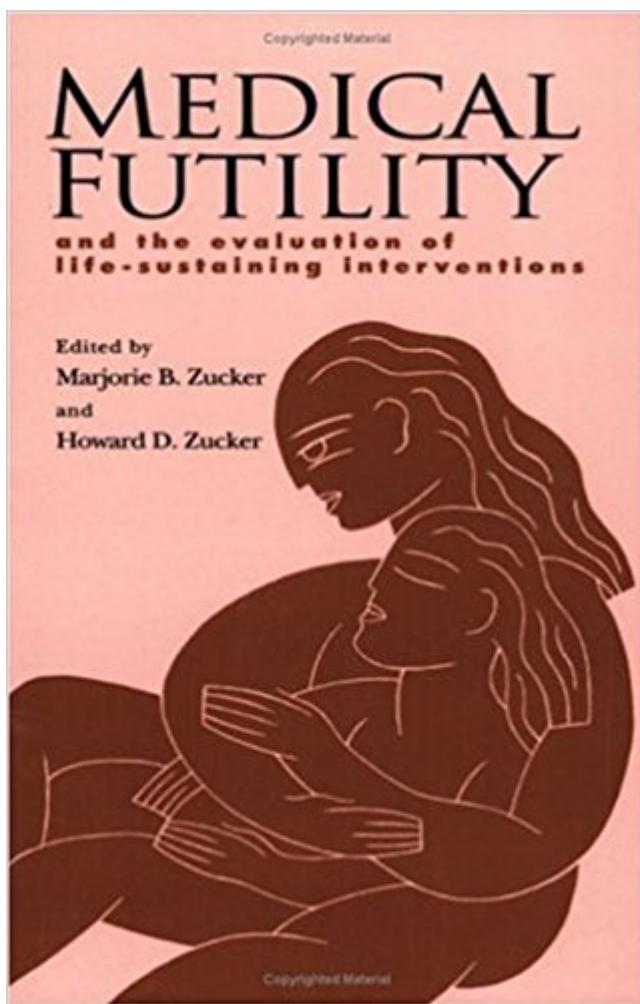


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Medical Futility: And The Evaluation Of Life-Sustaining Interventions



Synopsis

This volume surveys the clinical, ethical, religious, legal, economic, and personal dimensions of decision making in situations when the choice is either to extend costly medical treatment of uncertain effectiveness, or to terminate treatment, thereby ending the patient's life. Contributors from a wide range of disciplines offer perspectives on issues ranging from the definition of medical futility to the implications for care in various clinical settings, including intensive care, neonatal and pediatric practice and nursing homes. An important contribution toward the more humane and consistent handling of these situations, *Medical Futility* will be obligatory reading for health care professionals, students, and scholars concerned with ethical standards in medical care.

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Customer Reviews

It is sometimes useful to remind oneself of the rapidity with which social change now occurs. Thirty years ago, at the beginning of the modern era of bioethics, the central issue was whether patients had the freedom to refuse the life-sustaining treatments that many health care professionals felt compelled to provide, even when the treatment seemed purposeless to patients. Although patients are unfortunately still cajoled into accepting unwanted treatment in quite a few quarters today, in many other clinical settings the pendulum has now swung the other way. Increasingly, patients and families seem to be demanding life-sustaining treatment that health care professionals consider purposeless. The new question is whether health care professionals are obliged to provide such treatment. This issue, called "medical futility," is the subject of this new book. It is a compact

treatment of a complex subject. The 16 chapters are written by a wide range of authors, representing multiple perspectives on the issue, including social workers, intensivists, lawyers, nurses, and patients. Interestingly, the editors are not bioethicists but a retired medical researcher and a retired psychiatrist with a longtime interest in end-of-life issues. As relative outsiders to the academic debate, they bring a different tone. Their experiences help to maintain a distinctly practical and clinical focus throughout. It is a very accessible book, clearly written and easy to read. It provides a good introduction for those not already embroiled in the arcana of the futility debate. The wide variety of authors is a strength, bringing fresh perspectives to the issue. For example, while the debate has often been framed in terms of patient autonomy versus physician autonomy, it is refreshing to read a chapter by psychiatrists who suggest that the real problem in so-called futility cases is often family denial and suggest confrontation of that denial as a therapeutic intervention. Another important strength of the book is that it gives a national perspective on a multiplicity of interesting local efforts. Too often in bioethics, impressive grass-roots initiatives or legislative efforts are already in place at the state or local level, addressing concerns that affect the whole nation, but health care professionals in most localities are unaware of these efforts and inevitably falter in their attempts to reinvent the wheel. The book also has serious limitations. If one is looking for a book that breaks new conceptual ground in the futility debate, this is not it. The book is better understood as a broad introductory overview for those who know the issue from experience but want to begin to learn more about it formally. Although the variety of perspectives represented by the authors is a strength, it is also a weakness. The essays are of uneven quality. Many are actually more general reflections on end-of-life issues that do not directly address the issue of medical futility at all. Furthermore, although several influential authors have contributed useful essays, many authors who have figured prominently in the debate over futility are not included. Finally, there is surprisingly little debate among the authors in this book. They all seem to share a relatively common view, albeit articulated from a variety of perspectives. The issue of futility is much more contentious than the uninitiated reader would be led to believe after reading this book. For example, there is surprisingly little debate about whether futility judgments should be limited to judgments of physiologic futility (i.e., treatments that won't work), or should include judgments that certain patients are incapable of perceiving any physiologic effect as a benefit (e.g., those in states of permanent coma). Overall, this book provides a good, basic introduction to an important topic in bioethics. After reading it, however, one is still left wondering why it is that the pendulum has swung so far. Has the idea of respect for patient autonomy run amok? Or is the whole medical-futility movement just a backlash by physicians who have felt their power ebb over the past three decades? Have the

deprofessionalization of medicine and the increasing spirit of consumerism among patients made this state of affairs inevitable? Or, if health care is increasingly seen as a market commodity, is treatment to be deemed futile only if it cannot be paid for? A book that leads one to such questions seems worth reading. Reviewed by Daniel P. Sulmasy, M.D., Ph.D. Copyright © 1998 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. --This text refers to an out of print or unavailable edition of this title.

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