

ETHICS in Practice

May 2001

ISSN Number 1480-9990

FUTILITY PRESENTS MANY CHALLENGES FOR NURSES

THREE EXAMPLES

1. A young child with cancer has exhausted the drugs of choice with no change in the course of the disease. Having difficulty accepting the inevitability of their child's death, the parents ask Marie, the case nurse manager, to implore the physician to try another drug and not give up on their child. The nurse struggles with the conflicting views as she is caught between the wishes of the family, the physician's prognosis, and her belief that the child and family will suffer with continuing treatment.
2. A 49-year-old man, married with two children under the age of 12, sustains a massive intercerebral bleed. He has not regained consciousness in four weeks and physicians feel he will remain in a persistent vegetative state. He has now developed acute renal failure. The family and the team are at odds over the institution of dialysis. The wife wants everything done, yet the team feels it is futile. Ranjit, the nurse* caring for the patient, is left to respond to the family's distress.
3. A 15-year-old girl who was involved in a serious car accident arrived in emergency. The parents were located and brought in for a family meeting. At first, the staff, with guarded optimism, conveyed to the family that it was too early to tell whether the child would pull through. Within 24 hours, the parents were called back because their daughter's condition had deteriorated. The family listened, the staff left and the shift changed. Paul, the nurse assigned to care for the girl on the afternoon shift arrived to find a very distraught family. The family told Paul they understood life support was removed because the bed was needed for another patient. Paul, realizing the family received incomplete information, called the team back to talk to the family about the futility of further treatment for their child.

* use of nurse refers to registered nurse

COMMON THREADS

What these examples have in common is a difference of opinion between health professionals and families about the appropriateness of treatment and caregiving for patients who are not expected to recover from their illnesses. The resulting tension can create difficult ethical situations for nurses. Furthermore, nurses can experience significant ethical distress when they are unable to act on what they believe would be in the best interests of the patients and families. Immense burdens are placed on nurses and the rest of the health care team when caring for patients in situations where further treatments may be defined as futile.

Futility can be understood as medical treatment that is seen to be non-beneficial because it is believed to offer no reasonable hope of recovery or improvement of the patient's condition. This paper will assist nurses in understanding the ethical issue of futility, and offer strategies on how to support patients and families. A discussion of how the *Code of Ethics for Registered Nurses* and other relevant policy documents can help is also included.

FUTILITY: A MORALLY DISTRESSING ISSUE

Health care decisions can be difficult at the best of times, but decisions about end-of-life treatment can be particularly difficult. End-of-life issues cover a broad scope of ethical considerations, including advanced directives, DNR orders, hospice, palliative care and decisions around withholding and withdrawing treatments. While futility is only one facet of the ethical issues concerning end-of-life, it is significant because it is morally distressing when there is disagreement about whether the proposed treatment or caregiving is futile. Further understanding of the concept of futility can help nurses feel less alone and perhaps gain sensitivity to the multifaceted aspects around futility. Because the term futility indicates that there is little hope for life, situations involving futility are ethically distressing situations – as the preceding examples illustrate. Although palliative care offers hope for a respectful death, in some situations the futility debate will continue and remain morally distressing.

FUTILITY: THE BIGGER PICTURE

Some ethical scholars have broadened the definition of futility by suggesting that the physician is not entitled to judge a treatment to be futile as long as it can offer something the patient wants (Schneiderman and Jecker, 1995). Somerville (2000) points out that labeling a treatment as futile can be either physician-centred or patient-centred and that conflicts can occur depending on which perspective one takes. A distinction can also be made between quantitative or objective futility as determined by a physician and subjective or qualitative futility as determined by the patient and family.

On the other hand, Wiejer (1999) favours a subjective approach that considers the wishes of the patient and family for an outcome that is important to them but different from the objectives of health professionals, using physical health outcomes as guidelines for proceeding with treatment.



Taylor also focuses on the subjective aspects of futility and offers four categories.

1. Not futile: Benefits to both physical and overall well-being;
2. Futile: Non-beneficial to either physical or overall well-being;
3. Futile from the patient's perspective: Medically indicated but not valued by the patient; and,
4. Futile from the clinician's perspective: Valued by the patient but not medically indicated (1995).

