

**Title:** Futile Medical Care (Futility)

**PURPOSE:** To provide guidance to physicians following the determination that life-sustaining medical treatment would be futile.

**DEFINITIONS:**

- A. An attending physician is the patient's principal physician of record.
- B. Surrogate Decision Maker is someone recognized to make decisions on behalf of a patient when the patient is without decision-making capacity or when the individual has given permission to the surrogate to make decisions. The individual(s) may be health care agent(s) as defined in a power of attorney for health care, legal guardian(s), parent of minor child, or other authorized representative.

**POLICY:**

- A. If, in the judgment of the attending physician and a staff physician consultant, life-sustaining medical treatment would be futile, the attending physician may write an order withholding or withdrawing the treatment after notifying the patient or patient's surrogate(s). Appropriate palliative care measures should be instituted.
- B. A life-sustaining medical intervention should be considered "futile" if it cannot be expected to restore or maintain vital organ function or to achieve the expressed goals of the patient when decisional.
- C. Life-sustaining medical treatment includes cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, blood products, renal dialysis, vasopressors, or any other treatment that prolongs dying.
- D. Consultation with Palliative Medicine, Social Services, and Chaplaincy, as appropriate, is strongly encouraged. If there are remaining questions, the physician should consult the Ethics Committee. If the patient (or surrogate) disagrees, the attending physician should consider whether transfer to another attending physician, or another health care facility willing to accept the patient, is feasible. If transfer to a physician or facility willing

to accept the patient is not feasible, further life-sustaining medical treatment may be withdrawn.

- E. When treatment is determined to be futile, the patient should be made Do Not Resuscitate in accordance with Froedtert Hospital Do Not Resuscitate DNR Policy.
- F. The attending physician must contact the Office of the Chief Medical Officer verbally when this policy is invoked and document in the patient's legal health record (LHR) a progress note that includes:
  - a. The patient's medical condition.
  - b. All facts considered relevant to the decision.
  - c. Date and time and names of the individuals notified [the patient or patient's surrogate(s)] of the decision to change the code status to DNR, prior to actual orders being entered into the patient's LHR.