

## HPNA Position Statement

### Withholding and/or Withdrawing Life-Sustaining Therapies

#### Background

As life-sustaining therapies have emerged, so have the ethical and legal discussions about the appropriate use of these treatments.<sup>1</sup> Decisions around withholding and/or withdrawing these therapies are often central to advance care planning.<sup>2</sup> In 1983, the President's Commission for the study of ethical problems in medicine and biomedical research published, *Deciding to Forgo Life-Sustaining Treatment*. This document still stands as the cornerstone for ethical decisions relating to withholding and withdrawing therapies in current practice. Tenets from the President's Commission report include<sup>3</sup>:

- The voluntary and informed choice of a competent patient with decision-making capacity should determine whether a life-sustaining therapy would be initiated, withheld, or withdrawn.
- Healthcare professionals serve patient's best interest by maintaining a presumption in favor of sustaining life, while recognizing that patients with decision-making capacity are entitled to choose to forgo any treatments, including those that sustain life.
- Whether a treatment is warranted depends on the balance of its usefulness or benefits for a particular patient and consideration of the burdens that the treatment would impose.
- Using an appropriate surrogate, ordinarily a family member, to make decisions for patients who have insufficient capacity to make their own decisions.

Withholding and withdrawing life-sustaining therapies are considered the same in ethics. They encompass choice of care treatments and are different from euthanasia, or assisted suicide.<sup>4</sup>

In the 1990s, the U.S. Supreme Court rejected the argument that limitations to life support constitute physician assisted suicide or euthanasia.<sup>5,6</sup> Setting limits to life-sustaining therapies has become common practice in North American and European ICUs.<sup>7,8</sup> The American Nurses Association, in its position statement *Registered Nurses' Roles and Responsibilities in Providing Expert Care at the End of Life* states: "End-of-life choices are a quality of life issue. Nurses,

individually and collectively, have an obligation to provide comprehensive and compassionate end-of-life care, including the promotion of comfort, relief of pain, and support for patients, families, and their surrogates when a decision has been made to forgo life-sustaining treatments.”<sup>9</sup> Respect for persons is a fundamental principle of bioethics; ensuring respect for persons includes honoring their wishes regarding treatment decisions.<sup>10</sup>

In the same respect that a patient’s values are honored, so too, are the nurse’s values honored.<sup>11</sup> If the nurse is uncomfortable with withholding or withdrawing treatments, he or she may remove themselves from the care of a patient, after finding another nurse to replace them. <sup>12</sup> Should there be disagreement between the patient, family, nurse, and healthcare team, ethics committees should be sought out for consultation to assure that views of all sides are represented. <sup>12</sup>

## **Position Statement**

It is the position of HPNA that:

- All life-sustaining therapies may be withheld or withdrawn. There is no difference, ethically or legally, between the decision to not initiate a treatment that may not be beneficial or stop or remove a treatment that is not beneficial and/or no longer wanted.
- Every person with decision-making capacity has the right to initiate, any medical therapy that offers reasonable probability of benefit, and to withhold or refuse and/or withdraw any medical therapy.
- Patients have the right to appoint a surrogate decision-maker, who would make decisions on their behalf if they are unable to do so.

## **Education**

- Palliative care nurses shall assure their professional development in the ethical principles and their relationship to withholding and withdrawal of life sustaining treatments.
- Palliative nurses possess sufficient knowledge about the issues surrounding the use of continuing, withholding, and withdrawing life-sustaining therapies to inform patients, families, and other health care providers in making decisions about their use.

## **Clinical Practice**

- It is the duty of the healthcare team to honor any previously communicated advance directive, including those that appoint a surrogate decision maker if the patient loses decision-making capacity. If for some reason, it is not possible for a health care team to honor advance directives or wishes, they must document the reason they cannot do so.<sup>13</sup>
- Palliative care nurses shall assure that nursing care is continued through the withholding or withdrawal of treatments. In particular that limitation of life-sustaining treatment does not mean limiting care. Patients and families

often need reassurance that a decision to forgo or limit treatment does not result in lack of appropriate personal care or abandonment.

#### Policy

- Patients who lack decision-making capacity and who do not have a previously designated surrogate decision-maker should have such a person named in accordance to state, local and institutional regulations.
- Parents/guardians have legal authority to make decisions regarding treatment for their children if the child is under the age of 18, and the parents are considered to have their child's best interest at heart. *However*, the child's views and preferences for medical care, including assent and refusal for treatment (when developmentally appropriate), is documented and given appropriate weight in decision-making. When the child's wishes differ from those of the adult decision maker, appropriate professional staff members are available to assist the child as well as the family.<sup>13</sup>

#### Leadership

- Palliative nurses must help the public understand the difference between withholding and withdrawing life-sustaining therapies and euthanasia and assisted suicide.<sup>4</sup>
- Palliative nurses support patients, families, and colleagues in the decision-making process.
- Palliative nurses shall facilitate decision-making and advocate for care that is consistent with the stated wishes of the patient and his/her surrogates.

#### **Definition of Terms** (Refer to the HPNA Definition of Terms Document)

*Autonomy:* A multidimensional ethical concept. It is the right of a capable person to decide his/her own course of action based on personal values and goals of life. Self-determination is a legal right.<sup>10,14</sup>

*Dignity or Respect for person:* A fundamental ethical principle. Dignity is the quality, state, of being honored or valued. Respecting the body, values, beliefs, goals, privacy, actions and priorities of an autonomous adult preserves their dignity. This is a broader concept than autonomy.<sup>10,14,15</sup>

*Forgoing life-sustaining treatment:* To do without a medical intervention that would be expected to extend the patient's life. Forgoing includes withholding (not-initiating) and withdrawing (stopping).

*Informed consent:* A tenet of autonomy. To make an autonomous decision, the person must have sufficient and relevant information as well as capacity to make the decision. Capacity requires that the person understands the consequences of the decision; has sufficient information and understanding about the treatment,

likely outcomes, and foreseeable consequences; and be able to make the decision without coercion.<sup>10,14</sup>

*Life-sustaining therapies include but are not limited to:* Advanced cardiac life support, cardiopulmonary resuscitation; cardiac support devices (pacemakers, internal cardioverters/defibrillators, intraaortic balloon pumps, LVADs) and cardiac medications; respiratory support devices (invasive and non-invasive mechanical ventilation, oxygen, ECMO and respiratory medications); renal support devices (dialysis in any form) and renal medications; blood products; artificial nutrition and artificial hydration; cancer treatments; and surgery.

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Approved by the HPNA Board of Directors  
January 2016

This position statement reflects the bioethics standards or best available clinical evidence at the time of writing or revisions.

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