Focus: Medical Futility

Special Points of Interest:
See what opportunities exist for Davidson students beyond our campus.
Learn some basic facts about medical futility.
Read two current opinions addressing medical futility.
Places to go to learn more about medical futility.

Letters from the Editors…
By McLean Jordan ‘01 and Kristin LeBlanc ‘02

Ethics, the science of the ideal of human character, is a prime focus of Davidson College’s Medical Humanities department, chaired by Lance K. Stell, PhD. The Ethical View, a student-edited newsletter, not only aims to highlight some of the ethical issues in modern medicine, but also to generate discussion on these issues. Each newsletter will include opinions from both Davidson students and professionals within the healthcare industry. The Ethical View aims not to resolve ethical dilemmas, but to bring individual perspectives and experiences within the focus of greater understanding.

The Ethical View will give those within the Davidson College community and those outside our institution an opportunity to see what and how students learn about medical ethics. It will detail upcoming news regarding the Medical Humanities department, various courses offered at Davidson, mentorships, internships, and upcoming events. In addition, the newsletter will offer readers an expanded resource list referencing websites, books, case law, hospital protocol, and journal publications regarding the key issue of each edition.

As founding editors of this student publication, we strive to increase community consideration of ethical issues in health care and involve other students within the creation of the forum itself. It is our philosophy and experience that
participation in creating a learning environment often holds the key to understanding.

**About the Editors**...Kristin, a member of the Class of 2002, is a Center major in Law and Medicine and a Philosophy minor. From Alpharetta, Georgia, she represents Davidson students on the college’s Human Subjects Institutional Review Board and is Vice President of the student-run health organization FRESH. Kristin attended both the Second National Undergraduate Bioethics Convention and the Eighth Annual Conference for Ethics Committees. She also attended the Institute for Humane Studies’ Summer Program on Libertarianism at Princeton University and interned at Healthcare Management Advisors, Inc., one of the nation’s leading compliance and data quality consulting firms in her hometown.

As a member of the Class of 2001, McLean Jordan is an English major with a Concentration in Medical Humanities. Her bioethics interest began by volunteering with her family at the University of Texas M.D. Anderson Cancer Center at her home in Houston, Texas. At M.D. Anderson she assisted in organizing the teen volunteer program. Her philosophical interests expanded to clinical observation in an externship in the Trauma Intensive Care Unit at Carolinas Medical Center through a course offered at Davidson College.

Both editors intern with the Carolinas Medical Center Ethics Committee, assisting members with research regarding ethical decisions affecting both patients and policy.

**Beyond Davidson: Shared Learning at the BRG Conference**  
*By Jennifer N. Higgins, Davidson College ‘02*

In early October, I was invited to attend the Bioethics Resource Group, Ltd.’s Eighth Annual Conference entitled “The Healthcare Revolution: Emerging Roles and Responsibilities.” McLean Jordan ’01, Kristin LeBlanc ’02, Megan Wilson ’03 and I went to Charlotte hoping to learn more about the medical ethical issues we study at Davidson. The Keynote Address, given by internationally acclaimed bioethicist Glenn McGee, Ph.D., "Drive Thru Genetics," focused on the ethical, legal, and social implications associated with genetic testing.

Our next session, “Breaking Bad News,” presented by Richard Stephenson, MD of Wake Forest University School of Medicine, introduced a six-step protocol for communicating bad news as formulated by the Project to Educate Physicians on End-of-life Care. Many of the session’s participants, such as clergy, physicians, philosophers, nurses, students, and professors, found the protocol helpful to their respective hospice and palliative care departments.
Lance K. Stell, Ph.D. of Davidson College hosted "A Call for Papers" in which students and professors from Furman University, Wofford University, Winthrop University, Coastal Carolina, and Davidson College were invited to submit papers on the ethics of genetic testing. To initiate discussion, selected students presented abstracts of their papers. Students and professors discussed pursuing a Medical Ethics Symposium between local universities for the purpose of gaining valuable information from the use of combined resources.

The final session of the day was a group analysis of a mock consultation moderated by Stuart Sprague, Ph.D. The case involved an eight-month-old female who suffered from massive brain damage due to excessive shaking by her father. The child appeared to have little, if any brain activity and no likely chance of recovery, yet the mother insisted on continuing care. The most fascinating portion of this 'mock consultation' was the interplay between the staff and the mother. This session provided first-hand observation of how an ethics consultation works and made us appreciate the multifaceted nature of ethical decision-making in the hospital setting.

