

Navigating Ethical Challenges in Providing Futile Care

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Dear Editor,

Medical futility refers to the provision of inappropriate care or intervention that no longer improves the patient's health or quality of life (1). It is generally acknowledged that a medical judgement that treatment is likely to be futile or ineffective serves as an essential foundation for considering the value of continuing treatment (2). As a result of various factors, including the diverse care requests of patients or family members, providing or discontinuing futility is not always uncomplicated. Healthcare professionals are concerned about providing unnecessary care, which can contribute to overtreatment or inadequate treatment. Such substandard care is viewed as a burden on patient care and can create real tensions for healthcare professionals to manage (3). Too frequently, healthcare professionals eventually facing the dilemma of choosing the best course of action.

Among the ethical dilemma is when the family requests to keep going on a treatment that has already been declared futile as an expression to "not give up hope" and to believe in miracles. It is not uncommon for family members to find it challenging to comprehend and embrace the arbitrary value placed on futile care or to have unrealistic expectations regarding the outcomes these futile treatments can achieve. However, this expectation contradicts the ethical values and responsibilities of healthcare professionals. While healthcare professionals recognise the significance of the sanctity of human life and the principle of equality, there are limits to their obligation to provide treatment, particularly when it is not in the patient's best interest. Futility, for example, will only prolong the dying process and the

patient's suffering (4), and it is contrary to the principle of beneficence, which states that healthcare professionals must do everything possible to benefit the patient's care, as this is the ethical thing to do. In addition, providing medically futile care will impose an additional burden on healthcare professionals, especially when resources are scarce. For instance, it is difficult for a nurse to provide futile care because, despite knowing that an action is futile, they are obligated to carry it out, creating moral conflicts. Not only would they not improve patients' prognosis, health, comfort, or well-being, but they would also waste nurses' time and prevent them from providing fundamental care, resulting in the omission or neglect of some care (5).

Examining the appropriateness of healthcare professionals' actions and responses when confronted with patient or family demand for futile care, it is essential to address the ethical challenges of medical futility from the outset. Meaningful engagement and anticipation of the treatment plan can be achieved through effective communication from the outset, such as that which occurs between the healthcare team, the patient, and the family. In instances where this is not practicable, obstacles can be surmounted by obtaining a second opinion from other relevant healthcare professionals. Not only does this provide some degree of reassurance, but it also represents an effort to establish a balance between maintaining hope and being honest and practical at the same time. In a few instances, futile care is still administered, but only as part of a time-limited trial in which the decision is frequently reevaluated. While such interventions do not harm the patient, they allow healthcare professionals to discuss with families the

cessation of active measures or the achievement of urgent goals. This justifies the consideration given by healthcare professionals in the provision of futile treatment, which is frequently associated with a broad range of interdependent factors (6).

In conclusion, healthcare professionals must cultivate systematic, rational, and compassionate communication to balance managing medical futility while recognising that medical treatment is only one aspect of patient care. It is thus crucial to acknowledge that the concerns conveyed by families or patients are frequently motivated by anxiety and uncertainty regarding patient care (7). Moreover, when offering reassurances, it is pivotal that healthcare professionals to maintain compassion and exercise discretion. They are also expected to exhibit a degree of pragmatism and accountability throughout the discussion of such sensitive topic. Whether a decision is made to administer futile care for a limited time or discontinue treatment, it is important that healthcare professionals place the patient's interests first and demonstrate unwavering compassion and humanity throughout the decision-making process.

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