

SHORE HEALTH SYSTEM

ADMINISTRATIVE/MEDICAL STAFF POLICY

TITLE OF POLICY: MEDICALLY INEFFECTIVE CARE

PURPOSE:

The purpose of this policy is to establish guidelines for the forgoing of medical interventions that, under generally accepted medical practices, are life-sustaining in nature, but which the patient's attending physician(s) believes to be medically ineffective for the particular patient. This policy is not applicable when patients or their surrogates decide that treatment(s), although likely to have some medical effect, will be ineffective in achieving their goals. For example, when a patient has severe COPD, although mechanical ventilation would be effective in preventing death, the patient decides against being intubated because he/she feels that the burdens of mechanical ventilation or living a life on a machine is not consistent with his/her goals.

SCOPE:

This policy applies to all physicians practicing within Shore Health System.

RESPONSIBILITY:

All physicians involved in the direct care of patients must comply with this policy.

1.0 DEFINITION

Medically ineffective treatment is defined by Maryland law as "treatment that, to a reasonable degree of medical certainty (a probability of greater than 95%) will neither prevent nor reduce the deterioration of the health of an individual or prevent the impending death (according to the Attorney General's office "impending death" should encompass the timeframe of "hours," a "few days," or within the present hospital admission). See Health Care Decisions Act, Article 5-601, 1994.

2.0 GUIDELINES

Subject to the requirements set forth in this policy, attending physicians are not obligated to provide any life-sustaining medical interventions that, under generally accepted medical practices, are life-sustaining in nature, but which the physician believes to be medically ineffective for the particular patient.

2.1 Competent Patients and Incompetent Patients with Surrogates:

2.1.1 If an attending physician determines that treatment(s) is medically ineffective then the attending physician needs to:

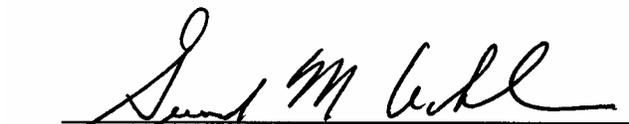
2.1.1.1 Obtain the concurrence of another medical staff physician that the treatment is medically ineffective.

2.1.1.2 Document in the patient's medical record that a determination has been made that treatment(s) is medically ineffective.

- 2.1.1.3 Inform the patient or surrogate decision maker of the decision that treatment(s) is medically ineffective and will not be provided to the patient.
 - 2.1.2 If the patient surrogate or agent objects to the attending physician's decision, then the attending physician should make attempts to resolve the conflict through communication in good faith among all parties. If desired, informal consultation with colleagues, the ethicist, and others should ensue.
 - 2.1.3 If the conflict remains unresolved, the Ethics Consultation Service shall be contacted. Pending case review, treatment(s) under review shall be provided to the patient.
 - 2.1.4 If after these attempts the conflict is still unresolved, then the patient, surrogate, or agent has the right to transfer the patient's care to another physician or to another hospital. This right should be respected and facilitated by Shore Health System.
- 2.2 Incompetent Patients without Surrogates or Legal Agents
- 2.2.1 If an attending physician has determined that treatment(s) is medically ineffective for an incompetent patient without surrogates or a legal guardian, then the attending physician needs to:
 - 2.2.1.1 Fulfill the obligations detailed above.
 - 2.2.1.2 Contact the Ethics Consultation Service

3.0 EXAMPLES

- 3.1 Medically Ineffective Treatment: Cardiopulmonary resuscitation (CPR) for patients whose cardiac arrest represents the start of an inexorable dying process that cannot be prevented by CPR, e.g., patients with advanced metastatic disease or with advanced multiple system organ failure from sepsis.
- 3.2 Treatments that are NOT Medically Ineffective: Mechanical ventilation for a patient in a persistent vegetative state for whom ventilation would prevent the patient's impending death from lack of oxygen. CPR for a patient in a persistent vegetative state for whom CPR would prevent the patient's impending death. (The above examples were provided by the Attorney General's Office)



Gerard M. Walsh, Chief Operating Officer

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