My classmates and I were extremely fortunate to have had the opportunity to participate in the BRG Conference. We broadened our knowledge of medical ethics and met many Charlotte professionals who complemented our preparedness and breadth of knowledge on the day's issues. If we were to credit anyone, it would be Dr. Stell for not only inviting us, but for giving us this excellent base of knowledge in the field.

About the Author...
Jennifer N. Higgins is a Junior Center major in Medical Economics and Ethics. She is the President of the Davidson Women’s Club Soccer team and coaches a local youth travel soccer team. She is also a contributing editor for "The Davidsonian." Jennifer plans to pursue a master's degree in hospital administration following Davidson.
An Introduction to Medical Futility
By McLean Jordan and Kristin LeBlanc

The concept of medical futility involves treatment that does not improve the quality of patients’ lives: treatment may do no good but may also do no harm. The energy spurring the creation and understanding of “medical futility” arose out of published documentation in the 1980s concerning the ineffectiveness of CPR. Until 1987 the closest parallel to what health care professionals currently call “medical futility” was “do not resuscitate” orders (DNRs). The rise of the futility movement peaked in 1995 with aims to convince society that doctors may appropriately withhold or withdraw treatment from terminally ill patients.

At the conclusion of the twenty-first century, the medical futility debate began to take a new twist. Physicians and patients focused on the effectiveness of heroic “interventions and the philosophy that treatment should be given at all costs, irrespective of the outcome.” Advancements in medical technology also allow the extension of life in operating rooms and intensive care units which previous technology could not support. As one scholar explains, “Patients . . . have begun to demand aggressive high-technology medical treatments that medical providers believe have no realistic chance of providing benefits.” Conversation among physicians and health care providers now centers around what type of treatment is most appropriate for their patients and whether to treat at all.

While the American Medical Association does not officially recognize the concept of medical futility, it has commented on this debate. The AMA insists that patient demand does not warrant physician duty to treat. It also states that no physician is obligated to administer treatment that does not benefit the patient.

The medical futility debate raises questions concerning science, patient rights, cost-effectiveness, and ethics. As we introduce the feature issue of this edition of The Ethical View, we ask the following questions. Are patients entitled to demand treatment according to their wishes? How do the goals of medicine influence a doctor’s decision regarding futile treatment? What is considered useless treatment? Who has the right – the power – to decide whether medical care is futile? How should patients, families, and physicians interact to best solve this dilemma?

Key Points

Medical futility refers to treatment that does not improve the quality of a patient’s life.
The American Medical Association does not officially recognize the concept of medical futility.
The medical futility movement commenced with “do not resuscitate” orders in the 1980s and peaked in the mid-1990s.
The medical futility debate has opened conversation between patients and
physicians. How can patients, families and physicians balance the decision-making authority in such cases?

**Medical Futility: A Student Opinion**  
*By Eric Knoche, Davidson College ’01*

The American Thoracic Society argues that “a physician has no ethical obligation to provide a life-sustaining intervention that is judged futile, even if the interaction is requested by the patient or surrogate decision maker.”

The statement above establishes a doctor’s authority to abstain from treatment of patients deemed medically helpless. In other words, a physician may not be compelled to provide care that would, to the knowledge of the physician, fail to palliate the patient’s condition. The statement serves to support physician autonomy as well as to protect the physician from extended emotional investments. However, the statement also promotes paternalism within the doctor/patient relationship.

The physician and patient engage in a relationship that depends upon the mental and emotional investment of each individual. Although medical schools may promote young physicians to adopt a detached concern for the patients, physicians often exhibit an emotional interest for each patient, especially during the treatment of the seriously or terminally ill. Medical futility protects the physician from a compulsion to provide exhausting and aimless care which would, in turn, diminish a physician’s ability to serve the remaining more healthy public.

