatments?

NO

Futile treatment
- Clinicians should not provide these treatments
- Clinicians should explain the situation and provide emotional support for the family/surrogate

YES

Is there an established, widely accepted law, judicial precedent, or policy that clearly governs provision of the requested therapy?

NO

Legally Proscribed or Legally Discretionary Treatment
- Clinicians need not provide requested treatment(s)
- Clinicians should explain the situation and provide emotional support for the family/surrogate

YES

Does the urgency of the clinical situation preclude carrying out the procedural resolution process and do the clinicians involved have a high degree of certainty that the requested treatment lies outside the boundaries of accepted practice?

NO

Time-pressed potentially inappropriate treatment
- Clinicians should strive for a tempo-rizing solution to carry out procedural resolution process
- If not feasible, clinicians should ensure that there is consensus among involved clinician and seek case review to the extent possible
- Clinicians should explain the situation and provide emotional support for the family/surrogate

YES

Potentially inappropriate treatment managed via procedural resolution process (over for 7 step process)

YES

Process favors clinician perspective
- Clinicians need not provide requested treatment(s)
- Clinicians should explain the situation and provide emotional support for the family/surrogate

NO

Process favors surrogate perspective
- Clinicians should provide the requested treatment(s) or transfer care to a willing provider
- Care should be paid to the moral distress of clinicians, and support to relieve such distress should be provided

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Recommended Steps for Resolution of Conflict Regarding Potentially Inappropriate Treatments

1) Before initiation of and throughout the formal conflict-resolution procedure, clinicians should enlist expert consultation to aid in achieving a negotiated agreement.

2) Surrogate(s) should be given clear notification in writing regarding the initiation of the formal conflict-resolution procedure and the steps and timeline to be expected in this process.

3) Clinicians should obtain a second medical opinion to verify the prognosis and the judgment that the requested treatment is inappropriate.

4) There should be case review by an interdisciplinary institutional committee.

5) If the committee agrees with the clinicians, then clinicians should offer the option to seek a willing provider at another institution and should facilitate this process.

6) If the committee agrees with the clinicians and no willing provider can be found, surrogate(s) should be informed of their right to seek case review by an independent appeals body.

7a) If the committee or appellate body agrees with the patient or surrogate’s request for life-prolonging treatment, clinicians should provide these treatments or transfer the patient to a willing provider.

7b) If the committee agrees with the clinicians’ judgment, no willing provider can be found, and the surrogate does not seek independent appeal or the appeal affirms the clinicians’ position, clinicians may withhold or withdraw the contested treatments and should provide high-quality palliative care.