**The Johns Hopkins Hospital, Ethics for Lunch Series**

**Topic:** Medically Ineffective Treatment at End of Life: An Enduring Ethical Challenge

**Date:** December 19th, 2023

**Panelists:** Caitlin McGeehan RN, BSN; Alison Turnbull DVM, MPH, PhD; Jeff Natterman RRT, MA, JD; John Ponnala MA, BD

**Facilitator:** Lauren Berninger DO, MBE

The December 2023 Ethics for Lunch event focused on navigating requests for medically ineffective treatment at the end of life. The longstanding issue of globally defining what constitutes medical *futility* was raised and the driving forces behind the provision of medically ineffective interventions were discussed. The definition of medically ineffective treatment and the process for navigating requests for medically ineffective treatment as outlined by the Maryland Healthcare Decisions Act was discussed.

The panelists reflected on the case of a geriatric patient with advanced dementia complicated by recurrent aspiration and severe infections who the medical team determined was approaching end of life. The patient was unable to tolerate a feeding tube due to severe agitation and the team recommended comfort focused care and a transition to hospice. The patient’s surrogate decision maker declined this recommendation requesting that the patient have a permanent feeding tube placed and receive all aggressive measures including CPR and intubation to prolong life. The case underscored the challenges healthcare staff members, patients and families face in dealing with requests for medically ineffective treatments at the end of life. The panelists discussed how past experiences, mistrust and ineffective communication contribute to requests for medically ineffective treatment. Additionally, the panelists discussed how cases such as this one can lead to staff moral distress and how to maintain professionalism and continue effectively supporting patients and families in these challenging situations.

**Recommendations:**

1. Physicians in the state of Maryland should refer to the definition of medically ineffective treatment as defined by the Maryland Healthcare Decisions Act when deciding whether a treatment is medically ineffective.
2. Respect for autonomy does not compel physicians to provide treatments that are deemed medically ineffective even if patients and family members request them. Physicians in the state of Maryland should follow the process outlined by the Maryland Healthcare Decisions Act when dealing with cases involving medically ineffective treatments.
3. Streamlining communication and avoiding mixed messaging is important in the care of seriously ill patients approaching end of life.
4. Exploring patients’ past healthcare experiences can be helpful in cases of suspected healthcare mistrust.
5. Consult services such as Palliative Medicine, Spiritual Care and the Ethics Committee are valuable resources for patients, families and staff members in these challenging situations.

**Resources:**

1. American Geriatrics Society Ethics Committee and Clinical Practice and Models of Care Committee. American Geriatrics Society feeding tubes in advanced dementia position statement. (2014) J Am Geriatr Soc, 62(8):1590-3. doi: 10.1111/jgs.12924. Epub 2014 Jul 17. PMID: 25039796.
2. Bosslet, G. T. et al. (2015). An official ATS/AACN/ACCP/ESICM/SCCM policy statement: Responding to requests for potentially inappropriate treatments in intensive care units. American Journal of Respiratory and Critical Care Medicine, 191(11), 1318-1330. doi:10.1164/rccm.201505-0924st
3. Davies N, et al. (2021). Enteral tube feeding for people with severe dementia. Cochrane Database Syst Rev. Aug 13;8(8):CD013503. doi: 10.1002/14651858.CD013503.pub2. PMID: 34387363; PMCID: PMC8407048.
4. Maryland Attorney General - Health Care Decisions Act. <https://www.marylandattorneygeneral.gov/Pages/HealthPolicy/hcda.aspx>
5. Medically ineffective interventions. AMA. https://code-medical-ethics.ama-assn.org/ethics-opinions/medically-ineffective-interventions ​
6. Neville, et al. (2020). The community perspective on potentially inappropriate treatment. Annals of the American Thoracic Society, 17(7), 854-859. doi:10.1513/AnnalsATS.201912-890OC ​
7. Pope, T. M. (2011). Legal briefing: Futile or non-beneficial treatment. The Journal of Clinical Ethics, 22(3), 277. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/2216799 ​
8. Mitchell SL. Advanced Dementia. N Engl J Med. 2015 Sep 24;373(13):1276-7.​
9. Willmott, L. et al. (2016). Reasons doctors provide futile treatment at the end of life: A qualitative study. Journal of Medical Ethics, 42(8), 496-503. doi:10.1136/medethics-2016-103370