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Medical futility in the care of non-competent terminally ill patient: Nursing perspectives and responsibilities

Andrew Scanlon DNP, MNS, RN, NP, FACN[a,b,*],
Maria Murphy Phd, Grad Dip Crit Care, BN, RN[a]

[a] La Trobe University/Austin Health Clinical School of Nursing, Faculty of Health Sciences, La Trobe University, Melbourne, Australia
[b] Department of Neurosurgery, Austin Health, Heidelberg, Australia

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ABSTRACT

Background: Debate continues on the use of medical technology to prolong life independent of the quality of the outcomes. As a consequence, acute care nurses often find themselves in situations where they are asked to carry out physician's orders, in the context of a patient's deteriorating condition, which may be at odds with professional and personal ethical standards. This can cause nurses to become distressed when struggling with the ethical dilemmas involved with medical futility.
Purpose: This paper is a perspective on nursing considerations of our Code of Ethics and the concept of medical futility in acute nursing care. The utility of the Code is examined through a clinical vignette.
Method: A database search using the keywords medical futility and acute care limited to 2008 to 2012 and a secondary hand search of these references identified thirty journal publications. The Code of Ethics was examined via a clinical scenario pertinent to an acute environment.
Findings: This paper examines the ethical principles that underpin nursing and illustrates how the code of ethics may serve as sign posts when faced with caring for a terminally ill patient that is inappropriately managed.
Conclusion: Understanding how individual nurses may address ethical dilemmas when faced with medical futility can better enable the nurse to fulfil their role as patient advocate, health promoter and alleviator of suffering. Ongoing education and communication to decrease any ambiguity or anguish associated with a patient's impending death optimises apt outcomes.

Introduction

Advances in medical science over recent decades have allowed healthcare providers to prolong human life through extraordinary means fostering debate regarding what is considered medically appropriate as opposed to that which is considered medically futile. Nurses are expected to practice in an ethical manner[1] and, when working in acute care settings, may experience ethical distress when implementing high tech measures they believe are merely postponing or causing undue suffering prior to death.[2]

The purpose of this paper is to first present a discussion of the concepts of medical futility and then to examine these concepts using a clinical vignette taken from an acute care setting. In doing so, we demonstrate the application of ethical principles to clinical practice and propose recommendations for practice.

Medical futility

The word futility stems from the 16th century Latin term meaning "leaky" and describes an action that produces no useful result or is pointless. Medical futility, therefore, could simply be defined as a course of medical treatment that does not produce a worthwhile result. The difficulty with medical futility is determining who is best to decide whether the patient might benefit from treatment, or on what grounds and, with what evidence, should decisions for treatment be implemented. The difficulty in determining what constitutes medically futile care is well described in the literature, although consensus on definitions is lacking.[3–6] Terms that attempt to define medical futility are summarised in Table 1.

The various terms used to describe medical futility can create confusion. Table 1 lists seven different terms for medical futility, many with overlapping definitions.[6–9] For example, both

* Corresponding author at: La Trobe University/Austin Health Clinical School of Nursing, Division of Nursing and Midwifery, La Trobe University, Level 4 Austin Tower, PO Box 5555, Heidelberg, VIC 3084, Australia. Tel.: +61 3 94964457; fax: +61 3 9496 4450.
E-mail address: a.scanlon@latrobe.edu.au (A. Scanlon).

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Table 1
Terms related to medical futility.

Term	Description
Physiological futility	Medical treatment is unable to produce a specific beneficial physiological outcome.[41]
Imminent demise futility	The patient will die regardless of the intervention.[41]
Lethal condition futility	An underlying disease that is not compatible with long-term survival, regardless of the intervention, even if the patient could survive to be discharged from their current hospitalization.[41]
Quantitative futility	The clinician through personal experience, the shared experiences of their colleagues or, consideration of reported empiric data, determines that further medical treatment will be useless.[42,43]
Qualitative futility	Circumstances where medical treatment merely preserves permanent unconsciousness or there is a persistent dependence on medical care.[44]
Goal futility	When treatment cannot alter the likelihood of the defined goal emerging into reality.[44]
Value futility	When treatment can alter the probability of the defined goal but, the defined goal is deemed a goal not worth achieving.[44]

Qualitative futility and value futility describe a health outcome that may leave the patient in a severely debilitated state which may be an unacceptable situation for the individual. Likewise, quantitative futility, physiological futility, imminent demise futility, lethal condition futility and goal futility all suggest that despite evidence to support the intervention, it fails on a physiological level (i.e. the antibiotics do not work for this patient). Having multiple terms with shared meaning can make communicating concepts around medical futility challenging.

