

Futility and the Ethics of Saying 'No'

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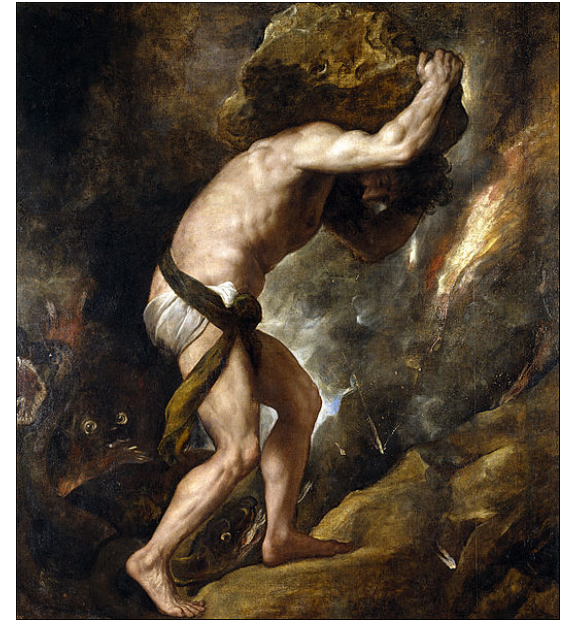
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Saying 'no' to surgery

- Situations where shared decision-making has not produced consensus
- Disagreement is about whether the likelihood of achieving the *aims* of surgery is *high enough* to *justify* the risks/burdens
- We might (like to) say that the surgery is *futile* or *not in the patient's best interests*



Refusal as paternalism

- Refusing surgery is then *paternalistic*
 - Intended to be for the patient's good, but without regard to their (or their surrogate's) wishes
- Paternalism is not always unjustified
 - If the person does not understand the nature of their choice
 - If the person is not competent to make the choice
- The patient (or their surrogate) does not, or cannot, understand that surgery is not in their best interests



Lack of understanding or different value judgement?

- Disagreement may not be due to failure to understand the low probability of benefit
- Value judgement inherent in claims that likelihood of benefit is *not worth* the risks
- Respect for autonomy requires allowing *competent* and *informed* patients to decide for themselves what is worthwhile



Implications of different value judgements

- Is it more likely that the disagreement is due to different value judgements, or lack of understanding of the choice?
- Surgeons and patients/surrogates may also disagree about the aims of surgery



Appropriate use of resources

- Request for surgery is a request for use of scarce resources
- Thus it is not only the patient's judgements that should be considered
- Doctors should consider the distributional implications of decisions to offer treatment
- *Society* as a whole also needs to confront these questions



Conclusion

- What is the patient (or their decision-maker) trying to achieve?
- Do they truly understand the situation?
- Should we as a society agree that patients should not be refused surgery no matter what the probability of success, as long as *the patient* believes the chance is worth it?