As previously noted, the physician determines medical futility based upon the patient’s medical condition and the anticipated responses to possible mechanisms of treatment. The responsibility to determine the medical status of a patient lies with the physician. The autonomous decision making process that is provided by the establishment of medical futility disregards the desires and concerns of the patient and family. For example, the physician’s authority permits her or him to conclude when sufficient information is available to impart a decision for medical futility. Some individuals might suggest, for ecclesiastical or personal reasons, that ample evidence is rarely provided to conclusively determine the fate of another. Although the input of family and surrogate decision-makers is encouraged within hospital and clinical settings, the desires and concerns of these figures hinder their capacity to serve the patient as objective and reasonable advisors. Thus, the physician’s decision of medical futility may conflict with and overlook familial interests in an attempt to provide what is best for the patient.

The decision for medical futility establishes the authority of the physician and allows for the physician to detach him or herself from emotionally taxing circumstances. However, the decision relies heavily upon an imbalanced relationship that promotes physician paternalism. In any case, the decision
demands careful consideration of the patient’s conditions, independent of personal or subjective interests. The decision also demands the physician’s humility to ensure that she or he recognizes the ambivalence of one’s findings and the inconclusiveness of the situation.

About the Author...
Eric Knoche is a senior from Mt.Vernon, Illinois. He is a chemistry major with interests in pursuing a career as a physician. He worked for the Davidson Senior Nutrition Center, Charlotte Medical Shelter, and Strong Tower Clinic of Huntersville as an Americorps volunteer during the summers of 1998 and 1999. During the summer of 2000, he served at the Beth Israel Deaconess Medical Center in Boston as a community resource specialist. At Davidson College he is an Honor Council Representative, a coordinator for the Middle School Mentoring Program, and the student representative to the Duke Endowment Steering Committee.

Medical Futility: A Professional Opinion
By Dr. William Porter

A decade ago, when medical futility held the bioethical spotlight, it was widely believed that the concept would help doctors resolve disagreements with patients and families about beginning or continuing useless treatment. As a physician, I embraced futility as a potential strategy for minimizing needless suffering and expense in end-of-life care.

But today, while the debate is not over, there is an emerging realization that formalized definitions and policies on medical futility are so difficult to agree upon and so problematic to implement that they rarely play a direct role in decisions about withdrawing or withholding care.

My own thinking about futility was deeply influenced by the Baby “K” case several years ago, in which a Virginia court ruled against a hospital that wanted to allow an anencephalic infant to die. The court sided with the infant’s mother, who insisted on artificial ventilation to keep the infant alive. Here, I thought, was the most clear-cut example of futility one could imagine: an infant with no cerebral cortex and hence no potential for conscious existence. Yet the court reasoned that since the artificial ventilation forestalled death, it was not futile. If this case failed the futility test, what hope was there, however unanimous the ethical and medical consensus, that futility policies could withstand legal challenge?

Today, the term “futility” is not often used in deliberations about individual cases, yet the concept of futility continues to have important, if indirect, effects. A few examples:
More people are aware of the goals and limits of medical interventions at the end of life.

Discussions between patients and physicians about end-of-life options are more apt to take place before, not after, the onset of terminal illness.

Hospital ethics committees are sensitive to the complexity of futility cases and are crafting strategies to deal with them without direct resort to futility policies.

Whenever I think about futility, I am haunted by memories of a patient I took care of several years ago, a young man whom was near death because his acute leukemia had become resistant to chemotherapy. He suffered needlessly because his wife, to whom he had assigned all decision-making responsibilities, refused to accept the inevitability of his impending death and insisted that he be given any and all treatments that might prolong his life even for an hour. Instead of dying peacefully, surrounded by his caring family, he spent his last days in the physical and spiritual isolation of the ICU, on a ventilator, invaded by tubes and needles and monitors. He died only after the culminating indignity of CPR. All this happened before ethics committees and futility policies. The hospital’s lawyers told me I had to carry out the wife’s wishes, that my professional authority was subordinate to that of the patient and his wife.

Were I caring for this patient today, I believe a consultation with the ethics committee might lead to a different outcome based on medical futility. One would hope the consultation would persuade the wife to change her mind about inappropriate treatment. But if she continued to demand it, and the ethics committee supported me, I would have asked that the hospital’s futility policy (which, interestingly, has been approved by the hospital’s lawyers) be invoked. In doing so, I might have been on shaky legal ground, but I believe it would have been the right thing to do. And that’s what bioethics is all about.

