WITHHOLDING AND WITHDRAWING LIFE-SUSTAINING TREATMENTS
ETHICS ISSUE QUICK REFERENCE GUIDE

Quick summary
- Withholding and withdrawing life-sustaining care is an emotional and occasionally controversial decision.
- Each case requires careful consideration of the values, ethical principles, and ethical theories by the care team.

The Issue
Withdrawing or withholding life sustaining therapy is a vexing ethical decision that is often faced by clinical care providers. Life sustaining therapy is defined as any treatment with the intent to prolong a patient’s life rather than treat or reverse the underlying medical condition.

In theory, withholding or withdrawing life sustaining therapy is mediated by the Equivalence Thesis. The Equivalence Thesis states that it is ethically permissible to withdraw treatment if it would have been permissible to withhold the same treatment, and vice versa. But in practice, is the act of withdrawing treatment ethically distinct from withholding treatment? Since both withdrawing and withholding have the same end result, many ethicists see them as ethically synonymous (Vincent, 2005).

In practice, the Equivalence Thesis is controversial. Clinical care providers do not view withdrawing or withholding life sustaining treatment as equivalent (Levin, 2005). Withdrawing treatment is often more emotionally difficult in practice (Vincent, 2005). Thus, each unique case requires careful consideration of the values, ethical principles, and ethical theories by the clinical care team.

Ethical Considerations: Values

Dignity: The patient’s conception of quality of life, choice, and a dignified death should be understood by all involved.

Professional Integrity: The health care providers involved need to ensure that all involved have sufficient understanding of the intervention and that a fully informed consent is obtained.

Respect for autonomy: Ultimately, the patient (directly or represented by their substitute decision-maker) will determine whether life-sustaining interventions should be continued. This can cause conflict when the health care team believes that the patient’s best interests will be served best in a different way.

Fidelity: This is the understanding that members of the health care team are trustworthy and will act faithfully on the patient’s wishes.

Comfort: Irrespective of whether treatment is being withdrawn, withheld, or maintained, the ultimate goal is to ensure the patient suffers as little as possible.

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Ethical Principles

**Patient Autonomy:** Competent, fully informed patients have the right to forgo or withdraw life sustaining therapy. This is well established in practice and in law. When a patient is not competent to make health care decisions, their substitute decision-maker has the right to provide or refuse consent on behalf of the patient.

**Beneficence:** What is the benefit to beginning or continuing life sustaining therapy? Will the therapy ultimately provide the benefit they want?

**Non-Maleficence:** What are the harms, pain and discomfort associated with the treatment? Will suffering ensue if treatment is withheld or withdrawn? Will the patient suffer if the treatment is not initiated or withdrawn?

**Justice:** By continuing futile life sustaining therapy, an ICU bed may be made unavailable for another patient who may benefit from ICU care, and may cause health care staff significant moral distress. While consideration of the resource implications of initiating or removing life-sustaining therapy is relevant, it is very difficult to do at the bedside. Justice questions like this are best approached in the process of developing policies and guidelines to support clinical decision-making. And in fact, the Supreme Court of Canada has ruled that withdrawing life-sustaining therapy requires consent (of the patient or substitute decision-maker) and cannot be undertaken without it (Cuthbertson v. Rasouli, 2013). However, careful and respectful communication may prevent intractable conflicts from arising.

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**Ethical Theories**

**Virtue Ethics:** Kindness, honesty, and empathy are important virtues to consider when discussing with the patient and family members the possibility of withdrawing or withholding life sustaining therapy. Questions to consider: What would a good person do? What would a good health care provider do? How can those morally admirable qualities be embodied during the difficult conversations?

**Consequences (e.g. utilitarianism):** Consider what are the implications of withdrawing or withholding life sustaining therapy for the patient and the patient’s family? What are the actions that the healthcare team can take to emphasize the Good? What will result in the least harm?

**Duties, obligations, and rules (deontology):** What are the professional duties of the physician and the healthcare team? What guidance do professional codes of ethics provide? Are there relevant laws or policies that need to be considered?

**Relational Ethics:** Good communication and reduction of uncertainty can help to mitigate the difficulties of a decision to withhold or withdraw treatment (Levin 2005). How do the relationships between and among the health care team, the patient and the family affect communication and the decision-making process? What solution will best preserve the relationships involved in the situation? How can we best demonstrate caring and respect? How can we acknowledge and account for power differentials that exist?

**Questions for discussion and consideration**

1. What are the patient’s wishes? If they are not capable of providing information, what does their substitute decision-maker say?
2. Who is the ultimate decision-maker? Are they fully informed? Do they have a good understanding of the implications?
3. What is consistent with good quality care? Is this at odds with the patient’s wishes?
4. What values are at play? Consider the patient, family and providers, as well as the personal, professional and organizational values.
5. What guidance do professional codes of ethics offer in conflict situations?
6. Are there resources in place to support family and staff such as spiritual health services, ethics consultation, social work, or Employee Assistance Programs?
7. Use of an ethical decision-making framework may be helpful. Consider your organization’s ethics resources, or work through the MB-PHEN framework, which can be found at http://www.mb-phen.ca/er-frameworks.html.
References


This Quick Reference was developed by Ellie Einarson in 2014.