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The difference between withholding and withdrawing life-sustaining treatment

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Abstract *Objectives:* First, to present the position on the distinction between withholding and withdrawing life-sustaining treatment as expressed in guidelines and examine its relation to the attitudes of health care professionals. Second, to examine the possible ethical justification of this distinction.

Design, setting, and participants: Critical analysis of guidelines on life-sustaining treatment and questionnaire administered to 148 health care professionals – physicians and nurses at the intensive care unit (ICU), University Hospital MAS, Malmö, Sweden.

Results: In contrast to the guidelines, which emphasize that there is no ethical difference between withholding and withdrawing life-sustaining treatment, not less than 50 per cent of the professionals in the ICU were of the opinion that there

is an ethical difference. All attempts to justify this difference with reference to an inherent distinction between withholding and withdrawing seem to be controversial.

Conclusions: We recommend a change in emphasis in professional guidelines. Such guidelines should avoid the controversial issue about the possible inherent ethical difference between withholding and withdrawing life-sustaining treatment. What should be underlined is that the particular situation and the consequences of withholding as well as withdrawing life-sustaining treatment should always be taken into account.

Key words Ethical theories · Guidelines · Life-sustaining treatment · Withdrawing · Withholding

Introduction

During the last two decades, much has been written about the ethics of forgoing life-sustaining treatment. One of the questions discussed in this context is whether there is any ethically relevant difference between withholding and withdrawing life-sustaining treatment. Guidelines on forgoing treatment state that there is no such difference [1–11]. We have no example of guidelines stating or indicating that there is any ethically relevant difference. In spite of these guidelines, there is still an ongoing debate about the issue [12–24]. Why doesn't the controversy come to an end? One explanation, we

believe, is that there is a tension between the guidelines and the attitudes of many health care professionals.

The main purpose of this article is to recommend changes in the present guidelines. First, we will present the "official" position as expressed in guidelines and by most ethicists and lawyers and relate it to some data about the attitudes of health care professionals. Second, assuming, hypothetically, that there is an ethically relevant difference, we will examine for each of four ethical theories whether the theory could be used to justify or support this assumption.

Table 1 Answers to the question ($n = 114$): Do you think there is any difference between withholding a life-sustaining treatment (i.e. not to connect a patient to a ventilator) and withdrawing such treatment once started (i.e. to disconnect the patient from the ventilator)? Numbers are percentages

Responses	Medical difference	Psychological difference	Ethical difference	Legal difference	Economic difference	Practical difference
Yes, certainly	35	47	32	15	29	38
Yes, probably	18	32	18	22	25	29
I am very uncertain	3	4	10	28	4	8
No, probably not	27	11	19	19	12	8
No, certainly not	15	5	18	13	27	11
Missing data	2	1	2	3	2	6

Positions and attitudes

When comparing withholding and withdrawing, it is hard to deny that there is a difference. But is it ethically relevant? Withholding is sometimes regarded as similar to letting someone die and withdrawing as similar to active killing. This view is rejected by most ethicists and lawyers. They do not, however, deny that there are important psychological and situational differences. Sulmasy and Sugarman refer to this as a historical fact: therapy must have been initiated in order to speak of withdrawal [16], and they argue that this is an intrinsic difference of moral significance. But neither Gillon [17] nor Harris [18] is convinced. Beauchamp and Childress [24] assert that the distinction between withdrawing and withholding treatment is morally irrelevant and can create "dangerous situations" for the patient. Weir [23] maintains that the distinction between "withhold/withdraw may once have been helpful in the ethical analysis of end-of-life issues, but may now need to be placed in the historical archives of biomedical ethics."

The guidelines from the Hastings Center accept that there are psychological differences between withholding and withdrawing but point out that "these differences are only the starting point of ethical reflection; they do not determine its conclusion" [1]. It is also recognized that withdrawal is a more emotionally complex decision but denied that this makes an ethically relevant difference [10]. The American Academy of Neurology in their in guidelines criticizes "[t]he view that there is a major medical or ethical distinction between the withholding and withdrawal of medical treatment" and maintains that it "belies common sense and good medical practice, and is inconsistent with prevailing medical, ethical and legal principles" [2].

It is, however, widely recognized, and confirmed by surveys, that many health care professionals do not agree [1, 12, 13, 15, 19–27]. They believe, or at least they were of the opinion, that there is an ethically relevant difference between withholding and withdrawing life-sustaining treatment. Most often they found withdrawing more problematic than withholding.

Our own study from 1992 supports this conclusion. We made a survey at the Intensive Care Unit, University Hospital MAS, Malmö, Sweden. A questionnaire

was distributed to 148 health care professionals – physicians and nurses. The overall response rate was 77 per cent. Most of the items in the questionnaire related to forgoing life-sustaining treatment.

One set of questions referred explicitly to possible differences between withholding and withdrawing such treatment. With reference to a situation described in a vignette, the participants were requested to express their attitude to six different aspects of this situation. For none of these aspects was there a majority for "no difference" between withholding and withdrawing (Table 1). Not less than 79 per cent of the professionals in the ICU were of the opinion that there is a psychological difference, and 50 per cent were of the opinion that there is an ethical difference. As to the legal difference, 37 per cent answered "yes", but as many as 28 per cent were uncertain.