Despite the multiple definitions for medical futility, many which define similar concepts, the key issue is often the lack of agreement on whether a situation is considered medically futile (or not). In such cases, especially where disagreement exists between the health care practitioner(s) and the patient and/or their family, decisions may be made to continue with treatments as a means to prevent legal action or avoid media scrutiny.[10,11]

Ethics in nursing

Ethics are described as being the standards that govern behaviour or conduct.[12] The underlying universal principles of ethics important for nursing practice are based on the obligation to do good (Beneficence); do no harm (Nonmaleficence); provide equal and fair care for all without judgement (Justice); uphold individual determination (Autonomy), tell the truth (Veracity) and remain faithful to one's commitments (Fidelity).[12] These tenets are the basis for all Codes of Ethics for all professional groups in healthcare.

Codes of Ethics are guidelines for practice, underpinned by the universal principles of ethics and are determined by an authority or representative group in light of what is considered right.[13] Furthermore, ethical principles are implicit in all major Codes of Ethics for nursing internationally, in Australia,[14] the United States of America,[15] the United Kingdom,[16] Canada[17] and in European models.[18] All Nursing Codes of Ethics reflects those of the international nursing body: the International Council of Nurses (ICN). The ICN Code of Ethics reports that the nurses responsibilities are: to promote health, to prevent illness, to restore health and to alleviate suffering.[19] The ICN also acknowledges that there are differing aspects of nurses work and has applied ethical principles to four main areas as outlined in Table 2. The ICN Codes of Ethics are meant to provide nurses with a moral compass to point us in the right direction for professional and patient centred outcomes.[20]

Judgement in nursing ethics

The application of the Code of Ethics is dependent on individual judgement and experience and therefore subject to variability.[21] Judgments are influenced by religious beliefs, education, training, advanced medical knowledge, clinical experience and the utilisation of evidence-based practice, all which can affect the way individuals interpret and apply the Code of Ethics. Furthermore, the frequent interaction nurses have with the patient and family[22] allows for the development of unique insight into patient care and how treatment should be implemented to obtain optimal outcomes. Nurses, thus apply the Code of Ethics and use their personal and professional judgement when caring and treating for patients. In addition, we must be considerate of how these judgments may in turn influences the care we perceive to be appropriate.

Medical futility and ethical dilemmas for nurses

Ethical dilemmas are problems which require a decision in which there are only unsatisfactory solutions and thus contribute to the development of tension and conflict.[23] Ethical dilemmas usually occurs when, in clinical practice, there is conflict between ethical principles. For example, in acute care settings preventing death, as opposed to facilitating end of life care, appears on face

Table 2
The four elements in the ICN Code of Ethics.[27]

Element	Description
1. Nurses and people	Advocacy for individual and society. Through the provision of care, nurses should advocate for the basic principles of autonomy and justice when interacting with individuals and society as a whole.
2. Nurses and practice	Nurses are responsible and accountable and are required to be competent in the use of technology and scientific knowledge in clinical practice
3. Nurses and profession	Standards of clinical nursing practice, management, research and education. How nurses should advocate for their own standards through participation in professional bodies and through scholarly work to advance our profession
4. Nurses and co-workers	Maintains a co-operative relationship with co-workers not only in nursing but other disciplines. However, it is the nurse's responsibility to take appropriate action to safeguard the health of an individual or society in general if a co-worker or any other person endangers it. Interdependency on others within and outside nursing to achieve the best outcomes for our patients