

Statement on Withholding and Withdrawing Treatment Version 1 – Valid until 2008

1. Intensive care treatment may be life-saving for patients with reversible critical illness. However, medical intervention can also cause suffering for patients and their families with little or no benefit. The withholding or withdrawing of specific treatments is appropriate in some circumstances.
2. The ethical principles which inform medical practice include respect for human life and dignity, patient autonomy, justice, beneficence and non-maleficence. These principles are sometimes in conflict. Resolution of such conflict depends the particulars of the situation, including the likely patient outcome, and the philosophical viewpoints of those involved.
3. The benefits of intensive care treatment include the prolongation of life and the minimisation of disability. The potential benefits of treatment must be weighed against the burden, which might include pain, suffering, and compromise of dignity. In most situations, prognostication of both benefit and burden is currently based on probability rather than certainty.
4. Each community may regulate access to public resources, even if this entails the non-provision of potentially beneficial healthcare.
5. There is no obligation to initiate therapy known to be ineffective, or to continue therapy that has become ineffective.
6. Consideration of the withholding or withdrawing of treatment should take into account the views of the patient, if known (including those expressed in an advance directive), concerning an acceptable quality of life and an acceptable burden of treatment, or the next-of-kin's or medical agent's understanding of the patient's likely views if the patient is not competent, and the nature and probability of all potential outcomes.
7. The competent adult patient is entitled to withhold or withdraw consent for any treatment at any time, even if this may shorten their life. When such decisions are under consideration, the doctor has a responsibility to provide all relevant information and to ensure that the patient is competent to make such a decision.
8. Consideration of the withdrawal or limitation of specific treatments may be initiated by the patient, the patient's family and friends, or healthcare professionals. Any decision to withdraw or limit treatment first requires the consensus of the intensive care team and the primary medical or surgical team. Dissent should be resolved over time with further discussion.

9. Once medical consensus is achieved, the concurrence of those with legal authority and/or the next of kin should be sought. Adequate time should be allowed for this process. The factors taken into account in reaching this consensus should be fully explained and it should be made clear that the burden of end-of-life decision making for an incompetent patient does not rest solely with the next-of-kin. In cases when there is persistent disagreement between the healthcare team and the next-of-kin, consideration may be given to involving non-medical professionals, clinical ethics committees or legal processes.

10. All decisions regarding the withdrawing or withholding of treatment should be documented in the clinical record. The documentation should include the basis for the decision, identify those with whom it has been agreed and specify the treatments to be withheld or withdrawn.

11. When active treatment is to be withheld or withdrawn, an alternative care plan ('comfort care') should be implemented with a focus on dignity and comfort. The use of medication for patient symptom control in this setting is appropriate, even though this may shorten life.

12. Withholding treatment and withdrawing treatment are legally and ethically the same. Decisions to withhold treatment should involve the same principles and processes as decisions to withdraw treatment.

13. To facilitate appropriate processes in the withholding and withdrawing treatment in critically ill patients, guidelines should be developed locally in accordance with the principles outlined in this document. The development of such guidelines should also involve consideration of all relevant local factors including organisational and legal issues, as well as religious, ethnic, cultural diversity.

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This is a position statement of ANZICS, and is not intended to be legal or professional advice, or to be relied on in any particular case. A decision to withhold or withdraw treatment may have serious legal implications, which should be addressed having regard to the particular case and individual circumstances.

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