Ethical theories

If there is any ethically relevant difference between withholding and withdrawing life-sustaining treatment, this distinction ought to have some support from at least one ethical theory. If no such justification can be found, there might still be such a difference – but it is less plausible. The ethical difference could be in the act (deontological ethics), the consequence of the act (consequential ethics), the underlying motive of the act (virtue ethics), and/or the situation in which the act is performed (situation ethics). In principle, all ethical positions can be expressed as one or a combination of these four theories (Fig. 1).

The act

According to the first theory of ethics, at least some acts (or omissions) are right or obligatory regardless of their consequences. Acts are different in a way that make some acts right and others wrong [28]. Are there such differences between withholding and withdrawing life-sustaining treatment? One possibility is that withholding can be taken as something passive and therefore should be described (at least in certain circumstances)

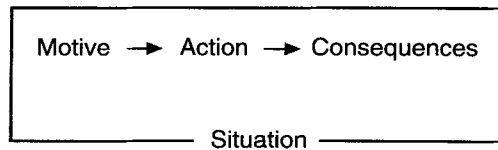


Fig. 1 All ethical positions can be expressed as one or a combination of the four theories: virtue ethics, deontological ethics, consequential ethics, and situation ethics

as an omission. Withdrawing treatment, however, is something active and should be described as an action. Some deontologists believe that there is an ethically relevant difference between actions and omissions. To withhold life-sustaining treatment is to “permit” or “allow” the patient to die; withdrawing such treatment is actively intervening, and therefore “killing” the patient. Killing (i. e., causing a death) is, as a rule, morally worse than letting die (i. e., not preventing a death) [29]. Thus, the distinction might be ethically relevant from a deontological point of view. This is, for instance, the case in Jewish ethics according to Sprung et al. [20].

The consequences

According to the second theory of ethics, acts are right if they have good consequences. No other considerations are relevant [28]. Utilitarianism, which holds that human conduct should promote the welfare of those affected, is a special form of consequential theory. On the whole, neither the act/omission nor the active/passive distinction is accepted as morally relevant by consequentialists. So, assuming that all the consequences of withholding and withdrawing life-sustained treatment are the same, there is no ethically relevant difference according to this theory. Only if withholding and withdrawing life-sustaining treatment have different effects, for instance on relatives and health care professionals, can there be an ethically relevant difference.

The motive

Praise and blame are often bestowed on agents depending on whether or not they have the right motive. Questions like “why did the agent act (or forbear to act) in a particular way?” are answered with reference to motives [29]. As long as the motive is right, the agent is not blameworthy even if the act is performed in the wrong way or the desired consequences are not realized. Since there seems to be no systematic difference between the motives for withholding and the motives for withdrawing life-sustaining treatment, this theory does not throw any light on the distinction.

The situation

According to situation ethics, the context or the circumstances should determine what actions are right and what actions are wrong [29]. Ethical principles, deontological as well as consequential, should be treated with respect as illuminators of the problem at hand. But they are only rules of thumb and the agent should be prepared in any situation to set them aside. Thus, when assessing whether or not there is an ethically relevant difference between withholding and withdrawing life-sustaining treatment, the act, the motive, and the consequences are not the only determining factors. It is the situation as a whole that determines whether there is any relevant difference. There are several aspects of the situation that indicate an asymmetry between withholding and withdrawing life-sustaining treatment. For instance, the prognosis is often more uncertain when decisions to withhold treatment are made than when decisions to withdraw are made. When treatment is withheld there is often less time to reflect on and discuss the issue compared to what is possible when it is withdrawn. Not withholding a treatment often creates expectations that it will be continued, which suggests that withdrawing such treatment could be conceived as a breach of “promise” to the patient and the family. Thus, on this theory there are several differences in the situation that might be ethically relevant.

Discussion

When explicitly asked, many respondents to questionnaires answered that there are differences, also ethical differences, between withholding and withdrawing life-sustaining treatment. Using a questionnaire in this context, however, gives rise to methodological queries. Do the respondents understand the basic question in the same way as those who have been involved in the debate?

Ethicists and lawyers who deny that there is any ethically relevant difference between withholding and withdrawing medical treatment typically presuppose that all the relevant circumstances and consequences are the same. In their opinion the basic difference between not starting a treatment and stopping a treatment has no moral significance. This is the difference we had in mind when asking our questions.

So far, none of the participants in the debate have succeeded in their attempt to convince their opponents. This is no surprise. As explained above, different ethical theories imply different positions as to the ethical relevance of the distinction between withholding and withdrawing life-sustaining treatment. We, therefore, recommend a change in emphasis in professional guidelines. Instead of assuming that the situations and the

consequences are the same, the point of departure should be the fact that they seldom are. This is the relevant clinical approach. We believe that guidelines should avoid the controversial issue about the possible inherent ethical difference between withholding and withdrawing life-sustaining treatment. This is mainly an academic question. What should be underlined is that

when decisions are made to withhold or withdraw life-sustaining treatment the existing situation and the consequences to the persons involved or affected should always be taken into account. Thus, from a pluralistic perspective, whether or not there is an inherent ethical difference between withholding and withdrawing life-sustaining treatment is not decisive.

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