



# **Do No Harm: Ethical Considerations in Continuing Life-Sustaining Treatment when Treating Outside the Standard of Care -**

Prishanya Pillai, M.D., Christina Perri, M.D., M.A., Abigail Schubach, M.D., M.S.,  
Christine M. Osborne, M.D. -

*Department of Internal Medicine, University of Rochester Strong Memorial Hospital -*



## Ethical Questions

Does a surrogate's decision to forego the standard of care change the care team's obligation to continue life-sustaining treatment in a patient with uncertain prognosis?

What is an appropriate treatment goal when treating outside the standard of care for patients who lack capacity and do not assent?





## Case Presentation -

- HD 1: 50-year-old male with history of sickle cell disease and schizophrenia who presented with vaso-occlusive crisis. On admission, he was psychiatrically compensated, elected full code status, and did not name a healthcare agent.
- HD 3: Patient developed lethargy and confusion and was found to have bowel perforation. Deemed to lack capacity at this time.
- Patient's mother, who was legal next-of-kin, was appointed surrogate decision-maker.
- Surrogate declined surgery but requested maximal medical therapy.
  - Of note, patient had declined surgery for suspected bowel perforation 1 year prior.
- Patient did not assent to medical therapy with IVF, IV antibiotics, and TPN. Patient removed IV access frequently, requested to go home.



# Discussion



- Ethical obligation to minimize the patient's suffering regardless of the success of medical treatment
  - Moral reluctance to treat over objection
  - Can a patient without decision-making capacity still have capacity for preferences? And do these preferences have moral value? What is the role of assent when patients cannot consent?
- Primary endpoint for the care team was to work towards restoring the patient's capacity to make his own decisions
- Time-limited trial of therapy can be a useful tool to assess prognosis when clinical outcome is unclear
  - Useful when chances of a meaningful outcome are unclear or when surrogate decision-makers express difficulty in making care decisions
  - Core elements: Multidisciplinary team approach, palliative care, ethics committee, clear and ongoing communication
  - Provide daily updates to families: empathy, reaffirm preferences, spiritual/moral needs, short updates on clinical status