**Reason for Consultation:** Attending physician is having second thoughts about terminally weaning Mrs. M from ventilator support, he fears her case is not futile and that discontinuing life support might be considered physician assisted suicide.

**Medical Indications:** Mrs. M is a 54 year old woman transferred to the CCU from an outlying community hospital with a diagnosis of acute anterior wall myocardial infarction. Mrs. M’s co-morbidities include: acute/chronic pancreatitis, disseminated intravascular coagulation, acute respiratory failure, acute renal failure and lactic acidosis. Mrs. M was intubated and placed on a ventilator prior to transfer. She has been treated for anxiety and depression, with Haldol and Prozac successfully for several years. Mrs. M attempted suicide ten years ago. She is currently ventilator dependent with little to no chance of being weaned successfully. Mrs. M and her family have requested terminal weaning of ventilator support, which the attending physician agreed to, but now is questioning if terminal weaning of Mrs. M would be considered physician assisted suicide.

**Patient Preferences:** Mrs. M has indicated on several occasions that she does not want to be kept alive in a more debilitating state, or with less quality of life than she had prior to hospitalization. She had been alert and responsive the first three days of hospitalization, she declined pancreatic surgery and drug therapy to alleviate her excruciating pancreatitis pain. The surgery had a fifty percent mortality rate, and if she survived surgery, recovery would be a long road. Mrs. M would require extensive pulmonary care and placement in and extended care facility for redevelopment of activities of daily living skills, as well as, dialysis. These interventions are more burdensome to Mrs. M than the benefit of survival.

**Quality of Life:** Mrs. M’s quality of life would be severely affected if she continued with ventilator support. Living a sedentary life style with increasing limitation on her activities is “more than she could bear”. Her family state’s Mrs. M is no longer in love with life as it is currently represented, but she is “tolerating” it.

**Contextual Features:** Mrs. M prior to hospitalization resides with her husband. Mr. and Mrs. M appear to have a loving, supportive marriage; both consider promise keeping and not lying as paramount values in their relationship. Mrs. M is a mother of two, a son, who has depression issues, therefore he has been kept out of the decision making process and a daughter who is adamantly in support of her mother’s decision.

**Assessment:** Mrs. M is a 54 year old woman, who is ventilator dependent and has multiple co-morbidities, she along with her husband and daughter, are requesting terminal weaning from ventilator support and allowing Mrs. M to die. Mrs. M’s attending physician was initially on board with their decision, but has had second thoughts about terminally weaning her. He fears terminally weaning her off the ventilator and allowing her to die, would be considered physician assisted suicide. Mrs. M’s husband and daughter are adamantly in favor of Mrs. M decision. They are angry and hostile toward the attending physician and the ethics committee.

**Discussion and Analysis:** Mrs. M has consistently throughout her hospitalization maintained that she does not want treatment to prolong her life, in such a debilitating state. As autonomous beings, we all have the right to accept or decline treatment based on our values. Mrs. M appears to have capacity to make decisions for herself. Even if she did not, her husband and daughter wish to terminally wean her. Since, the patient does not have an advance directive; they are her surrogate decision makers. Mrs. M’s husband has advocated for his wife wishes, and has recounted their conversations for end-of-life care; he maintains Mrs. M was opposed to unnecessary prolongation of her life. Even with the small chance of survival/recovery, she was not willing to take that chance of living a life that is less meaningful, then the life she had prior to her hospitalization. Both Mr. and Mrs. M value promise keeping and not lying as key (veracity and fidelity) moral values; her attending physician, by questioning his initial decision, has violated her autonomy and “respect for person”. Autonomy and “respect for person” never requires a physician to actively kill a patient, but are ethical principles that requires noninterference from one person, to another person’s life plans.

The law treats discontinuing treatment as “forgoing treatment”; which is ethically viewed on the same plane as not initiating treatment, which is not active killing or passively killing. Forgoing treatment means the disease process is ultimately responsible for the death of the patient, not the treating medical professional. Therefore, in the eyes of the law discontinuing ventilator support is not unlawful, ethical speaking, it is not unethical, due to the fact, Mrs. M is an autonomous, capable women; she along with her husband and daughter have made a decision to “forgoing treatment” which would most likely lead to her death; and death would have been certain; even if she was never intubated and place on a ventilator. Hence, the results of either action are the same: death. Also, *The Patient’s Self Determination Act* of 1990 allows a capable patient or an informed surrogate the right to accept or declined life sustaining treatment. The M family is exercising their right to declined life sustaining treatment.

Physician assisted suicide is defined as: “the voluntary termination of one’s own life by administration of a lethal substance with the direct or indirect assistance of a physician.” (MedicineNet.com, 2013). Terminally weaning Mrs. M from the ventilator is not physician assisted suicide, Mrs. M and her husband/daughter gave informed consent for weaning, they have weighed the benefits and the burdens, and came to the conclusion, that weaning Mrs. M is the best treatment option for her, consistent with her life and end-of -life plans. The law, AMA and The President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research support the moral withdrawing/foregoing of care. Mrs. M has been successfully under treatment for her depression, and there is no reasonable belief, she is suicidal and trying to commit suicide by physician assistance.

Futile medical care is the continued provision of care/treatment when there is no reasonable hope of cure or benefit. Mrs. M is ventilator dependent, it is reasonable, to believe that she would not be able to breathe on her own. Mrs. M and her family feel, there is no benefit to prolonging her suffering, therefore continued ventilator support is considered futile treatment. Admittedly, the attending physician knew long-term survival was low and the overall medical picture for Mrs. M was bleak. Much moral duress and harm has been inflicted on the Mrs. M and her husband/daughter with the attending physician’s indecision. Mr. M and his daughter told Mrs. M. her request would be honored, thereby if her request is not honored, she will believe her husband and daughter lied to her. Keeping promises and not lying in the M’s family, has a higher moral value than her life with a slim chance of recovery.

This indecision in care and multiple consultants has created moral unrest with the nursing staff; they clearly support Mrs. M and her husband/daughter’s decision to withdraw/forego life support. The attending physician’s inexperience with terminal weaning procedure clearly has caused discord with all concerned with Mrs. M’s case.

**Recommendation:**

1. Attending physician should consult with colleagues/peers, and read the institutional policy and procedure for terminal weaning.
2. Attending physician should consult legal affairs about legal implications/concerns of withdrawing/forgoing life support.
3. Psychiatric evaluation is not necessary to determine capacity, even if Mrs. M. is not capable of making decision for herself, her husband/daughter becomes her surrogate and they request terminal weaning with comfort measures.
4. Mrs. M should be terminally weaned off the ventilator and made comfortable.