This last category is central to the ethics debate on futility and is the source of much of the conflict that can arise between patients/their families and health care professionals. As can be seen from the diverse perspectives above, futility is a multi-dimensional concept. Looking at the bigger picture can help nurses understand the various layers within the concept of futility and help realize how their interventions can provide advocacy and meaning for patients and their families.

WHEN THERE ARE NO MORE CURES TO OFFER, THERE IS STILL NURSING CARE

Nurses know and see patient-valued interventions when medical treatment is futile. Most nurses and other health care team members are sensitive to the inevitability of death and wish to provide support for patients and families facing death. The hard part for nurses is knowing how to respond in situations of uncertainty, and knowing what to do when faced with patients and families who are distressed and are trying to find some meaning in the crisis they face.

Nurses on the frontlines of patient care often have the privilege of understanding the fears, wishes and hopes of patients and families. Thus, nurses, occupying an important position within the health care team, are able to highlight and assist in communicating the views of patients and families when they are told no further medical treatment is indicated. Nursing care and goal-setting often help patients and families come to terms with the inevitable. This includes helping them to realize how comfort measures and supportive behaviour can be effectual in supporting and palliating the patient "...because when there are no more cures to offer, there is still nursing care – and it needs to be the best" (CNA, 1995).

HOW THE CODE OF ETHICS CAN HELP

The Code of Ethics for Registered Nurses "...provides nurses with direction for ethical decision-making and practice in everyday situations as they are influenced by current trends and conditions" (CNA, 1997). As a guide for nurses, the code provides information to help them resolve ethical concerns. The seven values presented in the code serve as a resource from which nurses can draw to voice, advocate and take action on behalf of patients and their families. *Everyday Ethics: Putting The Code Into Practice* (CNA, 1998) gives guidance on using the code, including case examples and several ethical decision-making models. The examples below describe how Marie, Ranjit and Paul might use the *Code of Ethics for Registered Nurses*.

If Marie behaves with compassion and seeks to involve the parents so they understand that love and caring for their child is "doing something" she is giving them a choice through which they are able to come to terms with the inevitable. In doing so Marie would be basing her actions on the value of Choice. If Marie helps the parents to focus on the life the child has at present and the importance of being there

VALUES

A value is something that is prized or held dear; something that is deeply cared about. This code is organized around seven primary values that are central to ethical nursing practice:

Health and well-being

Nurses value health and well-being and assist persons to achieve their optimum level of health in situations of normal health, illness, injury, or in the process of dying.

Choice

Nurses respect and promote the autonomy of clients and help them to express their health needs and values, and to obtain appropriate information and services.

Dignity

Nurses value and advocate the dignity and self-respect of human beings.

Confidentiality

Nurses safeguard the trust of clients that information learned in the context of a professional relationship is shared outside the health care team only with the client's permission or as legally required.

Fairness

Nurses apply and promote principles of equity and fairness to assist clients in receiving unbiased treatment and a share of health services and resources proportionate to their needs.

Accountability

Nurses act in a manner consistent with their professional responsibilities and standards of practice.

Practice environments conducive to safe, competent and ethical care

Nurses advocate practice environments that have the organizational and human support systems, and the resource allocations necessary for safe, competent and ethical nursing care.

Canadian Nurses Association
March 1997

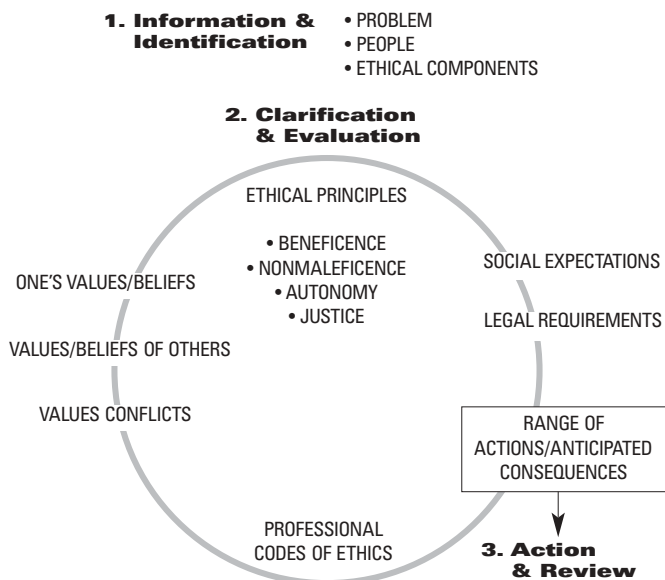
for the child, she refocuses them away from their loss. In doing so, she would be basing her actions on the value Dignity. Involving the parents by asking and determining how well they understand the situation can help them talk through their sadness. Or, on the other hand being silent and staying present with the parents also gives support. For Marie, caring for the dying child is consistent with the values of the code of ethics.

