CASE STUDY RESPONSES

The team had no options

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As noted by the authors, DNR is not yet recognised by law in India. There is, thus, no legal validity to such a directive. Under the circumstances the physician must tread carefully between legal imperatives and the principles of humane behaviour. Where there is reasonable ground to make a poor prognosis regarding recovery and survival, the physician is justified in obeying instructions issued by the patient or legally recognised next-of-kin to refrain from resuscitative measures and artificial means of propping up blood pressure or making the patient breathe. These instructions must be recorded on the patient's case paper and witnessed by a representative each of the family and of the hospital.

Where there is a fair probability of recovery and survival, everything possible must be done to help the patient unless specific instructions are given by the patient or legally recognised next-of-kin to stop treatment and resuscitation. These instructions must be recorded on the patient's case paper and witnessed by a representative each of the family and of the hospital. The instructions must record that the patient (if conscious) and family have been told in no uncertain terms and have understood that depriving the patient of treatment recommended by the medical team will harm him/her and may even result in his/her death.

The differentiation by the authors between withholding treatment and stopping treatment that has already been instituted is important and legally relevant. Where the prognosis is bad (an example is widespread highly malignant cancer), withholding resuscitative measures merely permits nature to take its course without interference by the medical team. If, however, someone has already inserted an endotracheal tube and started artificial respiration using a ventilator, removing the ventilator leaves the doctor open to the accusation of acting to terminate the life of the patient. The argument that the patient has advanced cancer and that death is to follow soon will be countered by the query: "If that be so, why was the patient intubated and ventilated?" In the case under discussion, the medical team had no option but to do what they did. Any other action – or inaction – would have laid them open to the charge of grave misconduct and medical negligence. As is correctly pointed out, a sudden collapse of the patient demands immediate resuscitative efforts and there is no time to be lost. Consultation with the patient's family is impractical and even unwise under the circumstances.

The team treating the patient were right in discussing with the family the patient's collapse and the measures successfully adopted to resuscitate the patient after the patient was in a stable condition.

The family's decision, based on purely financial considerations, is their prerogative. As noted above, instructions issued by them in writing, after they have understood the ill-consequences to the patient stemming from these instructions, have to be followed and were followed in this case with fatal results. The responsibility for the death, however, rests entirely with the family. The medical team cannot be faulted.

Reference:

1. Adhikary SB, Raviraj R. Do Not Resuscitate orders. *Ind J Med Eth* 2006; 3: 100-1.