

End of Life Decision-making

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End of Life Decision-making

- Refusal of treatment

- Legal

- *Schloendorff v. The Society of New York Hospital* (1914)

- Chief Justice Cardozo:

- “Every human being of adult years and sound mind has a right to determine what shall be done with his own body”

- *In re President and Directors of Georgetown College, Inc.*, 331F.2d 1000.1022 (1964)

- “foolish, unreasonable, or absurd decisions...”

- *Karen Ann Quinlan* (1975): mechanical ventilation; life sustaining treatment; encourages living will legislation at state level (right to die)
 - *Nancy Beth Cruzan* (1990): artificial nutrition/hydration; life sustaining interventions; evidentiary standard

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- Standards of decision-making
 - Informed consent (competent/decisional capacity)
 - Decision-making if lost decisional capacity
 - Advance Directives: Living wills
 - Advance Directives: Durable Power of Health Attorney or surrogate decision-maker
 - Standards
 - Substituted judgment
 - Best Interest

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A Good Death

AGS(1997)

Symptoms
Support of autonomy
Advance care planning
Pt/family satisfaction
Quality of life
Family burden
Provider continuity

IOM (1997)

Quality of life
Physical well-being
Psychosocial
Spiritual well-being
Perception of care
Family well-being

E/E (1998)

Symptoms
Social relationships
Economic/caregiver
needs
Hopes/expectations
Spiritual needs

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NIH consensus (2004): “Subgroups of race, ethnicity, culture, gender, age, and disease states experience end-of-life care differently, and these differences remain poorly understood”

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What is necessary for someone in your culture to die a dignified and peaceful death?

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How are decisions about end of life care best made in your culture?

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How do Western approaches to end of life decision making work with members of your community?

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- How do people in your community view:
 - Living Wills
 - Surrogate decision making
 - Palliative care
 - Hospice care
 - Withdrawal of care
 - Medical futility

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How can individual health care providers improve end of life care?