



Termination of Life Support



The right to refuse medical intervention is well established, but it remains unclear how best to respect and exercise this right in life support. Contemporary ethical guidelines for critical care give ambiguous advice, largely because they focus on the moral equivalence of withdrawing and withholding care without confronting the very real differences regarding who is aware and informed of intervention options and how patient values are understood and acted on where possible. In withdrawing care, there is a clearer imperative for the doctor to include patients and their family in decisions, share information and secure consent, even when continued life support is deemed futile. How decisions to withhold and withdraw life support differ ethically in their implications for positive versus negative interpretations of patient autonomy, imperatives for consent, definitions of futility and the subjective evaluation of (and submission to) benefits and burdens of life support in critical care settings are explored. Both the bioethics and critical care communities should investigate the possibilities and limits of growing pressure for doctors to disclose their reasoning or seek patient consent when decisions to withhold life support are made.

The termination of life support can be a difficult and strenuous decision and is a last resort option in most UN countries. There have been many past cases of life support being terminated without family or parental consent, and the trouble this brings in hospitals and other healthcare units. Doctors who decide to terminate life support without consent, even if it is in the favour of the patient, could face legal charges or other major complications. But, even if parental consent is agreed, many protesters would argue that it is not morally or ethically right to switch off life support for a patient.

Life support replaces or supports a failing bodily function. When patients have curable or treatable conditions, life support is used temporarily until the illness or disease can be stabilized and the body can resume normal functioning. At times, the body never regains the ability to function without life support. The distinction is often made between 2 issues: not starting treatment and stopping treatment. However, there is no legal or ethical difference between withholding and withdrawing a medical treatment in agreement with a patient's wishes. If there were such a distinction in the clinical setting, a patient might decline treatment that could be helpful out of fear that once the treatment started, it could not be stopped. Conflict surrounding decision making in intensive care units is common. Conflict can arise about issues such as communication styles, interpersonal interactions, and pain control as well as about treatment decisions. One study of intensive care patients for whom withdrawal of life support was considered found that conflict occurred between staff and family in 48% of cases, among staff in 48%, and among family members in 24%.

Points to Consider:

1. Is it right to deny life support from patients or switch life support off?
2. Is it the doctor's decision or the family's decision to switch off life support?
3. Should doctors who end life support without family input face legal charges?

Useful Links:

- <https://www.nhs.uk/conditions/intensive-care/>
- <https://www.gosh.nhs.uk/health-professionals/clinical-guidelines/decision-withdraw-or-withhold-life-sustaining-treatment-children-and-young-people-intensive-care>