

FUTILE CARE

The following guidelines have been in place at Santa Monica, CA Hospital Center since 1991. They are used when the attending physician determines that further care (other than comfort care) is futile, but the patient or the patient's family insists on continuing the effort.

1. The attending physician should take the time to carefully explain the nature of an ailment, the options, and the prognosis to the aware patient and to the family. The doctor should explain that abandoning the treatment does not mean abandoning the patient in terms of comfort, dignity and psychological support.
2. The attending physician should provide the names of appropriate consultants to provide an independent opinion.
3. The assistance of the nurses, chaplain, patient care representatives and social services should be offered to the patient's family. A joint conference with the doctor is desirable.
4. At the attending physician's request, the bioethics committee may be called in to consider the matter and offer advice and counsel to the physician or family.
5. Adequate time should be given so that the patient and family can consider this information.
6. If all of these steps are taken and the family remains unconvinced, neither the doctor nor the hospital is required to provide care that is not medically indicated, and the family may be offered a substitute physician (if one can be found) and another hospital (if one is available).
7. If it is determined that the patient can no longer benefit from an acute hospital stay and the patient insists on staying, or the family insists that the patient should remain, the mechanism for personal payment can be invoked.

FUTILE CARE:

Any clinical circumstance in which the doctor and his consultant, consistent with the available medical literature, conclude that further treatment (except comfort care) cannot, within a reasonable possibility, cure, ameliorate, improve or restore a quality of life that would be satisfactory to the patient.

EXAMPLES:

1. An irreversible coma or persistent vegetative state.
2. A terminally ill patient, where the application of life-sustaining procedures would serve only to artificially delay the moment of death.
3. Permanent dependence on ICU care.



OPINIONS AND FEELINGS ARE FREQUENTLY A PERSONAL TRIUMPH OVER GOOD THINKING
YOU DEFINE REALITY BY WHAT YOU KNOW, WHAT YOU BELIEVE, AND WHAT YOU DO ABOUT IT.