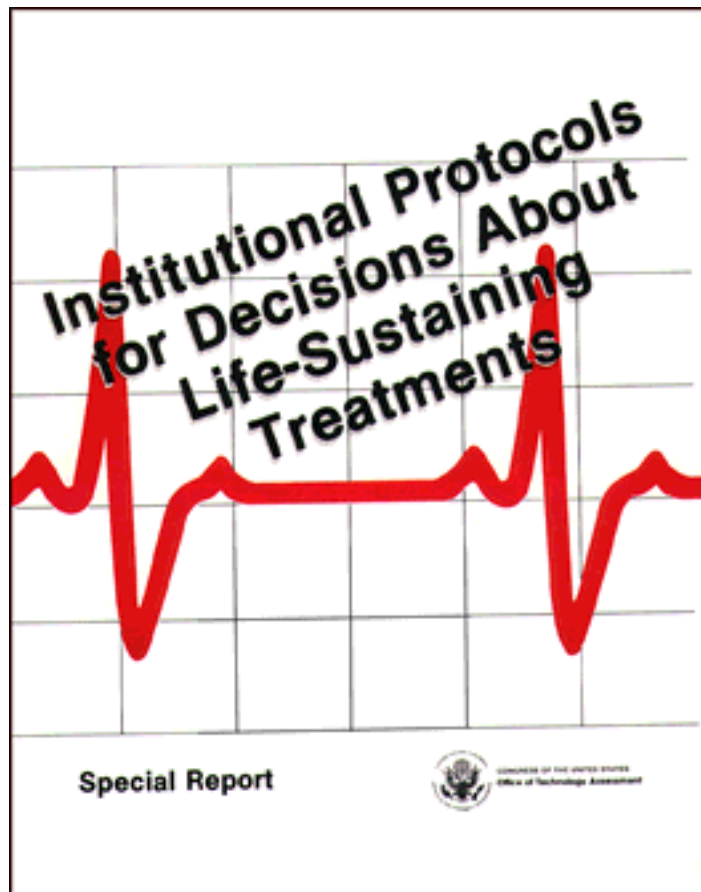


*Institutional Protocols for Decisions About
Life-Sustaining Treatments*

July 1988

NTIS order #PB89-138895



Recommended Citation:

U.S. Congress, Office of Technology Assessment, ***Institution) Protocols for Decisions About Life-Sustaining Treatments—Special Report*** OTA-BA-389 (Washington, DC: U.S. Government Printing Office, July 1988).

Library of Congress Catalog Card Number 88-600547

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Foreword

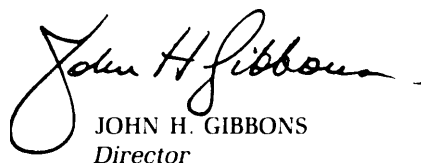
This special report extends the analysis provided in OTA0's 1987 assessment of *Life-Sustaining Technologies and the Elderly*. That report documented the numerous, serious uncertainties that complicate inherently difficult decisions about the use of medical technologies that are potentially life-sustaining. OTA described uncertainties regarding: 1) outcomes of treatment—whether the patient will survive and, if so, with what quality of life; 2) circumstances in which nontreatment may be ethical and legal; and 3) decisionmaking procedures—whose judgment to seek, for what, and when, and how to resolve conflicts and ensure that a decision, once reached, is carried out.

To help reduce these various sources of uncertainty and their serious consequences, OTA suggested a variety of actions Congress might take. One of these was to focus on the policies and guidelines by which health care institutions circumscribe and articulate the procedures they will follow in making decisions whether to initiate, withhold, or withdraw life-sustaining treatments.

This option struck a responsive chord in Senator John Heinz and Representative Edward Roybal, requesters of the 1987 OTA report. Representing, respectively, the Senate Special Committee on Aging and the House Select Committee on Aging, they requested this study of the development and implementation of institutional policies and guidelines for decisionmaking with respect to life-sustaining treatments.

This report was prepared by OTA based on a contract report by Steven H. Miles, M. D., and his colleagues at the University of Chicago's Center for Clinical Medical Ethics. Other important contributors were the individuals who participated in the OTA workshop on "Institutional Protocols for Decisions About Life-Sustaining Treatments" held October 15, 1987. The workshop was a forum for discussion of key issues and review of the contractor's draft. Participants were selected for their expertise in legal, ethical, and clinical problems related to the use of life-sustaining treatments and in some cases also for their representation of major associations of health care institutions and professionals. In subsequent months, workshop participants and additional outside reviewers (see app. C) commented on the revised draft. This final report incorporates many valuable suggestions from all these individuals.

The authors and the members of the workshop represented a diversity of experience and interests regarding the use of life-sustaining technologies. However, they agreed unanimously that institutional policies and guidelines such as those discussed here can be a good approach for encouraging patients' rights, institutional accountability, and ethical treatment decisions. These individuals did not endorse any particular policy or set of guidelines, nor did they say that institutional policies and guidelines alone would solve the problems in clinical decisionmaking. Project participants' different views about what role, if any, Congress should take reflect an incomplete but noteworthy consensus on these difficult questions.



JOHN H. GIBBONS
Director

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NOTE: OTA is grateful for the valuable assistance and thoughtful critiques provided by the workshop participants. The workshop participants do not, however, necessarily approve or endorse this report. OTA assumes full responsibility for the report and the accuracy of its contents.

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