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**College of Intensive Care Medicine
of Australia and New Zealand**
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 by healthcare professionals. The basis of the discussion is best framed as a concern over 'potentially inappropriate' treatment.
9. When the consideration of the withdrawal or limitation of 'potentially inappropriate' treatment is initiated by a healthcare professional, effective resolution first requires the consensus of the intensive care and the primary medical or surgical teams. Dissent should be resolved over time with further discussion. 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. When the consideration of the withdrawal or limitation of treatment is initiated by family or next-of-kin, the role of the intensive care specialist is to assess the continuation of the 'potentially inappropriate treatment' against what is known or can be inferred of the patient's wishes and values. The patient should always be involved in discussions if possible and careful explanation of the potential outcomes should be provided to everyone involved in the decision-making. The basis for decision-making under these circumstances is always the patient's best interests.
11. 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.
12. 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. In this context, comfort and dignity have higher priority than the mere preservation of life or the avoidance of its foreshortening. Thus the use of medication for control of patient symptoms in this setting is appropriate, even if this may shorten life.
13. 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.

14. 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.
15. 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.

Publishing Statement

Published by CICM: March 2021. 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. Position statements are reviewed from time to time, and it is the responsibility of the practitioner to ensure the current version has been obtained. Professional Documents have been prepared according to the information available at the time of their publication, and the practitioner should therefore have regard to any information, research or material which may have been published or become available subsequently. Whilst the College endeavours to ensure that documents are as current as possible at the time of their preparation, it takes no responsibility for matters arising from changed circumstances or information or material which may have become available subsequently.

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