All nurses have communication and interpersonal skills, however, some situations of ethical conflict can disarm them leaving them feeling powerless. An ethical decision-making model often works as an adjunct to nurses' excellent problem-solving skills. An ethical decision-making model offers questions that trigger reflection and thoughts pertinent to the situation, and can help nurses make sound judgments. The nurse can gain confidence and, in turn, can strengthen the interaction between the patient or families and members of the health care team. When nurses are familiar with ethical decision-making models and the values of their code of ethics they are more prepared to assist patients and families who are facing situations that offer no more cures.

Ranjit might find the use of an ethical decision-making model helpful. In this case, emotions would probably be high, on both the part of the young family and Ranjit. Emotion plays an important role in nursing ethics, as it is often our emotion that leads us to see and name the problem and to act on it. The Circle Method found on Page 58 of the CNA document *Everyday Ethics: Putting*

The Code Into Practice (CNA, 1998) might be helpful. By starting at the beginning of the model and working through the questions and considerations, the nurse can find support and a process to follow. Through this method, the nurse will find composure and understand how best to act.

The Circle Method



Source: Storch, J.L. (1992).

The values of Fairness and Accountability can also help Ranjit care for her patient. Under Fairness "...nurses put forward, and advocate the interest of all persons in their care" (CNA, 1997). This includes helping individuals and groups gain access to appropriate health care that is of their choosing. An example of such assistance would be suggesting to the physician that a discussion with the family and other stakeholders in the patient's care would benefit all. With this strategy, the nurse feels less alone and perhaps a better form of decision-making can occur. Also, setting up a family meeting provides a forum for the family to express their concerns and wishes. In addition, the physician would have the opportunity to clarify the plan with all family members. By taking this type of action, the nurse demonstrates the value of Accountability.

Good communication around ethical issues is a prerequisite to resolving conflicting attitudes and values. What first appeared as a communication problem in the third example became an ethical problem. It was resolved by bringing the correct information to the family. The evening nurse, Paul, handled this emotionally charged situation in a way that enabled the family to receive complete information about their daughter. By taking this action, he demonstrates the value of Choice.

RESOLVING ETHICAL CONFLICTS

Fortunately, there are a number of interdisciplinary consensus documents and policies that can support nurses and other members of the health care team as they grapple with the ethical issue of futility. For instance, the Canadian Nurses Association, Canadian Medical Association, the Canadian Healthcare Association and the Catholic Health Association of Canada have developed *A Joint Statement on Preventing and Resolving Ethical Conflicts Involving Health Care Providers and Persons Receiving Care* (1999). This document addresses disagreements about health care decisions and offers a framework for nurses and other health care workers to use in ethical decision-making and resolving ethical conflict.

The statement also provides guidance for ethical issues "that involve value preferences where individuals of good will are uncertain or disagree about the right thing to do when someone's life, health or well-being is threatened by disease or illness." In this statement, "futility" is understood to mean situations in which "...a physician can determine that treatment is 'medically' futile or non-beneficial because it offers no reasonable hope of recovery or improvement, or because the person is permanently unable to experience any benefit. In other cases, the utility and benefit of a treatment can only be determined with reference to the person's subjective judgment about his or her overall well-being." Of particular interest to nurses is the recognition of the importance of the person's subjective judgments about his or her overall well-being, since the nurse may be the caregiver who possesses an important perspective on this point.

