I. POLICY:

East Jefferson General Hospital respects the rights of patients, including the right to make determinations about medical care. EJGH also respects the right of physicians to refuse to participate in the provision of medically inappropriate treatment or life-sustaining procedures determined to be futile. Physicians and hospitals are not required to provide care they have determined to be futile. (La. RS 40: 1299.58.1)**

II. DEPARTMENTS AFFECTED:

Clinical Services, Medical Staff, Pastoral Care and Palliative Care

III. DEFINITIONS:

A. Futile Care: Any clinical treatment (with the exception of comfort care) that an attending physician concludes, consistent with reasonable medical judgment and the available medical literature will be ineffective (or harmful) in curing, ameliorating, or improving the patient’s condition.

B. Ineffective medical care: An intervention that is ineffective and won’t achieve the patient’s goals (or a reasonable patient’s goals if patient cannot express), serves no legitimate goal of medical practice or does not conform to accepted community standards.

IV. GUIDELINES:

When an attending physician believes that further care (other than comfort care) is futile, but the patient or the patient’s family insists on continuing care, the physician should consider the following:

A. Take time to carefully explain to the aware patient and to the family the nature of the ailment, the options, and prognosis. The physician should explain that discontinuing or not pursuing the treatment does not mean abandoning the patient in terms of comfort, dignity, and psychological support.

B. Provide the names, if requested, of appropriate consultants to render an independent
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second opinion concerning the appropriateness of the proposed care.

C. Seek the assistance of Supportive Care and other support staff (nurses, chaplains, patient care representatives, and social workers) for the patient’s family. A joint conference with the doctor is often desirable.

D. Consult the Ethics Committee to consider the matter and offer advice and counsel to the physician, patient or family.

1. The patient/surrogate is given a copy of the Futile Care policy.
2. The patient/surrogate is invited to participate in the Ethics Committee review of the case and is given 48 hours-notice of the meeting time, if possible.
3. The Ethics Committee provides a written report detailing its findings to the patient/surrogate with a copy to the attending MD and to the chart.
4. If the ethics consultation process fails to resolve the issue, the patient/surrogate, can try to arrange transfer of the patient to another physician and/or institution willing to provide the treatment requested by the patient/surrogate that is considered to be futile.
5. Alternatively, the patient/surrogate may seek a court order extending the time when treatment is withdrawn.
6. If after a reasonable period of time (measured from the date the patient/surrogate receives the written opinion from the Ethics Committee) the patient/surrogate has not obtained a court ordered extension or no alternative provider has accepted transfer and assumed the care of the patient, an attending physician with concurrence of another treating physician, after each has examined the patient and documented that the patient continues to be terminally and irreversibly ill, may order the withholding or withdrawal of the therapy determined to be futile without patient/surrogate consent.

**The Louisiana Legislature in enacting La. R.S. 40: 1299.58.1 et. seq. found “that the artificial prolongation of life for a person diagnosed as having a terminal and irreversible condition may cause loss of individual and personal dignity and secure only a precarious and burdensome existence while providing nothing medically necessary or beneficial to the person.“ It was also the intent of the legislature that this law “is not to be construed to require the application of medically inappropriate treatment or life-sustaining procedures to any patient or to interfere with medical judgment with respect to the application of medical treatment or life-sustaining procedures.”**
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Reviewed and approved by Medical Executive Committee of the Medical Staff on the 10th day of April, 2007.

ORIGINAL SIGNED BY DR. MCCULLOUGH
James McCullough, M.D. Chief of Staff

Reviewed and approved by Medical Executive Committee of the Medical Staff on the 13th day of November, 2013.