

Title	Withholding Non-Beneficial Interventions	Page 1 of 2
Policy No	1 MS 050	Effective Date: 06/30/17

OBJECTIVE

To address issues or conflicts that may arise when patients or their surrogates request medical interventions that the physician believes to be non-beneficial and/or harmful. These include but are not limited to: CPR, mechanical ventilation, cardio-version, defibrillation, vaso-pressors, hemodialysis/renal replacement therapy or other surgical or medical interventions.

SCOPE

Medical staff and other direct care providers within their scope of practice

Non-Beneficial Interventions

Interventions are non-beneficial if they provide no realistic probability of survival, return to consciousness or other benefit. Interventions are harmful when the additional suffering or other burden inflicted on the patient is grossly disproportionate to any possible positive effect.

Regarding unwanted, non-beneficial and harmful interventions, *withholding* and *withdrawing* are clinically, ethically and legally equivalent according to current standards.

POLICY

1. Implementation of this policy will come after attempts to resolve the issue using effective communication and problem-solving strategies. It is an expectation that the patient/surrogate's values will be given fair and due consideration during issue resolution and that patient/surrogate agreement with the physician's decision has been sought.
2. The attending physician will inform the autonomous patient, or the non-autonomous patient's surrogate, that he/she will not provide non-beneficial interventions and will explain the reasons for the physician's judgment.
3. Interventions in question will not be *withdrawn* until the issue is resolved according to this policy. Physicians are not compelled to initiate interventions that the physician determines are non-beneficial (e.g. CPR).
4. Attending physicians, houses staff, nursing staff and other licensed providers who follow an order to withhold non-beneficial interventions, which has been properly entered in the patient's record, are acting in accordance with hospital policy.

PROCEDURE

1. The attending physician makes a judgment that resuscitative or other interventions, would be non-beneficial or harmful to the patient. This physician then informs the patient or surrogate that the non-beneficial intervention(s) will not be provided or attempted. The patient or his/her surrogate is assured that all palliative or comfort measures will continue.
2. If the patient or surrogate agrees with the physician's decision to withhold the non-beneficial intervention(s), the discussion and decision are documented in the patient record and appropriate orders are entered.
3. If the patient or surrogate does not agree with the physician's judgment, then a review of the case by the Chief of Service is needed. The Chief of Service will attempt to resolve the issue using one or more of the following strategies and will document his/her actions.
 - a) Counsel the patient or surrogate to establish agreement.
 - b) Assist the patient or surrogate in identifying another physician willing to assume care within the hospital.
 - c) Assist the patient or surrogate by facilitating the forwarding of medical records to another facility if the patient/surrogate identifies another outside physician or facility willing to consider transfer of the patient.

Title	Withholding Non-Beneficial Interventions	Page 2 of 2
Policy No	1 MS 050	Effective Date: 06/30/17

If no agreement is reached with the patient or surrogate and no alternate provider can be found, then the case will be referred to the Hospital Ethics Committee. This committee will, in consultation with Hospital Administration and legal counsel, recommend a course of action that will be taken on behalf of the hospital. The deliberation and decision will be documented in the record. Courses of action may include one or more of the following:

- 1) Coordinate further attempts to reach agreement with the patient or surrogate.
- 2) Support the physician's judgment that the intervention should not be attempted because it is non-beneficial or harmful.
- 3) Support the physician's judgment that the intervention(s) should not be attempted because it is non-beneficial or harmful and seek action through the Probate Court, which may include request for court appointed guardianship.
- 4) Reject the physician's judgment regarding provision of the intervention(s) in question.

REFERENCES

- 1 CLN 001 – Patient Rights and Responsibilities
- 1 CLN 003 – Advance Directive
- 1 CLN 006 – Informed Consent for Medical/Surgical Treatment and Therapeutic Procedures
- 1 CLN 009 – Resuscitate/Do Not Resuscitate (DNR) Orders
- 1 CLN 015 – End of Life Care
- 1 CLN 019 – Ethics Committees

ADMINISTRATIVE RESPONSIBILITY

The President of the Medical Staff has overall responsibility for this policy.

APPROVAL

This policy has been approved and is duly authorized by Detroit Medical Center, Children's Hospital of Michigan, Detroit Receiving Hospital, Harper/Hutzel Hospital, Huron Valley-Sinai Hospital, Rehabilitation Institute of Michigan, and Sinai-Grace Hospital. The posting of the policy on the DMC intranet signifies that is in full force and effect.

KEY Search Words

THIS POLICY: is/has been: (check

<input type="checkbox"/>	NEW	<input type="checkbox"/>	REVIEWED	<input checked="" type="checkbox"/>	REVISED*
--------------------------	-----	--------------------------	----------	-------------------------------------	----------

 one)

CHANGES/REVISIONS: List Changes Here

- Omit Reference 1 CG 004- Organizational Ethical Statement

Supersedes	12/16/2013		Next Review Date	June 2020
Origination Date	xx/xx/xxxx	History - Review/Revision Dates	06/2011, 12/16/2013	
Name of Committee / Title of person(s) responsible for this policy's review and approval process			Michele Harris,	