Withdrawing and Withholding Life Support

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 Even though the right to refuse medical intervention is recognized in the medical community but how to exercise it is still not clear, especially when it comes to life support. The current guiding principles for critical care are rather vague, mainly because they focus on the morality of the practice of life support without discussing the real-time difference regarding the communication of the intervention option and how the patients are informed in there use. Generally, doctors withhold the information they deem pointless to offer, in case the patients or their relatives have weak decision-making capabilities and retain the burden of decision-making on themselves.

 In cases of life support withdrawal, there is a clear obligation to gain consent from the patients or their wards (as the required case) to administer the required treatment. But the decision-making process differs on the narrative of a patient's independence in the decision and the relative assessment of the pros and cons of life support in critical care scenarios. Great detail of professional analysis and reflection is needed to respond to the notion of giving patients the right to exercise their will in the matter that generally eludes their understanding, at least on medical grounds. However, there should be no doubt that knowledgeable and learned patients have the right to refuse medical interventions under the Anglo-American Law (Malette v Shulman, 1990).

 In Canada and other states with laws made under influence of the British, the patient retains the right to refuse ant or all medical treatment as these laws recognize the right of any person to exercise complete control over one’s body. This means that in most cases, the patient may insist that the treatment be halted at his request and the doctors are obliged to comply with his request (TL Beauchamp, 2001). However, there are certain limitations placed on these requests as the doctor must do whatever he can to secure the life of the patient. Therefore, we should take a rather constructive explanation of the right of autonomy under account. This interpretation is aligned with ethical principles of "maleficence" and "justice" and the needs of the practical situations that may arise in the course of giving treatment to the patient on the scene.

 The principal obligation of the doctor is to provide care appropriate to the situation at hand, which is based on the rule of professional accountability, and not from the respect of the autonomy of the patient, especially in the case when the latter's life hangs in the balance (Biegler, 2003). This may seem like a negative interpretation of the powers of the doctors, but note that this for the greater good of the patient. So, we can conclude that, in some rare cases, the decision to withhold or administer life support treatment can be at the discretion of the doctor and need not be declared or negotiated with the patient, especially when time is critical to the situation.

 To conclude the argument, the respect for a patient's autonomy over his physical self cannot be seen in complete negative standings, but it should be understood as the right of the patient to know that why he is being subjected to life-support treatment. Also, the doctor may administer life support treatment at his discretion but the authority of the patient can be seen as a measure to keep the doctor honest in his dealings with the patients. This is, of course, necessary unless a critical situation arises, in which case the doctor can administer treatment without the increased need to communicate with the patients, his present relative or any other attention, to save the life of the patients, as it is the basic purpose of the whole exercise.

# References

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