Do Futility Determinations Improve End of Life Care?

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Introduction

- A personal journey
- Palliative care
- Questions to consider
Do-Not-Resuscitate Orders and Medical Futility

A Report by the National Ethics Committee of the Veterans Health Administration

December 2000
Report Recommendations

- The Committee affirms the value of a procedural approach to resolving disputes over DNR orders based on medical futility, and recommends the following:

- Situations in which the physician believes that resuscitation is futile should be handled on a case by case basis through a predefined process that includes multiple safeguards to assure that patients’ rights are fully protected...
Back to Boston...

- 2002: Clinical Director of VA New England Geriatric Research, Education and Clinical Center (GRECC)
- Developed outpatient and inpatient palliative care consult services at VA Boston
- Created VA-Community linkages to improve palliative care
- Winner 2005 *Mary Davis Barber Heart of Hospice Award* Mass. HPCF
What Is Palliative Care?

- Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice (Federal Register 2008).”
4 Kinds of Suffering (Saunders)

- Physical Suffering
- Psychological Suffering
- Spiritual Suffering
- Existential Suffering
What is palliative care?

- Treatment that enhances comfort
- Not meant to cure a disease
- Improves quality of the end of life
- Expected outcomes:
  - Relief from distressing symptoms
  - Easing of pain

Palliative care meets individualized goals rather than focusing on the underlying disease.
Palliative Care’s Place in the Course of Illness

Source: Clinical Practice Guidelines for Quality Palliative Care, 2d Ed., 2009
Comparing Hospice vs. Palliative Care

**Hospice**
- Prognosis of 6 months or less
- Focus on comfort care
- Defined insurance (e.g. Medicare) benefit
- Volunteers integral part of the program

**Palliative Care**
- Any time during illness
- May be combined with curative care
- Independent of payer
- Health care professionals
Palliative Care Does Help!

- May prolong life! *NEJM* article 8/2010 showed life was extended for cancer patients treated with both early palliative care and therapeutic care.

- May improve quality of life! Increasing evidence of better quality of life.

- May save money! Palliative care consult teams in hospitals reduce costs.
The Demographic Imperative

The Reality of the Last Years of Life: Death Is Not Predictable

(modified from Joanne Lynn, MD)
Good Models to Predict Survival Time Show Remarkable Ambiguity Near Death

Medians of Predictions Estimated from Data on These Days before Death

- Lung cancer
- Congestive heart failure

Source: Joanne Lynn, MD
Patients: Desiring comfort, wanting guidance about what is the right thing to do

- Many seriously ill patients would prefer comfort care when hospitalized.
  - Heart failure: 40%
  - Lung disease: 66%

- One-third get medical care at odds with their wishes.

- 80% would prefer to die at home.

How to talk about EoL Care

- Start with goals of care discussion
- Get patient and family’s perspectives
- Don’t wait until the crisis!
- If the crisis has occurred, but the discussion hasn’t, please start the conversation
Potential Goals of Care

- Gillick: Longevity, Function, Comfort
  - Life prolongation
  - Maintenance or improvement in function
  - Comfort

- Most want all three, but as illnesses progress, can see shifts in priorities
Advance Directives Help

April, 2010 article shows that people with ADs more likely to have wishes about end of life care respected
Terri Schiavo
Terri’s Brain (on right)
Long Term Acute Care

Spaulding Hospital Cambridge
Things I Noticed in LTAC

■ Home of the “full code” patient

■ Some/many patients and families did not believe physician prognosis and often distrusted team

■ Some people who should have died lived and did well, others just lived
Her Point

“The America I know and love is not one in which my parents or my baby with Down Syndrome will have to stand in front of Obama's "death panel" so his bureaucrats can decide, based on a subjective judgment of their "level of productivity in society," whether they are worthy of health care. Such a system is downright evil.” Sarah Palin, Facebook Page, August, 2009 [via Huffington Post]

Provision to pay physicians for advance care planning discussion was eliminated from the health reform bill
Robert Painter, Esq.

www.survivinghospitals.com
Physicians Have Mixed Feelings

1. Would you ever recommend or give life-sustaining therapy when you judged that it was futile?
   - Yes, 23.6%
   - No, 37.0%
   - It depends, 39.4%

2. Would you ever consider halting life-sustaining therapy because the family demands it, even if you believed that it was premature?
   - Yes, 16.3%
   - No, 54.5%
   - It depends, 29.2%

Source: Medscape survey of >10,000 doctors, 8-9/10
Figure 1. Percentage of Participants Choosing Each Option for the Care of an Unresponsive Patient with a Poor Prognosis.

The total number of participants who voted and the percentage who chose each option are shown for each continent or region. An interactive graphic that includes the total number of votes and percentages according to country is available at NEJM.org.

Source: Kritek PA, Slutsky AS, Hudson LD. NEJM 3/09

Tagline: *How far would you go to sustain the life of someone you love, or your own?*
Policymakers Turn to an Old Tool To Build a New System of Care
<table>
<thead>
<tr>
<th>Type of Suffering</th>
<th>Does Futility Analysis Help?</th>
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<tbody>
<tr>
<td>Physical</td>
<td>Maybe</td>
</tr>
<tr>
<td>Psychological</td>
<td>Whose suffering?</td>
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<tr>
<td>Spiritual</td>
<td>?</td>
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<tr>
<td>Existential</td>
<td>?</td>
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</tbody>
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Parting Thoughts

- Futility decisions may help:
  - Conserve scarce health care resources
  - Reduce provider frustration

- Futility decisions may also:
  - Distract from need to improve access to palliative care
  - Divide communities and exacerbate differences
  - Reduce trust in an era of cost containment
Parting Thoughts (cont.)

- Best way to improve palliative care is to focus on goals of care and access to services before the crisis

- Futility analysis probably applies to a limited set of cases and in some ways may be too little too late

- Should policy and care effort be directed to futility or improved palliative care?
Can You and Your Loved Ones Answer These Questions?

1. On a scale of 1 to 5, where do you fall on this continuum?

1. Let me die in my own bed, without any medical intervention
2.  
3. Don't give up on me no matter what, try any proven and unproven intervention possible
4.  
5.  

2. If there were a choice, would you prefer to die at home, or in a hospital?

3. Could a loved one correctly describe how you’d like to be treated in the case of a terminal illness?

4. Is there someone you trust whom you’ve appointed to advocate on your behalf when the time is near?

5. Have you completed any of the following: written a living will, appointed a healthcare power of attorney, or completed an advanced directive?

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