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their life, the

Nutrition



The Futility Care Theory allows critical patients, who are suffering in pain, to have the right to die if they want to.

However, this theory gives doctors of patients, who want to continue living their life, the ultimate decision on the patient's well-being. The Futility Care Policy should state that competent patients or if they are incompetent then their primary care provider should be given all the medical information and options available. The Doctors or Bioethicists should provide their personal opinion on what they think would be the best option for the patient and explain why. Then the patient or primary care provider should ultimately have the final decision on what they want the next step to be. However, doctors and bioethicists have medical experience that would give them the credibility to make the executive decision on the patient's care. The term futile means something is unable to produce a helpful result.

The Futility Care Policy means that patients 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 the patient's health and all the options the patient can take. When giving the prognosis, 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's Rights Consultant, Wesley Smith, believes that all patients have the right to die and they also have the right to deny medical treatment.

I agree with Wesley Smith, in that which a patient has the right to refuse certain medical treatment and also refuse food and fluid. The "Right to Die," movement developed on the account of suffering patients who want to die,

their death was prolonged so that they can go through more painful medical treatment. These patients would inevitably die, so why continue treatment when they are really to die.

This movement opened so many people's eyes to the truth that they do not have to continue suffering from one medical treatment to the other. They can refuse medical care. It has opened not only patients and their primary care providers but also those who work in the medical field. The Futile care policy allows these patients to have the right to die.

If a patient does want to live, or their family wants to continue medical treatment, even if there is no hope of their health status improving, the doctors should continue caring for them. This policy has been 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 patient a full prognosis, but also explain to the patient all of the options that they have. Then after all of the options are laid out on the table, the doctor should explain what they think is the best option for medical treatment for the patient and why they think that. Medical decisions, especially ones involving if a patient is considering refusing medical treatment, should be thoroughly explained. In 2005, the case involving Haleigh Poutre, who was beaten almost nearly to death by her parents, her doctors had told her primary care provider that she was basically brain dead. So, her care provider ordered for her fluids and 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 not explain the whole situation to the primary care provider and just told him what he would do which could have killed the young girl.

The doctor should make sure that the patient or primary care provider knows what will happen with each step. According to Wesley Smith, the "quality of life ethic" is no longer being stressed and people who are so close to being on their deathbed are dismissed by doctors and just assumed that they can't be saved and there is no hope for a miracle. The respect for human lives is slowly disappearing. Because of the Futility Care Policy, patients and their families who want to continue medical treatment, despite an unwinnable prognosis, have been denied. This policy has given doctors and bioethicists the authority to take away food and fluid from a patient that would ultimately kill them, despite what the family of the patient wanted. If people testified against those doctors, they would lose because of the Futility Care Policy. In a court case in California in 1983, doctors of a patient in a coma withdrew food and fluids, despite objections from the patient's primary care provider, and they were not found guilty.

Although not all doctors agree with the right to die movement, it is every patient's right to refuse treatment 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 medical treatment. After receiving their prognosis and their options, the patient or their primary care provider should be able to make the ultimate decision on if they want to continue medical treatment or not. If a patient is suffering and knows certain medical treatments will

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only prolong 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 know what the patient truly wants. According to the American Medical Association, nutrition and hydration are a form of medical treatment that can be withdrawn from the doctors in the case of a permanent coma.

That is giving doctors a legal way to kill a living person. Unless the patient has stopped breathing or has given permission that they want to die, I believe that doctors should not be allowed to stop treatment because they think it is the best decision. According to Smith in his book *Culture of Death*, he talks about Haleigh Poutre case, " Sometimes doctors are wrong. Sometimes " miracles" do indeed happen. If we are to err, it should be on giving life a chance...We can never know when the unexpected will happen," (Smith 66).

Smith is not wrong. A person's health can miraculously change overnight. Big life decisions, like removing life-sustaining from a patient should be thought through and lots of time should pass before any executive should be made. These decisions should not be made overnight. Doctors do have the medical background to make decisions regarding a patient's care, but these decisions are not always a hundred percent ethical and are not what the patient or car providers want which is wrong.

Some cases the doctors should be making the executive decision if the family cannot make it, or if the primary care provider isn't looking for the patient's best interest. These cases are hard to figure what the ethical decision would

be because the actual patient can't speak to say what they want. If the patient signs an advance directive or tells their primary care provider what they want their medical treatment to be before they are incompetent and then they are incompetent and the time comes to make a decision it is hard to get the doctors, patient's family, and the primary care provider on the same track for the patient's best interest. Some people would say the doctor would know what is best for the patient because they know how to treat those who are ill, but the family and the care provider know the patient and what they would really want. The doctor does not know the patient's beliefs and values, so who are they to make life decisions for the patient? Primary care providers who know the patient personally; request that if a patient is in a persistent vegetative state that all life-sustaining treatment be stopped immediately because that is what the patient would want, courts have ruled against because there is usually no evidence that the patient would want that and that is ultimately killing the person. Although, the Futility Care Policy states that doctors can remove life-sustaining treatment to patients if they deem that they are futile and are not helping the patient.

That is not right in my mind. In conclusion, I am all for patients having the right to die if they are suffering, but I do not agree that doctors should have the final say on the medical treatment for a patient, even if the patient is a lost cause. That is why I do not fully agree with the Futility Care theory. Unless the patient in question has previously stated that they do not want to be hooked up to machines and fed through a tube, then the doctors should 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 right to refuse medical treatment.