As was illustrated earlier, the *Code of Ethics for Registered Nurses* provides nurses with direction as they face the ethical issue of futility. The joint statement and CNA's position statement on End-of-life Issues provide nurses and other health care workers with direction as well – direction about the care of patients and families, as well as direction about how they can best work together as an interdisciplinary team. Below is a summary of strategies drawn from other sources that can help nurses and other health care team members work through ethical concerns related to futility.

1) Provide a consistent care provider.

In a recent study on family members, one of the conclusions the authors found was the importance of the need for family members to communicate with a consistent provider (Forbes, Bern-Klug, Gessert 2000).

2) Be aware of the "reachable moment."

Beddoe (1999) uses this term to describe that occasion when a professional truly connects with a patient and mutual exchange takes place in a manner that is uninhibited. Thoughts, plans and suggestions can be examined without interference. This can happen when the nurse can truly connect in an open and non-judgmental way, letting nothing matter but the client.

3) Engage in active listening.

In conflict situations active listening is particularly important; it helps defuse the emotional build-up in the other parties. For example, active listening communicates to others the desire to hear about their feelings, needs and point of view.

4) Focus on comfort.

In an article by Bottoroff et al (1995) several comforting strategies are identified. They include:

- gentle humour
- physical comfort measures
- emotionally supportive statements
- comforting and connecting touch
- increased physical proximity
- providing patients with information
- supporting patient's active participation in decisions regarding their care
- offering opportunities for patients to engage in social exchange.

5) Promote discussion among all significant parties.

Habermas (1984) suggests that we assess the validity of discourse by evaluating three sorts of claims;

- claims to truth about real-world events,
- claims to rightness about events from the shared social world, and
- claims to truthfulness, or honesty, from within one's personal world. Keeping the patient and family informed is a major goal that can soften the impact of bad news.

6) Make use of your power position.

A helpful article by Edward Springer, "When the family cannot let go" (1994), offers several suggestions:

- a) forge a bond with the family
- b) watch your anger
- c) withhold judgments
- d) encourage contact with the patient
- e) make sure you have the facts
- f) keep the family informed
- g) keep the lines of communication open
- h) call a patient conference
- i) go to your bioethics committee
- j) participate in rational dialogue.

How can these strategies help the nurses who were introduced at the beginning of this paper? Marie, the case manager in the first example is challenged to respond to a dilemma wherein the positions of the physician and parents are clear and conflicting. The nurse must decide on the merits of the different assessments of the child's situation and on the respective motivations of the physician and the parents. Marie might talk to the parents to determine the goals of care they have for their child. In turn, she might consult with the physician regarding the goals of care, thus advocating for the child and parents.

In the second example, Ranjit is left to respond to the moral distress of the 49-year-old man's family. Ranjit might begin by talking to the family to get a feel for their distress and she might try to determine, keeping Taylor's categories in mind, how the family is viewing this situation. Interaction with the family is the most important action Ranjit can take at this time even though resolution seems remote. The outcome of Ranjit's interaction is valuable information for the team because she is likely to bring the family's wishes to light.

In the third example, Paul, the nurse on the evening shift, is faced with a very distraught family. Paul realizes that the family did not receive complete information on their child's condition. The reduction of treatment is perceived by the family as being based on needing the bed for another patient. Paul realizes that the family must have misunderstood the team's communication about their child's changed condition and the futility of further treatment. He brings the team together with the family again and the family is told of the futility of further treatment. In this case, Paul shows how the nurse can assist by advocating on behalf of the family so they are kept informed.

CONCLUSION

Collectively, nurses can strengthen the focus on the patient when further treatment is deemed futile. The importance of nursing's presence at family conferences is paramount. Nurses are most often privy to the hopes, wishes and emotions of patients and their loved ones. Using this privileged knowledge, nurses can share, advocate and seek to fulfill those wishes to the greatest extent possible. When care is the only treatment remaining, nurses can respond with understanding, composure and effective communication. Armed with the intent of the values of the *Code of Ethics for Registered Nurses*, an ethical decision-making model, and other relevant documents, nurses can move forward and take action when challenged by difficult ethical situations related to futility.

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Ethics in Practice is published by the Policy Regulation and Research Division of the Canadian Nurses Association (CNA).

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ISSN 1480-9990