

Medically Non-Beneficial Treatment (MNBT)

PeaceHealth recognizes death as a part of the human condition. We are committed to respecting the dignity of individuals by providing compassionate care, relieving pain and suffering, and supporting patients and families. Sometimes this involves difficult decisions when addressing requests for treatment when the evidence may indicate that further treatment would be non-beneficial.

PeaceHealth aligns with the American Medical Association's recommendation that all health care institutions adopt a policy on medical futility, and further adopts the following AMA statement from their code of ethics on medical futility.

“When further intervention to prolong the life of a patient becomes futile, physicians have an obligation to shift the intent of care toward comfort and closure. However, there are necessary value judgments involved in coming to the assessment of futility. These judgments must give consideration to patient or proxy assessments of worthwhile outcome. They should also take into account the physician or other provider's perception of intent in treatment, which should not be to prolong the dying process without benefit to the patient or to others with legitimate interests. They may also take into account community and institutional standards, which in turn may have used physiological or functional outcome measures”.

It is the policy of PeaceHealth that healthcare providers are not required to offer, provide, or continue to provide an intervention if the intervention is medically non-beneficial, contrary to generally accepted health-care standards, or harmful.

We encourage ongoing open communication between the physician and patient or legally authorized decision-maker.

- Patients, family members, or legally authorized decision-makers who believe an intervention to be medically non-beneficial should discuss their concerns directly with the primary treating physician.
- When the primary treating physician determines an intervention is medically non-beneficial, through careful adherence to policies and procedures to make such a determination, he/she shares with the patient or the legally authorized decision-maker the nature of the diagnosis, the prognosis, the reasons why the intervention in question is medically non-beneficial, the appropriate options available including palliative and hospice care, and elicits the patient's or legally authorized decision maker's perception and understanding of the patient's current status as well the patient's goals of treatment.
- If the patient or the legally authorized decision-maker wants to begin or continue an intervention that the primary treating physician considers to be medically non-beneficial, possibilities for transfer to another physician within the institution or to a physician in another institution is pursued. If transfer is not possible because no physician or

institution can be found who is willing to honor the patient's or authorized decision maker's wishes, the intervention in question is not provided. The patient or legally authorized decision-maker is given a timeframe for the clinical course of events and expected patient outcome in light of the medically non-beneficial treatment intervention being withdrawn or withheld.

Compliance with policies and procedures regarding medically non-beneficial treatment is not to be considered patient abandonment.