About the Author...
Dr. William Porter is a retired internist/oncologist living in Charlotte. At Davidson he teaches a seminar on Literature and Medicine and is a member of the Medical Humanities Advisory Council. He is a member and past president of the Bioethics Resource Group, the Regional HIV/AIDS Consortium, and Physicians for Social Responsibility.
Our Own Track: Davidson’s Medical Humanities Program
By Christin Raimondo, Davidson College ’01

Davidson College is one of the few liberal arts institutions that offer such a unique program in Medical Humanities. Although such programs are common in medical schools, Davidson brings the field of bioethics to the undergraduate level. The Medical Humanities Program operates under the guidance of the Medical Humanities Advisory Council, composed of practicing medical professionals. This program promotes an interdisciplinary understanding of medicine and health care, and provides students with opportunities to appreciate the strengths and limits of the sciences as they apply to disease, illness, and suffering. Students are able to recognize the roles that ethical values, politics, economics, and legal issues play in the medical atmosphere. The program develops and promotes intense discussion by encouraging students to think for themselves and by probing the morals and values to which we as a Davidson community adhere.

Coordinated by Doctor Lance K. Stell, the Medical Humanities faculty and staff consist of Davidson College professors committed to a standard of excellence in undergraduate education. This group of authors, biomedical researchers, and public policy proposers is intricately involved with the Davidson community and meet regularly to discuss current issues in bioethics. Their work is supported by the college and by external bodies like the Fullerton Foundation, the Hbbie Charitable Trust, and the Duke Endowment. The faculty organizes both lectures and conferences related to bioethics by noted speakers. They also administer a “Healthcare-Professionals-in-Residence” Program and work closely with the Premedical Program, providing students with many internship possibilities. Davidson also works in connection with the Carolinas Medical Center, creating an alliance that provides opportunities for students only possible at large teaching hospitals. Beginning in 1990, these two institutions made it their purpose "to cooperate and share their resources toward the common betterment of health care, education, and training of physicians and improved understanding of the relationship between medicine and society." Davidson’s Medical Humanities Program also works cooperatively with the Bioethics Resource Group, Ltd., Charlotte Area Health Education Center, and the Mecklenburg County Medical Society to provide information related to health care and ethics to the public. It is through these united efforts that students are able to work and gain valuable experiences outside of Davidson.

Christin Raimondo is a junior biology major and medical humanities concentrator who plans on attending medical school after Davidson. She is member of the Davidson Lacrosse team, the Davidson Pre-Med society, and the national honor society Alpha Epsilon Delta.
A Portrait of Lance K. Stell
By Jennifer N. Higgins, Davidson College ‘02

Have you ever met someone whose intelligence and strength of character fills a room? Those of you who know Dr. Stell would not hesitate to describe him as one of these people.

Lance Stell loves what he does; anyone who talks to him can see his enthusiasm. He is not only the Director of the Medical Humanities Program and the former Chair of the Philosophy Department at Davidson but is also a nationally recognized philosopher and medical ethicist. He has published hundreds of articles on topics ranging from health care reform to medical futility (which some of his colleagues would argue he is the “Father” of!), and is an authority on controversial issues like gun control and ‘right to die.’

Stell also plays an active role at Carolinas Medical Center, where he is Director of the Ethics Consultation Service and Vice-Chair of the Institutional Ethics Committee. On the advisement of CMC, Stell spent his sabbatical (1989-90) studying the intricacies of medicine and health care management via a teaching/research fellowship. He describes this as an “invaluable opportunity” to “interact with physicians and develop a knowledge base.”

In the little spare time that Stell has between teaching, writing, consulting, advising, and lecturing, he enjoys activities like hunting, shooting, and tennis (as an undergraduate at Hope College, competing against Davidson on the tennis court was his first introduction to the College). As a motto, Stell employs “safety first, fun second” when he takes his students to the shooting range. He also publishes articles on dueling (yes, dueling!), one last year in the International Encyclopedia of Philosophy and Law.

What is unique about Dr. Stell is his ability to foster a classroom environment that embraces independent thought. “I feel an obligation not just to indoctrinate people with information,” says Stell. “The only way isn’t the way that I think about it. And there are no ‘forgone conclusions’ or standards of ‘political correctness’ in any of my courses. Thinking for yourself — well, I think that’s part of the way to being free.” Dr. Stell invokes this sense of discovery in his students. One lesson in particular stands out in my mind: “You can’t begin to understand how to change something until you have a clear understanding of its history.” According to Dr. Stell, the ability to define clearly both the components of health care and their evolutions and purposes is critical to speculating about changes in its future.

