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**College of Intensive Care Medicine
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ABN: 16 134 292 103

AND



AUSTRALIAN AND NEW ZEALAND INTENSIVE CARE SOCIETY

ABN 81 057 619 986

STATEMENT ON WITHHOLDING AND WITHDRAWING TREATMENT

1. While intensive care treatment may be life-saving for patients with reversible critical illness, medical intervention can cause considerable suffering for patients and their families with little or no benefit. The withholding or withdrawing of specific treatments is appropriate in some circumstances.
2. The ethical principles that inform medical practice include respect for human life and dignity, patient autonomy, justice, beneficence and non-maleficence. These principles are sometimes in conflict. Resolution of such conflict depends on the particulars of the situation (including the likely patient outcome), and the philosophical viewpoints of those involved.
3. The benefits of intensive care treatment include the prolongation of life and the minimisation of disability. The potential benefits of treatment must be weighed against the burden, which might include pain, suffering, and compromise of dignity. In most situations, assessment of the potential benefits and burdens of treatment is based on probability rather than certainty.
4. Communities have the right to regulate access to public resources, even if this entails the non-provision of potentially beneficial healthcare.
5. There is no obligation to initiate therapy known to be ineffective, nor to continue therapy that has become ineffective.
6. Any consideration of the withholding or withdrawing of treatment should take into account the nature and probability of all potential outcomes together with any known views of the patient

concerning an acceptable quality of life and an acceptable burden of treatment. The patient's views should be ascertained directly if the patient is competent. For an incompetent patient, their likely views may have been expressed in an 'advance directive' or may be obtainable from the next-of-kin, the primary medical practitioner or another patient confidante.

7. The competent adult patient is entitled to withhold or withdraw consent for any treatment at any time, even if this may shorten their life. When such decisions are under consideration, the doctor has a responsibility to assess the competence of the patient and to provide all the information required to fully inform such a decision.
8. Consideration of the withdrawal or limitation of specific treatments may be initiated by the patient, the patient's family and friends, or healthcare professionals. Any decision to withdraw or limit treatment first requires the consensus of the intensive care team and the primary medical or surgical team. Dissent should be resolved over time with further discussion.
9. Once medical consensus is achieved, the concurrence of those with legal authority and/or the next-of-kin should be sought. Adequate time should be allowed for this process. The factors taken into account in reaching the medical consensus should be fully explained and it should be made clear that the burden of end-of-life decision-making for an incompetent patient does not rest solely with the next-of-kin. Where there is persistent disagreement between the healthcare team and the next-of-kin, it may be appropriate to involve non-medical professionals, clinical ethics committees or legal processes.
10. All decisions regarding the withdrawing or withholding of treatment should be documented in the clinical record. The documentation should include the basis of the decision, and should identify those amongst whom the consensus has been reached. Significant treatments that are to be withheld or withdrawn and those to be continued should be specifically documented.
11. When any or all aspects of active treatment are to be withheld or withdrawn, appropriate consideration should be given to an alternative care plan ('comfort care'), focusing on dignity and comfort. This is especially applicable when death is expected. The use of medication for control of patient symptoms in this setting is appropriate, even if this may shorten life.
12. Withholding treatment and withdrawing treatment are legally and ethically equivalent. Decisions to withhold treatment should involve the same principles and processes as decisions to withdraw treatment.
13. When death follows the withdrawal or withholding of treatment in accordance with the principles outlined in this statement, the cause of death is the medical condition that necessitates the treatment that is withheld or withdrawn.
14. To facilitate appropriate processes in the withholding and withdrawing of treatment in critically ill patients, guidelines should be developed locally in accordance with the principles outlined in this document. The development of such guidelines should also involve consideration of all relevant local factors including organisational and legal issues, as well as religious, ethnic, and cultural diversity.

*Adapted from the ANZICS Statement promulgated September: 2003
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This statement has been prepared with regard to general circumstances, and it is the responsibility of the practitioner to have regard to the particular circumstances of each case, and the application of this document in each case.

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