

DEFINITIONS OF MEDICAL FUTILITY

- Won't achieve the patient's intended goal
- Serves no legitimate goal of medical practice
- Ineffective more than 99% of the time
- Does not conform to accepted community standards

The Nature and Limitation of Futility Definitions

Evidence: In the majority of situations, in which death is imminent, consensus is reached and life-sustaining interventions are not provided. Investigators using the SUPPORT study database found only 32 patients (0.7%) of 4301 whose prognosis for survival was less than 1% on their third hospital day who did not have a DNR order in the medical record.

Examples:

- Life-sustaining interventions for patients in a persistent vegetative state
- Resuscitation efforts for the life-threateningly ill
- Use of chemotherapy in patients with far advanced cancer
- Use of antibiotics or artificial hydration for patients who are in advanced stages of the illness

Is This Really a Futility Case?

- Unequivocal cases of medical futility are rare
- **Example:** attempt to resuscitate a patient who is decapitated. In this situation, CPR would be futile according to all conceivable definitions
- Miscommunication or value differences are more common
 - Conflict over treatment; not clear how to reach resolution
 - One view--physicians should neither offer nor provide therapy that is unlikely to work, or will only result in a poor quality of life
 - Violate professional integrity
 - Offer false hope
 - Inflict harm without possible benefit
 - Other perspective-- why should physician values override patient and family values, especially when those values are religiously based?
- Case resolution – an important principle
 - Difficult to differentiate "futile" therapy from "low-yield" therapy
 - Case-by-case basis for defining futility recommended by AMA's Council on Ethical and Judicial Affairs
 - Need to find a fair process of resolution more important than futility definition

Types of Futility Conflicts

- Disagreement over goals. **Example:** one party wishes to preserve life "at all costs" while the other party concludes that preserving life is not a worthwhile goal
- Disagreement over benefit. **Example:** pursue a therapy that is highly unlikely to achieve the agreed upon goal (i.e., a "miracle") while the other party does not believe the chances of success are high enough to continue treatment

National Cancer Institute grant (R25 CA76449) to Sara J. Knight, Ph.D., at the Robert H. Lurie Comprehensive Cancer Center provided the funding for the development of this program. This material was adapted from the EPEC project (Education for Physicians on End-of-life Care).