My final questions to Dr. Stell were “What has been your most coveted accomplishment to date? What are you most proud of?” I was not surprised by his answer. He paused for a moment and replied, “Teaching classes that students want to take. That is number one on my list.”
I cannot fit all of the praise that has been heaped upon Dr. Stell into this article. The list of students he has influenced is long and will continue to grow for many years to come. Knowing Dr. Stell is knowing someone who will teach you something every time you speak with him. His ability to convey his passion for the study of law and medicine is remarkable. Any and every student who has taken Medical Ethics with him knows that indeed, class size restrictions can be broken, and they will continue to be broken because students will sit on the floor for all of drop/add until they can get a desk. Demand is high. For Dr. Stell, demand has always been high. Stell says, “I wouldn’t do anything else or be anywhere else. I belong here at Davidson.” We are glad to hear that, Dr. Stell.

**Medical Humanities Courses**

Medical Anthropology  
Culture and Sexuality  
Molecular Biology  
Immunology  
Seminar on Childbirth  
Seminar: Issues in Reproductive Medicine  
Biology Research  
History of Medicine  
Literature and Medicine  
Issues in Medicine  
Health Care Ethics  
Primary Health Care in the New Millennium  
Health Economics  
Law, Medicine & Ethics  
Public Policy  
Medical Ethics  
Civil Liberties  
The Politics of Reproduction  
Abnormal Psychology  
Psychology of Aging  
Research—Behavioral Neuroscience  
Research Methods in Clinical Psychology  
Psychological Research—Developmental  
Advances Neuroscience  
Seminar: Aging and Memory  
Death and Dying  
Medical Sociology
Resources on Medical Futility

**Resources from Futility Articles:**


**Books:**


*Recommended for health care professionals and members of ethics committees.


*A broad introductory overview for beginners who want to learn more about the issue of medical futility in a formal manner.


*A thinking person’s guide for existence and a guide to the intellectual tradition on futility.


*Discusses the doctor-patient relationship and the economic, demographic, and historical factors that affect health care; discusses what constitutes futile medical treatment.


**Journals:**


**Case Law:**


Websites:

1) The Internet Journal of Emergency & Intensive Care Medicine
   http://www.ispub.com/journals/IJEICM/Vol3N2/ethics.html
   *International medical publishing house over the web. Provides articles, reviews, multimedia presentations and case reports that are peer-reviewed.

2) The San Francisco Medical Society
   http://www.sfms.org/sfm/sfm800q.htm
   *Guest Editorial on Medical Futility: When the Time Comes to Just Say No More by Steve Heilig, MPH.

3) FindLaw
   http://www.findlaw.com
   *Website that aids lawyers and legal professionals for communicating with their clients in legal news, law cases and codes; aids students with information on law schools and career development; assists businesses with information understandable to non-lawyers and small business owners.

4) American Medical Association
   http://www.ama-assn.org
   *Provides information on the history and mission of AMA, E&M Guidelines, legislative initiatives, new scientific discoveries, and medical ethics knowledge. Provides research from JAMA and specialty journals and provides information on litigation affecting medicine, AMA membership, and other products and services.

5) American College of Physicians-American Society of Internal Medicine
   http://www.acponline.org
   *Gives practice tips, educational publications, information about ACP-ASIM, positions and statements on ethical issues, and links to discussion groups.

6) The Institute of Medicine
   http://www.iom.edu
*Provides information on consortiums, studies, and fellowships; ongoing studies on current medical issues; recent reports on current ethical debates; a search engine; and upcoming events in IOM.

Calendar of Events: Spring 2001

February 7 Angela R. Holder, LLM, Clinical Professor of Pediatrics (Law), Yale University School of Medicine

7:00 pm - Public Lecture, “What Decision-Making Rights Should Adolescents Have in Health Care?”
Chambers Gallery

March 28 Frederick Womble Speas Memorial Lecture

Keynote Speaker:
Haavi Morreim, PhD, Dept. of Human Values and Ethics, College of Medicine, University of Tennessee, Memphis

7:00 pm - “Medical Errors: Pinning the Blame vs. Blaming the System,” 900 Room, College Union