

# [The to continue living their life, the](https://assignbuster.com/the-to-continue-living-their-life-the/)

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The Futility Care Theory allowscritical patients, who are suffering in pain, to have the right to die if theywant to.

However, this theory gives doctors of patients, who want to continueliving their life, the ultimate decision on the patient’s well-being. TheFutility Care Policy should state that competent patients or if they are incompetentthen their primary care provider should be given all the medical informationand options available. The Doctors or Bioethicists should provide theirpersonal opinion on what they think would be the best option for the patientand explain why. Then the patient or primary care provider should ultimately havethe final decision on what they want the next step to be. However, doctors andbioethicists have medical experience that would give them the credibility tomake the executive decision on the patient’s care. The term futile means something isunable to produce a helpful result.

The Futility Care Policy means thatpatients don’t have to continue useless medical treatment if they are not improving. The patient or their primary care provider should be given all the facts on thepatient’s health and all the options the patient can take. When giving theprognosis, some doctors make one medical treatment seem like the only option, when in reality that is just what the doctor favors. Bioethicist, lawyer, and Patient’sRights Consultant, Wesley Smith, believes that all patients have the right todie and they also have the right to deny medical treatment.

I agree with WesleySmith, in that which a patient has the right to refuse certain medicaltreatment and also refuse food and fluid. The “ Right to Die,” movement developed on theaccount of suffering patients who want to die, their death was prolonged sothat they can go through more painful medical treatment. These patients would inevitablydie, so why continue treatment when they are really to die.

This movementopened so many people’s eyes to the truth that they do not have to continuesuffering from one medical treatment to the other. They can refuse medicalcare. It has opened not only patients and their primary care providers but alsothose who work in the medical field. The Futile care policy allows thesepatients to have the right to die.

If a patient does want to live, or their familywants to continue medical treatment, even if there is no hope of their healthstatus improving, the doctors should continue caring for them. This policy hasbeen compared to assisted suicide. The patient’s goal is not to commit suicide, they are going to die inevitably.

They don’t want to suffer anymore. Doctors should not only give the patienta full prognosis, but also explain to the patient all of the options that theyhave. Then after all of the options are laid out on the table, the doctorshould explain what they think is the best option for medical treatment for thepatient and why they think that. Medical decisions, especially ones involvingif a patient is considering refusing medical treatment, should be thoroughlyexplained. In 2005, the case involving Haleigh Poutre, who was beaten almostnearly to death by her parents, her doctors had told her primary care providerthat she was basically brain dead. So, her care provider ordered for her fluidsand respirator to be turned off because the doctor told him that she had no chance. He decided to visit her one last time and she suddenly became conscious and responsive. I don’t know if this was a matter of luck or faith, but the doctor did notexplain the whole situation to the primary care provider and just told him whathe would do which could have killed the young girl.

The doctor should make surethat the patient or primary care provider knows what will happen which eachstep. According to Wesley Smith, the “ quality of life ethic” is no longer beingstressed and people who are so close to being on their deathbed are dismissedby doctors and just assumed that they can’t be saved and there is no hope for amiracle. The respect for human lives is slowly disappearing. Because of theFutility Care Policy, patients and their families who want to continue medicaltreatment, despite an unwinnable prognosis, have been denied. This policy hasgiven doctors and bioethicists the author to take away food and fluid from a patientthat would ultimately kill them, despite what the family of the patient wanted. If people testified against those doctors, they would lose because of theFutility Care Policy. In a court case in California in 1983, doctors of apatient in a coma withdrew food and fluids, despite objections from the patient’sprimary care provider, and they were not found guilty.

Although not all doctorsagree with the right to die movement, it is every patient’s right to refusetreatment so they don’t have to suffer anymore. Smith believes that the patients, not the doctors, should be in control of if and when they want medicaltreatment. After receiving their prognosis andtheir options, the patient or their primary care provider should be able tomake the ultimate decision on if they want to continue medical treatment ornot. If a patient is suffering and knows certain medical treatments will onlyprolong their death, they have the right to refuse treatment and die if they so, please. Doctors do not have that personal of a relationship with the patient, so they should not be able to make the final decision for them. They don’t knowwhat the patient truly wants. According to the American Medical Association, nutritionand hydration are a form of medical treatment that can be withdrawn from thedoctors in the case of a permanent coma.

That is giving doctors a legal way tokill a living person. Unless the patient has stopped breathing or has givenpermission that they want to die, I believe that doctors should not be allowedto stop treatment because they think it is the best decision.  According to Smith in his book Culture of Death, he talks about HaleighPoutre case, “ Sometimes doctors are wrong. Sometimes “ miracles” do indeedhappen. If we are to err, it should be on giving life a chance…We can neverknow when the unexpected will happen,” (Smith 66).

Smith is not wrong. A person’shealth can miraculously change overnight. Big life decisions, like removinglife-sustaining from a patient should be thought through and lots of timeshould pass before any executive should be made. These decisions should not bemade overnight. Doctors do have the medicalbackground to make decisions regarding a patient’s care, but these decisions arenot always a hundred percent ethical and are not what the patient or car providerswant which is wrong.

Some cases the doctors should be making the executivedecision if the family cannot make it, or if the primary care provider isn’t lookingfor the patient’s best interest. These cases are hard to figure what theethical decision would be because the actual patient can’t speak to say whatthey want. If the patient signs an advance directive or tells their primarycare provider what they want their medical treatment to be before they are incompetentand then they are incompetent and the time comes to make a decision it is hardto get the doctors, patient’s family, and the primary care provider on the sametrack for the patient’s best interest. Some people would say the doctor wouldknow what is best for the patient because they know how to treat those who areill, but the family and the care provider know the patient and what they would reallywant. The doctor does not know the patient’s beliefs and values, so who arethey to make life decisions for the patient? Primary care providers who knowthe patient personally; request that if a patient is in a persistent vegetativestate that all life-sustaining treatment be stopped immediately because that iswhat the patient would want, courts have ruled against because there is usuallyno evidence that the patient would want that and that is ultimately killing theperson. Although, the Futility Care Policy states that doctors can remove life-sustainingtreatment to patients if they deem that they are futile and are not helping thepatient.

That is not right in my mind. In conclusion, I am all forpatients having the right to die if they are suffering, but I do not agree thatdoctors should have the final say on the medical treatment for a patient, evenif the patient is a lost cause. That is why I do not fully agree with the FutilityCare theory. Unless the patient in question has previously stated that they donot want to be hooked up to machines and fed through a tube, then the doctorsshould do everything that they can to keep the patient alive.

I agree with WesleySmith in that patients have the right to die and patients also have the rightto refuse medical treatment.